

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

---



## **BOARD MEETING**

**Friday 13 December 2019  
at 10.45am**

**St John  
Water Walk Road  
Greymouth**

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

## WEST COAST DISTRICT HEALTH BOARD

### BOARD MEMBERS

Rick Barker (Chair)  
Tony Kokshoorn (Deputy Chair)  
Chris Auchinvole  
Susan Barnett  
Sarah Birchfield  
Helen Gillespie  
Anita Halsall-Quinlan  
Edie Moke  
Peter Neame  
Nigel Ogilvie  
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 13 December 2019 commencing at 10.45am**

**ADMINISTRATION****10.45am**

Apologies

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

**REPORTS FOR DECISION****10.50am**

4. Schedule of Meetings 2020 *Chair 10.50am – 10.55am*

**REPORTS FOR NOTING****10.55am**

5. Chair's Update – Verbal Update *Chair 10.55am – 11.00am*
6. Chief Executive's Update *David Meates 11.00am – 11.10am*  
*Chief Executive*
7. Finance Report *Justine White 11.10am – 11.20am*  
*Executive Director, Finance & Corporate Services*
8. Resolution to Exclude the Public *Board Secretary 11.20am*

**ESTIMATED FINISH TIME****11.20am****NEXT MEETING:** Friday 14 February 2020

## 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)
Rick Barker Chair	To be advised		
Tony Kokshoorn Deputy Chair	To be advised		
Chris Auchinvole	<ul style="list-style-type: none"> <li>Director Auchinvole &amp; Associates Ltd</li> <li>Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand</li> <li>Daughter-in-law employed by Otago DHB</li> </ul>	N  N  N	
Susan Barnett	<ul style="list-style-type: none"> <li>Employed by the West Coast DHB as a Public Health Nurse based in Reefton (0.2FTE)</li> <li>I also undertake casual on-call work for multiple areas: Practice Nursing; District Nursing and as a Registered Nurse at the Reefton Health Centre.</li> </ul>	Y  Y	
Sarah Birchfield	<ul style="list-style-type: none"> <li>Accessible West Coast Coalition Group - Member</li> <li>West Coast DHB Consumer Council - Member</li> <li>West Coast DHB Child &amp; Youth Committee - Member</li> <li>Canterbury/West Coast Action Plan Committee - Member</li> </ul>	N N N N	
Helen Gillespie	<ul style="list-style-type: none"> <li>Department of Conservation – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a positive difference to the lives of all New Zealanders through nature.</li> <li>Husband works for New Zealand Police – Based in Hokitika and currently working in the Traffic Safety Team</li> <li>Accessible West Coast Coalition Group - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people</li> </ul>	N  N  N	

	<ul style="list-style-type: none"> <li>• <b>Kowhai Project Committee</b> – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors.</li> </ul>	N	
Anita Halsall-Quinlan	<ul style="list-style-type: none"> <li>• <b>Niece is a Student Doctor at Grey Hospital</b></li> </ul>	N	
Edie Moke	<ul style="list-style-type: none"> <li>• <b>South Canterbury DHB</b> – Appointed Board Member; Chair: Disability Support Advisory Committee; Deputy Chair: Maori Health Advisory Committee; and Member: Audit and Assurance Committee</li> <li>• <b>Nga Taonga Sound &amp; Vision</b> - Board Member (elected); Chair: Assurance and Risk Committee; and Member: Property Committee Nga Taonga is the newly merged organisation that includes the following former organisations: The New Zealand Film Archive; Sounds Archives Nga Taonga Korero; Radio NZ Archive; The TVNZ Archive; Maori Television Service Archival footage; and Iwi Radio Sound Archives.</li> </ul>	Y  N	Perceived
Peter Neame	<ul style="list-style-type: none"> <li>• <b>White Wreath Action Against Suicide</b> – Board Member and Research Officer White Wreath is a non-denominational, non-political and anti-discriminatory body supporting people who have been directly affected by suicide and those who are affected by mental illness/disorders.</li> <li>• <b>Author and Publisher</b> of “Suicide, Murder, Violence Assessment and Prevention” 2017 and four other books.</li> </ul>	N  N	Perceived
Nigel Ogilvie	<ul style="list-style-type: none"> <li>• <b>Westland Medical Centre</b> - Managing Director</li> <li>• <b>Thornton Bruce Investments Ltd</b> - Shareholder/Director</li> <li>• <b>Hokitika Seaview Ltd</b> - Shareholder</li> <li>• <b>Tasman View Ltd</b> - Shareholder,</li> <li>• <b>White Ribbon Ambassador for New Zealand</b></li> <li>• <b>Sister</b> is employed by Waikato DHB</li> <li>• <b>West Coast PHO</b> - Board Member</li> <li>• <b>Wife</b> is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre</li> <li>• <b>Wife</b> is Board Member West Coast PHO</li> </ul>	Y N N N N N Y  Y Y	Actual      Perceived  Actual Perceived



**MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING**  
**held at St John, Water Walk Road, Greymouth**  
**on Friday 1 November 2019 commencing at 11.15am**

## BOARD MEMBERS

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

## APOLOGIES

An apology for absence was received and accepted from Kevin Brown.

## EXECUTIVE SUPPORT

David Meates (Chief Executive); Philip Wheble (General Manager, West Coast); Gary Coghlan (General Manager Maori Health); Pradu Dayaram (Medical Director, Facilities); Brittany Jenkins (Director of Nursing); Kathy O'Neill (Team Lead, Planning & Funding); Diane Pizzato (Finance & Business Manager); Jenni Stephenson (Planning & Funding); Justine White (Executive Director, Finance & Corporate Services); Karalyn van Deursen (Executive Director, Communications); and Kay Jenkins (Board Secretary).

## APOLOGIES

Dr Cameron Lacey (Medical Director); Michael Frampton (Chief People Officer); Dr Jacqui Lunday-Johnston (Executive Director of Allied Health); and Stella Ward (Chief Digital Officer).

## 1. INTEREST REGISTER

### Additions/Alterations to the Interest Register

Chris Mackenzie advised that he is no longer Chief Executive of Development West Coast.

### 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 (25/19)

(Moved: Peter Neame/seconded: Helen Gillespie – carried)

“That the minutes of the Meeting of the West Coast District Health Board held at St John, on Friday 27 September 2019 be confirmed as a true and correct record”.

## 3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.



#### **4. CHAIR'S UPDATE**

The Chair commented that it had been a busy and interesting three years with a huge increase in work around equity.

She thanked everyone who has been part of the new facilities project.

She advised that she had attended a two day forum for Health in Wellington earlier in the week which was attended by 400 people. There was particular emphasis on equity, wellbeing, sustainability and disability.

The Chair's update was noted.

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

David Meates, Chief Executive, took his report as read. He highlighted the ongoing delivery of a very different workforce on the West Coast and changes in models of care.

Mr Meates advised that the Buller facilities project is progressing really well with the final detailed design coming to the Board in the near future. He added that the community remain well engaged however there is an ongoing challenge around levels of asbestos.

Discussion took place regarding transport options for patients and it was noted that the DHB does try to communicate transport options to patients and there is work taking place to determine how this can be done better.

Discussion also took place regarding wait times in General Practice and it was noted that there remain challenges around the GP workforce. It was also noted that if patients insist on seeing a particular doctor who is really busy this can give a false impression of the length of the wait times.

The Chief Executive's update was noted.

#### **6. 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 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.

It was noted that there were high costs in both Pharmaceuticals and air transfers.

It was also noted that the Annual report which was approved by QFARC last week, as delegated by the Board, was signed off by the statutory deadline.

##### **(Resolution 26/19)**

(Moved Helen Gillespie/seconded Edie Moke – carried)

That the Board:

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

## 7. RESOLUTION TO EXCLUDE THE PUBLIC

### (Resolution 27/19)

(Moved Elinor Stratford/seconded Michelle Lomax – carried)

That the Board:

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
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 commercial and industrial negotiations). Protect the privacy of natural persons	9(2)(j) 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”;

## INFORMATION ITEMS

- 2019 Meeting Dates

There being no further business the public open section of the meeting closed at 11.50am. The Public Excluded section of the meeting commenced at 11.50am and concluded at 1.25pm.

---

Jenny Black, Chair

---

Date

DRAFT

# PROPOSED MEETING SCHEDULE - 2020



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

**SOURCE:** Board Secretary

**DATE:** 13 December 2019

---

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

---

## 1. ORIGIN OF THE REPORT

The purpose of this report is to seek the Board's confirmation and support to a schedule of meetings for the Board and its Committees, both statutory and non-statutory, for the 2020 calendar year as required by the NZ Health and Public Disability Act 2000.

## 2. RECOMMENDATION

That the Board, as recommended by the outgoing Board, at its meeting on 27 September 2019:

- i. Confirms the proposed schedule of meetings for 2020 (refer Appendix 1 attached); and
- ii. Delegates 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.

## 3. SUMMARY

The date for Committee and Board meetings are to a large extent determined by the reporting cycle required to produce information for the Quality, Finance, Audit and Risk Committee (QFARC) and also the timing of Canterbury DHB meetings.

### **Background**

If a DHB does not adopt an annual schedule of meetings then, in terms of the New Zealand Public Health and Disability Act 2000 (the Act) and in accordance with Standing Orders (Clause 1.14.2), members are instead required to be given written notice of the time and place of each individual meeting, not less than ten working days before each meeting.

The adoption of a meeting schedule allows for more orderly planning for the forthcoming year for the Board, Committees and staff. The proposed schedule also serves as advice to members that the meetings set out on the schedule are to be held.

The suggested meeting dates for 2020 contained in Appendix 1 are based on the current cycle of meetings with Committee and Board meetings six weekly on Friday's and Quality, Audit, Finance & Risk Committee quarterly on a Thursday..

In situations where additional meetings of the Board and its Committees are required, these will, in terms of the Act, be treated as special meetings. Notice of these meetings will be given to members in each case prior to the meeting. In addition, where workshops are required, which are not part of the regular meeting cycle, notice of these meetings will also be given to members prior to the workshop.

On occasions it may be necessary to alter the date, time or venue of a meeting or to cancel a meeting. It is recommended that the authority to do this be delegated to the Chief Executive in consultation with the Chair of the Board or the Committee Chairperson.

Meetings of the Board and its Statutory Committees will be publicly notified in accordance with Section 16 of Schedule 3 of the New Zealand Health and Disability Act 2000.

In terms of standing orders it is necessary for the incoming Board at its first meeting in December 2020, to formally adopt the schedule of meetings for 2020.

#### **4. APPENDICES**

Appendix 1: Proposed Schedule of Meetings - 2020

Report prepared by: Kay Jenkins, Board Secretary

## WEST COAST DHB – MEETING SCHEDULE

### FEBRUARY – DECEMBER 2020

**DRAFT**

DATE	MEETING	TIME	VENUE
Friday 14 February 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 14 February 2020	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 12 March 2020	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 27 March 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 27 March 2020	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 8 May 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 8 May 2020	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 11 June 2020	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 26 June 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 26 June 2020	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 7 August 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 7 August 2020	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 10 September 2020	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 25 September 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 25 September 2020	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 30 October 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 30 October 2020	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 26 November 2020	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 11 December 2020	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.

# CHIEF EXECUTIVE'S UPDATE



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

**SOURCE:** Chief Executive

**DATE:** 13 December 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: 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 September the Alliance Leadership Team (ALT):

- Reviewed workplan progress and were satisfied these are being implemented.
- Discussed the nature of Rural Generalism and the West Coast DHB's use of this way of working to support transformative changes.
- Reviewed their Charter and as a result will be undertaking further work to better prepare the workstreams to develop workplans in the New Year.

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

### ***Primary***

- **Integrated Health Services - Northern Region**
  - Decant planning, preparation and implementation has progressed extremely well for all the health services impacted by the required move. This re-location will remain in place for 2 years until the completion of the new Buller Health Centre. Members of the Project team were on site over the weekend and gave tremendous support to the team with great support by Crown Movers – a very willing, polite and skilled team to work with.
  - Frequent engagement with staff and their respective teams enabled a fairly smooth transition for staff but it is to be recognised that there has been a significant journey for many members of the team.
  - A virtual walk through of the new facility, updated plans and facility related information was presented for community display at the annual “Kawatiri Wellbeing Hui” on 22 November, from 11am to 3pm at the Pulse Energy Centre. This was very well received by the community.
  - Gary Coghlan lead a moving Mihi Mihi and Karakia of the building with significant staff attendance and the performing of Waiatas signifying closure and new beginnings for the staff and community of Buller Health.
  - Optimising health outcomes for our patients remains a priority. Collating and analysing health targets, in order to review our processes, continues.
- **Greymouth Medical Centre**
  - A new RNS for Lake Brunner has started in early November.
  - Interviews have been held for a permanent GP for GMC – keen on coming early 2020.
- **South Westland Area Practice**
  - RNS staffing shortages continue, due to sickness and a vacancy. Advertising for this position closed mid-November. With the use of part-timers flexing up and casuals, only minimal disruption to available clinics has occurred.
  - With heading into the busy summer period, the roster allows for an additional medical locum; the second Doctor starts mid-November.

### ***Community***

- **B4Schools**
  - This service remains ahead of target. A recent visit to Gloriavale was most successful and completed the B4SC and equivalent to Year 7 VHT with other referrals of any concerned parents completed over 2 days. Both VHT staff are due for clinical assessment and plans for this are in motion to be completed during December.
- **Immunisation**
  - A resignation in this service has allowed for a review of the available hours. This will ensure they better suit the consumer base the service is targeting.
- **Clinical Nurse Specialists**
  - This team continues to work towards paper-lite resources and “dump the junk” as their relocation to Cowper Hub nears. Each of the nurses is continuing to work towards increased usage of HCS for documentation.
- **Home and Community Support Services**
  - HCSS continues to recruit for casual support workers in both the Buller and



Greymouth areas. A three day orientation is planned for mid-January 2020 to accommodate incoming staff.

- Significant success has been achieved recently with a Digital Literacy training process using Storytelling as a teaching conduit. The training is designed to take support workers to a level of computer literacy that will enhance their training and HCSS processes into the future.
- **Dental Service**
  - Therapists in Buller and Grey continue to provide services in the area where the greater need arises.

## C: Hauora Maori Update

- **Tikanga Best Practice: Maori Values and Concepts:** Moe Milne, Maori Advisement Specialist spent three days at the West Coast DHB delivering cultural competency sessions to approximately 20 mental health workers. Feedback has been really positive and we anticipate that a good portion of these people will undertake Takarangi Cultural Competency training next year. Moe also provided a session with Maori workers within the DHB. An informal roopu (group) has been established and we will continue to meet to provide support and share ideas and learnings.
- **Treaty of Waitangi:** The General Manager Hauora Maori delivered treaty training to 15 staff from across the region.
- **Studentships 2019:** The Hauora Maori team are eager to hear the outcome of research being undertaken by a group of students who have been successful in gaining a studentship this year. The research will allow us to learn more about how the DHB can attract and grow our own health workforce. A focus will be on attracting more Maori into health careers and understanding how the local landscape looks for youth who may be interested in health careers or how we can showcase opportunities for those who may yet be undecided on a career pathway. The students will do two presentations to the Operational Leadership Group to share their research and learnings.
- **Takarangi Cultural Competency - Australasian Nurse Educators Conference (ANEC) 2019:** GM Maori Health, Director of Nursing Brittany Jenkins and Moe Milne presented at this conference sharing with others within the sector the West Coast DHB's experience of introducing Matua Raki's cultural competency framework, including impact on everyday practice. The presentation was well received with many of the participants from other DHBs and Australian health sector coming to speak with the team after the presentation.
- **Hauora Maori Health Workforce New Zealand:** The Hauora Maori Training fund is now available for Maori working in non-regulated roles to access funding for study. The study must be NZQA level 3-7. We have secured the same level of funding to provide this as previous years and have capacity to support up to 7 trainees per year.
- **Hapu Wananga:** Portfolio Manager Hauora Maori attended a hui hosted by Nelson Marlborough DHB to hear from providers of Hapu Wananga around the region. This will inform our approach as Poutini Waioira gets closer to delivering hapu Wananga across Te Tai o Poutini.
- **Buller Health Hui:** The Hauora Maori team headed to Buller to support another



successful Health Hui organised by Poutini Waiora. There were a broad variety of stall holders and some very informative Maori speakers sharing their stories and insights into Te Ao Maori and Hauora. The hui was busy for the day with a good number of locals attending to listen and learn to the information given on the day.

	<b>DELIVERING MODERN FIT FOR PURPOSE FACILITIES</b>
---	---

#### A: Facilities Maintenance Report

- New carpet for the corridors has been fitted at Reefton hospital
- Work on buildings at Buller hospital to allow decant of staff as part of the new development is near completion
- A complete environmental clean of Buller boiler house, due to the presence of asbestos, is progressing well and will be finished in December.
- Building Warrants of Fitness have been issued for Buller Hospital and Kynnersley home and Moana clinic.
- Two steam heat exchangers have failed in the last month at Grey Base hospital requiring rebuilds.

#### B: New Facilities Redevelopment Update



#### Grey

- A handover date for the Te Nikau Grey Hospital and Health Centre is not currently known, however, based on a building handover date in 2020, the DHBs migration into the new facility is increasingly delayed and pushing out further into 2020.
- The building itself has reached a high level of completion; however, issues with defecting and the 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 operations of plant equipment.
- The final landscaping and planting are complete.
- Services relocating into the Cowper Hub building are scheduled to move on 13 December. The relative health and support services currently work across a number of locations and the move is a positive step towards increasing collaboration and enabling further integration of services.
- Te Nikau Grey Hospital and Health Centre ground floor workshops this month progressed the Model of Care, room allocation and telephony systems. This 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. The 'Front of House' administrative workstream has been placed on hold as we have identified that there needs to be better clarity of team structures and functions to

enable the workstream members to target the areas that need refinement. The Operations and General Manager have worked with People and Capability to identify the preferred structure of the administrative teams and in early 2020 we will reinstate that workstream with more clearly defined priorities and goals.

## Buller



- The final Buller Health Centre Detailed Design floor plan is now 2,310m<sup>2</sup> and includes all services, storage spaces and utility areas located within the facility itself. The Detailed Design plan was endorsed by the WCDHB Board on 1 November.
- The decant of services located in Stage 1 demolition buildings and the Buller Medical Centre is complete and services were working from their new locations from 25 November. New wayfinding signage has been installed to clearly identify new locations of health services for patients and visitors. The decant of services is for a period of two years until the new Buller Health Centre is complete.
- Contractor procurement has progressed following a first step of issuing an ROI for Stage 1 ACM removal and demolition at the end of October. A preferred contractor for this work will be identified in December.
- A virtual walk through of the facility, updated plans and facility related information were displayed at the annual “Kawatiri Wellbeing Hui” on 22 November. The virtual walk though will be available on the DHB website.

	<b>RECONFIGURING SECONDARY AND TRANSALPINE SERVICES</b>
---	---

## A: Hospital Services includes Secondary Mental Health Services

### *Nursing*

- The CNMs continue discussions with their teams on ways of working in the new facility. Representatives from all the different services are coming together to establish business rules and plans on how they will function working together. This will also allow for building relationships and give staff a good understanding of each others needs.
- With Christmas fast approaching, CNMs are viewing annual leave levels and in areas of high balances, staff are being asked to decrease them over the holiday period. This will allow staff to have a rest before we move into the new facility.
- Position Descriptions are being updated throughout the organisation. The Director of Nursing and Nurse Director Operations are leading the way, ensuring consistency across the DHB. These Position Descriptions will not only have the vision and values of the WCDHB but also the reporting structure to ensure smooth transitions into the new leadership structure.
- Dates are being discussed with Moe Milne and Gary Coghlan regarding the next Takarangi Competency training. It is hoped early next year and all CNMs and NCs will attend as per the annual plan.
- October saw hospital occupancy at 76% and Buller at 48%. Sick leave was static and we had a decrease in overtime by 8%.

## ***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). We have one part time Rural Generalist doctor due to commence with us on 3 December and another on 6 January and have recently interviewed another who is available to start work at the end of February.
- We employ 4.6 FTE of anaesthetists and although we have had some changes in staffing in recent months staffing for 2020 looks to be in hand. The part time anaesthetist we recruited in August will commence work before Christmas. The preferred applicant from this month's interviews is available to commence work in June (as they are an overseas graduate it is expected that it will take this long to complete the Medical Council registration process) and an anaesthetist who has worked half time with us for some years will become full time in January.
- The recruitment video promoting Rural Generalism and work on West Coast has been completed and our recruitment team have developed a plan for deploying it as part of a wider recruitment drive which will commence in 2020.

## ***Maternity***

- October births totalled 25; 20 births in McBrearty, 4 in Kawatiri and 1 birth in Gloriavale. These included 14 normal vaginal births, 1 instrumental and 10 births were caesarean section (7 emergency and 3 elective).
- The interviewed midwife from Canterbury was successful in her application and is commencing as a core midwife on McBrearty on 16 December. Again, the new graduate midwife will commence in the first week of January 2020. Both will be very welcomed by staff to help with the shortage we currently have.
- SANDS put on a morning tea on the ward for Baby Loss Awareness Week on 14 October.

## ***Allied Health, Scientific & Technical***

- **Facilities Preparation (Greymouth)**
  - As reported in previous months, delays in the new build process have created risk within our radiology service, as a number of imaging technologies reach their end of life. This risk has been realised with one of our OPGs (orthopantomography machine) needing to be replaced into our current facility, which will incur relocation costs once the new facility is ready to be commissioned.
- **Facilities Preparation (Westport)**
  - The Allied Health team in Westport have made the move into the new spaces at the health campus ahead of demolition. They worked well together, and with the wider team, to make the transition and used the opportunity to configure their workspaces to better support inter-professional ways of working.
- **Setting the Strategic Direction**
  - Work continues on developing a strategy framework for our Allied Health, Scientific and Technical professions in partnership with the CDHB Directors of Allied Health.
- **Workforce**
  - A number of new graduates have entered our recruitment process to commence with us in the new year, including physiotherapy, pharmacy and occupational therapy.
  - Work continues 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 South Island regional plan. This piece of work is crucial due to the current system Windose no longer being supported technically as of December 2019, and a key feature of how we will work in Te Nikau.
- Workflows are currently being designed to standardise the ways the 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 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.

	<b>DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES</b>
---	---

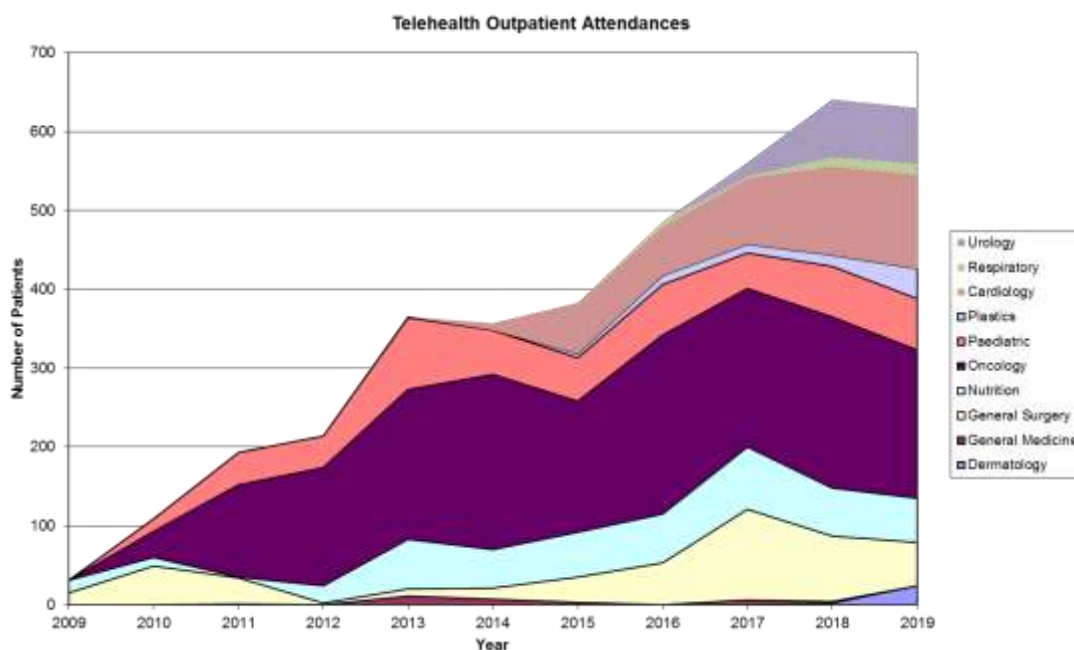
#### **A: Improve Transport Options for Patient Transfers**

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:** Dementia Canterbury has received an additional 0.5 FTE for their West Coast contract; this has been filled by their current coordinator. The Coordinator provides information, education, and specialised social support to people with dementia, their family/whanau and friends on the West Coast.
- The Enliven HomeShare service currently has capacity in all areas for more people to participate; referrals are made via the Complex Clinical Care Network assessment process. ARC facility managers, including Kahurangi, and clinical managers within the DHB have agreed that they need to share educational resources and work together to ensure that there is support when issues such as challenging behaviour arise. With such a small DHB, people and services need to be supported to problem solve together and agree on the best way forward.
- **Falls Prevention:** Rebecca Logan from Sport Canterbury supported the West Coast Community Strength and Balance programme by providing six free education sessions on 'Living Stronger for Longer' to Community Strength and Balance providers, community groups and older persons during November 2019 in Greymouth and Westport. The sessions were well attended with 75 people attending from across the Coast. The presentations were adapted for each group, and focused on the importance of strength and balance, falls prevention, guidelines for functional ageing, physiology of ageing, bone health, exercise trends and needs of older adults, and practical classes on how to provide a circuit class to an older person's group.





## 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 October 2019 was a deficit of \$0.951m, which was \$0.236m unfavourable to annual plan.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(145)	(143)	(2)	(602)	(567)	(35)
Funder Arm	265	184	81	1,319	849	470
Provider Arm	(1,071)	(756)	(315)	(3,322)	(2,614)	(708)
<b>Consolidated Result</b>	<b>(951)</b>	<b>(715)</b>	<b>(236)</b>	<b>(2,605)</b>	<b>(2,332)</b>	<b>(273)</b>

### B: Effective Clinical Information Systems

- eReferrals:** Stage 3 – electronic triage: eReferrals Stage 3, eTriage has gone live for 20 services including: Paediatric Medicine, Cardiology, Dermatology, Diabetes, ENT Otorhinolaryngology, Gastroenterology, General Medicine, General Surgery, Gynaecology, Nephrology, Neurology, Neurosurgery, Physiotherapy, Plastics, Nutrition, Podiatry, Orthopaedics – Sarcoma, Orthopaedics – Musculoskeletal, Orthopaedics – Paediatrics, Rheumatology, Physiotherapy, Urology, and Endocrinology. Mental Health has now moved onto Stage 2 eReferrals and planning is underway for more services to move to eTriage in 2020.
- New Facility Work:** We have finished security system integration with CDHB for Te Nikau and the Buller Decant has been completed. Cowper Hub detailed planning and implementation is underway and the supplier has handed over the Citrix/Xenapp new build to ISG. The ISG Team is coming up to speed with the new environment and we are planning for a pilot group in December.
- Windows 10:** Planning is now underway to deliver the Windows 10 upgrade, building upon the extensive work CDHB has been doing in this area. The Project team for the West Coast has been linked into their sprint planning and some test deployments are being planned before year end.
- Satellite communications system:** As part of the new telephony system a satellite communications backup system (which is directly integrated into the telephony system) has been implemented at Te Nikau, Reefton Health Centre, Buller Health and Hokitika sites. This now means any designated telephone can be used to access satellite based calling if a site was to lose communications.
- Community system:** A Request for Proposal has 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. A presentation from short listed vendors has occurred and the final evaluation is expected to be completed in December.
- 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 the West Coast DHB moving onto the regional ePharmacy solution, hosted by Canterbury DHB alongside Nelson Marlborough DHB. Phase 2 testing is now underway.

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

### *Communications and Engagement*

- Worked with the Māori Health team in the development of the Cancer *Kōrero* booklet
- Strike communication (Medical Laboratory workers)
- Facilities communication:
  - Buller Health services relocation communications for staff and community
  - Cowper Hub migration communications for staff
- Community engagement:
  - Attended the Kawatiri Wellbeing Hui with the Buller Health team. The DHB's display included a 3D video of the new Buller Health facility which is now available on the West Coast DHB's public website along with artist impressions of the new facility.

### *Media*

- During November we issued a media release about the relocation of Buller Health services to make way for the new facility and responded to enquiries about the new Buller Health facility.
- ***Some of the other topics of media interest included:***
  - Aged care
  - Psychologist wait-times
  - Health and Disability Commission complaints
  - Te Nikau Grey Base Hospital and Health Centre progress
  - Mental Health enquiries about Manaakitanga and CAMHS service
  - DHB owned houses in Buller
  - Bowel screening programme
  - Community and Public Health enquiries:
    - Biotoxins in shellfish
    - 1080 in rats
- ***Media releases included:***
  - Buller Health services moving to make way for new facility
  - West Coast Serious Adverse Events 2018/19
- ***Social media posts:***
  - Wiki Haumaru *Tūrora* – Patient Safety Week 2019 (3-9 November 2019)
  - World Diabetes Day (14 November 2019)
  - World Antibiotic Awareness Week (18-24 November 2019)
  - Buller Health Services are on the move (25-27 November 2019)
  - World STOP Pressure Injury Day (21 November 2019)
  - Consumer Council expression of interests (21 November 2019)
  - Health travel warning re staying measles-free (21 November 2019)
  - Consumer Council 'meet and greet' sessions (26 November 2019)

### ***CE Update stories – November 2019***

- In this edition of the CE Update, Chief Executive David Meates congratulated the newly elected Board members and also acknowledged the contribution of the out-going Board members. He introduced WellFood to the West Coast DHB; provided an update on measles and talked about Wiki Haumaru *Tūrora* / Patient Safety Week (3 – 9 November 2019).



- The lead story featured the launch of the South Island's new telestroke service between the West Coast and Christchurch and how this service is providing more people with faster access to potentially life-saving acute stroke treatment.
- Lucina Brady, owner of Greymouth's '2 Little Dickie Birds' op shop talked about providing comfort and personal care packs to Coasters experiencing crisis.
- Andrea Reilly provided an insight into what her job as Cancer Nurse Co-ordinator involves. Andrea highlighted the importance of working as a team to support our cancer patients through what is a challenging and stressful time. This article was also published in the West Coast Messenger.
- An update on *max.* included information on how to download the *max.* application and other highlights like *max.chat*; how to update a work visa; how to claim mileage and how to change your tax code for Kiwisaver.
- News items:
  - Robyn Larking reflected on her long career as a Staff Nurse
  - West Coast DHB's Kia Ora Hauora rangatahi visit
  - Grey Base Hospital case study: Resilient, multi-use design in one of the most challenging locations on earth
  - West Coast Careers Expo 2019
  - Marilyn Wearing, Outpatients Receptionist (Buller) celebrated 40 years with the West Coast DHB
  - One minute with Gargi Sharma-Thapaliya, Quality Facilitator, Quality & Patient Safety
  - Latest Quitline campaign: Quit for your pets...

	<b>PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES</b>
---	--

### Key Achievements/Issues of Note

- **Māori health promotion:** CPH is pleased to introduce our new Māori health promoter, Eli-Ann Maiava. Eli has strong whakapapa links to the West Coast and she brings a background in early childhood education to her new role with us.
- **Physical activity:** As a member of the West Coast Falls Prevention Coalition CPH worked with the WCDHB to plan, support and promote a series of presentations/workshops run by the Canterbury Strength and Balance Project Leader at Canterbury West Coast Sports Trust. The sessions in Greymouth and Westport had a combined attendance of over 70 people, including community members, agencies, DHB staff and physical activity providers. CPH staff also presented to local Greymouth RSA group of around 12 people on the need to remain physically active in a variety of ways, using information from the Sports Trust workshop. CPH has been a member of the West Coast Sport and Recreation Spaces and Places Strategy project team for the past 18 months. The strategy is now in draft form and awaiting presentation to the West Coast Mayors and Chairs forum for endorsement prior to public consultation.
- **Healthy public policy:** CPH attended and had input into Te Tai o Poutini Plan Growth and Zoning Workshop to inform development of the One District Plan.
- **Smokefree:** CPH, as part of Active West Coast and the West Coast Tobacco Free Coalition, contributed to a submission on the Grey District Council's Draft Outdoor Dining Policy. We are pleased to report that the policy has been adopted with the

condition that no smoking or vaping takes place, and as result of our submissions, all outdoor dining areas must display signage advising No Smoking or Vaping.

- **Nutrition:** CPH continues to facilitate the West Coast Food Security network which has representatives from many community agencies and a few community volunteers. The group has started to map out initiatives which are happening across the West Coast with the aim of sharing these widely. CPH responded to a request to be part of a Community Conversations event in Westport entitled: Creating Beautiful Edible Neighbourhoods. Our staff presented a segment on food security to a group of about 35 people and participated in the conversations that followed. The community group are currently planning to develop an edible garden in a public space within the CBD in Westport.
- **Alcohol harm reduction:** An initial meeting to discuss the formation of a local alcohol accord was held in Franz Josef on 22 October. The meeting was attended by local licensees and duty managers, and representatives from Hospitality NZ, Police, CPH and Westland District Council. The meeting was very constructive and there are plans to continue discussion. Hospitality NZ is arranging a Licence Controller Qualification (LCQ) course in Franz Josef before the end of the year, and the CPH's Alcohol Licensing Officer will present at the course.
- CPH's Health Promoting Schools Facilitator and Alcohol Health Promoter are currently working on a social supply project (social supply is when under 18s are supplied alcohol by parents, whānau, or friends) with Grey High School. A three-pronged approach encompassing parents, students and wider community is being used. We facilitated a session with a year 10 class on 25 November to provide information about alcohol and gather students' thoughts about the best ways to get messages about social supply out to their peers, parents and the wider community. We are currently planning a parents' session and a creating a survey to go out to the wider community.
- **Health Promoting Schools:** CPH's Health Promoting Schools facilitator, in collaboration with two members from the WCPHO youth team, delivered professional development on "Responding to Mental Distress in Schools" in an afternoon session at Karamea Area School on 12 November (this training has been delivered to five schools on the Coast in 2019). Not only were we facilitating a discussion around recognising behaviours of mental distress, strategies teachers use within the classroom, and processes within the school but we were also modelling and supporting learning around wellbeing, by introducing the Five Ways to Wellbeing and Te Whare Tapa Whā.
- The Ministry of Health has recently informed us that its Health Promoting Schools contracts nationally with DHBs will cease from 31 December 2019. In 2020 the Ministry of Health will support the Healthy Active Learning initiative (Budget 2019) and over the next 12 months develop a new integrated service model using a collective co-design approach.

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:** 13 December 2019

Report Status – For: Decision ☐ Noting ☒ Information ☐

## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the Board notes:

- i. the financial results for the period ended 31 October 2019.

## 3. DISCUSSION

### Overview of October 2019 Financial Result

The consolidated West Coast District Health Board financial result for the month of October 2019 was a deficit of \$0.951m, which was \$0.236m unfavourable to annual plan. The year to date net deficit of \$2.605m is \$0.273m unfavourable to annual plan.

	Monthly Reporting				Year to Date				Full Year 19/20
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
<b>Operating Revenue</b>									
Crown and Government sourced	12,674	12,425	249	2.0%	50,121	49,708	413	0.8%	149,065
Inter DHB Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Inter District Flows Revenue	209	169	40	23.7%	709	678	31	4.6%	2,029
Patient Related Revenue	709	658	51	7.8%	2,670	2,609	61	2.3%	7,746
Other Revenue	88	70	18	25.7%	257	285	(28)	(9.8%)	814
<b>Total Operating Revenue</b>	<b>13,680</b>	<b>13,322</b>	<b>358</b>	<b>2.7%</b>	<b>53,757</b>	<b>53,280</b>	<b>477</b>	<b>0.9%</b>	<b>159,654</b>
<b>Operating Expenditure</b>									
Personnel costs	6,491	6,350	(141)	(2.2%)	24,966	24,827	(139)	(0.6%)	74,340
Outsourced Services	11	0	(11)	0.0%	15	0	(15)	0.0%	0
Treatment Related Costs	861	701	(160)	(22.8%)	3,099	2,792	(307)	(11.0%)	8,265
External Providers	3,747	3,659	(88)	(2.4%)	14,518	14,531	13	0.1%	43,561
Inter District Flows Expense	1,954	1,900	(54)	(2.8%)	7,668	7,603	(65)	(0.9%)	22,827
Outsourced Services - non clinical	120	119	(1)	(0.8%)	473	475	2	0.4%	1,422
Infrastructure and Non treatment related costs	1,116	991	(125)	(12.6%)	4,311	4,131	(180)	(4.4%)	11,648
<b>Total Operating Expenditure</b>	<b>14,300</b>	<b>13,720</b>	<b>(580)</b>	<b>(4.2%)</b>	<b>55,050</b>	<b>54,359</b>	<b>(691)</b>	<b>(1.3%)</b>	<b>162,063</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>(620)</b>	<b>(398)</b>	<b>(222)</b>	<b>55.8%</b>	<b>(1,293)</b>	<b>(1,079)</b>	<b>214</b>	<b>(19.8%)</b>	<b>(2,409)</b>
<b>Interest, Depreciation &amp; Capital Charge</b>									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	274	260	(14)	(5.4%)	1,084	1,026	(58)	(5.7%)	3,226
Capital Charge Expenditure	57	57	0	0.0%	228	228	0	0.0%	978
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>331</b>	<b>317</b>	<b>(14)</b>	<b>(4.4%)</b>	<b>1,312</b>	<b>1,254</b>	<b>(58)</b>	<b>(4.6%)</b>	<b>4,204</b>
<b>Net Surplus/(deficit)</b>	<b>(951)</b>	<b>(715)</b>	<b>(236)</b>	<b>(33.0%)</b>	<b>(2,605)</b>	<b>(2,332)</b>	<b>(273)</b>	<b>(11.7%)</b>	<b>(6,613)</b>
<b>Other comprehensive income</b>									
Gain/(losses) on revaluation of property									
<b>Total comprehensive income</b>	<b>(951)</b>	<b>(715)</b>	<b>(236)</b>	<b>(33.0%)</b>	<b>(2,605)</b>	<b>(2,332)</b>	<b>(273)</b>	<b>(11.7%)</b>	<b>(6,613)</b>

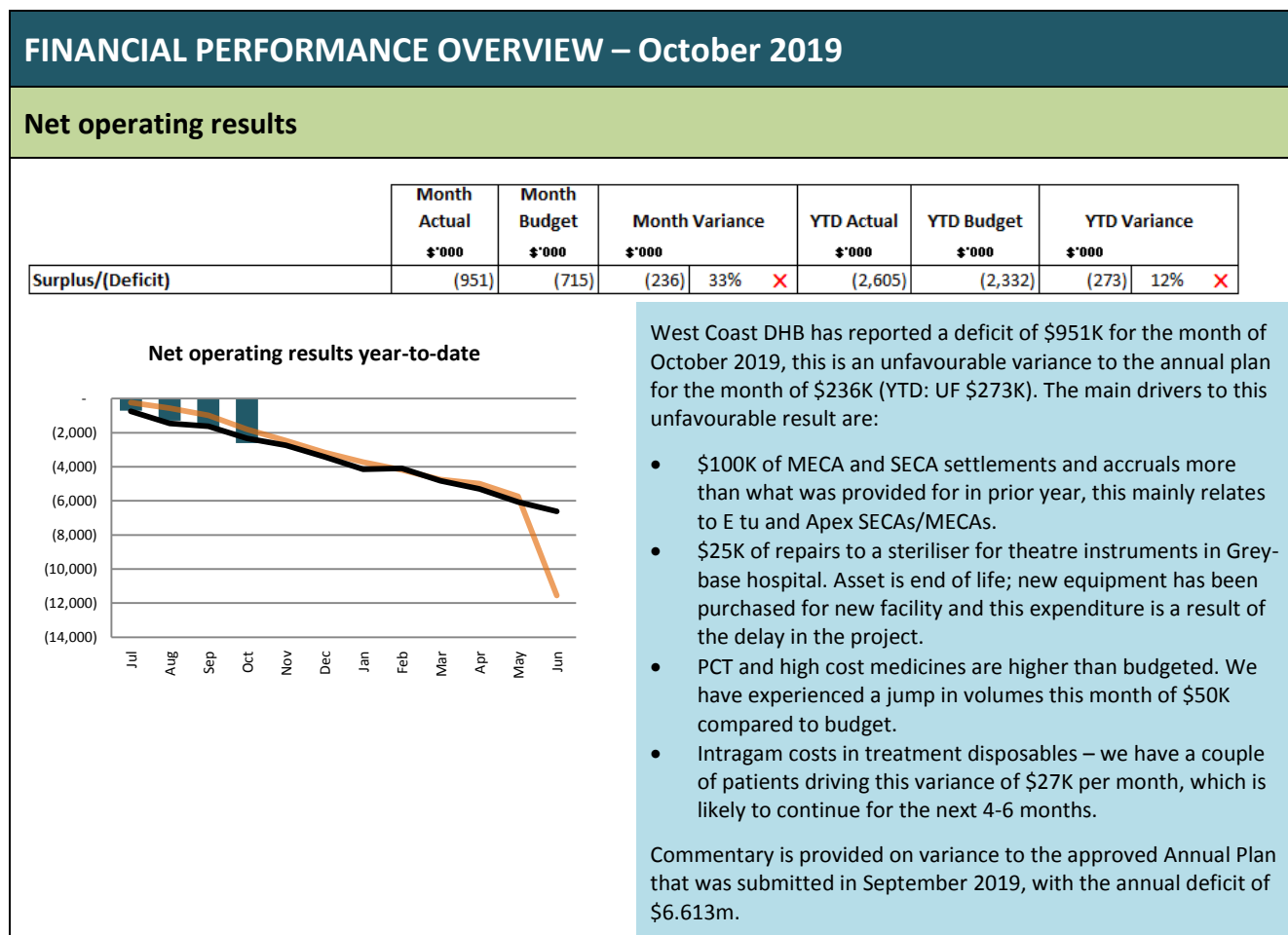
#### 4. **APPENDICES**

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

Report prepared by: Diane Pizzato, Finance & Business Manager

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

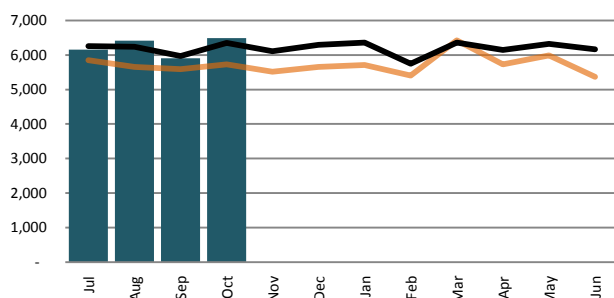
## APPENDIX 1: FINANCIAL RESULT



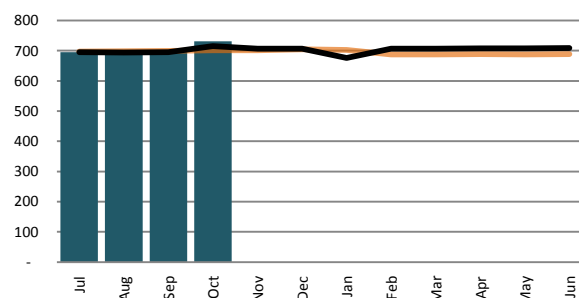
## Personnel costs & FTE

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Medical	1,709	1,563	(146)	-9%	✗	6,615	6,195	(420)	-7%	✗
Nursing	2,795	2,784	(11)	0%	✗	10,850	10,995	145	1%	✓
Allied Health	1,153	1,079	(74)	-7%	✗	4,215	4,270	55	1%	✓
Support	253	196	(57)	-29%	✗	558	496	(62)	-13%	✗
Management & Admin	581	728	147	20%	✓	2,727	2,870	143	5%	✓
<b>Total</b>	<b>6,491</b>	<b>6,350</b>	<b>(141)</b>	<b>-2%</b>	<b>✗</b>	<b>24,965</b>	<b>24,826</b>	<b>(139)</b>	<b>-1%</b>	<b>✗</b>

Personnel costs (incl Locums)



Personnel FTE (accrued)



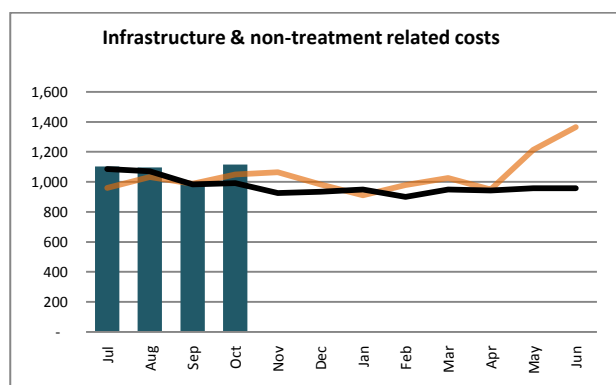
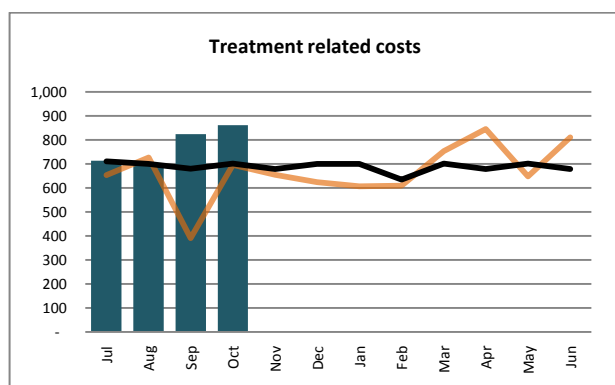
### KEY RISKS AND ISSUES:

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 budget Management/Admin – largely due to vacant positions.

## 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	861	701	(160)	-23% <span style="color: red;">✗</span>	3,099	2,792	(307)	-11% <span style="color: red;">✗</span>
Non Treatment related costs	987	950	(36)	-4% <span style="color: red;">✗</span>	4,025	3,868	(157)	-4% <span style="color: red;">✗</span>



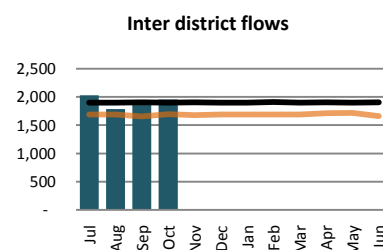
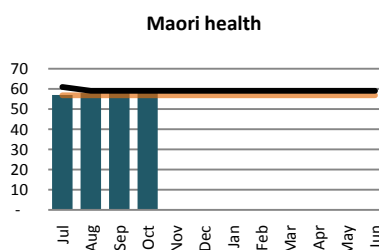
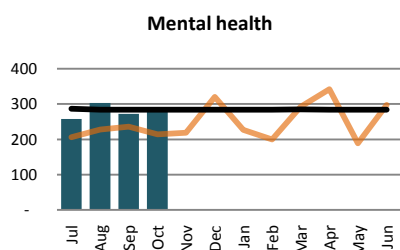
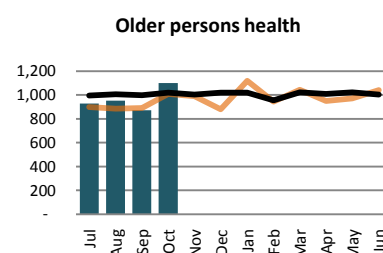
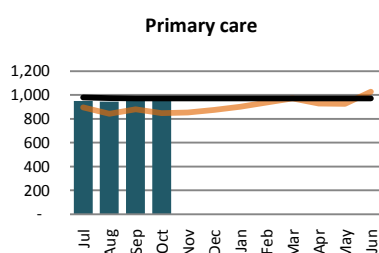
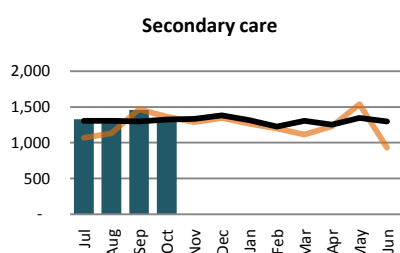
### KEY RISKS AND ISSUES:

**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, which is driving an overspend on bloods of \$16-20K per month – this is likely to continue for at least another 4-6 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.

## 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	1,343	1,323	(20)	-2% <span style="color: red;">✗</span>	5,467	5,234	(233)	-4% <span style="color: red;">✗</span>
Primary Care	962	972	10	1% <span style="color: green;">✓</span>	3,848	3,899	51	1% <span style="color: green;">✓</span>
Older Person's Health	1,100	1,021	(79)	-8% <span style="color: red;">✗</span>	3,854	4,021	167	4% <span style="color: green;">✓</span>
Mental Health	283	284	1	0% <span style="color: green;">✓</span>	1,116	1,139	23	2% <span style="color: green;">✓</span>
Maori Health	59	59	-	0% <span style="color: green;">✓</span>	232	238	6	3% <span style="color: green;">✓</span>
IDF	1,954	1,900	(54)	-3% <span style="color: red;">✗</span>	7,668	7,603	(65)	-1% <span style="color: red;">✗</span>
Outsourced Clinical	131	119	(12)	-10% <span style="color: red;">✗</span>	488	475	(13)	-3% <span style="color: red;">✗</span>
<b>Total</b>	<b>5,832</b>	<b>5,678</b>	<b>(154)</b>	<b>-3% <span style="color: red;">✗</span></b>	<b>22,673</b>	<b>22,609</b>	<b>(64)</b>	<b>0% <span style="color: red;">✗</span></b>



### KEY RISKS AND ISSUES:

Demand in our Age-related care beds is under forecast year to date, but we are seeing demand pick up in October 2019. Patient transport (NTA) and community pharmaceuticals are driving the unfavourable variance in Secondary care.

## Financial position

	YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		Annual Budget \$'000
Equity	11,334	13,757	(2,423)	-18% <span style="color: red;">✗</span>	113,482
Cash	2,305	2,617	(312)	-12% <span style="color: red;">✗</span>	4,459
Capex	3,266	4,076	810	20% <span style="color: green;">✓</span>	13,064

### KEY RISKS AND ISSUES:

WCDHB Cash position continues to deteriorate - this is due to both 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 drawn down of project spends in September 2019. MOH have confirmed the \$2m to WCDHB in December 2019.

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.

■ 2019/20 YTD Actual    — 2018/19 YTD Actual    — 2019/20 YTD Budget



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

### Statement of comprehensive revenue and expense

For period ending 31 October 2019  
in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 19/20
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
<b>Operating Revenue</b>									
Crown and Government sourced	12,674	12,425	249	2.0%	50,121	49,708	413	0.8%	149,065
Inter DHB Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Inter District Flows Revenue	209	169	40	23.7%	709	678	31	4.6%	2,029
Patient Related Revenue	709	658	51	7.8%	2,670	2,609	61	2.3%	7,746
Other Revenue	88	70	18	25.7%	257	285	(28)	(9.8%)	814
<b>Total Operating Revenue</b>	<b>13,680</b>	<b>13,322</b>	<b>358</b>	<b>2.7%</b>	<b>53,757</b>	<b>53,280</b>	<b>477</b>	<b>0.9%</b>	<b>159,654</b>
<b>Operating Expenditure</b>									
Personnel costs	6,491	6,350	(141)	(2.2%)	24,967	24,827	(140)	(0.6%)	74,340
Outsourced Services	11	0	(11)	0.0%	15	0	(15)	0.0%	0
Treatment Related Costs	861	701	(160)	(22.8%)	3,099	2,792	(307)	(11.0%)	8,265
External Providers	3,747	3,659	(88)	(2.4%)	14,518	14,531	13	0.1%	43,561
Inter District Flows Expense	1,954	1,900	(54)	(2.8%)	7,668	7,603	(65)	(0.9%)	22,827
Outsourced Services - non clinical	120	119	(1)	(0.8%)	473	475	2	0.4%	1,422
Infrastructure and Non treatment related costs	1,116	991	(125)	(12.6%)	4,311	4,131	(180)	(4.4%)	11,648
<b>Total Operating Expenditure</b>	<b>14,300</b>	<b>13,720</b>	<b>(580)</b>	<b>(4.2%)</b>	<b>55,051</b>	<b>54,359</b>	<b>(692)</b>	<b>(1.3%)</b>	<b>162,063</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>(620)</b>	<b>(398)</b>	<b>(222)</b>	<b>55.8%</b>	<b>(1,294)</b>	<b>(1,079)</b>	<b>215</b>	<b>(19.9%)</b>	<b>(2,409)</b>
<b>Interest, Depreciation &amp; Capital Charge</b>									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	274	260	(14)	(5.4%)	1,084	1,026	(58)	(5.7%)	3,226
Capital Charge Expenditure	57	57	0	0.0%	228	228	0	0.0%	978
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>331</b>	<b>317</b>	<b>(14)</b>	<b>(4.4%)</b>	<b>1,312</b>	<b>1,254</b>	<b>(58)</b>	<b>(4.6%)</b>	<b>4,204</b>
<b>Net Surplus/(deficit)</b>	<b>(951)</b>	<b>(715)</b>	<b>(236)</b>	<b>(33.0%)</b>	<b>(2,606)</b>	<b>(2,332)</b>	<b>(274)</b>	<b>(11.7%)</b>	<b>(6,613)</b>
<b>Other comprehensive income</b>									
Gain/(losses) on revaluation of property									
<b>Total comprehensive income</b>	<b>(951)</b>	<b>(715)</b>	<b>(236)</b>	<b>(33.0%)</b>	<b>(2,606)</b>	<b>(2,332)</b>	<b>(274)</b>	<b>(11.7%)</b>	<b>(6,613)</b>

■ 2019/20 YTD Actual 
 — 2018/19 YTD Actual 
 — 2019/20 YTD Budget

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

As at

31 October 2019

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
<b>Assets</b>					
<b>Non-current assets</b>					
Property, plant and equipment	21,850	25,706	(3,856)	(15.0%)	22,699
Intangible assets	666	419	247	58.9%	376
Work in Progress	11,106	8,364	2,742	32.8%	8,364
Other investments	320	320	0	0.0%	320
<b>Total non-current assets</b>	<b>33,942</b>	<b>34,809</b>	<b>(867)</b>	<b>(2.5%)</b>	<b>31,759</b>
<b>Current assets</b>					
Cash and cash equivalents	2,305	2,617	(312)	(11.9%)	6,362
Patient and restricted funds	51	56	(5)	(8.9%)	56
Inventories	1,137	1,098	39	3.6%	1,077
Debtors and other receivables	4,483	4,428	55	1.2%	3,931
Assets classified as held for sale	0	0	0	0.0%	0
<b>Total current assets</b>	<b>7,976</b>	<b>8,199</b>	<b>(223)</b>	<b>(2.7%)</b>	<b>11,426</b>
<b>Total assets</b>	<b>41,918</b>	<b>43,008</b>	<b>(1,090)</b>	<b>(2.5%)</b>	<b>43,185</b>
<b>Liabilities</b>					
<b>Non-current liabilities</b>					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,487	2,423	(64)	(2.6%)	2,399
Other	62	62	0	0.0%	62
<b>Total non-current liabilities</b>	<b>2,549</b>	<b>2,485</b>	<b>(64)</b>	<b>(2.6%)</b>	<b>2,461</b>
<b>Current liabilities</b>					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	10,622	9,829	(793)	(8.1%)	9,327
Employee entitlements and benefits	17,263	16,937	(326)	(1.9%)	17,307
<b>Total current liabilities</b>	<b>27,885</b>	<b>26,766</b>	<b>(1,119)</b>	<b>(4.2%)</b>	<b>26,634</b>
<b>Total liabilities</b>	<b>30,434</b>	<b>29,251</b>	<b>(1,183)</b>	<b>(4.0%)</b>	<b>29,095</b>
<b>Equity</b>					
Crown equity	85,926	87,926	2,000	2.3%	85,926
Other reserves	25,100	25,098	(2)	(0.0%)	25,098
Retained earnings/(losses)	(99,542)	(99,267)	275	0.3%	(96,935)
Trust funds	0	0	0	0.0%	0
<b>Total equity</b>	<b>11,484</b>	<b>13,757</b>	<b>2,273</b>	<b>16.5%</b>	<b>14,090</b>
<b>Total equity and liabilities</b>	<b>41,918</b>	<b>43,008</b>	<b>(1,090)</b>	<b>(2.5%)</b>	<b>43,185</b>

2019/20 YTD Actual    2018/19 YTD Actual    2019/20 YTD Budget

## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending  
in thousands of New Zealand dollars

31 October 2019

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var
<b>Cash flows from operating activities</b>								
Cash receipts from Ministry of Health, patients and other revenue	14,801	13,305	1,496	11.2%	54,033	52,654	1,379	2.6%
Cash paid to employees	(6,376)	(6,343)	(33)	(0.5%)	(24,928)	(25,196)	268	1.1%
Cash paid to suppliers	(2,743)	(1,818)	(925)	(50.9%)	(7,793)	(7,062)	(731)	(10.3%)
Cash paid to external providers	(3,550)	(3,435)	(115)	(3.4%)	(14,328)	(13,633)	(695)	(5.1%)
Cash paid to other District Health Boards	(2,151)	(2,124)	(27)	(1.3%)	(7,858)	(8,501)	643	7.6%
<i>Cash generated from operations</i>	(19)	(415)	396	(95.4%)	(874)	(1,738)	864	(49.7%)
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%
<b>Net cash flows from operating activities</b>	(19)	(415)	396	(95.4%)	(837)	(1,738)	901	(51.8%)
<b>Cash flows from investing activities</b>								
Interest received	9	17	(8)	(47.1%)	48	69	(21)	(30.4%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(621)	(519)	(102)	(19.7%)	(2,893)	(3,968)	1,075	(27.1%)
Acquisition of intangible assets	(55)	0	(55)	0.0%	(373)	(108)	(265)	
<b>Net cash flows from investing activities</b>	(667)	(502)	(165)	32.9%	(3,218)	(4,007)	789	19.7%
<b>Cash flows from financing activities</b>								
Proceeds from equity injections	0	0	0	0.0%	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	0	0	0.0%	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%
<b>Net cash flows from financing activities</b>	0	0	0	0.0%	0	0	0	0.0%
Net increase in cash and cash equivalents	(686)	(917)	231	(25.2%)	(4,055)	(3,745)	(310)	8.3%
Cash and cash equivalents at beginning of period	2,991	3,534	(543)	(15.4%)	6,360	6,362	(2)	(0.0%)
<b>Cash and cash equivalents at end of period</b>	<b>2,305</b>	<b>2,617</b>	<b>(312)</b>	<b>(11.9%)</b>	<b>2,305</b>	<b>2,617</b>	<b>(312)</b>	<b>(11.9%)</b>

■ 2019/20 YTD Actual
 — 2018/19 YTD Actual
 — 2019/20 YTD Budget

# RESOLUTION TO EXCLUDE THE PUBLIC



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

**SOURCE:** Board Secretary

**DATE:** 13 December 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, 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 1 November 2019	For the reasons set out in the previous Board agenda.	
2.	Emerging Issues Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
3.	Clinical Leaders Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
4.	Service Change 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.	Report from Committee Teleconference	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