

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



BOARD MEETING

**Friday 1 November 2019
at 11.00am**

**St John
Water Walk Road
Greymouth**

**ALL INFORMATION CONTAINED IN THESE MEETING
PAPERS IS SUBJECT TO CHANGE**

WEST COAST DISTRICT HEALTH BOARD

BOARD MEMBERS

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

EXECUTIVE SUPPORT

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

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Water Walk Road, Greymouth
on Friday 1 November 2019 commencing at 11.00am

KARAKIA**11.00am****ADMINISTRATION**

Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
 - 9 August 2019
3. Carried Forward/Action List Items *(There are no carried forward items)*

REPORTS FOR NOTING**11.05am**

- | | | | |
|----|----------------------------------|--|-------------------|
| 4. | Chair's Update – Verbal Update | Jenny Black
<i>Chair</i> | 11.05am - 11.10am |
| 5. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 11.10am - 11.25am |
| 6. | Finance Report | Justine White
<i>Executive Director, Finance & Corporate Services</i> | 11.25am - 11.35am |
| 7. | Resolution to Exclude the Public | <i>Board Secretary</i> | 11.35am |

INFORMATION ITEMS

- 2019 Meeting Dates

ESTIMATED FINISH TIME**11.35am****NEXT MEETING:** Friday 13 December 2019

KARAKIA

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

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER



Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Jenny Black Chair	<ul style="list-style-type: none"> Chair, Nelson Marlborough District Health Board Appointed as Chair for a third term by the Minister of Health. Member of Statutory Committees and Audit Committee. Chair, South Island Alliance Board The South Island Alliance enables the regions five DHBs to work collaboratively to develop more innovative and efficient health services than could be achieved independently. Chair, National DHB Chairs Elected position from the National DHB Chairs. West Coast Partnership Group This is a Partnership Group set up by government to provide governance for the facilities development of the new Grey Hospital & Health Centre and a health facility at Buller. Health Promotion Agency (HPA) – Chair The Health Promotion Agency is an evidence-based health promotion organisation, influencing all sectors that contribute to health and wellbeing. Their key role is to lead and support health promotion initiatives to: promote health and wellbeing and encourage healthy lifestyles; prevent disease, illness and injury; enable environments that support health, wellbeing and healthy lifestyles; and reduce personal, social and economic harm. 	Y N N N	Perceived Perceived Perceived Perceived
Chris Auchinvole	<ul style="list-style-type: none"> Director Auchinvole & Associates Ltd Trustee, Westland Wilderness Trust Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand Daughter-in-law employed by Otago DHB 	N N N N	

Kevin Brown	<ul style="list-style-type: none"> • West Coast Electric Power Trust - Trustee 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	Perceived Perceived
Helen Gillespie	<ul style="list-style-type: none"> • Department of Conservation – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a positive difference to the lives of all New Zealanders through nature. • Husband works for New Zealand Police – Based in Hokitika and currently working in the Traffic Safety Team • Accessible West Coast Coalition Group - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people • Kowhai Project Committee – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors. 	N N N	
Michelle Lomax	<ul style="list-style-type: none"> • Daughter is a recipient of WCDHB Scholarship • Daughter is part of the Rural Medicine Emerging Programme in Greymouth • Community Law Canterbury - Part-time Advisor on Disability Issues • People's Choice Candidate for Christchurch Central Ward Community Board • Pharmacy Council – lay member 	N N N N N	
Chris Mackenzie Deputy Chair	<ul style="list-style-type: none"> • Development West Coast – Chief Executive Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the 	N	

Nigel Ogilvie	<ul style="list-style-type: none"> • Westland Medical Centre - Managing Director • Thornton Bruce Investments Ltd - Shareholder/Director • Hokitika Seaview Ltd - Shareholder • Tasman View Ltd - Shareholder, • White Ribbon Ambassador for New Zealand • Sister is employed by Waikato DHB • West Coast PHO - Board Member • Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre • Wife is Board Member West Coast PHO 	Y N N N N N Y Y Y	Actual Perceived Actual Perceived
Elinor Stratford	<ul style="list-style-type: none"> • Clinical Governance Committee, West Coast Primary Health Organisation The West Coast PHO Clinical Governance Committee (CGC) act as an advisory committee to its Board. The CGC's role is to assist the Board with any clinical aspects that relate to its business. • Active West Coast – Committee Member Active West Coast (AWC) is a network of agencies and groups committed to improving the health of West Coasters through the promotion of healthy lifestyles such as physical activity, nutrition, smokefree, youth and older person's health. • West Coast Sub-branch - Canterbury Neonatal Trust – Chairperson • Canterbury Neonatal Trust – Trustee The primary focus of The Neonatal Trust (Canterbury) is to support families who are going through or have been through a neonatal journey. • Arthritis New Zealand, Southern Regional Liaison Group – Member Arthritis New Zealand aims to improve the life of every person affected by arthritis. They are a national not-for-profit organisation focused on raising awareness, advocating for those with arthritis and providing advice and support. • Accessible West Coast Coalition Group – Member A group that works together to improve access to all aspects of the community. • Kowhai Project Committee - Chair The Kowhai Project, is a community project and is raising money to provide an inner courtyard for staff, patients and visitors including plantings for the entry and the parking areas at the new Te Nikau, Grey Hospital and Health Centre • MS - Parkinsons New Zealand – West Coast Committee Member 	N N N N N N	Perceived Perceived Perceived Perceived Perceived Perceived Perceived

	MS Parkinsons provides education, information and help people make informed decisions about living with Parkinson's.	Y	Actual
Francois Tumahai	<ul style="list-style-type: none"> • Te Runanga o Ngati Waewae – Chair This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o 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 	N N N N Y N N N N N N	Actual

	<ul style="list-style-type: none"> • Westland District Council – Councillor 	N N	
--	---	--------	--

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Water Walk Road, Greymouth
on Friday 27 September 2019 commencing at 1.00pm

BOARD MEMBERS

Jenny Black (Chair); Chris Auchinvole; Kevin Brown; Helen Gillespie; Chris Mackenzie; Edie Moke (via teleconference); Peter Neame; Nigel Ogilvie; and Elinor Stratford.

APOLOGIES

Apologies were received and accepted from: Michelle Lomax and Francois Tumahai.

EXECUTIVE SUPPORT

Philip Wheble (General Manager, West Coast); Gary Coghlan (General Manager Maori Health); Pradu Dayaram (Medical Director, Facilities); Carolyn Gullery (Executive Director, Planning & Funding & Decision Support); Brittany Jenkins (Director of Nursing); Michael Frampton (Chief People Officer); Melissa Macfarlane (Team Lead, Planning & Performance); Jenni Stephenson (Planning & Funding); Justine White (Executive Director, Finance & Corporate Services); and Kay Jenkins (Board Secretary).

APOLOGIES

David Meates (Chief Executive) Michael Frampton (Chief People Officer); Dr Cameron Lacey (Medical Director); and Dr Jacqui Lunday-Johnston (Executive Director of Allied Health); Karalyn van Deursen (Executive Director, Communications); Stella Ward (Chief Digital Officer).

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

There were no additions or alterations to the Interest Register

Declarations of Interest for Items on Today's Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (20/19)

(Moved: Helen Gillespie/seconded: Nigel Ogilvie – carried)

“That the minutes of the Meeting of the West Coast District Health Board held at St John, on Friday 9 August 2019 be confirmed as a true and correct record”.

3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.

4. PROPOSED SCHEDULE OF MEETINGS 2020

There was no discussion on the paper.

Resolution (21/19)

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

That the Board:

- i. confirms support for the proposed schedule of meetings for 2020;
- ii. notes that in terms of the West Coast Standing Orders (Clause 1.6.4) a formal resolution will be required from the incoming Board in December 2019 to adopt a meeting schedule for 2020; and
- iii. reconfirms the delegation of authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this.

5. ENVIRONMENTALLY SUSTAINABLE HEALTH CARE: POSITION STATEMENT

The Chair presented this paper which was recommended to the Board for endorsement by the Advisory Committee. There was no further discussion on the item.

Resolution (22/19)

(Moved Chris Mackenzie/seconded Nigel Ogilvie – carried)

That the Committee recommend to the Board that they:

- i. endorse the Sustainability Position Statement; and
- ii. notes that before fully committing to the programme some clarity is required around costs, funding and resourcing.

6. CHAIR'S UPDATE

The Chair had nothing to report since the last meeting.

7. CHIEF EXECUTIVE'S UPDATE

Philip Wheble, General Manager, West Coast, presented the Chief Executive's Update in Mr Meates absence.

Mr Wheble highlighted the significant changes taking place across the DHB:

- The clinic at Haast is moving into the Haast township;
- In Grey significant work is taking place around how we are going to work in the new facility and also around the rest of the staff not going to the new building but still moving elsewhere;
- In Westport there are asbestos issues and the team is working very hard around everyone moving into different areas. This will be very tight however teams are working together very closely to get the best outcome;

Discussion took place regarding the diesel spill and it was noted that this was a specific incident around some work being undertaken with the new generator which is not a normal process. It was also noted that a review is taking place around this incident.

A query was made regarding the implication for the West Coast DHB of the Health & Disability review and it was noted that the recommendations from this report have not yet been received.

The Chief Executive's update was noted.

8. 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 August 2019 2019 was a deficit of \$0.588m, which was \$0.123m favourable to current annual plan. The year to date net deficit of \$1.305m is \$0.147m favourable to the current annual plan.

Discussion took place regarding pressures facing the DHB including: FTE; delays in facilities; and susceptibility to pharmaceuticals for high need consumers.

(Resolution 23/19)

(Moved Helen Gillespie/seconded Edie Moke – carried)

That the Board:

- i. notes the financial results for the period ended 31 August 2019; and
- ii. notes that the comparatives are against the July 2019 draft annual plan submission of a \$7.215m deficit, a further submission of the annual plan will be in made in September 2019, this is likely to have a reduced deficit.

9. RESOLUTION TO EXCLUDE THE PUBLIC

(Resolution 24/19)

(Moved Helen Gillespie/seconded Edie Moke – carried)

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8 & 9 and the information items contained in the report.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the "Act") in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 9 August 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	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	IEA Remuneration Strategy	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)

5.	Holidays Act Memorandum of Understanding	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.	Quarter 4 Ratings Summary	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
9.	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)

- 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

- National Performance Dashboard – Quarter 4
- 2019 Meeting Dates

There being no further business the public open section of the meeting closed at 1.50pm. The Public Excluded section of the meeting commenced at 1.50pm and concluded at 3.20pm.

Jenny Black, Chair

Date

CHIEF EXECUTIVE'S UPDATE



TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 1 November 2019

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
----------------------	-----------------------------------	--	--------------------------------------

1. ORIGIN OF THE REPORT

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

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

2. RECOMMENDATION

That the Board:

- i. notes the Chief Executive's update.



A: Reinvalidate the West Coast Health Alliance

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

- Reviewed progress against the 2018/19 Alliance workplan and were satisfied that these were progressing on track and initiatives are being implemented.
- The Mental Health team presented to the meeting and the ALT thanked them for the progress and changes they have made to the workplan.
- The Oral Health Services Development Group presented to the meeting and there will be ongoing conversations on opportunities towards integrated needs assessment and a Whānau Ora approach to improved oral health.
- The ALT Charter will undergo review at the next ALT meeting and the ALT will look to explore ways the Team can be more effective.
- Jenni Stephenson and Planning and Funding were thanked for their work for the ALT over the past year.

B: Build Primary and Community Capacity and Capability

Primary

■ Integrated Health Services - Northern Region

- The decanting of services to Outpatients and Dunsford ward is underway. A Business Impact Analysis is in progress with the Buller team and WCDHB Emergency Planner to support both the decanting process but also supporting longer term preparations for significant events. Formal conversations with the respective services have occurred with guidance from People & Capability with favourable results from all services. The Trades team are working very hard in this space with Grey support.
- Long term recruitment across the medical stream continues to be a challenge and nursing has had some unanticipated issues with staffing. Ongoing work is occurring to continue to look towards a more sustainable staffing for our services. There are regular planning discussions across the DHB towards an improved coordinated recruitment process along with workforce design and planning to develop skill sets that maximise the potential scopes of our workforce. There are 2 RNSs moving to the Nurse Practitioner pathway with a potential third.
- Optimising health outcomes for our patients remains a priority. Collating and analysing health targets, in order to review our processes, continues.
- Positive community engagement continues and we will be working towards a communications release of the decant process and the changes of access to services for the community.

■ Greymouth Medical Centre

- A new RNS for Lake Brunner has accepted the position and commences orientation in early November.
- GMC continues to manage the pressure of high demand for both planned and unplanned appointments with the permanent doctors and nurses, along with locum GPs.
- Meetings are starting around the management of the ground floor. Practice Nurses are spending some time in A&E to see how their staff work and A&E staff are spending time at GMC with our nurses.

Community

■ B4Schools

- This service is going really well this year. High deprivation is at 50% already and 25% checks completed so right on target where we need to be. There are weekly clinics scheduled and they are all full so aiming for 60% completed for the year by end of December. There is a visit to Gloriavale planned early November. This will involve 2 VHT staff and 1 RN for checks. This is the only clinic for this area this year so will be very busy. A clinic at South Westland is due at the end of November.

■ District Nursing

- Two District Nurses have provided wound care education to Granger House staff. This was well received. Further training in catheter management is planned in the near future.

■ Clinical Nurse Specialists

- Some of our CNS team are putting their patient progress notes on Health Connect South so that they are visible to other clinicians involved in the care. This has proved

beneficial so other CNS team members will be following suit. Currently some of the team have totally separate paper notes which cannot be viewed by other health team members. Using HCS means that they don't need to duplicate paper notes into hospital and practice files.

- **Dental Service**

- The dental team have been on leave for the school holidays and the term four planning has been undertaken. The team undertook a training day on the first Monday of the holidays.
- Buller is still working on reduced patient numbers so, as in the past, the Buller Therapist will move to assist in the Greymouth area with an emphasis on pre-schoolers.

C: Hauora Maori Update

- **Tikanga Best Practice - Maori Values and Concepts:** Moe Milne, Maori Advisement Specialist with specific expertise in mental health will be providing Tikanga Best Practice/cultural competency training for DHB Mental Health teams in November. She will also be available for cultural supervision and will be working alongside Takarangi participants to advise and assess development of their portfolios.
- **Takarangi Cultural Competency - Australasian Nurse Educators Conference (ANEC) 2019:** GM Maori Health, Director of Nursing and Moe Milne will be presenting at this conference. The presentation will share with others within the sector the West Coast DHB's experience of introducing Matua Raki's cultural competency framework, including impact on everyday practice. Findings intend to encourage others to consider implementing cultural competency frameworks within their organisations.
- **Workforce Development:** The South Island Workforce Development Hub is currently preparing to recruit a Maori Workforce Facilitator Manager.
- This role will support a three year project involving collaboration between the South Island DHBs facilitated by SIAPO (Workforce Hub) and Kōhatu, Centre for Hauora Māori in the University of Otago. Kōhatu will support the background, design, implementation and evaluation of a strategy to grow the South Island Māori health workforce and ensure that workforce is well supported and thrives.
- Key in this area is that of relationship development and management and the ability to work in this way across the South Island health sector in partnership with Kōhatu, Centre for Hauora Māori in the University of Otago. Also key in this role is the ability to engage with the Māori health workforce including in District Health Boards (DHBs), Primary Health Providers (PHOs), Māori Health providers and Iwi. They will report to the Programme Director SIWDH and closely with South Island Managers Maori health.
- **Ministry of Health Publication – Achieving Equity in Health Outcomes:** The Ministry has launched a new publication 'Achieving Equity in Health Outcomes'. In 2018 the Ministry of Health initiated a work programme on achieving equity in health outcomes. Specifically this programme of work aims to ensure that equity is at the heart of the way New Zealand's health and disability system operates and to promote the cultural shift needed to achieve that. This report summarises the 'discovery phase' of this programme of work with the next phase looking at supporting an integrated collaborative whole of system approach to achieving equity.



	DELIVERING MODERN FIT FOR PURPOSE FACILITIES
---	---

A: Facilities Maintenance Report

- New carpet for the corridors has been ordered for Reefton hospital and should be installed in November.
- Changes are underway on buildings at Buller hospital to allow decant of staff as part of the new development.
- A complete environmental clean of Buller boiler house, due to the presence of asbestos, is underway and may be finished in December.
- Te Nikau Grey Base Hospital site training for our trades staff is ongoing with Fletchers FCC and their contractors.
- Number one coal boiler in Grey Base has passed its final annual survey.

B: New Facilities Redevelopment Update

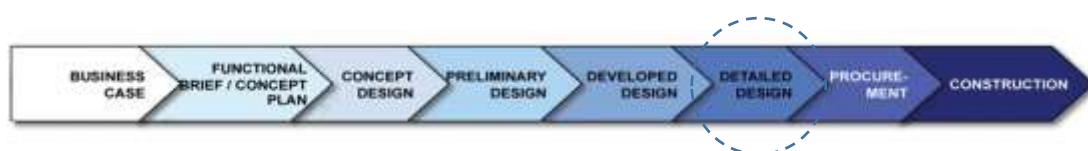


Grey


- A handover date for the Te Nikau Grey Hospital and Health Centre is not currently known, however, with the holiday period fast approaching, the potential date is now likely to be in 2020. Based on a building handover date in 2020, the DHBs migration into the new facility would not occur until March/April 2020, as the earliest possible date.
- As reported in the media, there is a contractual dispute between Fletcher and the Ministry of Health and the project is experiencing on-going delays. Although the reduced number of contractors onsite has been noted, all parties remain committed to the quality of the build and build completion.
- The building itself has reached a high level of completion; however issues with commissioning of the facility are impacting on the programme.

- The West Coast DHB facilities redevelopment team continue to work with the project consultants and Fletcher in planning for the functional reviews of clinical areas and the witnessing of elements such as commissioning of medical gases, theatre ventilation and operation of plant equipment.
- The final landscaping and plantings are complete.
- The Cowper Street Hub building continues to track on programme and handover of the building to the DHB is expected to occur in early November.
- Following this, the DHB requires a few weeks to prepare operationally for the move. Operational readiness preparation includes furniture delivery, staff orientation and training and information technology works.
- Te Nikau Grey Hospital and Health Centre ground floor workshops are progressing. This is a cross collaborative project involving administrators, nurses and doctors from Grey Medical, Emergency Department, Information Services, Facilities, Outpatients, Booking and Reception teams at this stage. In the last month working groups have met to discuss patient flow and front of house services. This work is expected to continue for some months as we strive to refine our processes.

Buller



- The Buller Health Centre detailed design plans are expected to be completed at the end of October. Following issuing of the final plans, a design report and project update will be submitted to the West Coast DHB Board for endorsement.
- Decant planning is well progressed for health services currently located in buildings to be demolished. The decant of services is for a period of two years until the new Buller Health Centre is complete.
- Enabling works to facilitate the decant of services are underway. Installation of additional cabling to provide data and power to Dunsford ward and other areas is complete. Building works are progressing in the outpatient area and front reception. There will be robust communications developed for all staff and the community clearly articulating the changes to locations of health services within the existing facility and how best to access services.
- A Registration of Interest is expected to be lodged on the Government Electronic Tender Site [GETS] in the next few weeks, for contractors to demolish the buildings required to commence construction works for the facility redevelopment. This represents the Stage 1 demolition phase.
- A virtual walk through of the facility, updated plans and facility related information is planned for a community display at the annual “Kawatiri Wellbeing Hui” on 22 November, from 11am to 3pm at the Pulse Energy Centre.

	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES
---	---

A: Hospital Services includes Secondary Mental Health Services

Nursing

- Overall hospital occupancy has increased by 1.4% from last month; total occupancy being 74%.
- Sick leave has remained reasonably static at 4.8% (under national average). Orientation hours have increased again this month; in saying this we are now fully staffed in the inpatient wards. This is an indication that we have been successful with our recruitment.
- We are working through all Nurse Managers position descriptions ensuring consistency across the DHB.
- Time to recruit in Maternity has decreased considerably from 300 days to 85 days.
- Following a visit to the local high school discussing opportunities in health, we have recruited three students into Health Care Assistant roles. This is giving these students a look internally at the health care system and already one has shown an interest in Dietetics. Anecdotally, we know the West Coast population generally stay on the West Coast if they have jobs. Growing our own has been proven to be beneficial historically.

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, we have confirmed the start date for the Rural Generalist we interviewed in August and have received one further application. We have re-advertised and now shortlisted the two full-time anaesthetic vacancies (for which we had no suitable applicants in August). Interviews are scheduled for mid-November.

Allied Health, Scientific & Technical

- **Facilities Preparation (Greymouth)**
 - As reported in previous months, delays in the new build process are creating risk within our radiology service, as a number of imaging technologies reach their end of life. This means that the technology may become less reliable, equipment may no longer be able to be repaired, parts may no longer be available and the levels of radiation emitted may become too high for staff or patient safety. These factors are being monitored regularly and this risk has been elevated on the risk register.
- **Facilities Preparation (Westport)**
 - The Allied Health team in Westport are engaged in conversations about working in new ways, as the decant of parts of the facility commence, ahead of demolition.
- **Organisational Change Process**
 - Recruitment is well underway for the first of the Allied Health, Scientific and Technical leadership roles resulting from the Decision Document 'The Time is Now for Better West Coast Health'.
- **Setting the Strategic Direction**
 - Work continues on developing a strategy framework for our Allied Health, Scientific and Technical professions. Of particular focus this month are the areas of commonality between the West Coast and Canterbury frameworks.
- **Service Development**
 - A number of our clinicians continue to work on quality initiatives including improved collaboration for 'non-weight bearing' criteria, aphasia support networks, medications role in zero seclusion and restorative practices in inpatient settings.
- **Workforce**
 - We continue to recruit to Occupational Therapy, Medical Imaging Technicians (Radiology) and Psychology positions, as well as preparing to welcome a new graduate Physio in the New Year.

- The transalpine Allied Health leaders are also reviewing proposals for new graduate programmes that provide opportunities for therapists to work across the various campuses at CDHB and the WCDHB. The aim is to have these rotational programmes defined and ready for implementation at the beginning of 2020.
- Two members of the AHP team are members on the South Island Career Framework, an action from the last MECA. This framework aims to align the roles, role titles and remuneration bands across the region and is informed by the work being done in the Lower North Island.
- **Digital Health**
 - Work is progressing on the ePharmacy programme that will align the electronic medication management systems with the SI regional plan. This piece of work is crucial due to the current system Windose no longer being supported technically as of December 2019.
 - Workflows are currently being designed to standardise the ways that commonly used letters, contemporaneous notes and assessment documents are embedded into the eHR (Health Connect South). This is being designed to be used by all professions and services via a regional consultation process, and has been identified as a requirement for Allied Health ahead of our move to the new facilities which will not have capacity for paper files.

	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES
--	---

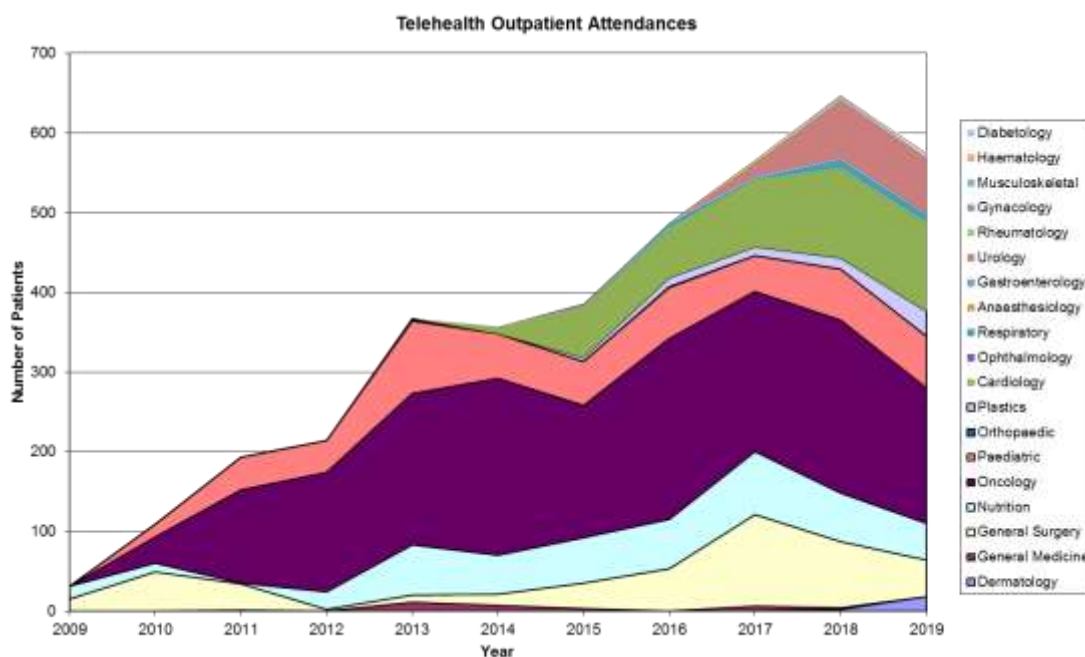
A: Improve Transport Options for Patient Transfers

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

- **Dementia:** The local West Coast Dementia Stakeholders Group, which reports to the South Island Dementia Initiative, met on 16 September. The group consists of key representatives from local NGOs, aged residential care managers, West Coast DHB staff, and other local community care providers - coming together to identify opportunities to improve dementia services for the West Coast community.
- The meeting focussed on identifying services currently being provided on the West Coast, sharing challenges and identifying gaps in the current system. The Stakeholder Group will work collaboratively to strengthen communication and interaction between services, explore ways to improve the provision of support, education and relief care for carers, and continue to promote and encourage early diagnosis of dementia within our community to better assist those living with dementia.
- A South Island stocktake of dementia activities is currently underway, the survey is being organised around the elements in the New Zealand Framework for Dementia Care and a regional response will be provided to the Ministry of Health by the end of the year.
- **Falls Prevention:** Training and education will be provided to West Coast Community Strength and Balance class providers by Sport Canterbury in mid-November. This will further enhance the effectiveness of our local classes in helping to prevent falls and fractures in our community.
- Providers are currently being visited to check the Strength and Balance classes against the nine ACC criteria, and promotional material is being developed to increase attendances and encourage new providers to join the ACC Live Stronger for Longer programme. Referrals to falls prevention services are also being promoted at wider team meetings, which include NGOs such as St John who are proactive in this area.
- In the past year 143 people were supported by the community-based Falls Prevention Service and over 261 people attended local Strength and Balance Classes in quarter four.



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 September 2019 was a deficit of \$349k, which was \$185k unfavourable to the revised annual plan.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(139)	(138)	(1)	(457)	(424)	(33)
Funder Arm	424	258	166	1,055	665	390
Provider Arm	(634)	(284)	(350)	(2,252)	(1,858)	(394)
Consolidated Result	(349)	(164)	(185)	(1,654)	(1,617)	(37)

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, Physiotherapy, Urology, with Endocrinology being the newest service to go live. Planning is underway for Mental Health to move into stage 2 eReferrals initially, and then stage 3 by end of this year.
- New Facility Work:** Ongoing livening and configuration of the new facility networking components continues. The ICT fit out for both the Buller Decant and Cowper Street have been approved and ordered. The supplier is due to hand over the new Citrix/Xenapp build to the DHB late October, with final application installs and testing to commence thereafter.
- Satellite communications system:** As part of the new telephony system a satellite communications backup system (which is directly integrated into the telephony system) is being implemented at four base sites on the Coast. Installation is now underway and delivery of equipment is in progress.
- Community system:** A Request for Proposal has now been released to the market for a replacement to the Medtech32 system used by General Practices on the West Coast. The intent is to procure a solution that meets both General Practice needs and the needs of the integrated health centres in Greymouth and Buller. We are planning to evaluate these proposals during November.
- Telehealth Replacement:** The new Telehealth system phase 1 of the project has been completed. The software has been deployed to 350 devices across West Coast DHB and Canterbury DHB which is approximately 300 more than what was deployed using the legacy system.
- 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. The mobile units are fully deployed and working. We are

continuing to work through some connectivity issues for the fixed sites.

- **ePharmacy:** A capex request to replace the legacy pharmacy management system has been approved. The project will take approximately nine months to implement and will result in West Coast DHB moving onto the regional ePharmacy solution, hosted by Canterbury DHB alongside Nelson Marlborough DHB. Data configuration is underway and test data extracts have been completed.

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

Communications and Engagement

- Redeveloped Child Adolescent Mental Health Service (CAMHS) collateral for the 'Supporting Parents, Healthy Children' initiative.
- Strike communication (Medical Imaging Technologists; Medical Laboratory workers).
- Preparation of the October CE Update content.

Media

- At the start of October we sent a media release about the West Coast DHB bringing its food services in-house under the WellFood banner.
- ***Some of the other topics of media interest included:***
 - Orthopaedics
 - Abortion counselling
 - Follow-up on the potential privacy breach
 - Delays in non-urgent gynaecological care
 - Number of locum doctors working at Buller Health
 - Request for Information process for Aged Care facilities
 - Optimal staffing levels of Buller Health
 - New Buller Health facility enquiries:
 - Allocation of office and clinical space to Poutini Waiora
 - Progression on the planned decant prior to the construction of the new facility
 - Number of referrals into CAMHS and current staffing levels
 - Te Nikau Grey Base Hospital and Health Centre progress
- ***Media releases included:***
 - Medical Imaging Technologists strike
 - Comment on measles
- ***Social media posts:***
 - Blue September Prostate Cancer month (1 September – 30 September 2019)
 - Measles update (6 September 2019)
 - World Physiotherapy day (8 September 2019)
 - World Alzheimers day (21 September 2019)
 - Breast Cancer Awareness month (1 October – 31 October 2019)
 - International Older Persons day (1 October 2019)
 - World Smile day (4 October 2019)
 - Cyber Smart week (14 - 18 October 2019)
 - Switch to Water 2019 (14 October 2019)
 - Global Handwashing day (15 October 2019)
 - National ShakeOut (17 October 2019)
 - Various posts (Facebook, Twitter and LinkedIn) promoting current West Coast DHB vacancies.



Key Achievements/Issues of Note

- **Measles contacts on the West Coast:** Earlier this month, our on-call Protection Officer was notified of West Coast contacts of a confirmed measles case associated with the national Secondary Schools basketball tournament held in Palmerton North during the school holidays. Two West Coast secondary schools had sent teams and supporters to the tournament. The vaccination status of the players had been checked by the schools beforehand and they were all fully immunised but this was not the case for all of the supporters. CPH arranged for contacts to have blood tests to check their measles immunity (if they were born after 1969 and could not produce records of having had two doses of MMR vaccine). One adult supporter from Buller and three adults and a pre-schooler from Grey were advised to quarantine themselves at home between 7-16 October. All did so voluntarily and none developed any symptoms. Just a few days later, Southern DHB notified CPH that a confirmed measles case had visited Haast for a meeting with staff at a local business on 3 October before they became symptomatic. In this instance, there were three adult contacts who were potentially susceptible. With the help of the local Rural Nurse Specialist, blood tests were able to be arranged for all three before they needed to go into quarantine. Fortunately, all three were found to be immune.
- **Te Tai Poutini Te Ahurei Kapa Haka Festival:** CPH took an active role in planning and supporting the 2019 Te Tai Poutini Te Ahurei Kapa Haka Festival for schools held in Mawhera on 23 September. Over 500 students from 20 schools participated; some travelling more than two hours to take part. Te Ahurei was held at the Regent Theatre, Greymouth which had a full audience for much of the day comprising schools, kaumātua and local community members. Hokitika Primary School, Reefton Area School, and Westland High School were the champions of their sections.
- **Alcohol harm reduction:** CPH's alcohol licensing and health promotion staff take part in regular Tri-Agency meetings with the other agencies (Police and Council Licensing Inspectors) involved in alcohol licensing. Kelly Crawford, Regional Manager, Hospitality NZ was a guest at the recent meeting on 1 October. She spoke about forming voluntary local alcohol accords with licensees and the Tri-Agency group agreed unanimously to work towards an accord in Franz Josef. There will be a meeting of Police, CPH's alcohol licensing officer, the Westland District licensing inspector, Hospitality NZ and local licensees on 22 October 2019 in Franz Josef to start this process.
- **Smokefree:** On 2, 3 and 4 October CPH Smokefree enforcement staff conducted Controlled Purchase Operations (CPOs) at tobacco retailers in Hokitika, Kumara, Runanga, Blackball, Moana, Ahaura, Ikamatua, Reefton and Westport. Two underage youth volunteers assisted. The CPOs were successful in that all of the retailers visited asked the Volunteer to produce identification, and did not sell cigarettes to them. As part of the West Coast Tobacco Free Coalition, CPH contributed to a submission on the Grey District Council's Draft Outdoor Dining Policy to allow the extension of outdoor dining spaces into car parks. We supported the condition in the draft policy that these spaces will be smokefree and vape-free, and offered to provide signage to businesses at no cost to support implementation of the policy.
- **Sustainability and environmental awareness workshops for WCDHB staff:** As part of the Transalpine Environmental Sustainability approach, Dr Anna Stevenson from

CPH's Christchurch office co-led two presentations and facilitated workshops to raise staff awareness and identify potential actions to improve environmental sustainability within the West Coast DHB. Participants provided ideas to support a more environmentally sustainable health service including: decreasing the number of polystyrene cups and plastic food containers being used across the DHB, increasing opportunities and support for recycling, encouraging car-pooling, and promoting sustainability as everyone's responsibility.

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: 1 November 2019

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

- i. notes the financial results for the period ended 30 September 2019.

3. DISCUSSION

Overview of September 2019 Financial Result

The consolidated West Coast District Health Board financial result for the month of September 2019 was a deficit of \$0.349m, which was \$0.185m unfavourable to the revised annual plan. The year to date net deficit of \$1.654m is \$37k unfavourable to the revised annual plan deficit of \$6.6m.

	Monthly Reporting				Year to Date				Full Year 19/20
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	12,517	12,449	68	0.5%	37,447	37,283	164	0.4%	149,065
Inter DHB Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Inter District Flows Revenue	167	169	(2)	(1.2%)	500	509	(9)	(1.8%)	2,029
Patient Related Revenue	604	637	(33)	(5.2%)	1,961	1,951	10	0.5%	7,746
Other Revenue	102	47	55	117.0%	169	215	(46)	(21.4%)	814
Total Operating Revenue	13,390	13,302	88	0.7%	40,077	39,958	119	0.3%	159,654
Operating Expenditure									
Personnel costs	5,903	5,975	72	1.2%	18,476	18,477	1	0.0%	74,340
Outsourced Services	2	0	(2)	0.0%	4	0	(4)	0.0%	0
Treatment Related Costs	824	680	(144)	(21.2%)	2,238	2,091	(147)	(7.0%)	8,265
External Providers	3,650	3,612	(38)	(1.1%)	10,770	10,872	102	0.9%	43,561
Inter District Flows Expense	1,902	1,904	2	0.1%	5,714	5,703	(11)	(0.2%)	22,827
Outsourced Services - non clinical	136	132	(4)	(3.0%)	353	356	3	0.8%	1,422
Infrastructure and Non treatment related costs	996	984	(12)	(1.2%)	3,195	3,140	(55)	(1.8%)	11,648
Total Operating Expenditure	13,413	13,287	(126)	(0.9%)	40,750	40,639	(111)	(0.3%)	162,063
Result before Interest, Depn & Cap Charge	(23)	15	(38)	(253.3%)	(673)	(681)	(8)	1.2%	(2,409)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	269	242	(27)	(11.2%)	810	766	(44)	(5.7%)	3,226
Capital Charge Expenditure	57	(63)	(120)	190.5%	171	171	0	0.0%	978
Total Interest, Depreciation & Capital Charge	326	179	(147)	(82.1%)	981	937	(44)	(4.7%)	4,204
Net Surplus/(deficit)	(349)	(164)	(185)	(112.8%)	(1,654)	(1,617)	(37)	(2.3%)	(6,613)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(349)	(164)	(185)	(112.8%)	(1,654)	(1,617)	(37)	(2.3%)	(6,613)

4. APPENDICES

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

Report prepared by: Diane Pizzato, Finance & Business Manager

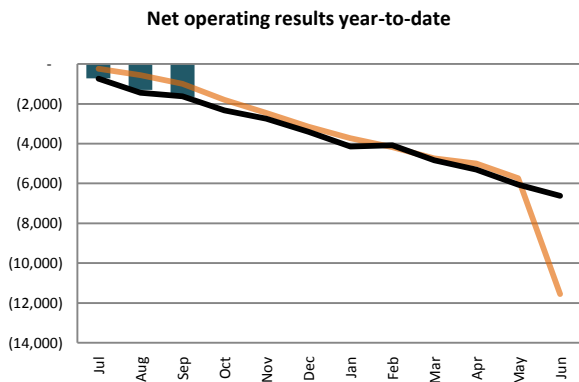
Report approved by: Justine White, Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – September 2019

Net operating results

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	(349)	(164)	(185)	113%	✗	(1,654)	(1,617)	(37)	2%	✗



West Coast DHB has reported a deficit of \$349k for the month of September 2019, this is an unfavourable variance to the revised annual plan for the month of \$185k (YTD: UF \$37k).

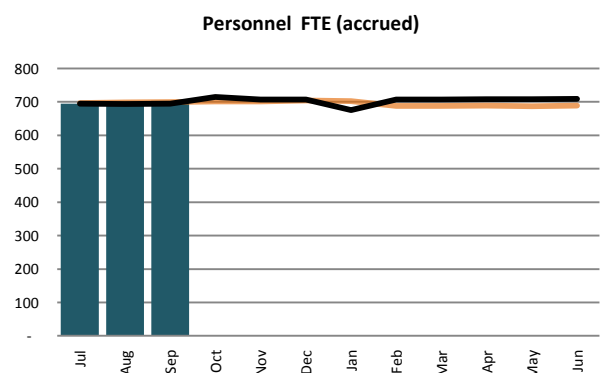
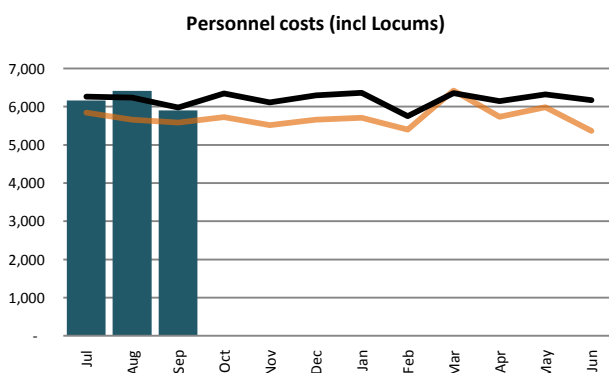
There are **two** main drivers to this unfavourable result:

- Year to date air transfers volumes being higher than budgeted. It is too early in the financial year to know if this overspend can be pulled back, or if this trend will continue.
- Intragam costs in treatment disposables – we have a couple of patients driving this variance of \$27k per month, which is likely to continue for the next 6 months.

Commentary is provided on variance to the draft revised Annual Plan with the annual deficit of \$6.613m. WCDHB submitted this revised draft Annual Plan in September 2019 and subsequent variance reporting will be based on the revised submission.

Personnel costs & FTE

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Medical	1,669	1,510	(159)	-11%	✗	4,906	4,632	(274)	-6%	✗
Nursing	2,756	2,652	(104)	-4%	✗	8,215	8,211	(4)	0%	✗
Allied Health	906	1,015	109	11%	✓	3,062	3,191	129	4%	✓
Support	104	100	(4)	-4%	✗	305	300	(5)	-2%	✗
Management & Admin	468	698	230	33%	✓	1,986	2,142	156	7%	✓
Total	5,903	5,975	72	1%	✓	18,474	18,476	2	0%	✓



KEY RISKS AND ISSUES:

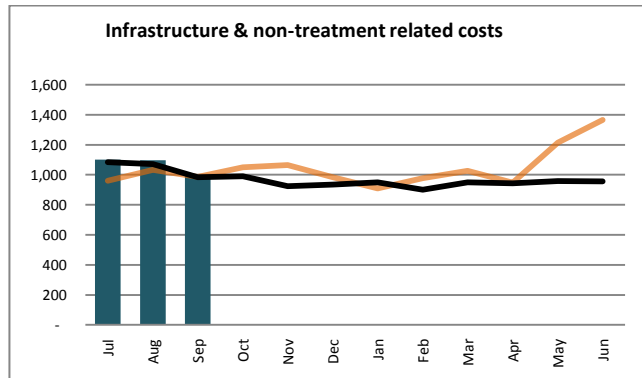
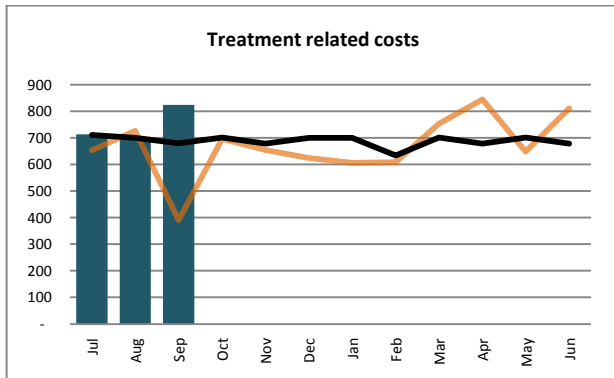
While better stabilised rosters and leave planning has been embedded within the business, there remains reliance on short term placements, which are more expensive than permanent staff. The Ministry of Health has a keen focus on ensuring DHBs do not exceed their management and administration staff FTE 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.

We continue to have vacant positions in Anaesthetics and RMOs, which is forcing a reliance on locum cover in Medical personnel, this overspend is offset by favourable results to draft budget in Allied Health and Management/Admin – due to vacant positions.

■ 2019/20 YTD Actual — 2018/19 YTD Actual — 2019/20 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	824	680	(144)	-21% ✗	2,238	2,091	(147)	-7% ✗
Non Treatment related costs	1,061	954	(107)	-11% ✗	3,038	2,918	(120)	-4% ✗



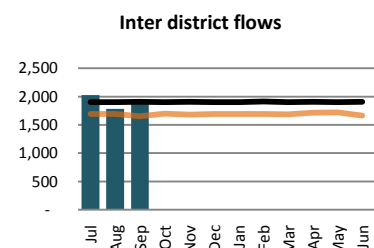
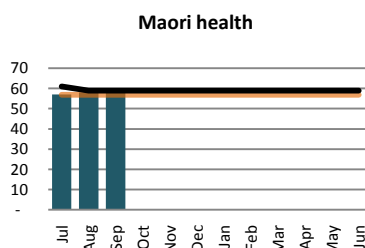
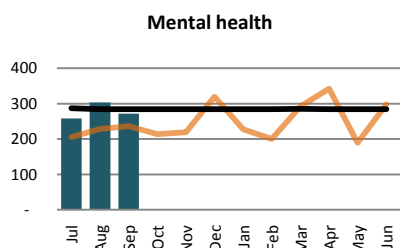
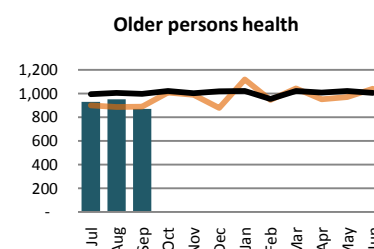
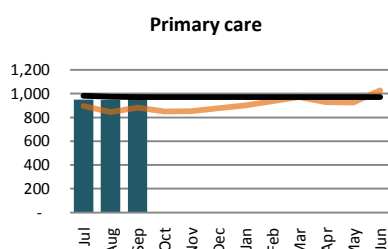
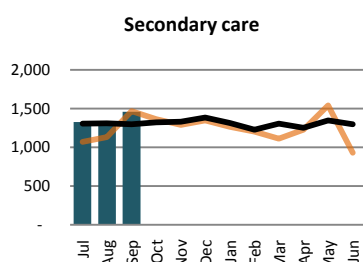
KEY RISKS AND ISSUES:

Treatment related costs – Blood consumable intragam (replacement of antibodies) is our main issue in **Treatment related costs**. We currently have a small volume of patients receiving this product, however this is driving an overspend on bloods of approx. \$16K per month – this is likely to continue for at least 6 months. Air transfers are also driving our variance to budget, where we have had a spike in transfer numbers this month. At this stage in the financial year it is too early to know if this will continue.

Overall we are continuing to monitor to ensure overspend in **non-treatment related costs** is limited where possible. We continue to see increased facility costs due to the delay in the Grey rebuild. Pressure in these key areas will need to be mitigated by savings elsewhere in order to achieve the aggressive revised annual plan.

External provider & inter district flows costs

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Secondary Care	1,457	1,299	(158)	-12% ✗	4,124	3,911	(213)	-5% ✗
Primary Care	991	972	(19)	-2% ✗	2,886	2,927	41	1% ✓
Older Person's Health	872	998	126	13% ✓	2,754	3,000	246	8% ✓
Mental Health	272	284	12	4% ✓	833	855	22	3% ✓
Maori Health	58	59	1	2% ✓	173	179	6	3% ✓
IDF	1,902	1,904	2	0% ✓	5,714	5,703	(11)	0% ✗
Outsourced Clinical	138	132	(6)	-5% ✗	357	356	(1)	0% ✗
Total	5,690	5,648	(42)	-1% ✗	16,841	16,931	90	1% ✓



KEY RISKS AND ISSUES:

There are currently no major variances to budget. Demand in our Age-related care beds is under forecast, but demand is likely to pick up later in the financial year.

Financial position & capex

	YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		Annual Budget \$'000
Equity	12,288	14,472	(2,184)	-15% ✗	113,482
Cash	2,991	3,534	(543)	-15% ✗	4,459
Capex	2,590	3,557	968	27% ✓	13,064

KEY RISKS AND ISSUES:

WCDHB Cash position continues to deteriorate- this is largely due to committed expenditure on the Grey Facility FFE now starting to come through. Historically we have flagged with the Board and MOH, that our cash position has been over inflated due to the delay in the rebuild. We have also funded to date the Buller Project spend from our own cash reserves and have applied for a \$2m draw down of project spend in September 2019., to cover the forecast spend to the end of the next quarter.

Equity is showing an unfavourable result of \$2.184m. This is due to the \$2m draw down of the project spend budgeted to be paid in September.

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

Statement of comprehensive revenue and expense

For period ending

30 September 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	12,517	12,449	68	0.5%	37,447	37,283	164	0.4%	149,065
Inter DHB Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Inter District Flows Revenue	167	169	(2)	(1.2%)	500	509	(9)	(1.8%)	2,029
Patient Related Revenue	604	637	(33)	(5.2%)	1,961	1,951	10	0.5%	7,746
Other Revenue	102	47	55	117.0%	169	215	(46)	(21.4%)	814
Total Operating Revenue	13,390	13,302	88	0.7%	40,077	39,958	119	0.3%	159,654
Operating Expenditure									
Personnel costs	5,903	5,975	72	1.2%	18,476	18,477	1	0.0%	74,340
Outsourced Services	2	0	(2)	0.0%	4	0	(4)	0.0%	0
Treatment Related Costs	824	680	(144)	(21.2%)	2,238	2,091	(147)	(7.0%)	8,265
External Providers	3,650	3,612	(38)	(1.1%)	10,770	10,872	102	0.9%	43,561
Inter District Flows Expense	1,902	1,904	2	0.1%	5,714	5,703	(11)	(0.2%)	22,827
Outsourced Services - non clinical	136	132	(4)	(3.0%)	353	356	3	0.8%	1,422
Infrastructure and Non treatment related costs	996	984	(12)	(1.2%)	3,195	3,140	(55)	(1.8%)	11,648
Total Operating Expenditure	13,413	13,287	(126)	(0.9%)	40,750	40,639	(111)	(0.3%)	162,063
Result before Interest, Depn & Cap Charge	(23)	15	(38)	(253.3%)	(673)	(681)	(8)	1.2%	(2,409)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	269	242	(27)	(11.2%)	810	766	(44)	(5.7%)	3,226
Capital Charge Expenditure	57	(63)	(120)	190.5%	171	171	0	0.0%	978
Total Interest, Depreciation & Capital Charge	326	179	(147)	(82.1%)	981	937	(44)	(4.7%)	4,204
Net Surplus/(deficit)	(349)	(164)	(185)	(112.8%)	(1,654)	(1,617)	(37)	(2.3%)	(6,613)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(349)	(164)	(185)	(112.8%)	(1,654)	(1,617)	(37)	(2.3%)	(6,613)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

Statement of financial position

As at

30 September 2019

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	22,094	25,457	(3,363)	(13.2%)	22,699
Intangible assets	638	409	229	56.0%	376
Work in Progress	10,488	8,364	2,124	25.4%	8,364
Other investments	320	320	0	0.0%	320
Total non-current assets	33,540	34,550	(1,010)	(2.9%)	31,759
Current assets					
Cash and cash equivalents	2,991	3,534	(543)	(15.4%)	6,362
Patient and restricted funds	52	56	(4)	(7.1%)	56
Inventories	1,094	1,098	(4)	(0.4%)	1,077
Debtors and other receivables	5,495	4,428	1,067	24.1%	3,931
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	9,632	9,116	516	5.7%	11,426
Total assets	43,172	43,666	(494)	(1.1%)	43,185
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,464	2,423	(41)	(1.7%)	2,399
Other	62	62	0	0.0%	62
Total non-current liabilities	2,526	2,485	(41)	(1.6%)	2,461
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	11,041	9,779	(1,262)	(12.9%)	9,327
Employee entitlements and benefits	17,167	16,930	(237)	(1.4%)	17,307
Total current liabilities	28,208	26,709	(1,499)	(5.6%)	26,634
Total liabilities	30,734	29,194	(1,540)	(5.3%)	29,095
Equity					
Crown equity	85,926	87,926	2,000	2.3%	85,926
Other reserves	25,098	25,098	0	0.0%	25,098
Retained earnings/(losses)	(98,587)	(98,552)	35	0.0%	(96,935)
Trust funds	0	0	0	0.0%	0
Total equity	12,438	14,472	2,034	14.1%	14,090
Total equity and liabilities	43,172	43,666	(494)	(1.1%)	43,185

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

Statement of cash flows

For period ending
in thousands of New Zealand dollars

30 September 2019

	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	12,704	12,785	(82)	(0.6%)	39,230	39,349	(119)	(0.3%)
Cash paid to employees	(5,811)	(5,969)	158	2.6%	(18,550)	(18,853)	303	1.6%
Cash paid to suppliers	(1,266)	(1,855)	589	31.8%	(5,054)	(5,244)	190	3.6%
Cash paid to external providers	(4,185)	(3,388)	(797)	(23.5%)	(10,664)	(10,199)	(465)	(4.6%)
Cash paid to other District Health Boards	(1,367)	(2,128)	761	35.8%	(5,820)	(6,376)	556	8.7%
<i>Cash generated from operations</i>	75	(555)	630	(113.4%)	(858)	(1,323)	465	(35.2%)
Interest paid	0	0	0	0.0%	0	0	0	0.0%
Capital charge paid	0	0	0	0.0%	37	0	37	0.0%
Net cash flows from operating activities	75	(555)	630	(113.4%)	(821)	(1,323)	502	(38.0%)
Cash flows from investing activities								
Interest received	8	(7)	15	(214.3%)	39	52	(13)	(25.0%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(1,134)	(2,519)	1,386	55.0%	(2,272)	(3,476)	1,205	(34.7%)
Acquisition of intangible assets	0	0	0	0.0%	(318)	(81)	(237)	
Net cash flows from investing activities	(1,126)	(2,526)	1,401	(55.4%)	(2,551)	(3,505)	955	27.2%
Cash flows from financing activities								
Proceeds from equity injections	0	2,000	(2,000)	100.0%	0	2,000	(2,000)	100.0%
Repayment of equity	0	0	0	0.0%	0	0	0	0.0%
<i>Cash generated from equity transactions</i>	0	2,000	(2,000)	100.0%	0	2,000	(2,000)	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	(1,051)	(1,081)	30	(2.8%)	(3,371)	(2,828)	(543)	19.2%
Cash and cash equivalents at beginning of period	4,042	4,615	(573)	(12.4%)	6,362	6,362	0	0.0%
Cash and cash equivalents at end of period	2,991	3,534	(543)	(15.4%)	2,991	3,534	(543)	(15.4%)

RESOLUTION TO EXCLUDE THE PUBLIC



TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretary

DATE: 1 November 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 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 27 September 2019	For the reasons set out in the previous Board agenda.	
2.	Buller Health Centre Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	Site Master Planning	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	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)
5.	Clinical Leaders Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
6.	People Report	To carry on, without prejudice or disadvantage, negotiations (including	9(2)(j)

		commercial and industrial negotiations). Protect the privacy of natural persons	S9(2)(a)
7.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
8.	Report from Committee Meeting	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)

- 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.