West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 9 August 2019
at 12.45pm

St John
Water Walk Road
Greymouth

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

MEMBERS

WEST COAST DISTRICT HEALTH BOARD

BOARD MEMBERS

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

EXECUTIVE SUPPORT

David Meates (*Chief Executive)*
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)*

AGENDA – PUBLIC

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Water Walk Road, Greymouth
on Friday 9 August 2019 commencing at 1.00pm

KARAKIA			***12.45pm***
ADMINISTRATION			
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *28 June 2019*		
3.	**Carried Forward/Action List Items** *(There are no carried forward items)*		
REPORTS FOR DECISION			***12.50pm***
4.	Audit New Zealand Fraud Risk Assessment	Justine White *Executive Director, Finance & Corporate Services*	*12.50pm – 1.00pm*
REPORTS FOR NOTING			***1.00pm***
5.	**Chair's Update – Verbal Update**	Jenny Black *Chair*	*1.00pm – 1.05pm*
6..	**Chief Executive's Update**	David Meates *Chief Executive*	*1.05pm – 1.25pm*
7.	**Finance Report**	Justine White *Executive Director, Finance & Corporate Services*	*1.25pm – 1.35pm*
8.	**Resolution to Exclude the Public**	*Board Secretary*	*1.35pm*
INFORMATION ITEMS			
•	2019 Meeting Dates		
ESTIMATED FINISH TIME			**1.35pm**

NEXT MEETING: Friday 27 September 2019

KARAKIA

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

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER

Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Jenny Black **Chair**	• **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.	Y	Perceived
	• **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.	N	Perceived
	• **Chair, National DHB Chairs** Elected position from the National DHB Chairs.	N	Perceived
	• **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.	N	Perceived
	• **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.	N	
Chris Auchinvole	• **Director Auchinvole & Associates Ltd**	N	
	• **Trustee, Westland Wilderness Trust**	N	
	• **Justice of the Peace** Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand	N	
	• **Daughter-in-law employed by Otago DHB**	N	

Kevin Brown	• **West Coast Electric Power Trust** - Trustee The West Coast Electric Power Trust was formed in 1992 as a consequence of the passing of the Energy Companies Act 1992. The six Trustees hold the shares of Westpower Ltd and the associated companies on behalf of the electricity consumers of the West Coast. • **Diabetes West Coast** - Patron and Member • **West Coast Juvenile Diabetes Association** - Trustee Diabetes West Coast provides services for people with diabetes. • **Greymouth Lions Club** – Member • **Justice of the Peace** Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand • **West Coast Rugby League** - Hon Vice President West Coast Rugby League is a sporting organisation	N N N N N N	Perceived Perceived
Helen Gillespie	• **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.	N N N N	
Michelle Lomax	• **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 • **People's Choice Candidate** for Christchurch Central Ward Community Board	N N N N	
Chris Mackenzie **Deputy Chair**	• **Development West Coast** – Chief Executive Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of $92 million received from the Government. It is governed by a Deed of Trust which specifies DWC's Objects - to	N	

	promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future. • **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	• **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	• **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	• **Westland Medical Centre** - Managing Director • **Thornton Bruce Investments Ltd** - Shareholder/Director • **Hokitika Seaview Ltd** - Shareholder	Y N N	Actual

	• **Tasman View Ltd** - Shareholder, • **White Ribbon Ambassador for New Zealand** • **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	N N N Y Y Y	 Perceived Actual Perceived
Elinor Stratford	• **Clinical Governance Committee, West Coast Primary Health Organisation** The West Coast PHO Clinical Governance Committee (CGC) act as an advisory committee to its Board. The CGC's role is to assist the Board with any clinical aspects that relate to its business. • **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	• **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 Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast. • **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	N N N N Y N N N N N N N N Y	Actual Perceived

MINUTES

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Water Walk Road, Greymouth
on Friday 28 June 2019 commencing at 12.30pm

BOARD MEMBERS

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

APOLOGIES

An apology was received and accepted from: Helen Gillespie.

EXECUTIVE SUPPORT

David Meates (Chief Executive) Philip Wheble (General Manager, West Coast); Norma Campbell (Director of Midwifery); Carolyn Gullery (Executive Director, Planning & Funding & Decision Support); Brittany Jenkins (Director of Nursing); Melissa Macfarlane (Team Lead, Planning & Performance); Diane Pizzato (Finance & Business Manager); Jenni Stephenson (Programme Manager, West Coast Alliance, Planning & Funding); Imogen Squires (Communications) Karalyn van Deursen (Executive Director, Communications); Stella Ward (Chief Digital Officer); Justine White (Executive Director, Finance & Corporate Services); and Kay Jenkins (Board Secretary).

APOLOGIES

Gary Coghlan (General Manager Maori Health); Pradu Dayaram (Medical Director); Michael Frampton (Chief People Officer); Dr Cameron Lacey (Medical Director); and Dr Jacqui Lunday-Johnston (Executive Director of Allied Health).

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Michelle Lomax advised that she is a people's Choice candidate for the Christchurch Central Ward Community Board.

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 (14/19)
(Moved: Elinor Stratford/seconded: Edie Moke – carried)

"That the minutes of the Meeting of the West Coast District Health Board held at St John, on Friday 10 May 2018 be confirmed as a true and correct record subject to Chris Mackenzie being shown as an apology only and Edie Moke attending in person."

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. WEST COAST MATERNITY STRATEGY

Norma Campbell, Director of Midwifery, presented the Draft Maternity Strategy which had been recommended by the Advisory Committee earlier in the day.

Discussion took place regarding young fathers raising children and this was noted for inclusion in the strategy.

The Chair congratulated all involved in the preparation of the draft and wished them all the best for the consultation phase.

Resolution (15/19)
(Moved: Michelle Lomax seconded: Chris Mackenzie – carried)

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.

5. CHAIR'S UPDATE

The Chair advised that it had been a busy period since the last meeting including the workshop with the Ministry of Health and Treasury (as previously advised) which gave the West Coast the opportunity to also tell some good news stories.

Ms Black also advised that she had attended the monthly Partnership Group Meeting.

The update was noted.

6. CHIEF EXECUTIVE'S UPDATE

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

- Both the Child Health Strategy and the draft Maternity Strategy presented to the Advisory Committee this morning are anchored back into the direction of the West Coast strategic direction which provides a level of confidence; a sense of future; and a design solution fit for the West Coast community. He added that there is on ongoing focus of Rural Generalists and people now choosing to come and work on the West Coast.

- In regard to the Buller facility people seem pretty comfortable with where this is now sitting.

- In regard to the Grey facility project confirmation is still awaited as to whether migration will be this year or next year.

Discussion took place regarding the Maori Provider Development Scheme in which 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.

A query was made regarding building warrant of fitness in the mental health area and it was noted that a site master plan is currently being undertaken and a Business Case will then be developed for a new mental health facility.

It was noted that it appears that there is less mental health reporting then previously. This was acknowledged and management will look into improving this.

The Chief Executive's update was noted.

7. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the finance report which showed that 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.

It was noted that the DHB continues to see pressure in people costs, Aged Residential Care, Community Pharmacy and IDFs. Pressure is also starting to be seen in the neo natal area however we are seeing a positive effect of less depreciation.

Discussion took place regarding the national transport contract and it was noted that the price here has increased and the South Island has the lowest cost per flying hour.

A query was made regarding whether FTE numbers are still under the Ministry of Health cap and it was noted that the DHB is under the cap and it is reported on a monthly basis to the Ministry. It was also noted that the cap is a challenge for this DHB due to owning some Primary Care services.

The finance report was noted.

8. RESOLUTION TO EXCLUDE THE PUBLIC

(Resolution 16/19)

(Moved Nigel Ogilvie/seconded Elinor Stratford – 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, 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";

INFORMATION ITEMS

- 2019 Meeting Dates

There being no further business the public open section of the meeting closed at 1.30pm. The Public Excluded section of the meeting commenced at 1.30pm and concluded at 3.10pm.

_____ _____

Jenny Black, Chair Date

AUDIT NEW ZEALAND – FRAUD RISK ASSESSMENT

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

SOURCE: **Finance**

DATE: **9 August 2019**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

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

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

ii. Approves submission of the Client Fraud Questionnaire to Audit New Zealand.

3. SUMMARY

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

4. APPENDICES

Appendix 1 Client Fraud Questionnaire
Appendix 2 Fraud Policy *(as approved by the Board 29 September 2017)*

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

APPENDIX 1 Client Fraud Questionnaire

Client name: **West Coast District Health Board**
For the year ended: **30 June 2019**

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

Communication about fraud	
How are fraud risks and the responses communicated to those charged with governance? Are those charged with governance involved in the risk assessment process?	The risk register/risk management report is regularly updated and tabled at QFARC. Manager, R&A collates the risk updates for Executive Director, Finance & Corporate Services who then provides the overall current risk context. The Fraud Control Policy is approved by the West Coast DHB Board (last reviewed October 2017).
How are expectations of appropriate business practice and ethical behaviour communicated to employees? What is done if employees are not behaving appropriately?	New staff go through an induction program. The Code of Conduct For Staff procedure and MoH Conflict of Interest Guidelines are published on the WCDHB intranet Policies and Procedures page.
Actual, suspected, or alleged frauds	
Have any frauds been identified or are there any suspected or alleged frauds?	None aware of.
What has been the result of any fraud investigations? How did the fraud occur? How was it identified? What happened to fraudster, how much was involved and were any monies or assets recovered? Please provide copies of any investigation reports for these.	None aware of.

Completed by Senior Management

Position: Justine White, Executive Director, Finance & Corporate Services

Signature:

Internal Audit Questions	Response
Areas susceptible to a risk of material misstatement due to fraud	
Where are the financial statements susceptible to a risk of material fraud?	The Risk & Assurance (R&A) Internal Audit Plan addresses the identified main fraud risk areas in Accounts Payable and Payroll.
What internal audit work is planned or has been completed to detect fraud? If any work has been undertaken, what are the findings? Has this confirmed the expected risks of fraud?	Risk & Assurance (R&A) reviewed the controls over changes to payroll master file data and its protection in 2019. There were no major issues arising from that review. R&A will be using data analytics to interrogate and analyse Payroll data in late 2019. R&A will also be using data analytics to check and identify potential fraud exceptions in Accounts Payable in 2020.
Actual, suspected, or alleged frauds	
Have any frauds been identified or are there any suspected or alleged frauds?	No suspected or alleged frauds have been made known to R&A.
For any identified frauds, what has been the result of the investigation? How did the fraud occur? How was it identified? What happened to fraudster, how much was involved and were any monies or assets recovered? Please provide copies of any investigation reports for these.	No identified frauds have been made known to and investigated by R&A.

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

Yes / No

If no, can you please provide more detail here:

Position: Sai Choong Loo, Manager, Risk & Assurance

Signature:

Governance related Questions	Response
Role in relation to fraud	
What role do those charged with governance] have in monitoring management's exercise of its fraud prevention responsibilities?	QFARC agree and review the internal audit program. The Manager, Risk & Assurance attends and provide regular updates to QFARC, as well as tabling final reports on areas of work. Internal audit focuses on the areas assessed as susceptible to the risk of fraud and the internal audit plan reflects this focus.
How does management communicate identified fraud risks? How do they provide assurance that anti-fraud controls are in place and operating?	Risks are communicated through EMT meetings, and regular general email communications (for example, when there is an increase in cyber attacks). Assurance is gained by utilising the internal audit function (the internal audit programme is adjusted depending upon the most pressing needs), as well as gaining assurance through the external audit. The new Internal Audit Plan focuses on reviewing key controls, especially anti-fraud controls with an increasing emphasis on the use of data analytics to provide added assurance. Risk and Assurance is not aware of any fraud detection work undertaken by the previous internal auditors, Deloitte.
If a fraud risk assessment has been completed, what input did those charged with governance have? Do you consider that the fraud risk assessment was a robust process?	This Audit NZ fraud risk assessment is prepared by Finance, but circulated to the Manager, Risk & Assurance for comment, as well as submitting to QFARC and the Board for review and approval.
How are those charged with governance informed of actual, suspected or alleged frauds?	The Fraud Control Policy sets out the positions that are to be notified of suspected fraud.
Actual, suspected, or alleged frauds	
Have any frauds been identified or are there any suspected or alleged frauds?	None aware of.

For any identified frauds, were these investigated by management and have the results of the investigation been reported to those charged with governance? How did the fraud occur? How was it identified? What happened to fraudster, how much was involved and were any monies or assets recovered?	None aware of.

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

Yes / No

If no, can you please provide more detail here:

Position: Jenny Black, Chair

Signature:

Fraud Control Policy

1. Policy Statement

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

2. Purpose

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

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

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

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

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

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

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

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

3. Application

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

4. Responsibilities

For the purpose of this Policy, the

The ***West Coast District Health Board*** shall:

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

The ***Chief Executive*** (CE) shall:

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

All ***WCDHB Executive and Operational Managers*** shall:

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

5. Definitions

For the purpose of this Policy:

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

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

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

6. Policy Principles

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

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

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

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

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

6.5 Operational Managers are required to ensure that they:

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

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

6.6 The WCDHB Internal Auditor is responsible for:

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

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

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

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

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

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

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

6.12 Members of the investigation team will have the authority to examine, copy and/or remove all or any portion of the contents of files, desks, cabinets, computers and

other storage facilities on WCDHB controlled premises without prior knowledge or consent of any individual who may use or have custody of any such WCDHB items or facilities when it is within the scope of their investigation.

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

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

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

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

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

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

7. Legislative Requirements

New Zealand Public Health and Disability Act (2000)

Public Finance Act (1989)

Protected Disclosure Act (2000)

8. Related Procedures

WCDHB Delegation of Authority Policy.

WCDHB Recruitment Procedure.

WCDHB Internal Audit Procedure.

WCDHB Code of Conduct.

WCDHB Staff Discipline, Suspension and Dismissal Procedure.

WCDHB Conflict of Interest Policy.

9. Reference Documents

No reference documents are associated with this Procedure.

Revision History	**Version:**	8
	Developed By:	Chief Financial Manager
	Authorised By:	Board
	Date Authorised:	May 2002
	Date Last Reviewed:	October 2017
	Date Of Next Review:	October 2020

CHIEF EXECUTIVE'S UPDATE

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

SOURCE: **Chief Executive**

DATE: **9 August 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

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

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

3. SUMMARY

	DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY

A: Reinvigorate the West Coast Health Alliance

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

- Reviewed the whānau ora model of care that has been successfully tested with a hard to reach group of diabetic patients at Buller Health and have therefore supported the extension of this way of working with more patients.
- Were pleased to review the draft West Coast Maternity Strategy and have agreed to support wider distribution for further community consultation.
- Comprehensively reviewed the workstream workplans for 2019/20 and requested further work be done on these to reflect the expected priorities.
- At the next meeting in August, the ALT will welcome Kevin Hague as the newly appointed Chairperson. This appointment brings an independent community voice to the Alliance Leadership Team and will ensure consumers remain at the centre of our processes.

B: Build Primary and Community Capacity and Capability

Primary

- **Integrated Health Services - Northern Region**
  - Planning and recruiting for short and long term FTE requirements across the medical, nursing and administrative teams remains the priority for the Northern region. Over this winter period we have been facing challenges for GP cover and are appreciative of the supportive response by our permanent GP workforce.
  - 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 1 RNS considering the Nurse Practitioner pathway and 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.
  - Achieving the MOH Health Targets and optimising health outcomes for our patients remains a priority and we are currently reviewing our processes around these.
- **South Westland Area Practice**
  - With a number of resident RNSs on leave this month, significant challenges occurred to ensure all clinics were staffed.
  - The new RNS for Franz Josef has started her orientation period; she will be a great asset to the DHB and community. With her background in heart failure, local patients with this illness are already having their health improved.
  - Haast rebuild – building consents were lodged with the Westland District Council.
- **Greymouth Medical Centre**
  - The Moana RNS has resigned and we are currently interviewing for a replacement.
  - GMC remains busy with high demand for both planned and unplanned.
  - The CNM is phoning in or attending the daily morning operational meetings.
  - Meetings continue in preparation for the new facility.

Community

- **Public Health/B4School/Vision Hearing**
  - Vision Hearing is now making progress with the catch-up of year 7 vision screening following the resignation earlier in the year and growing confidence in the newly appointed technician.
  - Public Health teams are currently in a planning phase as school holidays provide the time to get ready to work with the schools for the new term.
  - B4School achieved target for the end of the financial year. This was completed through improving service coordination and 100% commitment from the team.
- **District Nursing**
  - Both Hokitika and Grey have their full complement of staff and workloads remain steady. There has been a considerable amount of sick leave as the flu virus, with various symptoms, affects the teams that are vulnerable working in the community. Palliative workloads remain heavy with 30 patients in Greymouth being palliative and 7 in the Hokitika area. This certainly impacts on workload

management but the teams work very well with the CNS and palliative specialist team.

- **Clinical Nurse Specialists**
  - Our Rheumatology/Infusion Services CNS has developed the infusion service to the point where on occasion she has 6 patients undergoing infusions at the same time. The service covers blood and iron transfusions, venesections (which were previously undertaken in the lab), rheumatological and inflammatory bowel disease treatments.
- **Dental Service**
  - During the June/July school holidays the therapy teams undertook training on how to utilise TITANIUM. They learned electronic patient admissions, bookings and how to clinically enter information following assessment and/or treatment and entering data that can be accessed here or in Canterbury. This was facilitated by colleagues from CDHB.
  - The Dental Clinical Director from CDHB is visiting each site on the Coast to train people in digital radiography and scanning. This means if the Therapist has a concern about a patient's teeth, the CD can bring it up on his screen wherever he may be and offer treatment advice when necessary. Our dental administrator, who also works as a part-time therapy assistant, has received extra training to be a super user so that she can do local troubleshooting for staff.
- **Home Based Support Services**
  - Home Based Support Services has a new name as a result of new MOH guidelines. We will operate under the name Home and Community Support Services from this point.
  - HCSS is currently recruiting additional casual support workers and a nurse assessor for the Greymouth area. These vacancies have received good responses with quality applicants being interviewed.

C: Hauora Maori Update

- **Achieving Maori Equity:** The WCDHB Operational Leadership Group (OLG) has made a decision to prioritise Maori health equity at a management level. One meeting a month will be committed to reporting back to the OLG on agreed equity actions that are specific to each service area. Equity actions are agreed and monitored monthly by the OLG. Some of the actions to date are:

Allied Health	Application of the HEAT (Health Equity Assessment Tool) to three current business cases
Planning and Funding	Reporting and Accountability – developing a framework for accountability of equity activity
Communications	Committed to working closely with the Maori health team to identify Maori stories for publication
Planning and Funding	Support the roll out of Whakakotahi in the Grey district – working alongside the team to understand the process and work through any potential barriers that may occur (Whanau ora)
Nursing	Undertake a piece of work that will enable us to better understand the barriers to sustaining systemic cultural competence

People and Capability	Understand the impact of institutional racism in our health workforce

- **Heat tool:** The HEAT tool has been applied to at least one of the business cases above. As a result we have identified a plan moving forward to ensure that audiology services are equitably accessed.
- **Maori Workforce Development:** A steering group is being developed to work with People and Capability to improve inclusion for Maori and Pasifika within the workforce. The initial meeting will set the scene for the work to come and co-design the contribution, scope and commitment of the group. Increasing the Maori and Pasifika workforce will be a core focus of this transalpine based group. Gary Coghlan and Kylie Parkin have been invited to be on the steering group.
- **Kia ora Hauora – Rangatahi Exposure Day:** A partnership between Grey High School, West Coast DHB and Kia ora Hauora has seen the inaugural Rangatahi Exposure Day take place. The purpose of this day is to introduce Year 9 and 10 Maori students to the Hospital environment over a day to encourage them to consider health as a great career option. This is the first time this particular approach has been undertaken and 20 students were welcomed by the GM Maori Health and GM West Coast. The students enjoyed a full day of interactive exercises, a thorough visit around most departments within the hospital and workforce information provided by Kia ora Hauora. The event ran smoothly from the whakatau to the karakia and was a great success with teachers, rangatahi and staff enthusiastic about the programme. We are hoping to build on the success of the event which was really well supported by the Greymouth High School and make it an annual occurrence.
- **Hauora Report:** Nine months after the first Waitangi Tribunal hearing at Tūrangawaewae Marae, the first ever report to come out of the Kaupapa Programme, the 'Hauora' Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry 2019 has been released. There will be a lot for our health system to contemplate in the report, and more to come in the following stages (on Maori mental health including suicide and self-harm, on issues of alcohol, tobacco and substance abuse for Maori and on Maori with disabilities). Some of the findings of the tribunal include:
    - The Treaty principles (three Ps) are insufficient to ensure the health system complies with the Treaty
    - Insufficient participation of Maori in the health system
    - Omission of Treaty references in health documents
    - Problems with accountability, data collection to assess performance and guide quality improvement, use of and access to the data we do collect
    - Lack of design in partnership with Maori
    - Under-representation in the workforce of Maori; and overall
    - The Tribunal found that the primary health framework does not recognise and properly provide for tino rangatiratanga and mana motuhake of Hauora Maori
- **Recommendations**
    - Include Treaty of Waitangi and principles and a new Treaty clause in legislation
    - Adopt new principles
    - Commitment to achieve equitable outcomes and that this is included in legislation
    - Investigate a Maori Primary Health Authority
    - Investigate a methodology for the assessment of underfunding by 20 January 2020

- Urgent review of primary health care funding to align for equity
- Review and strengthen accountability
- Co-design a primary health research agenda
- Review partnership arrangements in primary care alongside Maori health experts

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

- Building Warrants of Fitness were completed for Grey Base, Hokitika and Franz Josef Clinics.
- The new Plumber/Fitter joined our team leaving only 1 FTE position unfilled (Painter /Handyman).
- A review is underway between Finance and Facilities on Company Housing usage and booking systems.
- Maintenance and Facilities Staff are undertaking Te Nikau Grey Base Hospital site training.

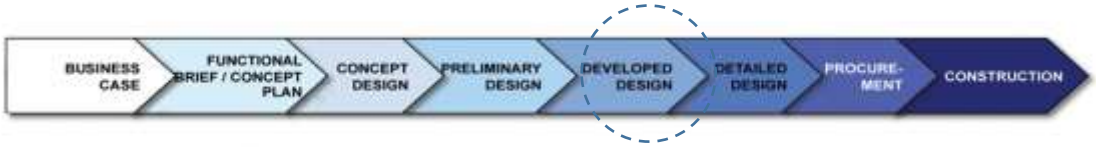
B: Partnership Group Update

Grey

- The handover date for the Te Nikau 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.
- Transitional Care Units civil and foundation works have been completed and Chris Yeats' Builders have commenced building of the units. The external wall and roof framing has progressed and the units have started to take shape.
- The building envelope is nearing completion with only final flashings and louvres to be installed prior to final façade engineer's inspection.
- Room readiness is close to completion for the radiology area in preparation 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 have been 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



- The project has progressed into the developed design phase with the next round of user groups in Westport on 7 and 8 August.
- 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.
- User group sessions through the mock up space occurred on 29 July. The process will explore options for workflow and placement of equipment, medical services and workstations. User group decisions and outcomes from this process will be communicated to the project architects and engineers to be incorporated into the next rendition of the facility plans.
- A virtual walk through of the facility, updated plans and facility related information is planned to display for the community to view in early September.

RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Nursing

- Hospital services have seen higher than usual activity within the inpatient wards.
- On a positive, nursing has seen a decrease in sick leave this month by 18%.
- Recruitment continues to be successful with two senior nurses joining the medical/surgical teams and a further five joining between now and the middle of August. This will put the adult acute admitting wards at fully staffed. Retention of staff seems to have stabilised with no new resignations.
- This month saw the start of 10 minute integrated operational meetings held daily at 0830 hours. This is to look at activity for the day and try and eliminate any pressures the system may encounter. The team has found that this has become a good vehicle to further integrate services across the Coast and across services.

Medical

- Rural Generalist consultants are doctors with specialist skills and general skills which allow them to work flexibly across the health system. This flexibility is essential for sustainable rural healthcare. This year, we are intending to recruit six more of these doctors (to add to the eight we already employ). During the last month, two Rural Generalist doctors were interviewed; unfortunately one has since withdrawn his application due to family reasons. However, we are in the process of contracting with the other.
- People and Capability are developing the recruitment strategy for our Rural Generalists and GPs. Our recruitment team are developing a promotional video for Rural Generalism and will be promoting the West Coast at medical conferences in the coming months. To speed up recruiting, we have clarified and documented the Senior Medical Officer recruitment process to make this quicker (aiming for a turnaround of about 4 weeks from close of application to verbal offer).
- During June we had a sudden resignation from an anaesthetist. Recruitment has commenced and we have been able to shortlist two candidates for this vacancy and one potential candidate for part-time work which should assist in reducing our reliance upon locum anaesthetists from September.
- The job descriptions for Resident Medical Officers are being updated to support the model of care in the new facility from the start of 2020.

Mental Health

- With orientation completed, the addition of an RN to CAMHS Buller locality compliments and strengthens further the service delivery to the area. Combined with the existing medical clinical cover, clients are receiving improved access, consistency of case management and importantly packages of care delivered close to their homes.
- It can be confirmed that the AOD team now have definitive commencement dates for two new staff; one on 5 August and the other on 12 August; both of who will be welcome additions to the team. Once orientation is completed, Westland and South Westland will be better served with increased availability of clinicians and response times. It is anticipated a more integrative working model for AOD service delivery will be followed with the existing Community Mental Health Team there.
- The DHB recently appointed a new Clinical Lead for the AOD service; He joins us at a key time and will play a significant role in the future planning of service delivery. Graeme brings a wealth of knowledge and experience to the Coast built on over 25 years in this specialist area. He will complement further our existing AOD Medical Officer.
- IPU continues to work towards the aspirational goal of Zero Seclusion by 2020 and continues to show a reduction in the need for restraint, with the number down on the previous year as a result of improved standards, quality of clinical interventions from staff and the combined motivation and commitment of ward staff and manager to meet this goal.
- Reports regarding the alarm system introduced in IPU continue to be positive. There have been minor teething problems which have been ironed out. Staff within the unit will be working with their manager to draft up full policy and procedural documentation over the next few weeks.
- A recent recruitment campaign has resulted in a number of applicants to consider for the key role of Nurse Consultant for Mental Health. Shortlisting selection processes are currently underway and it is hoped that there may be a positive outcome to report in

next months report.

- The role of Mental Health Nurse Educator following a trial period of 0.5FTE fixed term was recently advertised and recruited to as a permanent full time position. The successful candidate had already made good inroads into developing nurse education programmes for the mental health workforce. The progress she has made can now be capitalised and built upon further.
- Heather McPherson, our Consultant Psychiatrist, has taken on the Acting Clinical Director role for Mental Health and Addition Services providing cover for the duration of Cameron Lacey's sabbatical and leave period.

DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

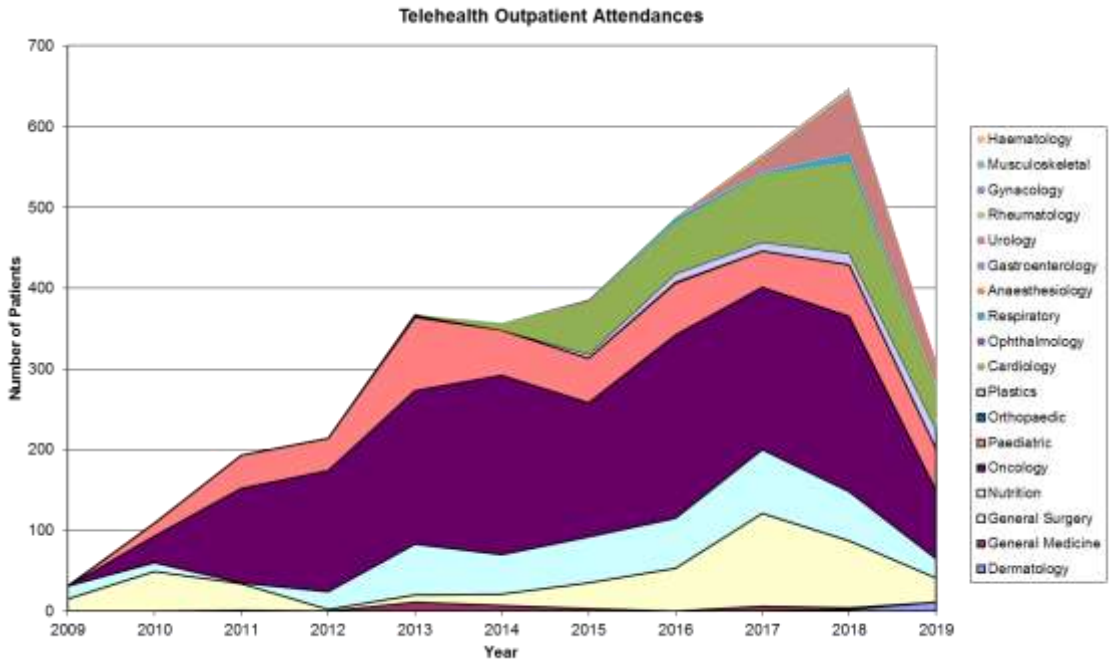
A: Improve Transport Options for Patient Transfers

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

- Three out of the four Aged Residential Care (ARC) facilities on the West Coast have now signed up to access shared health records and this will enable ARC clinical staff and General Practitioners to have a more comprehensive view of their residents' health records at the facility. This has previously not been the case and is an important step in ensuring that health professionals in ARC are better able to support this increasingly frail and vulnerable cohort of older adults.
- Six clients have completed the FIRST programme (an up to six week intensive in-home rehabilitation/enablement service) since August 2018. Initial results are positive, indicating that this programme is reducing presentations to ED and improving outcomes for the participants.
- We are making progress with our goal of promoting Advance Care Plans (ACPs) for this cohort. The West Coast DHB now has three ACPs on Health Connect South (electronic health records) with more almost ready to be entered into the system. Education is continuing.
- A West Coast Dementia Stakeholders Group is being established with the aim of ensuring connectivity with the South Island Alliance Programme Office (SIAPO) Health of Older Persons Workstream dementia initiatives.

BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of June 2019 was a deficit of $614k, which was $274k unfavourable to annual plan. The year to date net deficit of $6.359m is $272k unfavourable to annual plan due largely to the impairment of the FPIM/NOS asset of $283k as advised by NZ Health Partnerships Limited.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	$'000	$'000	$'000	$'000	$'000	$'000
Governance Arm	(99)	(140)	41	(1,655)	(1,760)	105
Funder Arm	310	136	174	1,803	1,136	667
Provider Arm	(825)	(336)	(489)	(6,507)	(5,463)	(1,044)
Consolidated Result	**(614)**	**(340)**	**(274)**	**(6,359)**	**(6,087)**	**(272)**

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 in August, along with Mental Health later this year.

- **New Facility Work**: Focus over the last month has been on installing the majority of the switching infrastructure into the new building, with the network now live across the entire campus. This supports commissioning for lighting, nurse call, building management systems, network clocks, and security. Migration to Infrastructure as a Service (IaaS) is coming to an end, with 34 migrated and 16 remaining. Focus is shifting to XenApp refresh and migrating key onsite systems to the new infrastructure installed locally.
- **Telehealth Replacement**: The new TeleHealth system has been deployed to 6 units now. Deployment to mobile devices is rapidly increasing. We are working to resolve some intermittent audio and visual quality issues.
- **eOrders**: The implementation of radiology eOrders has been completed with go live on 2 July. This has provided a safer process for ordering radiology tests, allowing clinical staff to order radiology diagnostic tests electronically, and building on the electronic sign off process introduced late 2018.
- **Titanium**: A capex request was 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 has been completed and devices have been installed into the mobile units. Deployment into the fixed sites is underway and staff have been using the system from 22 July. There are some coverage issues at Hari Hari school to be resolved, and training on the digital scanning systems to be 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. Access to training environments has been completed and regular project meetings are occurring. Phase 1 training has been completed with pharmacy team.

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

Communications and Engagement

- **Public influenza vaccination campaign:** An advertising campaign promoting the flu vaccine continued throughout June across print, social media and online channels on the West Coast and across Canterbury. With the reduced vaccination stock levels, general winter wellness tips will be the focus for the remainder of the flu season.
- **Community engagement:** Haast Community Meeting regarding relocation and redevelopment of Haast Clinic.

Media

- During June/July we responded to several enquiries about the number of flu cases on the Coast.
- ***Some of the other topics of media interest included:***
    - Organisational Change Proposal outcomes
    - Changes to Audiology services
    - Number of Mental Health staff on the Coast

- Review of adverse events in the DHB's Mental Health Service
- Extra support for DHBs to help with the costs of building new facilities
- Occupational Therapy services
- Number of Coast-based Midwives
- Refusal to prescribe paracetamol for a patient
- Staffing of the Westport CAMHS team
- Number of rural generalists employed by the DHB
- Application times for work visas
- Heating options for the new Buller and Grey facilities.

- ***Media releases included:***
  - West Coasters urged to look after themselves as influenza on the rise across the region
- ***Social media posts:***
  - World Blood Donor Day (14 June 2019)
  - World Elder Abuse Awareness Day (15 June 2019)
  - National Volunteer Week (16 June – 22 June 2019)
  - Various posts (Facebook and Twitter) promoting current West Coast DHB vacancies.
- ***CE Update stories – July 2019***
  - The lead story highlights Brittany Jenkins's career pathway through the West Coast Health System leading to her recent appointment as the Director of Nursing. This story was also published in the Greymouth Star on 6 July 2019.
  - We remembered Jean Adams (1930-2019) for her tireless contribution to the West Coast DHB. Jean can be described as 'the lady with the lamp' and held the distinction of being the longest serving registered nurse on the West Coast in a career that spanned over 50 years.
  - Hazel Wilkinson, Trainee Pharmacy Technician provides an insight into what's involved when working and training to become a qualified Pharmacy Technician. Hazel highlights the benefits of working in a supportive team and about the advantages of having the flexibility to manage her work and study loads to suit what is required.
  - Janely Sagayno, Paediatric Nurse in Parfitt Ward came to live and work in New Zealand over a year ago. Janely tells us about why she chose to migrate to New Zealand as well as about her studies (Bachelor of Science and Nursing) and previous experience working as a Paediatric Nurse in the Philippines and in Singapore.
  - Rosa Heney, Clinical Arts Therapist provides an account of what arts therapy is, and shares her journey towards the development of community-oriented professional practice on the Coast.
  - The Barrytown School pupils with input from Tessa Hunter (West Coast DHB's Community and Public Health's Health Promoting Schools Coordinator) provided an account of their introduction to the school's *Pā* Harakeke re-establishment project as well as highlighting the importance of preserving this resource.
  - Nola Rochford and Jennie Bell, the only two Nurse Practitioners (NPs) on the Coast provided their experiences of finding their feet in their respective roles. This article written by Kathy Stodart was first published in the May 2019 issue of Kai Tiaki Nursing New Zealand.

- News items – Henry Hole retires from Grey Base Hospital Laboratory; International Nurses Day; One minute with Georgia Wilkinson, CAMHS Case Manager/Social Worker.

	PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

Key Achievements/Issues of Note

- **Alcohol:** A Safer Motorcycling Working Group has been formed to discuss the Pike River Mine Memorial Tribute Run. The group has representatives from ACC, Police, the Health Promotion Agency and CPH, along with the West Coast Road Safety Committee Coordinator. The group was established in response to concerns raised at a previous West Coast Road Safety Committee meeting. The driver for this group is to focus on ensuring that this year's Pike River Mine Memorial Tribute Run is run without any problems. The goal is a 'Vision Zero – Zero Harm' approach to motorcycle events held on the West Coast and the group aims to engage with the local motor cycle community. Contact has been made with the Pike River Run organiser who is keen to work with the group to make this year's event harm free and planning for alcohol harm reduction initiatives is underway.
- An alcohol controlled purchase operation conducted by Police with CPH support at off-licence premises in Greymouth, Dunollie, Moana and Paroa on 29 June was successful in that no sales of alcohol were made to the underage volunteers.
- **Smokefree:** A tobacco retailer controlled purchase operation conducted by CPH on 3 July in Greymouth was successful in that no sales of tobacco were made to the underage volunteer.
- **Healthy public policy:** The Medical Officer of Health and a CPH health promoter have met the project manager for the new West Coast Single District Plan process to discuss the scope of public health in relation to the areas and activities covered by a district plan. CPH has been identified as an important stakeholder in the planning process.
- **Drinking water:** CPH's West Coast Drinking Water Assessors are busy conducting the Annual Drinking Water Survey. This survey assesses drinking water suppliers' compliance with the Health Act (1956) and the Drinking Water Standards for NZ over the last year (1028-2019). It covers all water supplies that serve populations over 100 people.
- **Nutrition:** CPH continue to facilitate the Food Security steering group, with the second meeting taking place in July. The group have now developed terms of reference to guide and support this ongoing kaupapa. The group consists of representatives from many agencies, including the Ministry of Social Development and the Department of Internal Affairs and will meet at least seven times annually.
- Early Childhood Centres continue to receive nutrition support and guidance. One centre in Greymouth recently achieved their 'Rito' (Bronze) Healthy Heart Award, a significant achievement for this centre as they have worked extremely hard for this award among many other priorities. Some of the changes at the centre included adopting a nutrition and physical activity policy, introducing nutritious kai at morning

tea, and focussing on non-food related rewards.

- CPH is working alongside Poutini Waiora to support whānau with their nutrition and lifestyle, offering two separate nutrition courses in July and August. One, Appetite for Life, will be delivered to a group of adults. The other programme we will be supporting, Ko Wai Ahau, involves local rangatahi and many different activities. CPH also provided support for a group of MSD clients in a work skills programme as part of the DOC Conservation Volunteers project in Punakaiki. This included conversations with the stop smoking practitioner and the nutrition health promoter.
- **Physical Activity:** CPH has analysed the feedback received from 64 participants in community Tai Chi classes we support in the following areas: Greymouth, Cobden, Reefton, Westport and Waimangaroa. 79% have been going to the classes for more than a year, with 93% saying they attend classes weekly and 78% having found out about the classes through friends or family. The participants' main reasons for attending Tai Chi classes included: to improve balance (89%), to learn something new (71%), to meet new people (71%), to increase physical activity (70%) and to improve overall fitness (64%). The main things participants had noticed since they began Tai Chi classes were: improved balance (82%), an increased social circle (68%), improved flexibility (64%), feeling less at risk of falling (54%) and improved strength (45%). Other benefits they mentioned included feeling less stressed (36%), improved overall confidence (36%), doing more social activities (25%), improved sleep (18%) and reduction in falls (13%).

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: **9 August 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this paper is to provide a regular monthly report of the financial results of the West Coast District Health Board and other financial related matters.

2. RECOMMENDATION

That the Committee:

i. notes the financial result and related matters for the period ended 30 June 2019.

3. DISCUSSION

Overview of June 2019 Financial Result

The consolidated West Coast District Health Board financial result for the month of June 2019 was a deficit of $614k, which was $274k unfavourable to annual plan. The year to date net deficit of $6.359m is $272k unfavourable to annual plan due largely to the impairment of the FPIM/NOS asset of $283k as advised by NZ Health Partnerships Limited.

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	11,973	195	1.6%	144,585	143,217	1,368	1.0%	143,217
Inter DHB Revenue	0	0	0	0.0%	25	0	25	0.0%	0
Inter District Flows Revenue	145	144	1	0.7%	1,827	1,736	91	5.2%	1,735
Patient Related Revenue	555	546	9	1.6%	7,249	6,860	389	5.7%	6,860
Other Revenue	119	59	60	101.7%	928	739	189	25.6%	740
Total Operating Revenue	12,987	12,722	265	2.1%	154,614	152,552	2,062	1.4%	152,552
Operating Expenditure									
Personnel costs	5,570	5,597	27	0.5%	69,759	69,124	(635)	(0.9%)	69,123
Outsourced Services	0	0	0	0.0%	0	0	0	0.0%	0
Treatment Related Costs	811	635	(176)	(27.7%)	8,018	7,750	(268)	(3.5%)	7,750
External Providers	3,356	3,375	19	0.6%	41,121	40,523	(598)	(1.5%)	40,523
Inter District Flows Expense	2,018	1,873	(145)	(7.7%)	23,397	22,455	(942)	(4.2%)	22,455
Outsourced Services - non clinical	121	111	(10)	(9.0%)	1,362	1,334	(28)	(2.1%)	1,334
Infrastructure and Non treatment related costs	1,366	998	(368)	(36.9%)	12,518	11,820	(698)	(5.9%)	12,566
Total Operating Expenditure	13,242	12,589	(653)	(5.2%)	156,176	153,006	(3,170)	(2.1%)	153,751
Result before Interest, Depn & Cap Charge	(255)	133	(388)	(291.7%)	(1,562)	(454)	1,108	(244.0%)	(1,199)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	250	344	94	27.3%	3,390	4,110	720	17.5%	3,400
Capital Charge Expenditure	109	129	20	15.5%	1,407	1,524	117	7.7%	1,488
Total Interest, Depreciation & Capital Charge	359	473	114	24.1%	4,797	5,634	837	14.9%	4,888
Net Surplus/(deficit)	(614)	(340)	(274)	(80.6%)	(6,359)	(6,087)	(272)	(4.5%)	(6,087)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	**(614)**	**(340)**	**(274)**	**(80.6%)**	**(6,359)**	**(6,087)**	**(272)**	**(4.5%)**	**(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
Appendix 5	Statement of Comprehensive Revenue & Expense by Arm

Report prepared by: Diane Pizzato, Finance and Business Manager

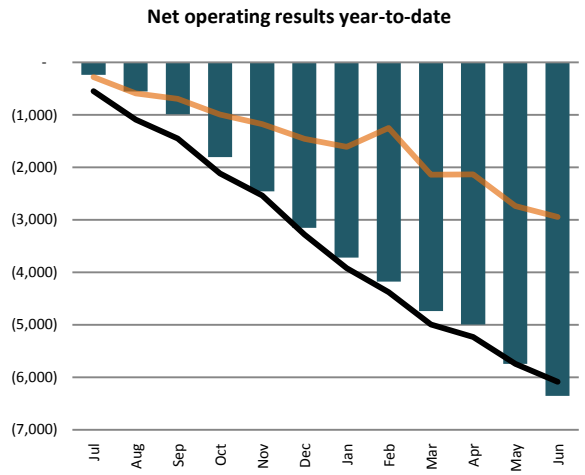
Report approved by: Justine White, Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – June 2019

Net operating results

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(464)	(340)	(124)	36% ✗	(6,209)	(6,087)	(122)	2% ✗



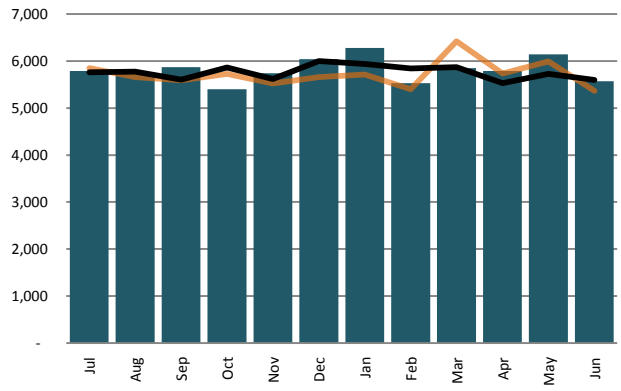
Over the last few financial years West Coast DHB has been in the process of implementing our new model of care in readiness for our new Grey Health Hospital/IFHC. Full implementation needs to be co-ordinated with the completion of the new facility. New ways of working need to be embedded before we move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

2018/19 YTD Actual 2017/18 YTD Actual 2018/19 YTD Budget

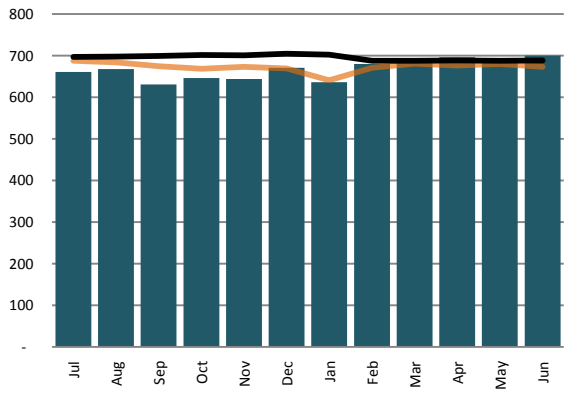
Personnel costs & FTE

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Medical	1,295	1,506	211	14%	✓	18,743	18,177	(566)	-3%	✗
Nursing	2,558	2,356	(202)	-9%	✗	30,274	30,043	(231)	-1%	✗
Allied Health	963	994	31	3%	✓	11,562	11,889	327	3%	✓
Support	88	96	8	8%	✓	1,164	1,145	(19)	-2%	✗
Management & Admin	666	645	(21)	-3%	✗	8,015	7,869	(146)	-2%	✗
Total	**5,570**	**5,597**	**27**	0%	✓	**69,758**	**69,123**	**(635)**	-1%	✗

Personnel costs (incl Locums)



Personnel FTE (accrued)



KEY RISKS AND ISSUES:

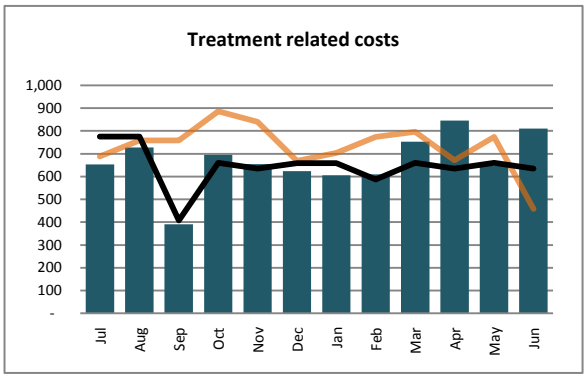
Although better use of stabilised rosters and leave planning has been embedded within the business, there remains reliance on short term placements, which are more expensive than permanent staff.

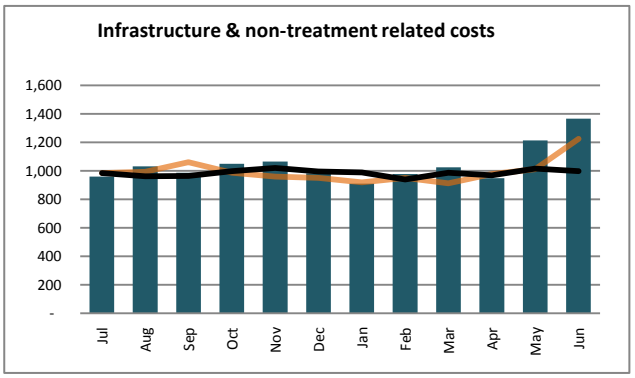
The Ministry of Health has a keen focus on ensuring DHBs do not exceed their management and administration staff FTE numbers. There are many ways FTE can be calculated, depending on the purpose. Using Ministry of Health calculations we remain under our overall management and administration staff cap. 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.

2018/19 YTD Actual 2017/18 YTD Actual 2018/19 YTD Budget

Treatment and non-treatment related costs

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Treatment related costs	811	635	(176)	-28%	✗	8,018	7,750	(268)	-3%	✗
Non Treatment related costs	1,224	940	(284)	-30%	✗	11,934	11,328	(606)	-5%	✗





KEY RISKS AND ISSUES:

Treatment related costs favourable variance is driven from lower volumes of high cost pharmaceuticals and PCTs. 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 increases significantly.

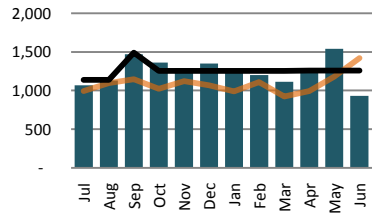
Overall we are continuing to monitor to ensure overspend in **non-treatment related costs** is limited where possible.

2018/19 YTD Actual 2017/18 YTD Actual 2018/19 YTD Budget

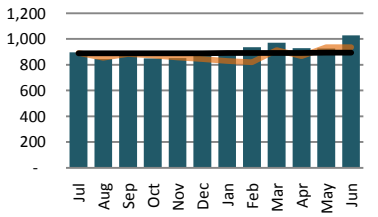
External provider & inter district flows costs

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Secondary Care	931	1,260	329	26%	✓	14,945	15,078	133	1%	✓
Primary Care	1,029	895	(134)	-15%	✗	10,892	10,698	(194)	-2%	✗
Older Person's Health	1,041	942	(99)	-11%	✗	11,624	11,406	(218)	-2%	✗
Mental Health	298	222	(76)	-34%	✗	2,971	2,649	(322)	-12%	✗
Maori Health	57	56	(1)	-2%	✗	689	692	3	0%	✓
IDF	2,018	1,873	(145)	-8%	✗	23,397	22,455	(942)	-4%	✗
Outsourced Clinical	121	111	(10)	-9%	✗	1,362	1,334	(28)	-2%	✗
Total	5,495	5,359	(136)	-3%	✗	65,880	64,312	(1,568)	-2%	✗

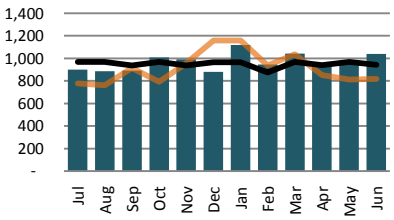
Secondary care



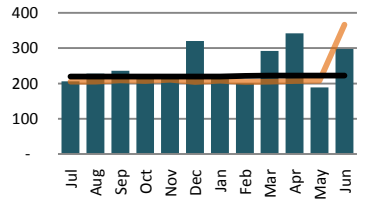
Primary care



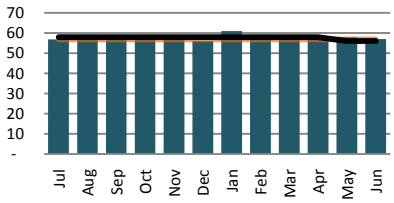
Older persons health



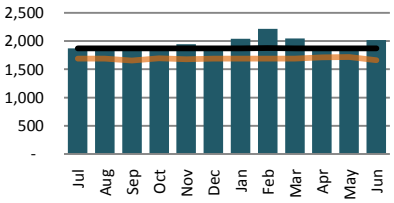
Mental health



Maori health



Inter district flows



KEY RISKS AND ISSUES:

YTD Provider payments are showing an unfavourable result to annual plan of $1.568m. The main factor influencing this result is IDF expenditure. In June 2019 WCDHB received notification from PHARMAC for the 2018/2019 community pharmaceuticals rebate and our accrual for PHARMAC rebate estimation has been adjusted accordingly (reported in secondary care above).

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	19,282	19,553	(272)	-1%	✗	100,302
Cash	6,362	10,665	(4,303)	-40%	✗	10,630

KEY RISKS AND ISSUES:

Our cash position compared to budget reflects the capital expenditure in regards to the Grey Base rebuild. West Coast in 2018/2019 did not receive deficit support funding, which was expected in our annual plan.

2018/19 YTD Actual 2017/18 YTD Actual 2018/19 YTD Budget

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

For period ending 30 June 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	11,973	195	1.6%	144,585	143,217	1,368	1.0%	143,217
Inter DHB Revenue	0	0	0	0.0%	25	0	25	0.0%	0
Inter District Flows Revenue	145	144	1	0.7%	1,827	1,736	91	5.2%	1,735
Patient Related Revenue	555	546	9	1.6%	7,249	6,860	389	5.7%	6,860
Other Revenue	119	59	60	101.7%	928	739	189	25.6%	740
Total Operating Revenue	12,987	12,722	265	2.1%	154,614	152,552	2,062	1.4%	152,552
Operating Expenditure									
Personnel costs	5,570	5,597	27	0.5%	69,759	69,124	(635)	(0.9%)	69,123
Outsourced Services	0	0	0	0.0%	0	0	0	0.0%	0
Treatment Related Costs	811	635	(176)	(27.7%)	8,018	7,750	(268)	(3.5%)	7,750
External Providers	3,356	3,375	19	0.6%	41,121	40,523	(598)	(1.5%)	40,523
Inter District Flows Expense	2,018	1,873	(145)	(7.7%)	23,397	22,455	(942)	(4.2%)	22,455
Outsourced Services - non clinical	121	111	(10)	(9.0%)	1,362	1,334	(28)	(2.1%)	1,334
Infrastructure and Non treatment related costs	1,366	998	(368)	(36.9%)	12,518	11,820	(698)	(5.9%)	12,566
Total Operating Expenditure	13,242	12,589	(653)	(5.2%)	156,176	153,006	(3,170)	(2.1%)	153,751
Result before Interest, Depn & Cap Charge	(255)	133	(388)	(291.7%)	(1,562)	(454)	1,108	(244.0%)	(1,199)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	250	344	94	27.3%	3,390	4,110	720	17.5%	3,400
Capital Charge Expenditure	109	129	20	15.5%	1,407	1,524	117	7.7%	1,488
Total Interest, Depreciation & Capital Charge	359	473	114	24.1%	4,797	5,634	837	14.9%	4,888
Net Surplus/(deficit)	(614)	(340)	(274)	(80.6%)	(6,359)	(6,087)	(272)	(4.5%)	(6,087)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	**(614)**	**(340)**	**(274)**	**(80.6%)**	**(6,359)**	**(6,087)**	**(272)**	**(4.5%)**	**(6,087)**

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 30 June 2019

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	22,849	101,777	(78,928)	(77.5%)	25,341
Intangible assets	376	399	(23)	(5.8%)	446
Work in Progress	8,364	3,772	4,592	121.7%	4,796
Other investments	322	604	(282)	(46.7%)	519
Total non-current assets	31,911	106,552	(74,641)	(70.1%)	31,102
Current assets					
Cash and cash equivalents	6,362	10,665	(4,303)	(40.3%)	11,724
Patient and restricted funds	56	54	2	3.7%	54
Inventories	1,077	1,058	19	1.8%	1,058
Debtors and other receivables	3,927	3,726	201	5.4%	3,725
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	11,422	15,503	(4,081)	(26.3%)	16,561
Total assets	43,333	122,055	(78,722)	(64.5%)	47,663
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,399	2,443	44	1.8%	2,443
Other	62	71	9	12.7%	71
Total non-current liabilities	2,461	2,514	53	2.1%	2,514
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	9,321	8,503	(818)	(9.6%)	8,503
Employee entitlements and benefits	12,119	10,735	(1,384)	(12.9%)	10,939
Total current liabilities	21,440	19,238	(2,202)	(11.4%)	19,442
Total liabilities	23,901	21,752	(2,149)	(9.9%)	21,956
Equity					
Crown equity	85,926	85,926	0	0.0%	85,994
Other reserves	25,098	25,681	583	2.3%	25,681
Retained earnings/(losses)	(91,593)	(92,054)	(461)	(0.5%)	(85,968)
Trust funds	0	0	0	0.0%	0
Total equity	19,432	19,553	122	0.6%	25,707
Total equity and liabilities	**43,333**	**41,305**	**2,027**	**4.9%**	**47,663**

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 30 June 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	13,004	12,694	310	2.4%	155,191	152,192	2,999	2.0%
Cash paid to employees	(5,305)	(5,597)	292	5.2%	(68,118)	(69,328)	1,210	1.7%
Cash paid to suppliers	(3,171)	(1,364)	(1,807)	(132.5%)	(22,060)	(17,323)	(4,737)	(27.3%)
Cash paid to external providers	(1,329)	(3,375)	2,046	60.6%	(37,636)	(40,523)	2,887	7.1%
Cash paid to other District Health Boards	(4,045)	(1,873)	(2,172)	(116.0%)	(27,326)	(22,455)	(4,871)	(21.7%)
Cash generated from operations	(846)	485	(1,331)	(274.4%)	51	2,563	(2,512)	(98.0%)
Interest paid	0	(0)	0	100.0%	0	1	(1)	100.0%
Capital charge paid	(656)	(129)	(527)	(408.5%)	(1,407)	(1,524)	117	7.7%
Net cash flows from operating activities	(1,502)	356	(1,858)	(522.0%)	(1,356)	1,040	(2,396)	(230.4%)
Cash flows from investing activities								
Interest received	21	29	(8)	(27.6%)	330	360	(30)	(8.3%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(834)	(237)	(597)	(252.3%)	(4,224)	(5,341)	1,117	(20.9%)
Acquisition of intangible assets	78	0	78	0.0%	(113)	0	(113)	
Net cash flows from investing activities	(736)	(208)	(528)	254.3%	(4,007)	(4,981)	974	19.6%
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	(68)	68	100.0%	0	(68)	68	100.0%
Cash generated from equity transactions	0	(68)	68	100.0%	0	2,881	(2,881)	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	(2,238)	80	(2,318)	(2893.7%)	(5,362)	(1,062)	(4,299)	404.8%
Cash and cash equivalents at beginning of period	8,468	9,942	(1,474)	(14.8%)	11,724	11,727	(3)	(0.0%)
Cash and cash equivalents at end of period	**6,230**	**10,022**	**(3,792)**	**(37.8%)**	**6,362**	**10,665**	**(4,302)**	**(40.3%)**

RESOLUTION TO EXCLUDE THE PUBLIC

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

SOURCE: **Board Secretary**

DATE: **9 August 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 28 June 2019	For the reasons set out in the previous Board agenda.	
2.	Annual Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	NZHPL Statement of Performance Expectations	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	FPIM Impairment Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
5.	Provision of Food Services	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
6.	Capital Planning	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
7.	Emerging Issues Verbal	To carry on, without prejudice or	9(2)(j)

	Update	disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	 S9(2)(a)
8.	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)
9.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
10.	Holidays Act – Verbal Update	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). Protect the privacy of natural persons	9(2)(j) S9(2)(a)
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.