

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

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# **BOARD MEETING**

**Friday 28 June 2019  
at 12.30pm**

**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 (*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 28 June 2019 commencing at 12.30pm**

**KARAKIA****12.30pm****ADMINISTRATION**

## Apologies

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

**REPORTS FOR DECISION****12.35pm**

- |    |                                      |  |                   |
|----|--------------------------------------|--|-------------------|
| 4. | <b>West Coast Maternity Strategy</b> | Norma Campbell<br><i>Director of Midwifery</i> | 12.35pm – 12.45pm |
|----|--------------------------------------|--|-------------------|

**REPORTS FOR NOTING****12.45pm**

- |     |   |  |                   |
|-----|---|--|-------------------|
| 5.  | <b>Chair's Update – Verbal Update</b>   | Jenny Black<br><i>Chair</i>  | 12.45pm – 12.55pm |
| 6.. | <b>Chief Executive's Update</b>         | David Meates<br><i>Chief Executive</i>                                       | 12.55pm – 1.10pm  |
| 7.  | <b>Finance Report</b>                   | Justine White<br><i>Executive Director, Finance &amp; Corporate Services</i> | 1.10pm – 1.20pm   |
| 8.  | <b>Resolution to Exclude the Public</b> | Board Secretary  | 1.20pm            |

**INFORMATION ITEMS**

- 2019 Meeting Dates

**ESTIMATED FINISH TIME****1.20pm****NEXT MEETING:** Friday 9 August 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"> <li><b>Chair, Nelson Marlborough District Health Board</b> Appointed as Chair for a third term by the Minister of Health. Member of Statutory Committees and Audit Committee.</li> <li><b>Chair, South Island Alliance Board</b> 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.</li> <li><b>Chair, National DHB Chairs</b> Elected position from the National DHB Chairs.</li> <li><b>West Coast Partnership Group</b> This is a Partnership Group set up by government to provide governance for the facilities development of the new Grey Hospital &amp; Health Centre and a health facility at Buller.</li> <li><b>Health Promotion Agency (HPA) – Member</b> 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.</li> </ul>	Y  N  N  N	Perceived  Perceived  Perceived  Perceived
Chris Auchinvole	<ul style="list-style-type: none"> <li><b>Director Auchinvole &amp; Associates Ltd</b></li> <li><b>Trustee, Westland Wilderness Trust</b></li> <li><b>Justice of the Peace</b> Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand</li> <li><b>Daughter-in-law employed by Otago DHB</b></li> </ul>	N N N N	
Kevin Brown	<ul style="list-style-type: none"> <li><b>West Coast Electric Power Trust - Trustee</b></li> </ul>	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"> <li>• <b>Diabetes West Coast</b> - Patron and Member</li> <li>• <b>West Coast Juvenile Diabetes Association</b> - Trustee Diabetes West Coast provides services for people with diabetes.</li> <li>• <b>Greymouth Lions Club</b> – Member</li> <li>• <b>Justice of the Peace</b> Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand</li> <li>• <b>West Coast Rugby League</b> - Hon Vice President West Coast Rugby League is a sporting organisation</li> </ul>	<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"> <li>• <b>Department of Conservation</b> – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a positive difference to the lives of all New Zealanders through nature.</li> <li>• <b>Husband works for New Zealand Police</b> – Based in Hokitika and currently working in the Traffic Safety Team</li> <li>• <b>Accessible West Coast Coalition Group</b> - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people</li> <li>• <b>Kowhai Project Committee</b> – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors.</li> </ul>	<p>N</p> <p>N</p> <p>N</p> <p>N</p>	
Michelle Lomax	<ul style="list-style-type: none"> <li>• <b>Daughter</b> is a recipient of WCDHB Scholarship</li> <li>• <b>Daughter</b> is part of the Rural Medicine Emerging Programme in Greymouth</li> <li>• <b>Community Law Canterbury</b> - Part-time Advisor on Disability Issues</li> </ul>	<p>N</p> <p>N</p> <p>N</p>	
Chris Mackenzie Deputy Chair	<ul style="list-style-type: none"> <li>• <b>Development West Coast</b> – 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.</li> </ul>	<p>N</p>	

	<ul style="list-style-type: none"> <li>• <b>Horizontal Infrastructure Governance Group</b> – Chair A Memorandum of Understanding was agreed in September 2013 between the Government and the Christchurch City Council to create this group to focus on lessons learned from one of New Zealand’s most challenging civil engineering projects: rebuilding the earthquake damaged pipes, roads, bridges and retaining walls in the city of Christchurch 2011 - 2016.</li> <li>• <b>Mainline Steam Trust</b> – Trustee Mainline Steam is an organisation devoted to the restoration and operation of historic mainline steam locomotives.</li> <li>• <b>Christchurch Mayors External Advisory Group</b> – Member An External Advisory Group set up by Government and the Christchurch City Council to provide independent advice on Christchurch City Council’s long-term capital works programme and related spending plans.</li> </ul>	N	
Edie Moke	<ul style="list-style-type: none"> <li>• <b>South Canterbury DHB</b> – Appointed Board Member; Chair: Disability Support Advisory Committee; Deputy Chair: Maori Health Advisory Committee; and Member: Audit and Assurance Committee</li> <li>• <b>Nga Taonga Sound &amp; Vision</b> - Board Member (elected); Chair: Assurance and Risk Committee; and Member: Property Committee Nga Taonga is the newly merged organisation that includes the following former organisations: The New Zealand Film Archive; Sounds Archives Nga Taonga Korero; Radio NZ Archive; The TVNZ Archive; Maori Television Service Archival footage; and Iwi Radio Sound Archives.</li> </ul>	Y	Perceived
Peter Neame	<ul style="list-style-type: none"> <li>• <b>White Wreath Action Against Suicide</b> – Board Member and Research Officer White Wreath is a non-denominational, non-political and anti-discriminatory body supporting people who have been directly affected by suicide and those who are affected by mental illness/disorders.</li> <li>• <b>Author and Publisher</b> of “Suicide, Murder, Violence Assessment and Prevention” 2017 and four other books.</li> </ul>	N	Perceived
Nigel Ogilvie	<ul style="list-style-type: none"> <li>• <b>Westland Medical Centre</b> - Managing Director</li> <li>• <b>Thornton Bruce Investments Ltd</b> - Shareholder/Director</li> <li>• <b>Hokitika Seaview Ltd</b> - Shareholder</li> <li>• <b>Tasman View Ltd</b> - Shareholder,</li> <li>• <b>White Ribbon Ambassador for New Zealand</b></li> </ul>	Y N N N N N	Actual

	<ul style="list-style-type: none"> <li>• <b>Sister</b> is employed by Waikato DHB</li> <li>• <b>West Coast PHO</b> - Board Member</li> <li>• <b>Wife</b> is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre</li> <li>• <b>Wife</b> is Board Member West Coast PHO</li> </ul>	Y  Y Y	Perceived  Actual Perceived
Elinor Stratford	<ul style="list-style-type: none"> <li>• <b>Clinical Governance Committee, West Coast Primary Health Organisation</b> 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.</li> <li>• <b>Active West Coast</b> – 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.</li> <li>• <b>West Coast Sub-branch - Canterbury Neonatal Trust</b> – Chairperson</li> <li>• <b>Canterbury Neonatal Trust</b> – Trustee The primary focus of The Neonatal Trust (Canterbury) is to support families who are going through or have been through a neonatal journey.</li> <li>• <b>Arthritis New Zealand, Southern Regional Liaison Group</b> – 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.</li> <li>• <b>Accessible West Coast Coalition Group</b> – Member A group that works together to improve access to all aspects of the community.</li> <li>• <b>Kowhai Project Committee</b> - 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</li> <li>• <b>MS - Parkinsons New Zealand</b> – West Coast Committee Member MS Parkinsons provides education, information and help people make informed decisions about living with Parkinson's.</li> </ul>	N  N  N N  N  N  N	Perceived  Perceived  Perceived Perceived  Perceived  Perceived  Perceived
Francois Tumahai	<ul style="list-style-type: none"> <li>• <b>Te Runanga o Ngati Waewae</b> – 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</li> </ul>	N	



	<p>Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast.</p> <ul style="list-style-type: none"> <li>• <b>Poutini Environmental</b> - Director Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification.</li> <li>• <b>Arahura Holdings Limited</b> – Chief Executive</li> <li>• <b>West Coast Regional Council Resource Management Committee</b> – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991.</li> <li>• <b>Poutini Waiora Board</b> - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini.</li> <li>• <b>Development West Coast</b> – 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.</li> <li>• <b>West Coast Development Holdings Limited</b> – Director</li> <li>• <b>Putake West Coast</b> – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business.</li> <li>• <b>Ngai Tahu Pounamu</b> – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving</li> <li>• <b>Westland Wilderness Trust</b> – Chair</li> <li>• <b>West Coast Conservation Board</b> – 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.</li> <li>• <b>New Zealand Institute for Minerals to Materials Research (NZIMMR)</b> – Director</li> <li>• <b>Westland District Council</b> – Councillor</li> <li>• <b>Tatau Pounamu</b> – Committee Member</li> </ul>	<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 10 May 2019 commencing at 1.00pm**

## **BOARD MEMBERS**

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

## **APOLOGIES**

Apologies were received and accepted from: Helen Gillespie; Michelle Lomax; & Chris Mackenzie.

## **EXECUTIVE SUPPORT**

David Meates (Chief Executive) Philip Wheble (General Manager, West Coast); Pradu Dayaram (Medical Director); Brittany Jenkins (Director of Nursing); Maureen Love (People & Capability); Melissa Macfarlane (Team Lead, Planning & Performance); Kathy O'Neill (Planning & Funding); Diane Pizzato (Finance & Business Manager); Jenni Stephenson (Programme Manager, West Coast Alliance, Planning & Funding); Imogen Squires (Communications) and Kay Jenkins (Board Secretary).

## **APOLOGIES**

Gary Coghlan (General Manager Maori Health); 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); Stella Ward (Chief Digital Officer); and Justine White (Executive Director, Finance & Corporate Services).

## **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 (9/19)**

(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 29 March 2018 be confirmed as a true and correct record.”

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

The carried forward items were noted.

#### **4. ANNUAL ACCOUNTS DELEGATION**

David Meates, Chief Executive, presented this paper which requested 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.

There was no discussion on the paper.

##### **Resolution (10/19)**

(Moved: Peter Neame seconded: Nigel Ogilvie – carried)

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.

#### **5. DEFICIT SUPPORT/EQUITY DRAWDOWN**

David Meates, Chief Executive, presented this paper which requested approval for deficit support to the value of the DHBs deficit at year end for 2019.

##### **Resolution (11/19)**

(Moved Peter Neame/seconded Edie Moke – carried)

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

- i. approves an equity draw down up to the value of the West Coast DHB deficit at year end for 2019.

#### **6. INLAND REVENUE – APPOINTMENT OF EXECUTIVE OFFICE HOLDER**

David Meates, Chief Executive, presented this paper which requested approval

##### **Resolution (12/19)**

(Moved Nigel Ogilvie/seconded Chris Auchinvole – carried)

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

- 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.

#### **7. CHAIR'S UPDATE**

The Chair provided the Board with an update on the Quarterly National Chair's & Chief Executive's meeting held in Wellington on the previous day. It was noted that the Minister of Health had attended part of the meeting and his main emphasis was around sustainability and equity. There was

also a strong emphasis on the Mental Health Review which has been delayed until the end of May.

The Chair advised that the New Zealand Health Partnerships Review has commented and it is hoped to get some recommendations to Boards by the end of June.

The Chair also advised that she and the Chief Executive and Management would meet early in June regarding annual planning.

The update was noted.

## **8. CHIEF EXECUTIVE'S UPDATE**

David Meates, Chief Executive presented his report which was taken as read. Mr Meates commented as follows:

- The progress that Philip and his team are making in the Northern Region of the West Coast will remain an important part of working with communities to provide a fit for purpose health system being patient centric provision of care.
- The work being undertaken around the Health Workforce New Zealand Non Regulated Hauora Maori Training Fund and the Kia ora Hauora Rangatahi Placements are raising the aspirations of young people around what is possible for them in the Health sector.
- In regard to the Grey Hospital some issues have resulted in the time line being pushed out so the timing around the DHBs occupation is still uncertain.

Discussion took place regarding mental health and it was noted that any actions around mental health have been put on hold at the request of the Minister until the Mental Health Review is released.

Discussion took place regarding resourcing in the Maori Health Team.

Discussion also took place regarding wait times at the Grey Medical Centre and it was noted that this is an ongoing challenge every winter and solutions are currently being considered including an additional Nurse Practitioner.

A query was made regarding the number of Aged Care beds available and it was noted that this can sometimes be problematic if someone wishes to go to a specific rest home. It was noted that whilst there are currently enough dementia beds on the West Coast as a whole they are not necessarily in each area.

The Chief Executive's update was noted.

## **9. FINANCE REPORT**

David Meates, Chief Executive presented the finance report. 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.

It was noted that there was robust discussion around this at the recent QFARC meeting and there was confidence that the DHB is on track however the IDF area is often difficult to predict.

The finance report was noted.

## 10. RESOLUTION TO EXCLUDE THE PUBLIC

### (Resolution 13/19)

(Moved Elinor Stratford/seconded Chris Auchinvole – carried)

That the Board, noting 2 additional items (8 & 9):

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8 & 9 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)
8.	Campus Realignment Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
9.	Buller health Centre Update	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 2.05pm

The Public Excluded section of the meeting commenced at 2.05pm and concluded at 3.15pm.

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Jenny Black, Chair

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Date

DRAFT

## CARRIED FORWARD/ACTION ITEMS



### WEST COAST DISTRICT BOARD – BOARD MEETING CARRIED FORWARD/ACTION ITEMS AS AT 28 JUNE 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

# DRAFT WEST COAST MATERNITY STRATEGY



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

**SOURCE:** Director of Midwifery

**DATE:** 28 June 2019

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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 attached strategy document has been developed in collaboration with maternity services, community partners and importantly, maternity service consumers. It sets out the long term vision for West Coast women and their whānau embarking on a maternity journey whether this is their first time or otherwise.

## 2. RECOMMENDATION

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

- i. notes the discussion and recommendations from the West Coast Advisory Committee meeting today; and
- ii. endorses the direction of the Draft West Coast Maternity Strategy 2019-2024; and
- iii. approves the next step to being wider consultation on the draft in order to further develop a final version.

## 3. SUMMARY

The draft West Coast Maternity Strategy was provided as part of the Advisory Committee papers for this morning's meeting.

Prepared by: Jenni Stephenson, Programme Manager – West Coast Alliance

Approved for release by: Norma Campbell, Director of Midwifery, Canterbury & West Coast DHBs



# CHIEF EXECUTIVE'S UPDATE



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

**SOURCE:** Chief Executive

**DATE:** 28 June 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 in May the Alliance Leadership Team (ALT):

- Reviewed nominations for a new ALT Chair.
- Were pleased to note the Hub work is proceeding for our community.
- Delegated Alliance endorsement of the final draft of the System Level Measures Improvement plan to the PHO Clinical Governance Committee.
- Received a verbal update regarding progress of the Oral Health Service Development group.
- Thanked Dr Jackie Broadbent for her work in the Health of Older People workstream. This workstream has provided a model for transalpine and community cohesion, and the ALT encouraged other groups to look at this model as they design their respective services.

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

### ***Primary***

#### **■ Integrated Health Services - Northern Region**

- May has been busy with the recommencement of User Group Health Concept Design consultations; engagement with BHAG and Buller media by David Meates, Philip Wheble and Deb Wright.
- Planning in the long term and recruiting to match the FTE requirements across the medical, nursing and administrative teams remains the priority for the Northern region. There have been some positive advances made with nursing appointments, managing locum GP recruitment and emphasising long term placement positions.
- Workforce planning that further develops skill sets and recruitment to the integrated model of care across the rural health care team is becoming a reality with at least 1 RNS seriously considering the Nurse Practitioner pathway and with the potential of a second.
- We are addressing the current wait time in Buller by reviewing the management of GP/Nursing templates and identifying the appropriate ratio of unplanned vs planned appointments available. Staffing levels impact on the wait times and improvements should become apparent.
- To achieve the MOH Health Targets, a review of Northern's statistical inputting and data gathering/reporting processes are a current focus with the purpose to deliver on the targets

#### **■ South Westland Area Practice**

- A new RNS for Franz Josef has been appointed. It is becoming increasingly difficult to recruit trained staff to RNS positions and as a result of this, retention and recruitment incentives are being reviewed.
- Senior management met with the Haast community regarding the proposed relocation of the Haast rural clinic. Generally the news was received well.

#### **■ 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 but recruitment continues to cover this period.
- Flu vaccine season is well underway and we have had 3 positive influenza swabs so far.
- There are ongoing meetings in preparation for the move to the new hospital and ways of working alongside other teams.

### ***Community***

#### **■ Public Health/B4School/Vision Hearing**

- The Vision Hearing Technician is now established and is working on rescreens to catch up for the year 7 pupils and B4SC.
- Public Health Nurses have had students for 2x3 week placements. HPV has commenced and Buller uptake has improved notably. This is due to some good promotion by the Buller Public Health Nurse. She will share her resource with the others in the team as it has had positive results.
- HEADDSS has started across the region with John Paul II and Karamea Area School being offered this later this year.
- B4School is on target for the end of the financial year.

- **District Nursing**
  - The Grey and Hokitika DN teams continue to manage their complex workloads and maintaining on call as required for palliative care. Palliative care is complex and while the demand has peaks and troughs it is rare for the workload to be light.
  - Hokitika have their full complement of FTE but Grey has received a resignation and currently planning interviews to replace.
- **Clinical Nurse Specialists**
  - The Grey based Cardiac Clinical Nurse Specialist with Prescribing Rights is undertaking independent Heart Failure clinics. There is quite a demand for this service and she is helping to reduce waiting lists for the visiting cardiologists.
- **Dental Service**
  - As at the end of May 2019, we have zero arrears for our under five year old group which is a very pleasing result for the dental team's continuous efforts. June numbers may be impacted by teacher strikes as our staff cannot work at schools when there are no teachers present. Strike days and teacher only days are utilised by staff to catch up with mandatory training and peer review sessions.
- **Home Based Support Services**
  - The HBSS three day orientation has been successfully completed with 14 attendees. This orientation is now a robust part of the education and entry-into-service process for both new and experienced support workers. New support workers are introduced to the service and the culture and receive both DHB mandatory training and HBSS specific training. Experienced support workers also attend and receive refresher training while imparting valued knowledge and experiences to the new staff.

## C: Hauora Maori Update

- **Maori Equity:** The West Coast Māori health team continues to work closely with the Planning and Funding teams who work across Canterbury and the West Coast. The emphasis is on data-driven service development for Māori and consistent attention to the issue of Māori equity when contracts are considered.
- **Maori Workforce Development:** In the past year there has been previously reported a considerable amount of work regarding Maori and Pacific workforce development within both DHBs. With recruitment to the role of Project Specialist Diversity, Inclusion and Belonging within People and Capability to drive improvement in several areas including workforce equity, we are starting to see real progress. A governance group is proposed to oversee Pacific and Maori workforce planning with representation across allied, medicine, nursing, Pacific and Maori. In addition interviews will be held for a position in People and Capability with responsibility to drive strategies that advance Maori Pacific workforce development.
- **Maori Provider Development Scheme:** Poutini Waiora and Hauora Maori, West Coast DHB have been working on a proposal to the MPDS fund to further explore the opportunity for Nurse/GP led clinics to be held out of and in partnership with the Maori Health Provider, Poutini Waiora. The potential to be explored will include partnering with the West Coast DHB to identify a model where Maori can attend GP and Nurse led clinics in a setting that can easily and effectively work within a whanau ora Kaupapa and can easily be transferred to rural areas. The proposal is to engage a contractor to undertake the feasibility and scoping work. The potential for a partnership with the University of Otago will also be explored to see if there are any opportunities for collaboration with the Dunedin School of Medicine – Kōhatu, Centre for Hauora Maori. The proposal was

accepted with enthusiasm by the Development Manager, Maori Programme Improvement within the Ministry of Health.



## DELIVERING MODERN FIT FOR PURPOSE FACILITIES

### A: Facilities Maintenance Report

- The Grey Hospital Pedestrian Bridge ramps are awaiting final Council sign off after minor alterations.
- Inspections and preparation for Grey Base, Hokitika and Franz Josef Building Warrants of Fitness are being undertaken.
- Urgent repairs have been undertaken on the boiler coal conveyer system at Grey Base hospital.
- WCDHB maintenance staff have begun familiarisation with some aspects of the new Te Nikau facility.
- Work has started on the heating supply from the new Energy Centre to the Kahurangi plant room.

### B: Partnership Group Update



#### Grey

- The handover date for the Grey Hospital and Health Centre is currently unknown, although construction programme reviews estimate late 2019. Following handover of the building from the contractor to the Ministry of Health, the DHB will prepare the facility for operational use over a period of approximately 10 weeks. The facility will be clinically cleaned, stocked and staff orientation and training will occur. The migration of the existing hospital to the new facility will follow over a period of 10 days.
- Although a handover date is currently unknown, progress continues to be made on site.
- The southern roof replacement is close to completion, with the remaining flashings due the first week of June.
- Transitional Care Units civil and foundation works are complete and a local contractor has been engaged to build the cottages.
- The building envelope is nearing completion with only final flashings and louvers to be installed prior to final façade engineer's inspection.
- The radiology area doors are installed, walls are fully lined and ceilings install has commenced. The radiation shielding has been tested and passed. The area is undergoing final preparations for the installation of the new Phillips X ray machine in the coming weeks.
- The exterior building works are also progressing with the completion of asphalt concrete walkways, paths and ramps. Steps are being poured; paths and garden beds are also formed. The roading preparation has commenced in anticipation of finished surfaces.
- The WCDHB facilities redevelopment team continue to work with project consultants in conducting functional reviews prior to sign off of rooms within the new facility.
- The internal courtyard deck and ramp on the north side of the link way are nearly complete.

- The installation of the sterilising service new equipment is complete and the next step is commissioning of the equipment.
- Commissioning of the boilers has commenced which is another project milestone.
- 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.
- The DHB are continuing to develop robust plans for the move of the existing hospital. An overarching macro-migration plan has been developed in consultation with each clinical and support service. The *Daily Move Schedule*, which documents the planning for each day of the move, is close to completion. This document is also supported by *Move Plans* which are specific for each clinical and support service and also include service continuity plans.

#### **Buller**

- On 10 May 2019 the Board endorsed the Buller Health Concept Design.
- The final Concept Design floor plan is now 2,290m<sup>2</sup> which includes all services, storage spaces and utility areas located within the facility itself.
- The project has now progressed into the preliminary design phase. Individual room layouts are being tested with furniture, fixtures and equipment to ensure functionality is met for each space.
- The Buller Health Facility mock-up room space will be established in an existing building (which is a large utility shed/garage) on the DHB campus. The proximity to the existing facility will enable Buller staff to fully engage in the mock up process.
- This is expected to happen mid-year following the progression of preliminary design. At this point of the design phase the design has progressed to the point whereby staff will be able to test the spaces to ensure the functionality of the space meets the needs of the user.



### **RECONFIGURING SECONDARY AND TRANSALPINE SERVICES**

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

#### **Hospital Services**

##### ***Nursing***

- The Medical/Surgical wards have seen high turnover due to staff taking up other opportunities within the DHB or moving closer to family within Canterbury. Our successful recruitment drive has seen a number of great applicants who will be joining the teams over the next four weeks. We continue to advertise ensuring all areas are covered.
- The Nursing Manager Operations contacted the Career Advisor for the schools regarding positions available for young West Coast students who might be looking for positions within health. Following this discussion, a meeting was held with a number of students to talk about different aspects of the system and break down some of the barriers or misconceptions the students had. From this, there is at least two who are putting forward their application for the Sterilising Service Technician roles. We would like to aim these at Maori and Pacific Island students.
- Planning has started with unplanned, planned and ED staff ensuring patient flow will be seamless when we move to the new facility. This meeting will grow as we move forward to include Paediatrics and Allied Health.

##### ***Medical***

- The Rural Generalist strategy is advancing, with recruitment aiming to secure 6 additional

generalist consultant level doctors. The Rural Generalist that has led rural generalism work in Australia is part of our Governance Group and has agreed to work half time for the West Coast DHB from September and one of our part time Rural Generalists has asked to permanently increase his hours to 0.75FTE. Both these doctors have ceased work in Australia to work for us and this is seen as a strong endorsement of the model we are implementing.

- Our focus in recent months has been progressing the Rural Generalist work already started in obstetrics and the implementation of the rural generalist model into general medicine. The recent retirement of an Anaesthetist has provided an opportunity to explore how we can utilise Rural Generalists with anaesthetic scope to support procedures requiring sedation (we already have 2 doctors with the necessary credentials to do this work and a third starting work in September).
- People and Capability are developing the recruitment strategy for our Rural Generalists and GPs. They are assessing ways to attract doctors that are interested in working in a rural environment and with the unique opportunity (in New Zealand) to work in their specialised skills - obstetrics, anaesthesia, emergency and internal medicine - who can also work across the system in primary care.
- The medical workforce activity is now displayed on a shared roster (Core Schedule) across primary and secondary care which assists all staff to know where doctors are working in each location and on particular shifts. This system-wide view of staffing helps minimise gaps and ensures the best use of medical staffing.

### ***Allied Health***

- Allied Health held a successful engagement day with two sessions focussed on what we could do differently to support our community to live independently as close to home as possible. These build on Life Curve work that staff have participated in with a focus on preventative, strengths-based interventions.
- We have embarked on a review of our current orthotics service to develop a strategy for maintaining a locally based service in partnership with a service provider; a model supported by 9 other DHBs. This will seek to retain and develop skills in this clinical space.
- Work continues to develop a robust audiology service within the district, that supports our commitment to delivering care as close to home as possible. Challenges include understanding the volumes of activity for the various services that are currently offered and limited regional resource particularly with paediatric audiologists.
- Pharmacy plan to roll out MediMap for use in Kahurangi and Reefton aged residential care facilities. This will result in the use of electronic prescribing and medicines administration system – moving away from the current paper-based system. It will allow for faster communication of medication changes, including removing the need for faxing of charts.
- Occupational Therapy services are continuing to experience considerable pressure due to ongoing challenges with recruitment and increased requirement for Enable funding access. All efforts are directed to ensure resources are targeted and options for recruitment fully explored.
- Recruitment remains ongoing for Radiology, Psychology Pharmacy and Physiotherapy across Hospital Services, Mental Health and Primary & Community teams.
- Work has started on developing a standardised process for triaging of Occupational and Physiotherapy referrals.



- Ongoing monitoring and mitigation of risk in the radiology service due to imaging technologies reaching end of life. Elevated on the risk register.
- The transalpine Allied Health leaders continue to develop our RUFUS (rurally focused urban specialist) model of service delivery for all of our Child Development Services. This means that experienced clinicians, both from CDHB and from WCDHB, can support their transalpine colleagues to deliver the specialist care required for this high needs client group.
- The transalpine Allied Health leaders are also reviewing proposals for new graduate programmes that provide opportunity for therapists to work across the various campuses at CDHB and the WCDHB. The aim is to have these rotational programmes defined and ready for implementation at the beginning of 2020.
- Work is progressing on the ePharmacy programme that will align the electronic medication management systems with the South Island regional plan. This piece of work is crucial due to the current system Windose no longer being supported technically as of December 2019.
- Model of Care development supported by releasing clinicians to work to the top of scope. Allied Health Assistants are accompanying physios and starting to do some equipment reviews in community and looking at potential for a balance class within Reefton clinic.
- Elder abuse training programme delivered to staff over two sessions – NGO, PHO and Home Based Support Services attended. CDHB are keen to adopt the programme.

### ***Mental Health***

- CAMHS have successfully recruited a Registered Nurse to the team having relocated here from Rotorua. They are currently undertaking their orientation programme. They bring a wealth of knowledge and experience to the team and will contribute greatly to the future services of the team. The CAMHS team now have part of their team based in Westport to improve our service to those in the northern area.
- AOD services had a two day informal visit from Eileen Varley (NMDHB Mental Health Services) and Jenny Wolfe (MOH) to look at services on the Coast and offer information, advice and support to assist shaping the service and deal with the growing needs and complexities it contains.
- A training and education package of both new and refresher content is being agreed for the AOD service, specially tailored to meet their needs.
- The AOD service have recruited an experienced social worker/counsellor to join the team at the end of July; their focus area will predominantly be Hokitika and South Westland after a period of induction. In addition, a Registered Nurse has been appointed to one of the three Co-Existing Problem (CEP) positions within the team. A commencement date for them is currently being agreed. Both these appointments will relieve the pressure that has been on the service for some time now.
- Mental Health services have received a visit from Dr John Crawshaw (MOH Director of Mental Health), during which he met with senior management, team managers and various team members and listened to the work being done within services and answered questions that were posed him.
- Work to provide an appropriate alarm system within the IPU has been completed and is in use. So far reports have been positive and a more in-depth review and feedback is due shortly.
- Our Nurse Practitioner for mental health is going to focus on three key areas of work - educational to the primary health care teams, provide clinical time within primary health care

settings for those clients with mental health needs that exceed the capacity of GP time; and to work with existing community mental health teams to support clients back into the community during what can be for some a difficult transitional stage. These aligns well with the mental health review and over the coming months it is envisaged the Board will receive positive outcome reports to this work.



## DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

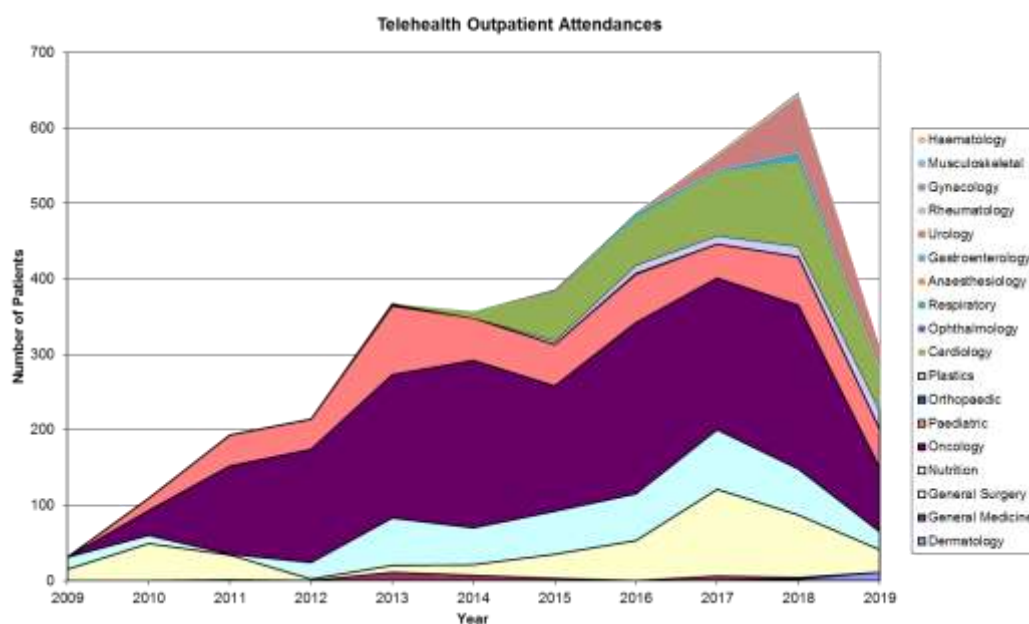
### A: Improve Transport Options for Patient Transfers

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

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

### B: Champion the Expanded use of Telemedicine Technology

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



## INTEGRATING THE WEST COAST HEALTH SYSTEM

### A: Older Persons Health Services

- The West Coast DHB is currently working with four Aged Residential Care (ARC) facilities, Granger House, Dixon House, Allen Bryant and O'Connor Home, to provide access to shared health records for key staff members. This is a positive step in joining up key



providers in our health system by enabling ARC clinical staff to have a more comprehensive view of their residents' wellbeing and health. The West Coast will be the first region in the South Island to have all ARC facilities to have such access.

- Planning is underway on the Assessment, Treatment and Rehabilitation service to establish interdisciplinary AT&R teams across the health care continuum on the West Coast.
- A new Gerontology Nurse Specialist has been appointed in Buller and the West Coast Fracture Liaison Service will progress upon commencement.
- Education on Palliative Care has been delivered to a number of different providers; education is also underway regarding Advanced Care Plans within the community and Medical Centres.

	<b>BUILDING CAPACITY TO TRANSFORM THE SYSTEM</b>
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#### A: Live Within our Financial Means

The consolidated West Coast District Health Board financial result for the month of May 2019 was a deficit of \$748k, which was \$237k unfavourable to annual plan. The year to date net deficit of \$5,745m is \$2k favourable to annual plan.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(68)	(152)	84	(1,556)	(1,620)	64
Funder Arm	(131)	111	(242)	1,493	1,000	493
Provider Arm	(549)	(470)	(79)	(5,682)	(5,127)	(555)
<b>Consolidated Result</b>	<b>(748)</b>	<b>(511)</b>	<b>(237)</b>	<b>(5,745)</b>	<b>(5,747)</b>	<b>2</b>

#### B: Effective Clinical Information Systems

- **eReferrals:** Stage 3 – electronic triage: eReferrals Stage 3, eTriage has gone live for 20 services including: Paediatric Medicine, Cardiology, Dermatology, Diabetes, ENT Otorhinolaryngology, Gastroenterology, General Medicine, General Surgery, Gynaecology, Nephrology, Neurology, Neurosurgery, Physiotherapy, Plastics, Nutrition, Podiatry, Orthopaedics – Sarcoma, Orthopaedics – Musculoskeletal, Orthopaedics – Paediatrics, Rheumatology, with Physiotherapy being the newest service to go live. Planning is underway for Urology to go live, along with Mental Health later this year.
- **New Facility Work:** Capex has been approved for phase 2 of new AV solution and the supplier will be implementing both phase 1 and phase 2 as part of install. Wifi access point installation and most network cabling has been completed. The plan to move core switching to the new build has been finalised with the supplier. Migration to Infrastructure as a Service (IaaS) is progressing well with 16 servers migrated. An approved in principle amount for video conferencing in the new facility has been allocated and a business case will be developed.
- **Desktop refresh:** In conjunction with the Canterbury DHB a complete refresh of the computer desktop experienced by staff is underway. This resulting move to a modern operating system for end user devices is the first time ever the 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 has

been deployed to Buller. Any mobile device can now be enabled to use the new system. Remaining deployment planning is underway and 5 endpoints have been deployed in total. Some teething issues are being resolved over next 1-2 weeks before further deployment. ISG is also supporting deployment of two units within the PHO. Discussions are occurring throughout the organisation on how to leverage the increase in mobility this new technology creates.

- **eOrders:** Scoping has been completed for the implementation of radiology eOrders. This will allow a safer process for ordering radiology tests, allowing clinical staff to order electronically and then providing electronic sign off. The project is scheduled to go live on 18 June.
- **Titanium:** A capex request has been approved to implement the Titanium dental software into West Coast DHB for both hospital based dental treatment and into three community clinics and three mobile sites. Equipment ordering is nearly complete. Go live is tracking towards late July 2019.
- **Mental Health emergency call:** Deployment of a short term tactical solution for the mental health emergency assist function has been completed.
- **ePharmacy:** A capex request to replace the legacy pharmacy management system has been approved. The project will take approximately 9 months to implement and will result in WCDHB moving 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**

### ***Communications and Engagement***

- Worked with the Paediatric and Maternity teams to prepare the West Coast DHB's 2019 Countdown Kids Hospital Appeal application and presentation. Applications closed on 7 June with a presentation to the Countdown Kids team planned for late June.
- Worked with the Dieticians to develop a Healthy Food and Drink Policy postcard which outlines information about the policy and provides details about how people can provide feedback on the available food and drink options across the DHB facilities.
- Facilities:
  - Co-ordinated meetings with Buller Health Action Group, Buller Health staff and local media about the planned Buller Health facility.
  - Prepared supporting information about the planned Haast Health Clinic relocation and redevelopment – meeting notification, information sheet and presentation - for the Haast community meeting held on 6 June 2019.
- Community engagement:
  - Gloriavale Christian Community visit
  - Rotary Club (Greymouth) meeting

### ***Media***

- During May we received several media enquiries regarding Orthopaedic services. We responded to enquiries regarding our Mental Health Services focused on staffing levels and the implementation of recommendations identified in an OIA response about Reportable Event Briefs for the last three years for mental health.
- ***Some of the other topics of media interest included:***
  - Number of reported flu cases on the West Coast
  - Planned Buller Health facility

- Use of medical leeches
- Cowper Street Administration building
- Cessation of GP flights to Karamea
- Update on the potential privacy breach
- Elective surgery figures
- Buller Health phone system
- Cultural competency training

***Media releases included:***

- Facilities:
  - West Coast DHB engages user groups as part of Buller Health facility project planning
  - West Coast DHB Board endorses Buller Health facility concept design
  - Construction of new West Coast DHB administration building to begin shortly
- Health warning lifted – Marine Biotoxin in Shellfish

***Social media posts***

- Immunisation Awareness Week (29 April – 5 May 2019)
- World Hand Hygiene Day (5 May 2019)
- World Asthma Day (7 May 2019)
- International Nurses Day (12 May 2019)
- World Multiple Sclerosis (MS) Day (30 May 2019)
- World Smokefree Day (31 May 2019)
- Various posts (Facebook and Twitter) promoting current West Coast DHB vacancies

	<p><b>PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES</b></p>
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**Key Achievements/Issues of Note**

- **Smokefree:** To celebrate and promote World Smokefree Day on 31 May in the Buller region our Stop Smoking Practitioner, in collaboration with the West Coast DHB Stop Smoking Practitioner, developed posters with pictures of various items with the message “Cost of Tobacco or?” to highlight the cost of tobacco and prompt quit attempts. The posters have been dropped off to nine local shops. In Greymouth a stand was set up at The Warehouse in collaboration with the West Coast PHO. The stand provided Quit Packs, information on smoking, and how to connect with our Stop Smoking Services on the West Coast. It enabled us to engage with our community and hear stories of peoples’ quit journeys, along with increasing new referrals.
- **Glacier towns Welcome Packs evaluation:** For the last seven years CPH has been providing Welcome Packs to Franz Josef and Fox Glacier communities for businesses to give to seasonal workers. These packs contain information about local services, including health services, and information about sexual health and alcohol use and around 300 are distributed each year. CPH developed an online survey to formally evaluate the usefulness of these Welcome Packs. The distribution of the survey link was followed up with phone calls to the key agencies involved in distributing the packs. 75% of the respondents said that the packs were very useful and 50% highlighted the A-Z booklet with information on local amenities and services in the area as particularly valuable.
- **Nutrition:** CPH have facilitated and taken part in the first meeting of the new Food

Security steering group. The purpose of the first meeting was to begin to think about what our vision, or purpose was. The group, which includes representatives from several agencies, including two district Councils, the West Coast DHB, the Department of Internal Affairs and community members, came up with the following draft purpose: “Our regional food system supports nourishing food for all”.

- CPH worked alongside the Heart Foundation to run a professional development evening for early childhood teachers. Thirteen teachers from Greymouth and Hokitika attended the session, which covered managing allergies within nutrition policies, childhood nutrition and oral health as key topics. There was also opportunity for networking which was appreciated by the group. As a result of this presentation there have been two direct support follow-ups provided and two parent/caregiver workshops planned. All of the attendees found the workshop useful and would like it to be offered again in the future.
- Two Appetite for Life 6-week nutrition courses were completed with a total of thirteen adults referred from health professionals or self-referred. All participants reported positive behaviour changes in their evaluations, such as: eating breakfast more often, increasing daily vegetable and fruit intake, trying new foods and recipes and increased confidence in supermarket shopping.
- **Healthy public policy:** CPH compiled and sent submissions to each of the four Council’s draft Annual Plans. The content of our submissions focussed on planning for and mitigating the effects of climate change on essential infrastructure (such as water and wastewater), advocating for healthy public policy (such as extending Smokefree environments policies and their implementation, and development of a Regional Alcohol Policy) as well as supporting investment in walking and cycling infrastructure.
- **Alcohol:** CPH’s Alcohol Licensing Officer and Health Promoter attended the Regional Alcohol meeting where alcohol licensing staff from all three district councils and Police come together to discuss alcohol issues across the West Coast. As a result of the CPH staff advocacy at the meeting, it was agreed that council Liquor Licensing Inspectors would use forms adapted from the Health Promotion Agency’s *Guide to Crime Prevention through Environmental Design* (CPTED) when conducting site visits.

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

Approved for release by: David Meates, Chief Executive



# West Coast DHB national performance measures report

Quarter 3 2018/19: January - March 2019



## What are the national performance measures?

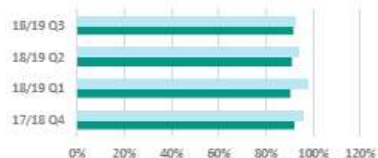
This report presents current performance against the national performance measures formerly referred to as national health targets.

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



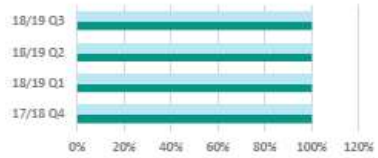
## Supplementary indicators

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



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

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



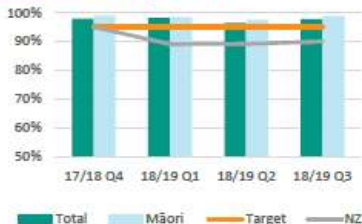
The Ministry sources this data for DHBs from the national Maternity Data Set. It should be noted that the source of the data only represents around 80% of all pregnancies nationally and the measure is still considered developmental. Results are provided for

## Shorter stays in ED

97%



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



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

98% of all Māori patients were admitted, discharged or transferred from ED within 6 hours during the same quarter

## Improved access to elective surgery

100%



Patients receiving planned surgery Year-end target: 1,916



The West Coast DHB has provided 1,398 elective surgical discharges at the end of quarter three, on track with our electives plan and with the year-end target.

## Faster cancer treatment

76%



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



This quarter 76% of patients received treatment on time. Small numbers are challenging with this result reflecting only three patients who were not seen within the 62 day period.

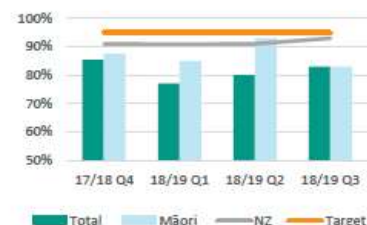
A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, or diagnostically challenging.

## Increased immunisation

83%



Eight-month-olds fully immunised



Overall, 83% of all eligible eight-month-olds were fully immunised this quarter.

Small numbers are challenging with this result reflecting only two consenting children who were missed this quarter.

Strong results were achieved for Asian (100%).

## Better help for smokers to quit

88%



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



West Coast health practitioners have reported giving 4,586 smokers cessation advice in the 15 months ending December 2018. This represents 88.6% of smokers against the 90% target.

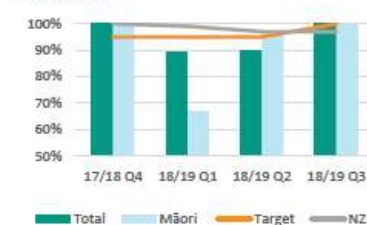
88.7% of Māori and 83.3% of our Pacific populations were given brief advice to quit smoking.

## Raising healthy kids

100%



Children with obesity referred for support Target: 95%



During quarter three, ten children were identified as obese and offered a referral for support and advice. Six of these referrals were acknowledged, with one child already under care. Three declined a referral.

The West Coast DHB received an outstanding rating from the Ministry of Health for the 100% result for this measure.

# FINANCE REPORT



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

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

**DATE:** 28 June 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:

- i. notes the financial results for the period ended 31 May 2019.

## 3. DISCUSSION

### Overview of May 2019 Financial Result

The consolidated West Coast District Health Board financial result for the month of May 2019 was a deficit of \$748k, which was \$237k unfavourable to annual plan. The year to date net deficit of \$5,745m is \$2k favourable to annual plan.

#### Statement of comprehensive revenue and expense

For period ending 31 May 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
<b>Operating Revenue</b>									
Crown and Government sourced	11,933	11,980	(47)	(0.4%)	132,417	131,244	1,173	0.9%	143,217
Inter DHB Revenue	17	0	17	0.0%	25	0	25	0.0%	0
Inter District Flows Revenue	145	144	1	0.7%	1,682	1,592	90	5.6%	1,735
Patient Related Revenue	628	564	64	11.3%	6,694	6,314	380	6.0%	6,860
Other Revenue	255	60	195	325.0%	809	680	129	19.0%	740
<b>Total Operating Revenue</b>	<b>12,978</b>	<b>12,748</b>	<b>230</b>	<b>1.8%</b>	<b>141,627</b>	<b>139,830</b>	<b>1,797</b>	<b>1.3%</b>	<b>152,552</b>
<b>Operating Expenditure</b>									
Personnel costs	6,143	5,724	(419)	(7.3%)	64,189	63,527	(662)	(1.0%)	69,123
Outsourced Services	0	0	0	0.0%	0	0	0	0.0%	0
Treatment Related Costs	648	660	12	1.8%	7,207	7,115	(92)	(1.3%)	7,750
External Providers	3,685	3,403	(282)	(8.3%)	37,765	37,148	(617)	(1.7%)	40,523
Inter District Flows Expense	1,881	1,871	(10)	(0.5%)	21,379	20,582	(797)	(3.9%)	22,455
Outsourced Services - non clinical	85	111	26	23.4%	1,241	1,223	(18)	(1.5%)	1,334
Infrastructure and Non treatment related costs	1,214	1,017	(197)	(19.4%)	11,152	10,822	(330)	(3.1%)	12,566
<b>Total Operating Expenditure</b>	<b>13,656</b>	<b>12,786</b>	<b>(870)</b>	<b>(6.8%)</b>	<b>142,934</b>	<b>140,417</b>	<b>(2,517)</b>	<b>(1.8%)</b>	<b>153,751</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>(678)</b>	<b>(38)</b>	<b>(640)</b>	<b>1684.2%</b>	<b>(1,307)</b>	<b>(587)</b>	<b>720</b>	<b>(122.7%)</b>	<b>(1,199)</b>
<b>Interest, Depreciation &amp; Capital Charge</b>									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	23	344	321	93.3%	3,140	3,766	626	16.6%	3,400
Capital Charge Expenditure	47	129	82	63.6%	1,298	1,395	97	7.0%	1,488
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>70</b>	<b>473</b>	<b>403</b>	<b>85.2%</b>	<b>4,438</b>	<b>5,161</b>	<b>723</b>	<b>14.0%</b>	<b>4,888</b>
<b>Net Surplus/(deficit)</b>	<b>(748)</b>	<b>(511)</b>	<b>(237)</b>	<b>(46.4%)</b>	<b>(5,745)</b>	<b>(5,747)</b>	<b>2</b>	<b>0.0%</b>	<b>(6,087)</b>
<b>Other comprehensive income</b>									
Gain/(losses) on revaluation of property									
<b>Total comprehensive income</b>	<b>(748)</b>	<b>(511)</b>	<b>(237)</b>	<b>(46.4%)</b>	<b>(5,745)</b>	<b>(5,747)</b>	<b>2</b>	<b>0.0%</b>	<b>(6,087)</b>

#### **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

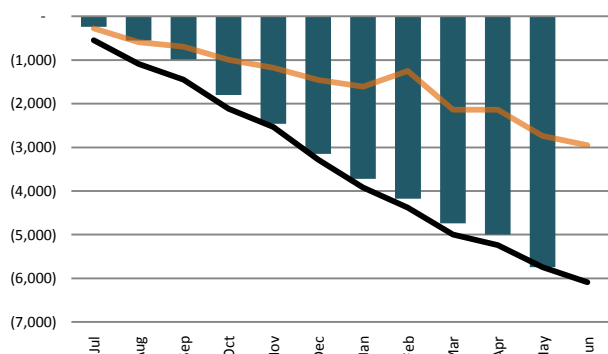
## APPENDIX 1: FINANCIAL RESULT

### FINANCIAL PERFORMANCE OVERVIEW – May 2019

#### Net operating results

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	(748)	(511)	(237)	46%	✗	(5,745)	(5,747)	2	0%	✓

Net operating results year-to-date

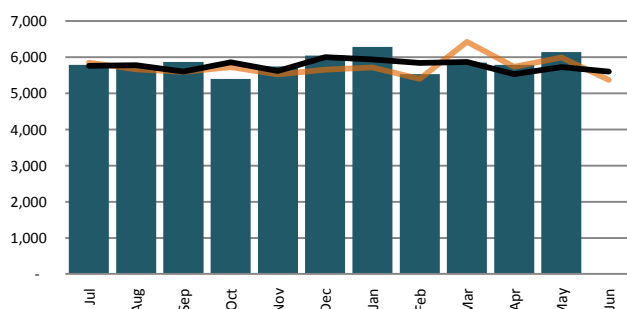


Over the last few financial years West Coast DHB has been in the process of implementing our new model of care in readiness for our new Grey Health Hospital/IFHC. Full implementation needs to be co-ordinated with the completion of the new facility. New ways of working need to be embedded before we move 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.

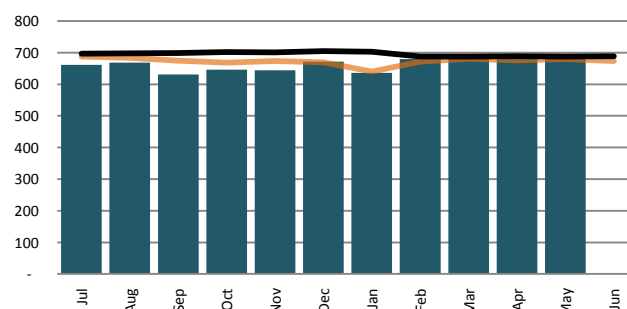
#### Personnel costs & FTE

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Medical	1,638	1,539	(99)	-6%	✗	17,448	16,671	(777)	-5%	✗
Nursing	2,495	2,389	(106)	-4%	✗	27,716	27,687	(29)	0%	✗
Allied Health	1,094	1,027	(67)	-7%	✗	10,599	10,895	296	3%	✓
Support	141	96	(45)	-47%	✗	1,076	1,049	(27)	-3%	✗
Management & Admin	775	673	(102)	-15%	✗	7,349	7,224	(125)	-2%	✗
<b>Total</b>	<b>6,143</b>	<b>5,724</b>	<b>(419)</b>	<b>-7%</b>	<b>✗</b>	<b>64,188</b>	<b>63,526</b>	<b>(662)</b>	<b>-1%</b>	<b>✗</b>

Personnel costs (incl Locums)



Personnel FTE (accrued)



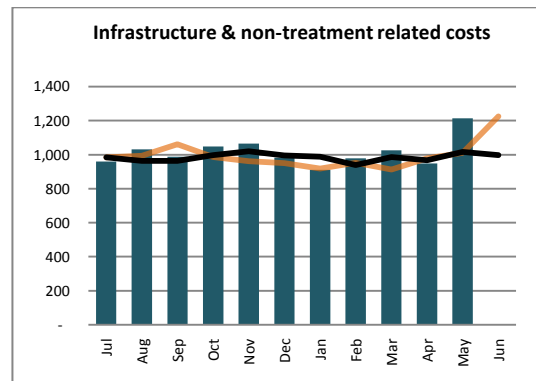
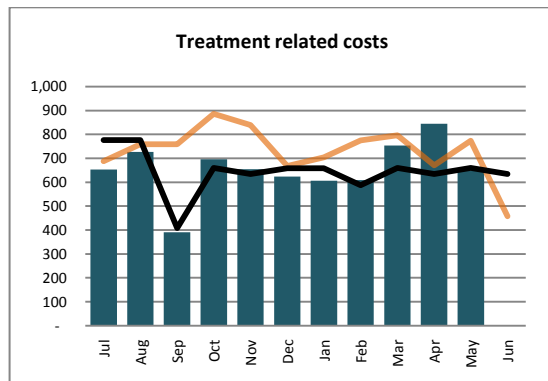
**KEY RISKS AND ISSUES:** Although better use of stabilised rosters and leave planning has been embedded within the business, there remains reliance on short term placements, which are more expensive than permanent staff. The Ministry of Health has a keen focus on ensuring DHBs do not exceed their management 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	648	660	12	2%	✓	7,207	7,115	(92)	-1%	✗
Non Treatment related costs	1,011	970	(40)	-4%	✗	10,709	10,388	(322)	-3%	✗



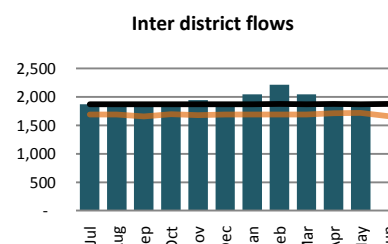
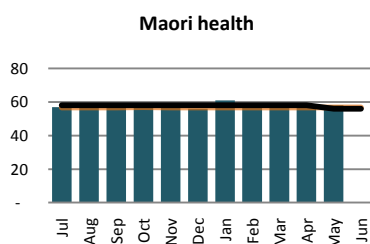
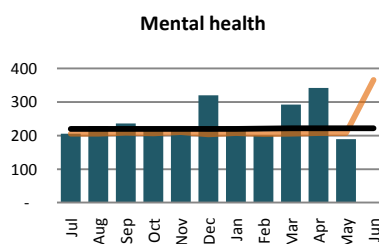
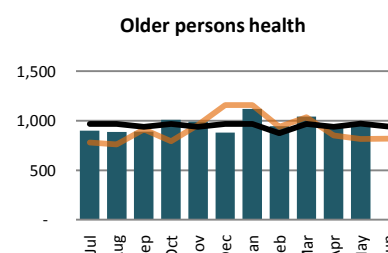
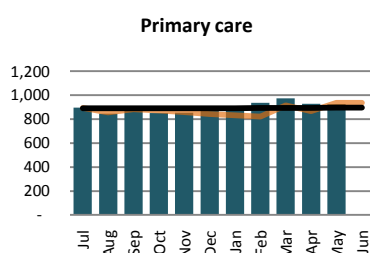
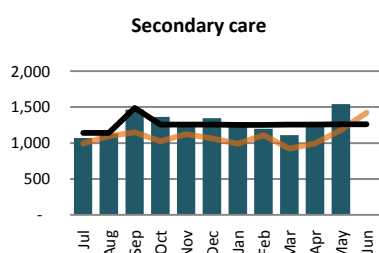
### KEY RISKS AND ISSUES:

**Treatment related costs** - high cost pharmaceuticals and patient transfers continue to remain a risk to WCDHB. Small changes in volumes can increase our costs significantly.

Overall we are continuing to monitor to ensure overspend in **non-treatment related costs** is limited where possible. This month we have recognised the impact of pay equity in our outsourced services such as cleaning and kitchen. We have also seen increased facility costs due to the delay in the Grey rebuild.

## External provider & inter district flows costs

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Secondary Care	1,541	1,260	(281)	-22%	✗	14,014	13,818	(196)	-1%	✗
Primary Care	926	895	(31)	-3%	✗	9,863	9,803	(60)	-1%	✗
Older Person's Health	971	970	(1)	0%	✗	10,583	10,464	(119)	-1%	✗
Mental Health	189	222	33	15%	✓	2,673	2,427	(246)	-10%	✗
Maori Health	58	56	(2)	-4%	✗	632	636	4	1%	✓
IDF	1,881	1,871	(10)	-1%	✗	21,379	20,582	(797)	-4%	✗
Outsourced Clinical	85	111	26	23%	✓	1,241	1,223	(18)	-1%	✗
<b>Total</b>	<b>5,651</b>	<b>5,385</b>	<b>(266)</b>	<b>-5%</b>	<b>✗</b>	<b>60,385</b>	<b>58,953</b>	<b>(1,432)</b>	<b>-2%</b>	<b>✗</b>



### KEY RISKS AND ISSUES:

YTD Provider payments are showing an unfavourable result to draft plan of \$1.4m, with the main drivers being Inter district flows, hospital level ARC bed days and community pharmaceuticals. Capacity constraints within the system require continued monitoring of trends and demand for services. We are also currently seeing a high demand for referred radiology, which we will monitor closely.

## Financial position

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			Annual Budget \$'000
Equity	19,964	19,961	3	0%	✓	100,302
Cash	8,468	9,942	(1,474)	-15%	✗	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. West Coast DHB has not received deficit support funding as budgeted (2.9m), which is driving the unfavourable result.

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

### Statement of comprehensive revenue and expense

For period ending

31 May 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
<b>Operating Revenue</b>									
Crown and Government sourced	11,933	11,980	(47)	(0.4%)	132,417	131,244	1,173	0.9%	143,217
Inter DHB Revenue	17	0	17	0.0%	25	0	25	0.0%	0
Inter District Flows Revenue	145	144	1	0.7%	1,682	1,592	90	5.6%	1,735
Patient Related Revenue	628	564	64	11.3%	6,694	6,314	380	6.0%	6,860
Other Revenue	255	60	195	325.0%	809	680	129	19.0%	740
<b>Total Operating Revenue</b>	<b>12,978</b>	<b>12,748</b>	<b>230</b>	<b>1.8%</b>	<b>141,627</b>	<b>139,830</b>	<b>1,797</b>	<b>1.3%</b>	<b>152,552</b>
<b>Operating Expenditure</b>									
Personnel costs	6,143	5,724	(419)	(7.3%)	64,189	63,527	(662)	(1.0%)	69,123
Outsourced Services	0	0	0	0.0%	0	0	0	0.0%	0
Treatment Related Costs	648	660	12	1.8%	7,207	7,115	(92)	(1.3%)	7,750
External Providers	3,685	3,403	(282)	(8.3%)	37,765	37,148	(617)	(1.7%)	40,523
Inter District Flows Expense	1,881	1,871	(10)	(0.5%)	21,379	20,582	(797)	(3.9%)	22,455
Outsourced Services - non clinical	85	111	26	23.4%	1,241	1,223	(18)	(1.5%)	1,334
Infrastructure and Non treatment related costs	1,214	1,017	(197)	(19.4%)	11,152	10,822	(330)	(3.1%)	12,566
<b>Total Operating Expenditure</b>	<b>13,656</b>	<b>12,786</b>	<b>(870)</b>	<b>(6.8%)</b>	<b>142,934</b>	<b>140,417</b>	<b>(2,517)</b>	<b>(1.8%)</b>	<b>153,751</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>(678)</b>	<b>(38)</b>	<b>(640)</b>	<b>1684.2%</b>	<b>(1,307)</b>	<b>(587)</b>	<b>720</b>	<b>(122.7%)</b>	<b>(1,199)</b>
<b>Interest, Depreciation &amp; Capital Charge</b>									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	23	344	321	93.3%	3,140	3,766	626	16.6%	3,400
Capital Charge Expenditure	47	129	82	63.6%	1,298	1,395	97	7.0%	1,488
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>70</b>	<b>473</b>	<b>403</b>	<b>85.2%</b>	<b>4,438</b>	<b>5,161</b>	<b>723</b>	<b>14.0%</b>	<b>4,888</b>
<b>Net Surplus/(deficit)</b>	<b>(748)</b>	<b>(511)</b>	<b>(237)</b>	<b>(46.4%)</b>	<b>(5,745)</b>	<b>(5,747)</b>	<b>2</b>	<b>0.0%</b>	<b>(6,087)</b>
<b>Other comprehensive income</b>									
Gain/(losses) on revaluation of property									
<b>Total comprehensive income</b>	<b>(748)</b>	<b>(511)</b>	<b>(237)</b>	<b>(46.4%)</b>	<b>(5,745)</b>	<b>(5,747)</b>	<b>2</b>	<b>0.0%</b>	<b>(6,087)</b>

## APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

31 May 2019

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
<b>Assets</b>					
<b>Non-current assets</b>					
Property, plant and equipment	22,476	101,878	(79,402)	(77.9%)	25,341
Intangible assets	444	404	40	9.8%	446
Work in Progress	8,087	4,796	3,291	68.6%	4,796
Other investments	605	604	1	0.2%	519
<b>Total non-current assets</b>	<b>31,612</b>	<b>107,683</b>	<b>(76,071)</b>	<b>(70.6%)</b>	<b>31,102</b>
<b>Current assets</b>					
Cash and cash equivalents	8,468	9,942	(1,474)	(14.8%)	11,724
Patient and restricted funds	55	54	1	1.9%	54
Inventories	1,097	1,058	39	3.7%	1,058
Debtors and other receivables	4,577	3,726	851	22.8%	3,725
Assets classified as held for sale	0	0	0	0.0%	0
<b>Total current assets</b>	<b>14,197</b>	<b>14,780</b>	<b>(583)</b>	<b>(3.9%)</b>	<b>16,561</b>
<b>Total assets</b>	<b>45,809</b>	<b>122,463</b>	<b>(76,654)</b>	<b>(62.6%)</b>	<b>47,663</b>
<b>Liabilities</b>					
<b>Non-current liabilities</b>					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,249	2,443	194	7.9%	2,443
Other	62	71	9	12.7%	71
<b>Total non-current liabilities</b>	<b>2,311</b>	<b>2,514</b>	<b>203</b>	<b>8.1%</b>	<b>2,514</b>
<b>Current liabilities</b>					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	11,520	8,503	(3,017)	(35.5%)	8,503
Employee entitlements and benefits	12,014	10,735	(1,279)	(11.9%)	10,939
<b>Total current liabilities</b>	<b>23,534</b>	<b>19,238</b>	<b>(4,296)</b>	<b>(22.3%)</b>	<b>19,442</b>
<b>Total liabilities</b>	<b>25,845</b>	<b>21,752</b>	<b>(4,093)</b>	<b>(18.8%)</b>	<b>21,956</b>
<b>Equity</b>					
Crown equity	85,994	85,994	0	0.0%	85,994
Other reserves	25,307	25,681	374	1.5%	25,681
Retained earnings/(losses)	(91,337)	(91,714)	(377)	(0.4%)	(85,968)
Trust funds	0	0	0	0.0%	0
<b>Total equity</b>	<b>19,964</b>	<b>19,961</b>	<b>(3)</b>	<b>(0.0%)</b>	<b>25,707</b>
<b>Total equity and liabilities</b>	<b>45,809</b>	<b>41,713</b>	<b>4,096</b>	<b>9.8%</b>	<b>47,663</b>

## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending  
in thousands of New Zealand dollars

31 May 2019

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var
<b>Cash flows from operating activities</b>								
Cash receipts from Ministry of Health, patients and other revenue	12,029	12,721	(692)	(5.4%)	142,187	139,498	2,689	1.9%
Cash paid to employees	(6,315)	(5,725)	(590)	(10.3%)	(62,813)	(63,731)	918	1.4%
Cash paid to suppliers	(2,432)	(1,788)	(644)	(36.0%)	(18,873)	(18,781)	(92)	(0.5%)
Cash paid to external providers	(4,468)	(3,403)	(1,065)	(31.3%)	(36,307)	(37,148)	841	2.3%
Cash paid to other District Health Boards	(1,098)	(1,871)	773	41.3%	(23,281)	(20,582)	(2,699)	(13.1%)
<i>Cash generated from operations</i>	(2,284)	(66)	(2,218)	3346.9%	913	(744)	1,657	(222.8%)
Interest paid	0	1	(1)	100.0%	0	1	(1)	100.0%
Capital charge paid	0	(129)	129	100.0%	(751)	(1,395)	644	46.2%
<b>Net cash flows from operating activities</b>	(2,284)	(194)	(2,090)	1075.7%	162	(2,138)	2,300	(107.6%)
<b>Cash flows from investing activities</b>								
Interest received	37	30	7	23.3%	309	331	(22)	(6.6%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(248)	(237)	(11)	(4.8%)	(3,389)	(5,104)	1,716	(33.6%)
Acquisition of intangible assets	0	0	0	0.0%	(191)	0	(191)	
<b>Net cash flows from investing activities</b>	(211)	(207)	(4)	2.1%	(3,270)	(4,773)	1,503	31.5%
<b>Cash flows from financing activities</b>								
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%
<i>Cash generated from equity transactions</i>	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%
<b>Net cash flows from financing activities</b>	0	0	0	0.0%	0	0	0	0.0%
Net increase in cash and cash equivalents	(2,495)	(401)	(2,094)	522.1%	(3,107)	(3,964)	857	(21.6%)
Cash and cash equivalents at beginning of period	11,028	10,344	684	6.6%	11,724	11,727	(3)	(0.0%)
<b>Cash and cash equivalents at end of period</b>	<b>8,533</b>	<b>9,942</b>	<b>(1,410)</b>	<b>(14.2%)</b>	<b>8,617</b>	<b>7,763</b>	<b>854</b>	<b>11.0%</b>

# RESOLUTION TO EXCLUDE THE PUBLIC



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

**SOURCE:** Board Secretary

**DATE:** 28 June 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, 7,8, 9, 10, 11 & 12 and the information items contained in the report.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the 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 10 May 2019	For the reasons set out in the previous Board agenda.	
2.	Audit New Zealand Arrangements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	Accountability Documents Approvals	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	Annual Plan Update and Delegation for signing of Final Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
5.	Going Concern Assessment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
6.	Emerging Issues Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)

7.	Clinical Leaders Emerging Issues	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)
8.	Rating Summary Update Quarter 3	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
9.	Fair Value, Revaluation & Impairment Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
10.	Information Services Presentation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
11.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
12.	Report from Committee	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”;

### 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.