

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

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# **BOARD MEETING**

**Friday 21 February 2020  
at 10.00am**

**St John  
Water Walk Road  
Greymouth**

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

## **WEST COAST DISTRICT HEALTH BOARD**

### **BOARD MEMBERS**

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*)  
Jacqui Lunday-Johnstone (*Executive Director, Allied Health*)  
Dr Vicki Robertson (*Medical Director, Patient Safety and Outcomes*)  
Dr Graham Roper (*Interim Medical Director, Workforce, Legislative and National Representation*)  
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 21 February 2020 commencing at 9.45am**

**ADMINISTRATION****9.45am**

Apologies

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

**REPORTS FOR DECISION****9.50am**

- |    |  |  |                 |
|----|--|--|-----------------|
| 4. | <b>Haast Health Centre Lease Agreement</b> | Justine White<br><i>Executive Director, Finance &amp; Corporate Services</i> | 9.50am – 9.55am |
|----|--|--|-----------------|

**REPORTS FOR NOTING****9.55am**

- |    |   |  |                   |
|----|---|--|-------------------|
| 5. | <b>Chair's Update – Verbal Update</b><br>- Meeting Dates & Committee Membership | Chair  | 9.55am – 10.10am  |
| 6. | <b>Chief Executive's Update</b>   | David Meates<br><i>Chief Executive</i>                                       | 10.10am – 10.25am |
| 7. | <b>Clinical Leader's Update – Verbal Update</b>                                 | Jacqui Lunday-Johnstone<br><i>Executive Director, Allied Health</i>          | 10.25am – 10.35am |
| 8. | <b>Finance Report</b>   | Justine White<br><i>Executive Director, Finance &amp; Corporate Services</i> | 10.35am – 10.45am |

**SPEAKER****10.50am**

- |    |   |  |                   |
|----|---|--|-------------------|
| 9. | <b>Health Quality &amp; Safety Commission Address</b> | Dr Janice Wilson<br><i>Chief Executive, Health Quality &amp; Safety Commission</i> | 10.45am – 11.05am |
| 10 | <b>Resolution to Exclude the Public</b>               | Board Secretary  | 11.05am           |

**ESTIMATED FINISH TIME****11.05am****NEXT MEETING:** Friday 27 March 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	<ul style="list-style-type: none"> <li>Deputy Chair - Hawke's Bay Regional Council</li> <li>Commissioner - Representation Commission</li> <li>Director - Napier Port</li> <li>Director - Hawke's Bay Regional Council Investment Company</li> </ul>	N N N N	
Tony Kokshoorn Deputy Chair	<ul style="list-style-type: none"> <li>Dixon House, Greymouth - Trustee</li> <li>Greymouth Evening Star Newspaper – Shareholder</li> <li>Hokitika Guardian Newspaper – Shareholder</li> <li>Greymouth Car Centre - Shareholder</li> <li>Daughter a Doctor at Christchurch Hospital</li> </ul>	N Y Y N N	
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>Canterbury/West Coast Disability Action Plan Committee - Member</li> </ul>	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</li> </ul>	N N N	

	<p>Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people</p> <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>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
Francois Tumahai	<ul style="list-style-type: none"> <li>• <b>Te Runanga o Ngati Waewae</b> – Chair This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o</li> </ul>	N	

	<p>Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast.</p> <ul style="list-style-type: none"> <li>• <b>Poutini Environmental</b> - Director Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification.</li> <li>• <b>Arahura Holdings Limited</b> – Chief Executive</li> <li>• <b>West Coast Regional Council Resource Management Committee</b> – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991.</li> <li>• <b>Poutini Waiora Board</b> - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini.</li> <li>• <b>Development West Coast</b> – Trustee Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the Government. It is governed by a Deed of Trust which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future.</li> <li>• <b>West Coast Development Holdings Limited</b> – Director</li> <li>• <b>Putake West Coast</b> – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business.</li> <li>• <b>Ngai Tahu Pounamu</b> – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving</li> <li>• <b>Westland Wilderness Trust</b> – Chair</li> <li>• <b>West Coast Conservation Board</b> – Board Member The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for the West Coast region.</li> <li>• <b>New Zealand Institute for Minerals to Materials Research (NZIMMR)</b> – Director</li> <li>• <b>Westland District Council</b> – Councillor</li> </ul>	<p>N</p> <p>N</p> <p>N</p> <p>Y</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p>	<p>Actual</p>
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**MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING**  
**held at St John, Water Walk Road, Greymouth**  
**on Friday 13 December 2019 commencing at 10.45am**

## **BOARD MEMBERS**

Hon Rick Barker (Chair); Tony Kokshoorn (Deputy Chair); Chris Auchinvole; Sarah Birchfield; Susan Barnett; Anita Halsall-Quinlan; Edie Moke; Peter Neame; Nigel Ogilvie; and Francois Tumahai

## **APOLOGIES**

An apology for absence was received and accepted from Helen Gillespie

## **EXECUTIVE SUPPORT**

David Meates (Chief Executive); Philip Wheble (General Manager, West Coast); Gary Coghlan (General Manager Maori Health); Pradu Dayaram (Medical Director, Facilities); Michael Frampton (Chief People Officer); Brittany Jenkins (Director of Nursing); Dr Cameron Lacey (Medical Director); Dr Jacqui Lunday-Johnston (Executive Director of Allied Health); Melissa Macfarlane (Team Leader, Planning & Performance); Stella Ward (Chief Digital Officer); Justine White (Executive Director, Finance & Corporate Services); and Kay Jenkins (Board Secretary).

## **APOLOGIES**

Carolyn Gullery (Executive Director, Planning & Funding); Karalyn van Deursen (Executive Director, Communications).

## **1. INTEREST REGISTER**

### **Additions/Alterations to the Interest Register**

Tony Kokshoorn advised that his daughter is a doctor at Christchurch Hospital.

Sarah Birchfield asked that West Coast Consumer Council and West Coast DHB Child & Youth Committee be deleted from her interests and her interest Canterbury/West Coast Action Plan Committee be amended to read “Canterbury/West Coast Disability Action Plan Committee”

Edie Moke advised that she is no longer a Board member of South Canterbury DHB.

### **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 MEETING**

### **Resolution (28/19)**

“That the minutes of the Meeting of the West Coast District Health Board held at St John, on Friday 28 November 2019 be confirmed as a true and correct record”.

Moved: Chris Auchinvole/seconded: Nigel Ogilvie – carried



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

There were no carried forward items.

### **4. SCHEDULE OF MEETINGS 2020**

The Chairman presented this paper and requested that the first Board meeting for the New Year be changed to Friday 21 February. The Board were in agreement with this. He commented that the timing of having the Advisory Committee meeting on the same day as the Board meeting was something the Board would need to discuss further and in the interim he proposed to have the first Advisory Committee meeting on the morning of Thursday 12 March with the QFARC meeting in the afternoon.

The Chairman also commented that he proposed to have meetings in different parts of the West Coast and proposed that the March Board meeting be held in Westport subject to arrangements being able to be made. He added that some thought needed to be given to how we organise our work and engagement with the Community over the next three years.

It was agreed that this would be discussed further at the February meeting.

#### **Resolution (29/19)**

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 until 27 March 2020, noting that further discussion for the remainder of the year will take place at the February meeting; 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.

Moved: Tony Kokshoorn/seconded: Francois Tumahai – carried

### **5. CHAIR'S UPDATE**

Hon Rick Barker, Chairman, commented that he is very committed to Public Health and the new hospital here is very important to him. He added that we should be proud of our health system and this hospital is really significant for the West Coast and not just as an employer but it is fundamental to the community for their health and the health of their families.

He commented that the Board is accountable to the Minister of Health and responsible to the people of the West Coast to provide them with the best quality of care possible.

Mr Barker provided the Board with an overview of the National Chair's & Chief Executive's meeting held in Wellington

The Chair's update was noted.

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

David Meates, Chief Executive, took his report as read.

The Board viewed a video of the proposed new Buller Health facility.

The Board noted that the DHB is responsible for the delivery of this project which has a budget of \$20m. The cost, however, may be slightly more due to the asbestos on the site. It was also noted

that whilst it was known that there was asbestos on the site the level and quantum is significantly greater than previously identified and since handover from the Ministry of Health the DHB has made further investigations. It was noted the asbestos is making decanting challenging at this site.

In regard to the Te Nikau Grey Hospital and Family Health Centre the Chief Executive advised that he is still not in a position to confirm a completion date which is continuing to have a significant effect on the DHB, particularly around some of the ageing equipment.

Mr Meates advised that the Cowper Street building has been completed on time and on budget and staff are moving into this building today.

The Board noted that the future housing for Mental Health Services is still to be decided and will be part of a Business Case being prepared since the approval by the previous Board of the Master Plan.

*Anita Halsall-Quinlan departed the meeting at 11.35am*

Discussion took place regarding the delays around the Te Nikau facility and it was noted that the previous Board had also expressed concern about the unacceptability of these delays which affect not only the finances of the DHB but also the care of the Community.

#### **Resolution (30/19)**

That the Board:

- i. notes the Chief Executive's update.

Moved Edie Moke/seconded Nigel Ogilvie – carried

## **7. FINANCE REPORT**

Justine White, Executive Director, Finance & Corporate Services, presented the finance report which showed that the consolidated West Coast District Health Board financial result for the month of October 2019 was a deficit of \$0.951m, which was \$0.236m unfavourable to annual plan and that the year to date net deficit of \$2.605m is \$0.273m unfavourable to annual plan.

Ms White advised that the main drivers of the deficit are: *People Costs*, being sustainability of services and payment to Locums; *High Cost Medicines*, mainly pharmaceuticals and cancer treatments; and *Multi-employment Collective Agreements*, which were settled significantly higher than forecast.

Ms White commented that the month of November has been challenging with \$126k variance to budget which was \$150k around workforce with clawbacks in other areas.

Discussion took place regarding the industrial action this financial year and it was noted that further notice has been received from MedLab workers.

Discussion also took place regarding workforce costs and future projections in this area. The Chief Executive commented that there is ongoing uncertainty in this area with the challenge being how to migrate to the new facility without a degradation of services.

A query was made regarding the cost of Air transfers and it was noted that this is mostly driven by helicopter transfers where the cost varies dependent on how many are on board.

Discussion took place regarding IDFs and it was agreed that further information around this would be provided at a later date.

**Resolution (31/19)**

That the Board:

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

Moved Tony Kokshoorn/seconded Edie Moke – carried

**8. RESOLUTION TO EXCLUDE THE PUBLIC**

The Chair commented that there would be some issues that would need to be discussed in private but this should only be when absolutely necessary as he believes it is important for the Board to operate with openness and transparency.

**Resolution (32/19)**

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”;

Moved Edie Moke/seconded Chris Auchinvole – carried

There being no further business the public open section of the meeting closed at 12noon. The Public Excluded section of the meeting commenced at 12noon and concluded at 12.40pm.

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Hon Rick Barker, Chair

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Date

DRAFT

# HAAST HEALTH CENTRE - LEASE AGREEMENT



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

**SOURCE:** Finance

**DATE:** 21 February 2020

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

The purpose of this paper is to request that the West Coast DHB Board give approval for West Coast DHB to enter into an Agreement to Lease with The Order of St John South Island Region Trust Board for space in the St John facility at Haast with a five year initial term, and two rights of renewal for five years each. This term is outside that which can be approved by the Chief Executive as per the current delegated authority.

## 2. RECOMMENDATION

That the West Coast DHB Board:

- i. approves West Coast DHB entering into an Agreement to Lease with The Order of St John South Island Region Trust Board for space in the St John facility at Haast with a five-year initial term, and two rights of renewal for five years each.

## 3. BACKGROUND

A proposal for the relocation and redevelopment of the West Coast DHB health centre in Haast was approved by the Executive Management team in May 2019. A procurement process for the relocation and redevelopment, and community communication and engagement were undertaken.

The health centre has been operating from a facility in Hannah's Clearing. Clinicians in South Westland signalled a range of issues and associated risks related to operating the health centre from this facility. The range of issues relate to both the location of the health centre and the actual facility itself, which is no longer fit for purpose.

The Hannah's Clearing facility is located in the township of approximately thirty houses, a number of which are holiday homes. The facility itself is an old house which is no longer fit for purpose. Renovating the property to address the issues was explored and deemed to not be financially viable. The township is approximately a 20 minute drive south of the township of Haast. However, the greatest volume of population, both residents and tourists, are in the Haast township which has recently acquired cell phone coverage.

St. John have relocated into the Haast township and this has provided the DHB with the opportunity to relocate the health centre into the same building. Relocating the health centre to the Haast township will mitigate the issues, limitations, and risks and provide both benefits and efficiencies for the service. The opportunity to be co-located with St John provides clinical safety benefits and an opportunity for West Coast DHB to improve the resiliency of the health care service for the region.

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

## WEST COAST DHB – MEETING SCHEDULE

### FEBRUARY – DECEMBER 2020

**PLEASE NOTE THAT THESE DATES ARE CONFIRMED UNTIL 27 MARCH 2020**

**OTHER DATES ARE SUBJECT TO FURTHER BOARD DISCUSSIONS**

DATE	MEETING	TIME	VENUE
Friday 21 February 2020	BOARD MEETING	10.00am	St John, Water Walk Rd, Greymouth
Thursday 12 March 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Thursday 12 March 2020	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Friday 27 March 2020	BOARD MEETING	TBC	St John, Water Walk Rd, Greymouth
Friday 8 May 2020	BOARD MEETING	10.00am	Westport
Thursday 11 June 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Thursday 11 June 2020	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Board Room, Corporate Office
Friday 26 June 2020	BOARD MEETING	10.00am	TO BE CONFIRMED
Friday 7 August 2020	BOARD MEETING	10.00am	TO BE CONFIRMED
Thursday 10 September 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Thursday 10 September 2020	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Friday 25 September 2020	BOARD MEETING	10.00am	TO BE CONFIRMED
Friday 30 October 2020	BOARD MEETING	10.00am	TO BE CONFIRMED
Thursday 26 November 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Thursday 26 November 2020	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Friday 11 December 2020	BOARD MEETING	10.00am	TO BE CONFIRMED

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

# BOARD MEMBER COMMITTEE MEMBERSHIP



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

**SOURCE:** Chairman

**DATE:** 21 February 2020

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

This paper is to outline proposed Committee membership for the term of the current Board (until November 2022). It seeks to discuss and confirm the appointment of Board members to Committees.

## 2. RECOMMENDATION

That the Board:

- i. Confirms the appointment of Board members to the West Coast Advisory Committee;
- ii. Confirms the membership of the Quality, Finance Audit and Risk Committee as discussed at the meeting;
- iii. Confirms the appointment of Chair's and Deputy Chair's to the Committees as discussed at the meeting;
- iv. Confirms that the term of Committee appointments for Board members is for a three year term until the end of November 2022 (while they remain members of the Board) with a review to take place after the first year; and
- v. Notes that a further report will come to the Board's June meeting regarding the external/community membership of the Advisory Committee who are appointed until July 2020; and
- vi. Notes that the Terms of Reference (TOR) for all Committees were reviewed in 2019 and will be reviewed again during the term of this Board.

## 3. SUMMARY

In 2018 the West Coast District Health Board combined its Statutory Committees (Hospital Advisory Committee and combined Community & Public Health and Disability Support Advisory Committee) into one Advisory Committee to reflect the whole of system approach to health services and to allow discussions to take place from a whole of system perspective. . This Committee is comprised of a mixture of Board members and "community" members (ie. non-board members appointed to committees). A paper regarding the appointment of external members will be presented to the Board's June 2020 meeting.

There is also a non-statutory Committee, the Quality, Finance, Audit & Risk Committee.

## 4. APPENDICES

Schedule 1: Proposed Governance Structure and Committee Membership 2020

Report approved for release by: Rick Barker, Chairman



## PROPOSED COMMITTEE MEMBERSHIP

February 2020

<p><b>West Coast District Health Board (Governance)</b></p>	<p>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</p>	<p><b>Quality, Finance, Audit and Risk Committee (Governance Committee)</b></p> <p><b>QFARC</b></p>	<p>Helen Gillespie (Chair) Rick Barker Tony Kokshoorn Edie Moke Others to be discussed at meeting</p>
<p><b>West Coast Advisory Committee (Governance Committee)</b></p>	<p>Chris Auchinvole Rick Barker Susan Barnett Sarah Birchfield Helen Gillespie Anita Halsall-Quinlan Tony Kokshoorn Edie Moke Peter Neame Nigel Ogilvie Francois Tumahai</p>	<p><b>External Members:</b> Jenny McGill Lynnette Beirne Dr Cheryl Brunton (Medical Officer of Health) Chris Lim Paula Cutbush Joe Mason (Manawhenua Representative)</p>	

# CHIEF EXECUTIVE'S UPDATE



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

**SOURCE:** Chief Executive

**DATE:** 21 February 2020

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

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

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

## 2. RECOMMENDATION

That the Board:

- i. notes the Chief Executive's update.



### A: Reinvalidate the West Coast Health Alliance

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

- Noted that the restructuring of the West Coast system will assist the Alliance partners in the delivery of services, and will include quality improvement frameworks around the location based workstreams.
- Had fruitful discussion regarding the workstreams and West Coast Health System requirements and agreed there will be some changes in the way workstreams are structured for the 2020/21 year.
- Reviewed the definition of Rural Generalism and the West Coast DHB workforce model; agreed this workforce model will support ongoing transformative changes.

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

### ***Integrated Locality Services***

Over the last few months the West Coast DHB has been reorganising its structure to better support integrated care for our communities. This has led to the formation of three locality teams (Northern, Central and Southern) that incorporate the majority of our services that are provided in the community setting. The purpose of these locality teams is to provide the best possible care for our communities across the Coast through a 'one team' approach.

A key focus for us this year will be partnering with our communities more around how the DHB, other providers and our communities can work together to provide a proactive approach to wellbeing. Our Consumer Council will be working to support the locality teams to achieve this through representatives in each locality, partnering with the locality leadership.

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

- The team in Westport have undertaken significant work in decanting our services from their old locations to the new areas. This work was undertaken over a weekend in December with minimal disruption to services which is a tribute to the hard work and dedication of the team. While the majority of the work has been completed there remains ongoing activity to look at improvements and issues that have come up.
- The Community Mental Health team in Westport is now in the process of recruiting into two additional roles as part of the transition to provide crisis response locally.

#### **■ Integrated Health Services – Central**

- The Operations Manager for the Central Region started in her position mid-December.
- Having the Nurse Practitioner Mental Health working in and supporting primary care is working well and we have now appointed a Clinical Nurse Specialist (Mental Health) to provide greater support in this area. This will allow us to support more of the Coast general practices as well as our communities.
- In December teams across Greymouth moved into the new Cowper Hub building. The preparation for this move by the teams meant this was successfully completed with minimal disruption to services. We are already seeing some of the opportunities of have co-located teams in the building.
- Grey Medical has average wait times of 6 days for routine appointments to see a GP or Nurse Practitioner while there continues to be on the day appointments for those needing to see a GP or Nurse Practitioner urgently.

#### **■ Integrated Health Services – Southern**

- Appointees to the roles of Manager Integrated Services Southern and Clinical Nurse Manager Southern, positions created within the new leadership structure, have commenced recently and it is anticipated this will bring a close focus to services in the Southern area while also ensuring collaboration and integration across the DHB. We are expecting the Allied Health Team Manager Southern to commence soon.
- A newly appointed Rural Nurse Specialist will shortly commence in a coast-wide 'rover' role. It is anticipated that, as well as providing cover for staff absence, this role will foster increasing consistency and collaboration across the DHBs primary level services.
- Long term staff sickness continues to challenge capacity and the service continues to seek additional staff.

- A permanent replacement receptionist has commenced in the practice and the reception team is now able to develop in managing the administrative activity supporting the practice. Options for this team to provide on-site support across the clinic locations, enabling RNSs to focus more closely on patient-related clinical activity are being explored.
- Construction has commenced on the project that will see the Haast Clinic relocated into the Haast township and co-located with the local St John base. Current indications are for a move well before winter.

### C: Hauora Maori Update

- **Tatau Pounamu:** Recently we met with the Tatau Pounamu Chair Susan Wallace in Christchurch to discuss our treaty obligations to Māori; of particular interest was an in-depth discussion regarding the 20/21 annual strategic plan. There is a very clear expectation from the Ministry of Health to address health inequities and improve Māori health outcomes. We welcome these directives. Melissa Macfarlane, Planning and Funding team leader based in Canterbury, participated in these discussions. It was an extremely valuable hui and lays a positive blueprint for the future. This discussion will carry forward at the next Tatau Pounamu Board meeting on 28 February, where Melissa will be in attendance. We discussed the possibility of an Environmental Scan/Health Needs Assessment and whether we could do it this year. There would need to be discussions with Canterbury Public Health regarding this work.
- **Hauora Maori Health Workforce New Zealand:** Expressions of Interest were received and applications have been accepted for the 2020 Hauora Maori Health Training Fund. The study must be NZQA level 3-7. We have secured the same level of funding to provide this as we have in previous years and have capacity to support up to 7 trainees per year. We continue to support applications received from Community Public Health, Poutini Waiora and West Coast DHB staff. They will undertake the following:
  - Heke Toi Whakarakai – Weaving Studies,
  - Graduate Diploma of Maori Knowledge
  - Social Work Registration
  - Bachelor in Business Studies
  - Certificate in Tipu Ora
- **Hauora Maori Staff Hui:** The Maori Health Team will reengage with West Coast DHB Maori staff on the 14 February to continue whakawhanaungatanga in a shared environment. This is in follow up to a cultural facilitated session that Māori staff had with Moe Milne towards the end of last year.
- **Takarangi Cultural Competency - March:** Planning is underway for the 2020 intake of Takarangi Cultural Competency participants. The first part of the course will be on Te Tauraka Waka a Maui marae and after that staff will be given several months to complete their portfolios.
- **Poutini Waiora:** The Kaihautu for Poutini Waiora Carl Hutchby has resigned. Carl worked very hard for the organisation and the health and wellbeing of many Māori and will be missed.
- **Taituara Tumu Whakarae /Workforce lead:** Recruitment has begun for a Taituarā Tumu Whakarae/Workforce lead. They are accountable for supporting DHBs to manage and deliver designated national programmes of work across the sector ensuring the desired business outcomes are achieved, delivering to scope, budget and within agreed timeframes.

The role is primarily focused in supporting Tumu Whakarae at a national level and supporting the delivery of the Workforce Strategy Groups work programme.

- **Tumu Whakarae:** Tumu is the National Reference Group of Māori Health Strategy Managers across the 20 DHBs. Its members consist of Māori health strategy managers from DHBs. Tumu Whakarae members work collectively to share intelligence, advocate and lead change that will:
  - Accelerate Māori health gains and eliminate Māori health inequities
  - Accelerate the development of the Māori health workforce
  - Enable DHBs to fulfil their Te Tiriti o Waitangi obligations
  - Ensure effective and appropriate health service delivery for Whānau

	<b>DELIVERING MODERN FIT FOR PURPOSE FACILITIES</b>
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#### A: Facilities Maintenance Report

- Trades staff completed tidy up work and finalised our leases in the buildings used by Complex Clinical Care Network and the Corner House.
- Grey Base boiler number one is being prepared for temporary extension to its Boiler Certification and number 2 had a power supply on the main controller replaced after a fault.
- Trades staff all took leave to reduce the balances over the Christmas break.
- Trades staff are currently working at Haast on the new clinic leased from St John.
- The rail footbridge has had its chip seal coating to prevent slipping.
- Staff still undertaking training at Te Nikau.

#### B: New Facilities Redevelopment Update



#### Grey

- In the absence of a handover date for the Te Nikau Grey Hospital and Health Centre, the DHB is at an impasse with the final coordination of migration planning due to the quantum of date dependent migration requirements.
- The building itself has reached a high level of completion, however, issues with defecting and the ongoing issues with the commissioning of the facility continue to impact on the programme.
- The West Coast DHB facilities redevelopment team, in conjunction with project consultants and Fletcher, commenced functional reviews of all clinical areas on 11 February. The process involves DHB representatives walking through their area to ensure what is built is consistent with what was designed. During the construction phase the DHB made every effort to identify any major omissions and this will not be the first time the clinicians have been through the new facility.
- The DHB witnessing of elements such as commissioning of medical gasses, theatre ventilation, the functionality of the Building Management System and operations of plant equipment is expected to take place towards the end of February.
- On 13 December, services moved into the new Cowper Hub building. DHB support services and community services were located across a number of DHB sites and the co-

location of the services is a positive step towards increasing collaboration and enabling further integration of services.

- Over the next few months final defecting of the building will occur and systems and processes will be adjusted and refined to reflect changes associated with not only the physical move but also changes associated with the move of a range of health and support services together into a single site.
- Te Nikau Grey Hospital and Health Centre ground floor is a cross collaborative project involving administrators, nurses and doctors from Grey Medical, Emergency Department, Information Services, Facilities, Outpatients, Booking and Reception teams. The workstreams for this project have not been active during December and January due to key members having annual leave. The Operations Manager for the Central region (who commenced employment in December) will be picking up oversight of this project in partnership with the Rural, Inpatients and Transalpine Services Operations Manager.

## Buller



- Services which were required to be relocated in preparation for the demolition of buildings required to make way for the new Buller Health Centre, have been working from new locations since 25 November. The decant of services is for a period of two years until the new Buller Health Centre is complete.
- New wayfinding signage has been installed to clearly identify within the Buller Health Centre, the location of all health services. Patients and visitors are also encouraged to approach main reception for assistance.
- As site works are expected to commence in the coming months, there will be ongoing changes on site to parking and traffic plans as buildings are cleaned out and demolished.
- With increasing personnel on site daily, traffic can be busy, so please take care driving in the area. Staff and visitors are also reminded to please follow all traffic management and parking closures on the hospital campus, which will be well sign posted.
- Procurement of a contractor for the Stage 1 demolition progressed following a first step of issuing a Registrations of Interest on the Government Electronic Tender Site [GETS] for asbestos removal and demolition at the end of 2019.
- Procurement of the main contractor for construction of the building will also commence in the coming weeks. An Expression of Interest will be placed on the GETS.

	<b>RECONFIGURING SECONDARY AND TRANSALPINE SERVICES</b>
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## A: Hospital Services includes Secondary Mental Health Services

### *Nursing*

- Work has started with the orientation package for the Rural Nurse Specialists ensuring consistency over the WCDHB. This work is being implemented with an integrated approach, working closely with our partners St John who are happy to be part of the process ensuring our nurses get well orientated to PRIME call-outs.
- Recruitment continues to be successful for the WCDHB with many applicants interested in our integrated model. Retention in the last part of 2019 had settled with very few



resignations. However, we have a number of fixed term contracts due to maternity leave.

- Clinical Nurse Managers are now working within the new leadership structure and whilst this has been quite a change to the historical way we work, they have transitioned well and seem happy with the lines of reporting.
- Dates are now finalised for the next Takarangi Competency training. CNMs and Nurse Consultants are looking at the rosters to ensure their attendance in the March intake.

### ***Maternity***

- McBrearty had a very busy December with 30 births in total; 18 normal deliveries, 7 caesarean sections (5 emergency and 2 elective). Of the 5 Buller women booked they all birthed in Greymouth.
- The December flooding in South Westland saw three women who were due at this time needing to transfer out to be closer to the hospital. They expressed their sincere thanks for the quick thinking of the WCDHB team for arranging this but we could only do that because of the close working relationships between the LMC midwives and the DHB. They were able to quickly tell us who we needed to contact, any concerns etc. All three went on to have safe births and then moved back to their home. The linkages with the Rural Nurse Specialists at this time were really appreciated by us all.
- Staffing is slowly improving; the educator and midwives have recently been involved in the making of a new recruitment video, encouraging midwives to come and work on the West Coast. This included some of our lovely mums and babies starring in it.
- One new midwife joined us in December and one in January. One is from Canterbury and the other a new graduate midwife from the Coast who has now completed her education at Ara. It is great to be able to grow our own. Both have settled in well as part of the team on McBrearty. The new graduate is undertaking the Midwifery First Year of Practice programme so is being mentored by one of our LMC Coastal midwives. We are losing a core midwife as she is venturing out to LMC midwifery. The offer has also been made to the graduate to spend time during her first year at CDHB if she wishes.
- Upcoming education includes Fetal Surveillance Education Programme (FSEP) and Emergency Skills Workshop in February which are usually well attended.
- We are holding a combined LMC/Core midwife hui on 14 February to discuss the future of obstetrics on the West Coast with the introduction of the Rural Generalists. All staff have been encouraged to attend and feedback.
- All staff are looking forward to our move to the new hospital.

### ***Medical***

- Rural Generalist consultants are doctors with specialist and general skills which allow them to work flexibly across the health system. This flexibility is essential for sustainable rural healthcare.
- The WCDHB has one Internal Medicine Physician who manages the inpatient ward and delivers outpatient clinics. He is supported by locums (we have previously had 3 full-time physicians but 2 retired and we have been unable to recruit). We are implementing a plan for Rural Generalist doctors to manage the inpatient wards in order to improve the continuity of inpatient care. The Rural Generalists have the support of CDHB specialists whenever it is required as well as the sole WCDHB Physician. We will continue to use some locums as we have yet to fill the on-call ward roster using permanent staff and require their services to deliver our required volume of outpatient clinics.
- We employ 4.6FTE of anaesthetists and although we have had two resignations since August 2019, staffing for 2020 looks to be in hand. We have three permanent

anaesthetists currently and are in negotiations with a fourth to join us in August. As they are an overseas graduate it is expected that it will take this long to complete the Medical Council registration process.

- The recruitment video promoting Rural Generalism and work on the West Coast was launched in January and is part of a wider recruitment drive which will continue throughout 2020.

### ***Allied Health***

- **Organisational Change Process**
  - We are continuing to recruit to the new leadership roles for Allied Health, Scientific and Technical (AHST).
  - Following roadshows with our workforce throughout the district prior to Christmas, the workforce has reorganised in response to the organisational restructure decisions.
- **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 (DAH).
  - The transalpine DAHs are also working on a leadership development strategy which will work in partnership with the leadership programme developed by our People & Capability colleagues, focusing on the ways that we can liberate the specific talents of AHST in leadership roles.
- **Workforce**
  - A number of new graduates joined our clinical teams in the last few weeks, 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**
  - In partnership with CDHB Older Persons Health & Rehabilitation (OPH&R) division, AHST professionals will be engaged with a programme supporting digital literacy and confidence as it relates to their day to day work. We are appreciative of the work that OPH&R have undertaken and their willingness to share this with our workforce.
  - 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.
- **Rural Early Years Strategy**
  - A working group is being formed to commence community hui building on the work Maternity has already undertaken, focusing on early years/child health needs in our communities. We hope to hold the initial hui prior to Easter across the district.

### ***Mental Health***

- The TACT team has now been disestablished and the Crisis Response service is being



integrated within our Central community mental health team. The next step is a reorganisation of our office space in order to co-locate the crisis and community clinicians. The move towards the new locality based crisis response service is progressing – two of the former TACT positions have been transferred to the Northern community team and we are actively recruiting. The Central community team continues to provide the coast-wide crisis response service during this transition. Work is ongoing to develop a localised in-service DAO training to facilitate the development of current staff not currently involved in crisis work.

- The new Clinical Manager for Mental Health Services Central Region has joined the team and we have established the new Mental Health Leadership Group (MHLG). The MHLG will set the strategic direction for the West Coast mental health service. This group currently comprises the Clinical Manager (Central Region), Nurse Consultant, Nurse Educator, Nurse Practitioner, Quality Facilitator and acting Clinical Director.
- Currently the service is actively recruiting into vacancies in the AOD service, CAMHS and the Northern community mental health team. We have appointed two acting Clinical Nurse Managers to the AOD service and the Central community mental health team, to guide the teams through the current transitional phases.
- The HQSC projects continue for 2020, with our monthly newsletters and storyboards available on the intranet. The HQSC team will be visiting in the next month.
- We have a cohort of four staff who are now trained to train other staff in Safe Practice and Effective Communication (SPEC) and personal safety. Further training has been planned for the year, to train new staff in the full training and for refresher training. There are plans to train more staff to become trainers to open the training up to the primary care sector.
- There is ongoing work with designing, developing and delivering risk assessment and management training. This is in collaboration with the CDHB SMHS training unit. We have two dedicated staff members who will deliver this training.
- Our nurse educator has developed a two year plan to train staff in skills based talking therapies in collaboration with the CDHB SMHS service. This will expand on the skill set of our current clinicians and work towards creating a shared language around therapies.
- We are trialling tailored orientation plans for new staff to mental health services in order to facilitate their integration into the teams.
- The first phase of the introduction of the ERM's referral process in mental health has commenced. This will be developed throughout the three localities in order to provide a more streamlined referral process from primary care.
- The AOD service is working to forge closer links with NGOs and other government agencies. The team are working with Corrections and the Police to streamline referral processes. The service is working with Police around a new national directive to give pre-charge warnings to anyone found in possession of any drug (providing they have a minimal criminal history) and they consent to being referred to a health agency to address their drug use. The new AOD generic email address is being trialled, to facilitate referrals from agencies outside primary care.

	<p style="text-align: center;"><b>DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES</b></p>
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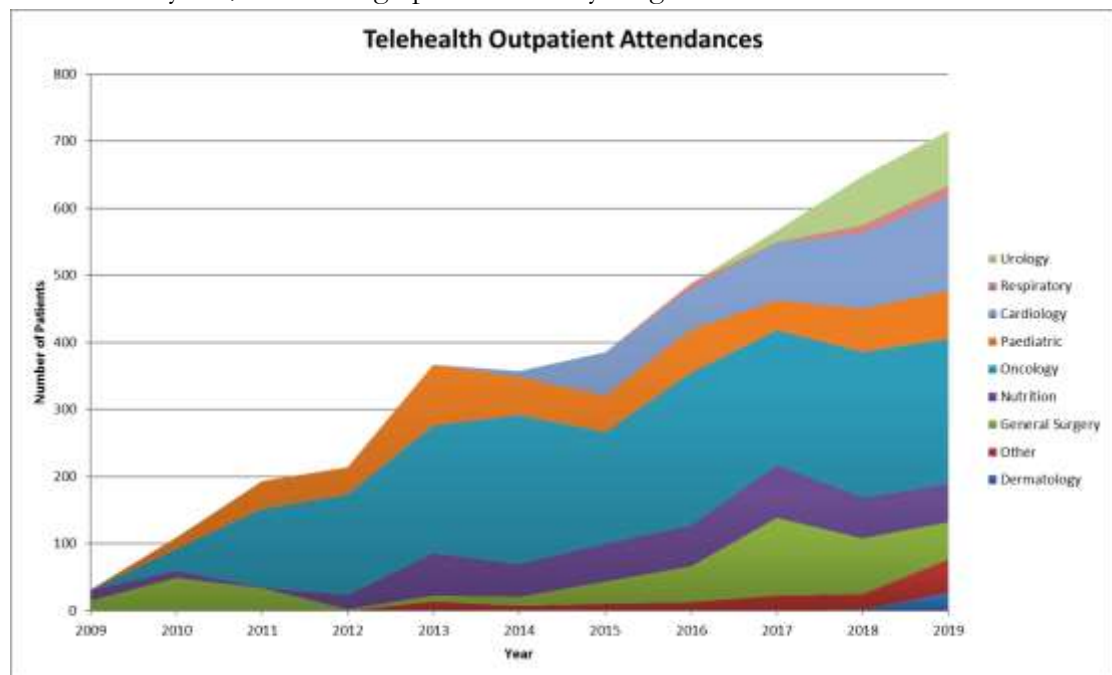
#### **A: Improve Transport Options for Patient Transfers**

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

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

## 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 commenced their second library group in Westport in November (an extension of the very successful program running in Canterbury called The Next Chapter). This is operated by a specially recruited and trained group of volunteers.
- The Enliven HomeShare service currently has capacity in all areas for more people to participate. The service enables older people, who may be lonely and/or isolated, to socialise within their own communities. Referrals are made via the Complex Clinical Care Network assessment process.
- **Falls Prevention:** The ACC Board has agreed to re-invest its contribution to the 'Live Stronger for Longer' national project until 31 December 2020.
- Community Strength and Balance classes are currently being reassessed against criteria established by a national clinical advisory team for the "Live Stronger for Longer" project. The enthusiasm and commitment shown by both instructors and participants is very encouraging. Establishing new classes and growing class numbers are high priorities on the West Coast Falls Coalition Agenda.

- The Falls Prevention Clinical Lead continues to work with the most frail and those unable to access a community class across the West Coast. In very rural areas the Falls Prevention Clinical Lead has the ability to link in with a rural nurse specialist to help deliver the programme.
- The West Coast DHB Early Supported Discharge (ESD) service is called FIRST and continues to support patients in home and community settings across the West Coast. FIRST is using standardised community care bundles (aligned with ACC care bundles) to help identify and target those clients who would most benefit from the integrated service response offered by the service.

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

- The consolidated West Coast District Health Board financial result for the month of December 2019 was a deficit of \$0.692m, which was \$0.027m unfavourable to annual plan.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(103)	(139)	36	(859)	(842)	(17)
Funder Arm	223	126	97	1,773	1,164	609
Provider Arm	(812)	(652)	(160)	(4,747)	(3,735)	(1,012)
<b>Consolidated Result</b>	<b>(692)</b>	<b>(665)</b>	<b>(27)</b>	<b>(3,833)</b>	<b>(3,413)</b>	<b>(420)</b>

#### B: Effective Clinical Information Systems

- **New Facility Work:** The Cowper Hub building is now occupied with networking, Wi-Fi, door security, printer/fax implementation all completed during December. The Nikau first floor north Wi-Fi is now fully lived and BMS network configuration completed for the generator and Uninterruptable Power Supply. A pilot for the new XenApp/Citrix environment has commenced with initial results showing login times reducing from 2-3 minutes to <10 seconds.
- **Windows 10:** Testing of the Windows 10 environment has commenced with effort and focus ramping up in February. Windows 10 deployment includes Office 365 on the desktop.
- **Community system:** The Request for Proposal for a replacement to the Medtech32 system used by General Practices on the West Coast has been completed with the evaluation panel recommending a provider. The Executive team is required to approve the direction of travel before proceeding with a business case and contract negotiation.
- **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. User acceptance testing is progressing and go live tracking for April 2020.

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

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

- Facilities communication:
  - Cowper Hub migration communications for staff
- Strike communication (Medical Laboratory workers)
- Novel coronavirus communications to staff and other stakeholders

### ***Media***

- During December 2019/January 2020 we issued a media release about the preparation for the new Buller Health site and responded to a number of Mental Health enquiries about Manaakitanga (the Mental Health Acute Inpatient Unit) CAMHS (Child & Adolescent Mental Health Services) and Buller Community Mental Health services.
- ***Some of the other topics of media interest included:***
  - Te Nikau Grey Base Hospital and Health Centre progress
  - New Buller Health facility update
  - Buller Health model of care
  - Future plans for Kynnersley Home, Westport
  - Staffing of Kawatiri Maternity Unit
  - Orthopaedics
  - Poutini Waiora (Buller)
  - Impact of old equipment on delivery of services
  - Bowel screening trial
  - Medical transfers via helicopter
- ***Media releases included:***
  - Preparation of new Buller Health facility site to begin in early 2020
  - Don't let measles ruin your holiday
- ***Social media posts:***
  - National Safe Sleep Day – Te Rā Mokopuna (6 December 2019)
  - Big shout-out to Countdown staff (6 December 2019)
  - A virtual fly-through of the new Buller Health Facility (16 December 2019)
  - West Coast DHB Careers (29 December 2019)
  - West Coast DHB Careers (1 January 2020)
  - West Coast DHB Careers video 'Leading the way in rural health' (10 January 2020)

### ***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 Haumarū Tūroro / Patient Safety Week (3 – 9 November 2019).

### ***Focus on People – Quality Accounts 2019***

- Focus on People is West Coast DHB's Quality Accounts annual publication. This special 2019 edition provides a snapshot of the work we have been doing over the past year to improve the health and wellbeing of Coasters. Articles in this publication available on our website include:
  - A quick word – introduction from the Chief Executive
  - Going and staying smokefree through the West Coast Smokefree Pregnancy and

## Newborn Incentive Programme

- Making your wishes known
- Connecting care helping to improve consumer experience
- Use of point of care testing device saves time and money
- We are on the move from old to new facilities
- A new approach to delivering diabetes care benefiting Māori and Pasifika
- Preventing pressure injuries is the business of all health care professionals
- West Coast Alliance focused on whole of health system approach to design and delivery
- Digital patient observation and alert response system implemented across the Coast
- Cancer Kōrero booklet
- Bacterial bug from the Middle Ages makes a comeback – but ‘Middle Age spread’ is easily avoided
- WellFood now operating on the Coast
- Urgent after-hours care.

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

- **Coronavirus response** - Community and Public Health’s West Coast health protection staff are attending weekly meetings of the WCDHB Novel Coronavirus Readiness Team, organised by Jason MacAskill, the WCDHB Emergency Planner. They have also been assisting with communications to West Coast primary care providers. CPH is holding daily meetings of its Incident Management Team and West Coast health protection staff participate by teleconference to keep updated on the current situation. As at the time of this report, there have been no confirmed cases of novel coronavirus in New Zealand.
- **Drinking water transgression at Reefton** - On 21 January Buller District Council notified an E.coli transgression in water samples taken on 20 January at the Reefton reservoir. A boil water notice was immediately issued by Council via paper and digital media, including Council’s Facebook page and website, as well as being hand-delivered to commercial premises. Further remedial work was undertaken by the Council’s subcontractor WestReef at the reservoir, involving dosing with chlorine, cleaning and flushing. By 27 January there had been three consecutive days’ worth of clear samples from the supply and the boil water notice was lifted after consulting with the Drinking Water Assessor at CPH. Shock chlorine dosing of the Reefton reservoir will continue at a frequency of once weekly. Reefton’s water supply is normally disinfected using UV light but is not usually chlorinated. However, because contamination of the treated water reservoir has occurred, chlorination is the best way to ensure the water is safe to drink in the meantime. Options for permanent resolution of the situation are being evaluated and investigations are still on-going. The Drinking Water Assessor and Medical Officer of Health are working closely with Council and the Ministry of Health to ensure that a permanent solution can be put in place as soon as possible.
- **Māori health promotion** - Our newly appointed Hauora Māori health promoter has been developing strong connections with local workers and communities. The focus for her work is starting to become clear, including supporting projects around oral health and other initiatives that will contribute to positive health and wellbeing outcomes for Māori.

- **Alcohol harm reduction** - CPH's alcohol licensing officer worked with the other alcohol reporting agencies (liquor licensing inspector and Police) to review a short notice application for a Special Licence by the Greymouth Jockey Club. This was as a result of the Kumara Racing Club being forced to abandon plans for the annual races at Kumara due to the effects of track damage caused by wild pigs and heavy rainfall. The substitute event was held 11 January and no issues were identified with alcohol-related harm.
- **Smokefree** - CPH's Smokefree Health Promoter arranged permission for, and posted 13 "Smoke-free Area at All Times" signs around the Omoto Racecourse prior to the Greymouth Jockey Club race meeting on 11 January, and the Westland Racing Club race meeting held there on 14 January.
- **Public health capacity building** - CPH has been running Broadly Speaking courses about the determinants of health and wellbeing for many years, including on the Coast. In December we held a course over two mornings in Greymouth attracting 16 participants from a wide range of backgrounds. They included those working across the whole health sector, including a DHB Board member, DHB staff, staff of local non-government organisations, and local councils. The course allows participants to explore the complexities of health and wellbeing at a population level. They are helped to identify opportunities to plan for positive population health outcomes that are relevant to their role and workplace. Feedback on the course was very positive with attendees identifying a number of projects to work on. We aim to run a further course in Greymouth and possibly also in Westport in 2020.

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:** 21 February 2020

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 December 2019.

## 3. DISCUSSION

### Overview of December 2019 Financial Result

The consolidated West Coast District Health Board financial result for the month of December 2019 was a deficit of \$0.692m, which was \$0.027m unfavourable to annual plan. The year to date net deficit of \$3.833m is \$0.420m unfavourable to annual plan.

West Coast District Health Board

Statement of comprehensive revenue and expense

For period ending 31 December 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	12,440	12,425	15	0.1%	75,234	74,551	683	0.9%	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%)	1,042	1,016	26	2.6%	2,029
Patient Related Revenue	640	658	(18)	(2.7%)	4,010	3,904	106	2.7%	7,746
Other Revenue	119	66	53	80.3%	460	417	43	10.3%	814
<b>Total Operating Revenue</b>	<b>13,366</b>	<b>13,318</b>	<b>48</b>	<b>0.4%</b>	<b>80,746</b>	<b>79,888</b>	<b>858</b>	<b>1.1%</b>	<b>159,654</b>
<b>Operating Expenditure</b>									
Personnel costs	6,618	6,295	(323)	(5.1%)	37,842	37,235	(607)	(1.6%)	74,340
Outsourced Services	0	0	0	0.0%	15	0	(15)	0.0%	0
Treatment Related Costs	587	700	113	16.1%	4,519	4,171	(348)	(8.3%)	8,265
External Providers	3,772	3,717	(55)	(1.5%)	22,108	21,898	(210)	(1.0%)	43,561
Inter District Flows Expense	1,915	1,900	(15)	(0.8%)	11,534	11,407	(127)	(1.1%)	22,827
Outsourced Services - non clinical	108	119	11	9.2%	689	712	23	3.2%	1,422
Infrastructure and Non treatment related costs	723	935	212	22.7%	5,871	5,991	120	2.0%	11,648
<b>Total Operating Expenditure</b>	<b>13,723</b>	<b>13,666</b>	<b>(57)</b>	<b>(0.4%)</b>	<b>82,578</b>	<b>81,414</b>	<b>(1,164)</b>	<b>(1.4%)</b>	<b>162,063</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>(357)</b>	<b>(348)</b>	<b>(9)</b>	<b>2.6%</b>	<b>(1,832)</b>	<b>(1,526)</b>	<b>306</b>	<b>(20.0%)</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	268	260	(8)	(3.1%)	1,599	1,546	(53)	(3.4%)	3,226
Capital Charge Expenditure	67	57	(10)	(17.5%)	402	342	(60)	(17.5%)	978
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>335</b>	<b>317</b>	<b>(18)</b>	<b>(5.7%)</b>	<b>2,001</b>	<b>1,888</b>	<b>(113)</b>	<b>(6.0%)</b>	<b>4,204</b>
<b>Net Surplus/(deficit)</b>	<b>(692)</b>	<b>(665)</b>	<b>(27)</b>	<b>(4.1%)</b>	<b>(3,833)</b>	<b>(3,413)</b>	<b>(420)</b>	<b>(12.3%)</b>	<b>(6,613)</b>
<b>Other comprehensive income</b>									
Gain/(losses) on revaluation of property									
<b>Total comprehensive income</b>	<b>(692)</b>	<b>(665)</b>	<b>(27)</b>	<b>(4.1%)</b>	<b>(3,833)</b>	<b>(3,413)</b>	<b>(420)</b>	<b>(12.3%)</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

### FINANCIAL PERFORMANCE OVERVIEW – December 2019

#### Net operating results

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	(692)	(665)	(27)	4%	✗	(3,833)	(3,413)	(420)	12%	✗



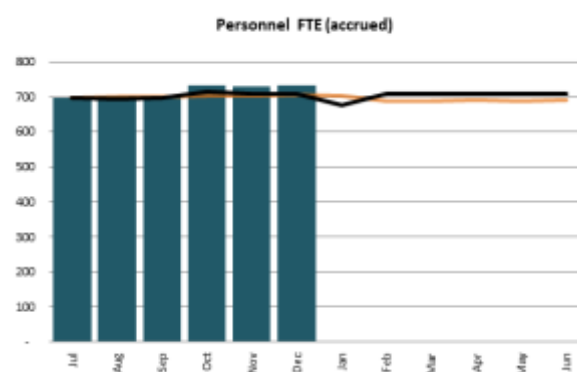
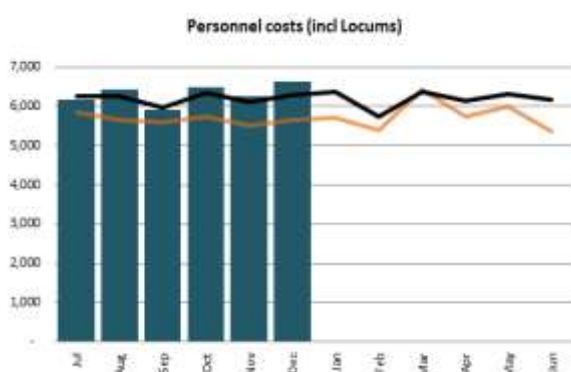
The consolidated West Coast District Health Board financial result for the month of December 2019 was a deficit of \$0.692m, which was \$0.027m unfavourable to annual plan. The year to date net deficit of \$3.833m is \$0.420m unfavourable to annual plan. The main drivers to this unfavourable result are:

- \$120K of MECA and SECA settlements and accruals more than what was provided for in prior year, this mainly relates to E tu and Apex SECAs/MECAs.
- \$40K of repairs to a steriliser for theatre instruments in Grey Base hospital. Asset is end of life; new equipment has been purchased for new facility and this expenditure is a result of the delay in the project.
- \$152K PCT and high cost medicines are higher than budgeted. We have experienced a jump in volumes this month of \$50K compared to budget.
- 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 2-3 months.

Commentary is provided on variance to the approved Annual Plan that was submitted in September 2019, with the annual deficit of \$6.613m. This was reduced from the July annual plan submitted of a \$7.215m deficit.

## Personnel costs & FTE

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Medical	1,651	1,560	(91)	-6% <span style="color: red;">✗</span>	9,887	9,265	(622)	-7% <span style="color: red;">✗</span>
Nursing	3,119	2,784	(335)	-12% <span style="color: red;">✗</span>	16,587	16,453	(134)	-1% <span style="color: red;">✗</span>
Allied Health	1,054	1,029	(25)	-2% <span style="color: red;">✗</span>	6,278	6,336	58	1% <span style="color: blue;">✓</span>
Support	239	198	(41)	-21% <span style="color: red;">✗</span>	1,028	886	(142)	-16% <span style="color: red;">✗</span>
Management & Admin	555	724	169	23% <span style="color: blue;">✓</span>	4,060	4,294	234	5% <span style="color: blue;">✓</span>
<b>Total</b>	<b>6,618</b>	<b>6,295</b>	<b>(323)</b>	<b>-5% <span style="color: red;">✗</span></b>	<b>37,840</b>	<b>37,234</b>	<b>(606)</b>	<b>-2% <span style="color: red;">✗</span></b>



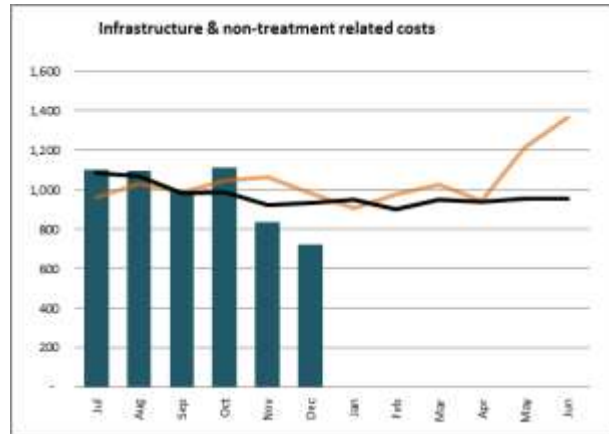
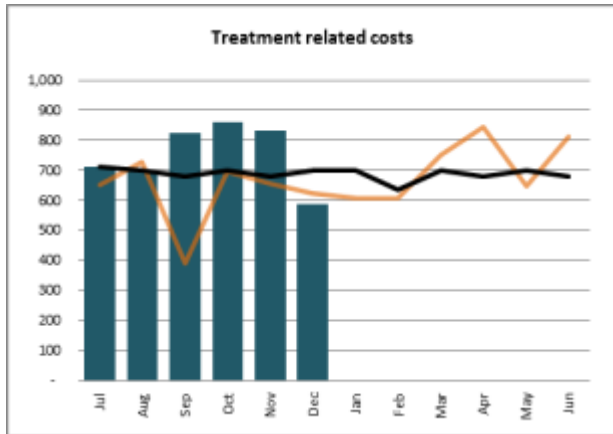
### KEY RISKS AND ISSUES:

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.

A reliance on locum cover, due to vacant positions continues to drive the unfavourable variance in year to date Medical personnel, this overspend is offset by favourable results to budget Management/Admin – largely due to vacant positions. Nursing spiked in December 2019 – largely from the statutory days.

## 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	587	700	113	16%	4,519	4,171	(348)	-8%
Non Treatment related costs	951	982	31	3%	5,937	5,812	(125)	-2%



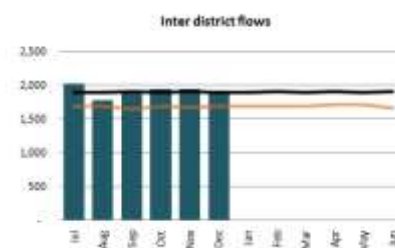
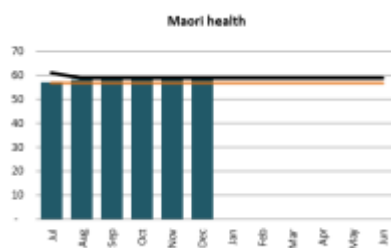
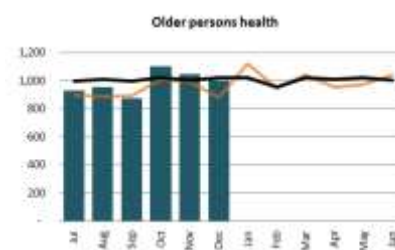
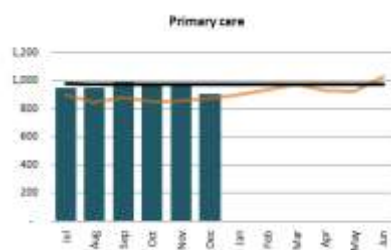
### KEY RISKS AND ISSUES:

**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 2-3 months. Air transfers are also driving our variance to budget, where we have had a slight spike in transfer numbers. 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	1,506	1,382	(124)	-9%	8,448	7,947	(501)	-6%
Primary Care	903	972	69	7%	5,714	5,843	129	2%
Older Person's Health	1,006	1,020	14	1%	5,904	6,045	141	2%
Mental Health	299	284	(15)	-5%	1,693	1,707	14	1%
Maori Health	58	59	1	2%	348	356	8	2%
IDF	1,915	1,900	(15)	-1%	11,534	11,407	(127)	-1%
Outsourced Clinical	108	119	11	9%	704	712	8	1%
<b>Total</b>	<b>5,795</b>	<b>5,736</b>	<b>(59)</b>	<b>-1%</b>	<b>34,345</b>	<b>34,017</b>	<b>(328)</b>	<b>-1%</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 December 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	10,106	20,350	(10,244)	-50%	113,482
Cash	(406)	6,898	(7,304)	-106%	4,459
Capex	4,983	6,716	1,733	26%	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 draw down of project spend in September 2019. MOH have confirmed the \$2m to WCDHB in December 2019, this has yet to be paid.

There is favourable variance of \$10.094m in equity, this is due to the planned \$3.6m draw down of funding for the Westport IFHC, \$6.074m deficit support and our YTD unfavourable net result of \$418K

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

### Statement of comprehensive revenue and expense

For period ending

31 December 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	12,440	12,425	15	0.1%	75,234	74,551	683	0.9%	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%)	1,042	1,016	26	2.6%	2,029
Patient Related Revenue	640	658	(18)	(2.7%)	4,010	3,904	106	2.7%	7,746
Other Revenue	119	66	53	80.3%	460	417	43	10.3%	814
<b>Total Operating Revenue</b>	<b>13,366</b>	<b>13,318</b>	<b>48</b>	<b>0.4%</b>	<b>80,746</b>	<b>79,888</b>	<b>858</b>	<b>1.1%</b>	<b>159,654</b>
<b>Operating Expenditure</b>									
Personnel costs	6,618	6,295	(323)	(5.1%)	37,842	37,235	(607)	(1.6%)	74,340
Outsourced Services	0	0	0	0.0%	15	0	(15)	0.0%	0
Treatment Related Costs	587	700	113	16.1%	4,519	4,171	(348)	(8.3%)	8,265
External Providers	3,772	3,717	(55)	(1.5%)	22,108	21,898	(210)	(1.0%)	43,561
Inter District Flows Expense	1,915	1,900	(15)	(0.8%)	11,534	11,407	(127)	(1.1%)	22,827
Outsourced Services - non clinical	108	119	11	9.2%	689	712	23	3.2%	1,422
Infrastructure and Non treatment related costs	723	935	212	22.7%	5,871	5,991	120	2.0%	11,648
<b>Total Operating Expenditure</b>	<b>13,723</b>	<b>13,666</b>	<b>(57)</b>	<b>(0.4%)</b>	<b>82,578</b>	<b>81,414</b>	<b>(1,164)</b>	<b>(1.4%)</b>	<b>162,063</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>(357)</b>	<b>(348)</b>	<b>(9)</b>	<b>2.6%</b>	<b>(1,832)</b>	<b>(1,526)</b>	<b>306</b>	<b>(20.0%)</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	268	260	(8)	(3.1%)	1,599	1,546	(53)	(3.4%)	3,226
Capital Charge Expenditure	67	57	(10)	(17.5%)	402	342	(60)	(17.5%)	978
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>335</b>	<b>317</b>	<b>(18)</b>	<b>(5.7%)</b>	<b>2,001</b>	<b>1,888</b>	<b>(113)</b>	<b>(6.0%)</b>	<b>4,204</b>
<b>Net Surplus/(deficit)</b>	<b>(692)</b>	<b>(665)</b>	<b>(27)</b>	<b>(4.1%)</b>	<b>(3,833)</b>	<b>(3,413)</b>	<b>(420)</b>	<b>(12.3%)</b>	<b>(6,613)</b>
<b>Other comprehensive income</b>									
Gain/(losses) on revaluation of property									
<b>Total comprehensive income</b>	<b>(692)</b>	<b>(665)</b>	<b>(27)</b>	<b>(4.1%)</b>	<b>(3,833)</b>	<b>(3,413)</b>	<b>(420)</b>	<b>(12.3%)</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

### Statement of financial position

As at

31 December 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	21,401	27,806	(6,405)	(23.0%)	22,699
Intangible assets	622	439	183	41.7%	376
Work in Progress	12,801	8,364	4,437	53.0%	8,364
Other investments	320	320	0	0.0%	320
<b>Total non-current assets</b>	<b>35,144</b>	<b>36,929</b>	<b>(1,785)</b>	<b>(4.8%)</b>	<b>31,759</b>
<b>Current assets</b>					
Cash and cash equivalents	(406)	6,898	(7,304)	(105.9%)	6,362
Patient and restricted funds	50	56	(6)	(10.7%)	56
Inventories	1,158	1,098	60	5.5%	1,077
Debtors and other receivables	6,603	4,428	2,175	49.1%	3,931
Assets classified as held for sale	0	0	0	0.0%	0
<b>Total current assets</b>	<b>7,405</b>	<b>12,480</b>	<b>(5,075)</b>	<b>(40.7%)</b>	<b>11,426</b>
<b>Total assets</b>	<b>42,549</b>	<b>49,409</b>	<b>(6,860)</b>	<b>(13.9%)</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	2,537	2,423	(114)	(4.7%)	2,399
Other	63	62	(1)	(1.6%)	62
<b>Total non-current liabilities</b>	<b>2,600</b>	<b>2,485</b>	<b>(115)</b>	<b>(4.6%)</b>	<b>2,461</b>
<b>Current liabilities</b>					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	12,953	9,611	(3,342)	(34.8%)	9,327
Employee entitlements and benefits	16,740	16,963	223	1.3%	17,307
<b>Total current liabilities</b>	<b>29,693</b>	<b>26,574</b>	<b>(3,119)</b>	<b>(11.7%)</b>	<b>26,634</b>
<b>Total liabilities</b>	<b>32,293</b>	<b>29,059</b>	<b>(3,234)</b>	<b>(11.1%)</b>	<b>29,095</b>
<b>Equity</b>					
Crown equity	85,926	95,600	9,674	10.1%	85,926
Other reserves	25,100	25,098	(2)	(0.0%)	25,098
Retained earnings/(losses)	(100,770)	(100,348)	422	0.4%	(96,935)
Trust funds	0	0	0	0.0%	0
<b>Total equity</b>	<b>10,256</b>	<b>20,350</b>	<b>10,094</b>	<b>49.6%</b>	<b>14,090</b>
<b>Total equity and liabilities</b>	<b>42,549</b>	<b>49,409</b>	<b>(6,860)</b>	<b>(13.9%)</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

### Statement of cash flows

For period ending

31 December 2019

in thousands of New Zealand dollars

	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	13,822	13,301	521	3.9%	78,912	79,228	(317)	(0.4%)
Cash paid to employees	(7,071)	(6,287)	(784)	(12.5%)	(38,278)	(37,578)	(700)	(1.9%)
Cash paid to suppliers	(794)	(1,749)	955	54.6%	(8,434)	(10,528)	2,094	19.9%
Cash paid to external providers	(3,785)	(3,493)	(292)	(8.4%)	(22,111)	(20,552)	(1,559)	(7.6%)
Cash paid to other District Health Boards	(1,902)	(2,124)	222	10.5%	(11,531)	(12,753)	1,222	9.6%
<i>Cash generated from operations</i>	270	(352)	622	(176.7%)	(1,442)	(2,183)	741	(33.9%)
Interest paid	0	0	0	0.0%	0	0	0	0.0%
Capital charge paid	(439)	(342)	(97)	(28.4%)	(402)	(342)	(60)	(17.5%)
<b>Net cash flows from operating activities</b>	(169)	(694)	525	(75.6%)	(1,844)	(2,525)	681	(27.0%)
<b>Cash flows from investing activities</b>								
Interest received	7	17	(10)	(58.8%)	61	103	(42)	(40.8%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(780)	(2,120)	1,340	63.2%	(4,611)	(6,554)	1,943	(29.6%)
Acquisition of intangible assets	0	0	0	0.0%	(372)	(162)	(210)	
<b>Net cash flows from investing activities</b>	(773)	(2,103)	1,330	(63.2%)	(4,922)	(6,613)	1,691	25.6%
<b>Cash flows from financing activities</b>								
Proceeds from equity injections	0	7,674	(7,674)	100.0%	0	9,674	(9,674)	100.0%
Repayment of equity	0	0	0	0.0%	0	0	0	0.0%
<i>Cash generated from equity transactions</i>	0	7,674	(7,674)	100.0%	0	9,674	(9,674)	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	(942)	4,877	(5,819)	(119.3%)	(6,766)	536	(7,302)	(1361.9%)
Cash and cash equivalents at beginning of period	536	2,021	(1,485)	(73.5%)	6,360	6,362	(2)	(0.0%)
<b>Cash and cash equivalents at end of period</b>	<b>(406)</b>	<b>6,898</b>	<b>(7,304)</b>	<b>(105.9%)</b>	<b>(406)</b>	<b>6,898</b>	<b>(7,304)</b>	<b>(105.9%)</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:** 21 February 2020

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 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 13 December 2019	For the reasons set out in the previous Board agenda.	
2.	Draft Annual Plan Approvals 2020/21	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	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)
4.	Clinical Leaders Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
5.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	9(2)(j) S9(2)(a)



6.	Rating Summary Quarter 1 2019/20 Teleconference	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(i)
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- iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982”;

### 3. **SUMMARY**

The New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 provides:

*“A Board may by resolution exclude the public from the whole or any part of any meeting of the Board on the grounds that:*

- (a) the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982”.*

In addition Clauses (b) (c) (d) (e) of Clause 32 provide further grounds on which a Board may exclude members of the public from a meeting, which are not considered relevant in this instance.

Clause 33 of the Act also further provides:

*“(1) Every resolution to exclude the public from any meeting of a Board must state:*

- (a) the general subject of each matter to be considered while the public is excluded; and*  
*(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and*  
*(c) the grounds on which that resolution is based (being one or more of the grounds stated in Clause 32)*
- (2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and from part of the minutes of the Board”.*

Report Prepared by:

Board Secretary