

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

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## **BOARD MEETING**

**Friday 27 March 2020  
at 10.15am**

**Mines Rescue**  
**145 Seven Mile Road, Runanga**

**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

*(Attendance dependent on Agenda items)*

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 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 Mines Rescue, 145 Seven Mile Road, Runanga**  
**on Friday 27 March 2020 commencing at 10.15am**

<b>KARAKIA</b>	<b>10.15am</b>
<b>ADMINISTRATION</b>	

Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
  - 23 February 2020
3. Carried Forward/Action List Items

<b>REPORTS FOR NOTING</b>	<b>10.20am</b>
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- |   |  |                   |
|---|--|-------------------|
| 4. Chair's Update – Verbal Update           | <i>Chair</i>   | 10.20am – 10.25am |
| 5. Chief Executive's Update                 | David Meates<br><i>Chief Executive</i>                                       | 10.25am – 10.40am |
| 6. Clinical Leader's Update – Verbal Update | Brittany Jenkins<br><i>Director of Nursing</i>                               | 10.40am – 10.50am |
| 7. People Report                            | Michael Frampton<br><i>Chief People Officer</i>                              | 10.50am – 11.00am |
| 8. Finance Report                           | Justine White<br><i>Executive Director, Finance &amp; Corporate Services</i> | 11.00am – 11.10am |
| 9. Resolution to Exclude the Public         | <i>Board Secretary</i>   | 11.10am           |

**INFORMATION ITEMS**

- 2020 Meeting Dates

<b>ESTIMATED FINISH TIME</b>	<b>11.10am</b>
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**NEXT MEETING:** Friday 8 May 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> <li>Active West Coast Committee - Member</li> </ul>	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> </ul>	N N	

	<ul style="list-style-type: none"> <li>• <b>Accessible West Coast Coalition Group</b> - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people</li> <li>• <b>Kowhai Project Committee</b> – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors.</li> </ul>	N  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



**MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING**  
**held at St John, Water Walk Road, Greymouth**  
**on Friday 21 February 2020 commencing at 9.45am**

**BOARD MEMBERS**

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

**APOLOGIES**

An apology for early departure was 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); Carolyn Gullery (Executive Director, Planning & Funding); Dr Jacqui Lunday-Johnston (Executive Director of Allied Health); Melissa Macfarlane (Team Leader, Planning & Performance); Karalyn van Deursen (Executive Director, Communications); Justine White (Executive Director, Finance & Corporate Services); and Kay Jenkins (Board Secretary).

**APOLOGIES**

Brittany Jenkins (Director of Nursing)

**1. INTEREST REGISTER****Additions/Alterations to the Interest Register**

Sarah Birchfield advised that she is now a member of Active 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 MEETING****Resolution (01/20)**

“That the minutes of the Meeting of the West Coast District Health Board held at St John, on Friday 13 December 2019 be confirmed as a true and correct record”.

Moved: Tony Kokshoorn/seconded: Chris Auchinvole – carried

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

There were no carried forward items.



#### 4. HAAST HEALTH CENTRE LEASE AGREEMENT

Justine White, Executive Director, Finance & Corporate Services, presented this paper which was taken as read. Ms White advised that Board approval is required for this agreement due to the term of the lease which is outside the Chief Executive's delegated authority.

The Chair asked about the facilities provided for staff within the new building and it was noted that the premises will be approximately the same size as the current premises, they would be in a new building which would be maintained by St John and in addition the facility would be much more accessible and would provide a more secure base for staff. It was also noted that moving from Hannah's Clearing into the Haast Township provides the opportunity for telemedicine as there was no mobile access at Hannah's Clearing.

The Board noted that teams have been involved in the design of the facility.

It was also noted that the completion date will be April/May and there would be an opportunity for a meeting with the local community.

##### **Resolution (2/20)**

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.

Moved: Tony Kokshoorn/seconded: Francois Tumahai – carried

#### 5. CHAIR'S UPDATE

Hon Rick Barker, Chairman, presented the draft dates for the remainder of the year for the Board's approval.

##### **Resolution (3/20)**

That the West Coast Board:

- i. Confirms the schedule of meetings for 2020 as per the schedule presented.

Moved: Hon Rick Barker/seconded Helen Gillespie – carried

Hon Rick Barker presented the paper regarding Board Member Committee Membership. Members were asked to express their interest if they wish to be a member of the Quality, Finance, Audit & Risk Committee. Nigel Ogilvie & Sarah Birchfield indicated that they would like to part of this Committee.

Discussion took place regarding a separate Health & Safety Committee and it was agreed that this would be a separate focus within QARC meetings.

Discussion also took place regarding the Consumer Council and it was agreed that they would be invited to present to the Board as appropriate. It was noted that the Chair of the Consumer Council sits on all of our work stream committees.

Discussion also took place regarding the Board representative to Tatau Pounamu and it was agreed that Gary and Francois would provide some information regarding at the next meeting.

### **Resolution (4/20)**

That the West Coast 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 with additions delegated to the Chair;
- iii. Confirms the delegation of Chair's and Deputy Chair's (if required) 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.

Moved: Helen Gillespie/seconded: Tony Kokshoorn

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

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

Mr Meates highlighted the following:

- The move to Cowper Street prior to Christmas;
- The dates for the migration into Te Nikau and where we are continuing to work in geographically dispersed locations;
- The final piece in the jigsaw in the South Westland network to support care being provided as close to home as possible;
- The desire to increase the amount of service being provided on the West Coast through different models of care;
- The orientation yesterday gave a good overview of the Rural Generalist model of care and co-design, co-ownership and care without needing to travel.

Board member Peter Neame observed that there was nothing regarding suicide in the update and he believed that the Board's attitude is sub-standard and he would like to see a report on every suicide that has taken place.

The Chief Executive advised that every death is reviewed with full reports being provided to the Board's Quality, Finance, Audit & Risk Committee. He added that these are reviewed in depth and detail and in confidence to protect the privacy of the families.

The Chair commented that Mr Neame has raised a legitimate point of concern but that the interests of the families were paramount. He added that the place for this is the Quality, Finance, Audit & Risk Committee and invited Mr Neame to be a member of this Committee.

The Chief Executive assured the Board that the DHBs processes of review are robust and externally reviewed and we pride ourselves on where we have issues, we confront these. Mr Meates added that the Board had many opportunities to comment on the structure of the mental health service when it was restructured last year when Dr Cameron Lacey provided presentations around this.

*Helen Gillespie departed the meeting at 10.35pm*

It was agreed that there will be a presentation at a future Board meeting or a Board workshop around mental health and suicide prevention.

A query was made regarding the migration plan and the possibility of open days. The Chief Executive advised that there are a set of processes around this including a formal blessing and public open days. He commented that this is impacted by the delays and is dependent on when the facility is handed over. Mr Meates added that in relation to the facility, it does look extremely close to completion (as it did 12 months ago) however a range of issues that have not been fully completed or signed off to achieve code of compliance are still outstanding. It was noted that broad timelines for occupation are still uncertain but the earliest date could be May or later.

Discussion took place regarding staff car parking and it was noted that people are finding parks as and where they are able to as access to this site will remain complex until demolition.

A query was made regarding the Buller facility and it was noted that the issue here is the extent of the asbestos which is significantly greater than expected. This is not impacting on the final delivery time as yet. It was noted that the video showing the proposed facility is available on the DHBs website.

A query was made regarding the Drug & Alcohol team in relation to training and de-escalation and it was noted that in the past this training has been done by Canterbury but we are now looking at doing this locally.

The Chief Executive's update was noted.

## **7. CLINICAL LEADER'S UPDATE**

Jacqui Lunday-Johnstone, Executive Director, Allied Health, presented this verbal update. She advised that we: are in the process of completing recruitment based on the new models of care; have appointed a new Director of Allied Health and Associate Director of Allied Health.

A query was made regarding the shortage of doctors showing in reports and Philip Wheble, General Manager, West Coast advised that this had been the case for quite some time and we use quite a lot of locums. He added that what was presented to the Board yesterday was around an increase in the number of permanent staff on the West Coast and a more sustainable path going forward.

Discussion took place regarding the focus on Rural Generalism and the blended model of care including support from Canterbury.

The Clinical Leader's verbal update was noted.

## **8. FINANCE REPORT**

Justine White, Executive Director, Finance & Corporate Services, presented the finance report which showed that the consolidated West Coast District Health Board financial result for the month of 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.

Ms White advised that the results for January show an unfavourable result of 38k for the month and 456k year to date.

It was noted that the same pressures continue: cost of locum vs permanent staff; the cost of cancer

drugs and high cost pharmaceuticals; and additional costs of repairs and maintenance resulting from the facility delays.

#### **Resolution (5/20)**

That the Board:

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

Moved Tony Kokshoorn/seconded Edie Moke – carried

### **9. HEALTH, QUALITY & SAFETY COMMISSION PRESENTATION**

Dr Janice Wilson, Chief Executive, Health, Quality & Safety Commission provided the Board with a presentation on her organisation. The presentation covered: the Commission's role in Legislation; Current Strategic priorities; available programmes; Health Quality Intelligence; Learning & Improvement; Mortality Review Committees; Quality Improvement approaches; and how Boards can affect Quality.

A query was made regarding the centralisation of Coronor's services and Dr Wilson advised that this is run by the Justice Department.

The Chair commented that the Board were having a session around suicide and was this something the Health & Safety Commission could assist with. Dr Wilson recommended that advice be sought from the new suicide prevention office in the Ministry of Health.

### **10. 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 (6/20)**

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:

	<b>GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED</b>	<b>GROUND(S) FOR THE PASSING OF THIS RESOLUTION</b>	<b>REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)</b>
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	To carry on, without prejudice or	9(2)(j)

	Issues	disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	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)(j)

- iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982”;

Moved Tiny Kokshoorn/seconded Edie Moke – carried

There being no further business the public open section of the meeting closed at 12.05pm. The Public Excluded section of the meeting commenced at 12.05pm and concluded at 1.25pm.

\_\_\_\_\_  
Hon Rick Barker, Chair

\_\_\_\_\_  
Date

## CARRIED FORWARD/ACTION ITEMS



### WEST COAST DISTRICT BOARD – BOARD MEETING CARRIED FORWARD/ACTION ITEMS AS AT 27 March 2020

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	21 February	Suicide Prevention	Update for Board	To be scheduled
2.	21 February 2020	Cultural Competency	Update for Board	June Meeting
3.	21 February 2020	Progress around employment of more people with disabilities	Specific Commitment to be provided as part of report	June Meeting
4.	21 February 2020	MAX – People & Capability Service Portal	Presentation to future meeting	To be scheduled
5.	21 February 2020	Tour of Existing Facilities		Completed

# CHIEF EXECUTIVE'S UPDATE



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

**SOURCE:** Chief Executive

**DATE:** 27 March 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):

- Made some recommendations for changes to the workstreams so that they reflect a locality approach (Northern, Central, Southern) and include actions that are aligned to the System Level Measures Improvement Plan.
- ALT's priority is on ensuring that the workstreams have sufficient support and resources to complete their priorities. A meeting will be hosted with workstream leadership to discuss challenges and expectations.
- ALT notes Carl Hutchby and Cameron Lacey are no longer members, and thanks them both for their valuable input. Māori Health and Mental Health representation will now be sought.



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

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

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

- Following the relocation of staff within the current facility, the planning towards integrating teams is now more definite.
- 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 and the conversations are commencing of how an integrated approach could support that service.
- Recent articles by the media regarding Buller acute services have negatively impacted on the community and also our recruitment processes. One Registered Nurse who had been appointed to a Practise Nurse position has declined the position based on the media reports.
- We are currently working with CDHB P&C Wellbeing Health and Safety Team to present a 2-3 hour workshop to management and departmental leads to strengthen and support in leading change.

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

- The Operations Manager for the Central Region has settled into post and is supporting a number of projects, including detailed preparation for the move into Te Nikau.
- Grey Medical are exploring new ways of working, in order to meet the current needs of the population and also prepare for relocation to the IFHC.
- Clinical Nurse Managers have been working collaboratively to ensure appropriate COVID-19 preparations are undertaken as well as the continuation of priority services.
- Mental Health is steadily embedding the new structure and working collaboratively across the WCDHB localities.

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

- The District Nursing team in Hokitika are now supporting the South Westland RNS team with community nursing activity and also providing training in specific areas.
- The Manager Southern Region has met with the southern area Consumer Council members and looking at how they can engage and partner with our communities across the southern area. We are also starting to kick off looking at community meetings in the region.
- The Manager Southern Region is now involved in supporting our COVID-19 response, working alongside the PHO around our primary and community responses.

## **C: Hauora Maori Update**

- **Takarangi Cultural Competency – West Coast 23/22/24 March 2020:** Planning is underway for the 2020 year. The third Takarangi cohort will participate in the Noho Marae from 23 March for two nights. To date we have about 15 attending and a firm commitment to complete the portfolio of work required.
- **Dame Naida Glavish – Visit 13 March 2020:** Dame Naida Glavish is currently employed as the Chief Advisor Tikanga Māori with the He Kamaka Waiora, Māori Health Waitemata and Auckland DHBs. In this role Dame Naida was the catalyst behind the signing of a



MOU between these two DHBs and Te Runanga o Ngati Whatua, and has championed cultural support for Māori leading the writing, development and implementation of bicultural policies and Tikanga recommended best practice guidelines.

- Naida will spend a day sharing her knowledge at a Māori staff hui and delivering a session to the broader workforce of the DHB and other health partners.
- **Pae Ora O Te Tai O Poutini:** Pae Ora O Te Tai O Poutini is an evaluation project being undertaken by Dr Melissa Cragg and led by Poutini Waioara in partnership with the DHB and the WCPHO. The evaluation aims to provide a framework to input analysis regarding the formative, process and outcome of the mahi being delivered by the Māori Provider, in particular the Hauora clinical team working towards embedding Nurse/GP led clinics in Māori community settings. The findings and recommendations will be shared widely amongst leadership within the sector and will inform future planning and decision-making processes regarding how we can better support engagement and access for whānau that will lead to improved health outcomes for Māori.
- **Oral Health:** A small group has been formed to work with a cohort of whānau to provide a targeted wrap around, incentivisation approach to improving oral health outcomes for whānau. The whānau will be those who have had Tamariki admitted to hospital and undergone extraction under general anaesthetic. The entire whānau will participate and the care and education will be delivered by the Community Public Health Maori Health Promoter and Public Health Nurses.
- **ASH – Ambulatory Sensitive Hospitalisations:** We are trialling a new approach driven as a response to the ASH data for 0-4 year olds. The data showed that there has been an increase in 0-4 year old hospital admissions for Upper ENT and Respiratory conditions. It also showed that there were children that were being admitted more than once throughout the year. We will co-ordinate a whānau ora approach with these whānau that will place them and their whānau firmly at the centre of their care plan moving forward with the health outcome being a reduction in hospital admissions. Clinical and non-clinical support will be co-ordinated by a Kaiāwhina and all the determinants of health will form part of the care moving forward.
- **Tikanga Best Practice:** A programme for delivery of Tikanga Recommended Best Practice will be delivered for Emergency Department staff at their request. This is an important piece of work for the Hauora Māori team as the ED is often the first stop for many Māori whānau who may be experiencing very complex situations, it is crucial that their first engagement with the health system is culturally appropriate and they feel safe and respected. We will work with the team to structure a programme that suits their needs.



## DELIVERING MODERN FIT FOR PURPOSE FACILITIES

### A: Facilities Maintenance Report

- Grey Hospital coal boiler number two has had an extension to its Boiler Certification.
- Maintenance staff are currently painting the new Haast Clinic and have completed the first fix for plumbing.
- The steam heating for Mental Health and Dementia buildings is being transferred to hot water from the new Energy Centre.
- Training of staff at Te Nikau is continuing.

- A new house booking system has been introduced by Finance and training for maintenance staff has begun
- The Facilities Admin officer has decided to retire after 22 years' service, so a process has begun to replace her.

## **B: New Facilities Redevelopment Update**



### **Grey**

- Paper will be forwarded separately.

### **Buller**



- Paper will be forwarded separately.

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

### ***Nursing***

- Nursing is settled at present with very few resignations throughout the organisation. We have three nurses currently progressing in their careers by moving into post graduate papers on the hope of moving to Nurse Practitioner. We have one Registered Nurse who is currently employed by Poutini Wiaora who is also training to be a Nurse Practitioner. Grey Base will be supporting this nurse in her acute component of the training on the practical side.
- Nursing would like to welcome into a new role our CNM Southern who is already showing to be valuable in supporting integration of teams but also looking at RNS support and orientation over the whole DHB.
- Nurse Director Operations has been working with the Buller teams around the Acute service and transportation between Buller and Grey Base.
- Due to the number of sitters now required within the services, we are developing documentation to allow sitters to capture and document any changes to the patient they are watching. This will allow the nurse who is caring for the patient to have better oversight on a busy shift. One of our transport nurses is leading this quality project.
- Discussions have occurred on how we can support two Health Care Assistants (HCA's) to train as Enrolled Nurses. These HCA's are currently employed in Reefton and Greymouth in primary care services.
- Covid-19 readiness has been discussed with staff. Nurses have put their names down to care for these patients, ensuring a separate ward can be run with a sustainable roster ahead of time.

### ***Maternity***

- McBrearty births for January 2020 totalled; 16 normal deliveries (including 1 in Buller and 1

in Gloriavale), 4 elective caesareans and 12 spontaneous vaginal births.

- February was again a busy month with 20 births, 5 emergency caesareans and 4 instrumental deliveries.
- Staffing is tight presently with staff on leave and ACC. We are looking forward to our new midwife (from Southland) joining us in early April. The new recruitment video has been released with some great feedback by all.
- The recent Fetal Surveillance Education Programme (FSEP) and Emergency Skills Workshop in February were well attended. We have a few interesting workshops coming up, including National Perinatal Pathology Service Workshop and Perinatal Anxiety & Depression Aotearoa (PADA). Our Emergency Skills workshops also run during the year, attended by not only Maternity staff but other staff within the WCDHB.
- The 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 was well attended.
- The Clinical Midwifery Manager attended a presentation with some CDHB staff around the implementation of Misoprostol for Induction of Labour. The project has found their caesarean section rate has halved since this was commenced. WCDHB are looking at implementing this shortly.
- The maternity managers have inspected the maternity unit at the new hospital and are very pleased with the results and looking forward to the move. We are going to use some of the Countdown money donated to purchase a birthing couch and have a mural behind each birthing pool representing the West Coast.

### ***Allied Health***

#### Organisational Change Process

- We are in the final stages of recruiting to the new leadership roles for Allied Health, Scientific and Technical, as our workforce reorganises into their locality based interprofessional teams. We have not been able to recruit into all of the roles, and are working with CDHB colleagues to develop transalpine alternatives to support our workforce and strengthen their connections across practice settings.

#### 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.
- 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

- Vacancies for experienced therapists continue to be slow to fill, with national shortages for Occupational Therapy particularly.
- 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

- Allied Health therapies are partnering with ISG to replace paper referrals (faxes included) with an electronic referral process. This programme will on-board all referral processes over time, starting with referrals from outside the DHB such as from GPs and other community based providers.

- 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

- The interagency working group met for the first time at the beginning of March. Our first goals are to develop a communications plan that will ensure people from all parts of our community are supported to tell us what health services would look like for Coast Kids, as part of our nationwide goal for Aotearoa New Zealand to be the best place in the world to grow up.

#### ***Mental Health***

- The Manaakitanga team is still working towards achieving zero seclusion and there is some joint work occurring between Community teams and Manaakitanga staff where we will review all seclusion events over the last 12 months to see if/what we could have done better.
- There is ongoing development of the crisis roster and the experience of our community staff. Community staff from the Northern and Central regions, who have previously had limited experience of crisis work, are travelling down to orientate into the crisis response service, spending time with the current experienced crisis response (formerly TACT) clinicians.
- David Egan came over from Canterbury DHB to present a full day's education session on the Mental Health Act and Duly-Authorised Officers. Training was specifically aimed at those who are not current DAOs, and for those staff members in the mental health service that support our DAOs. The training was very well received by all staff who attended.
- One new NESP has started in Manaakitanga and will be here for 12 months. Our two NESPs from 2019 have been retained and are currently working permanently in Manaakitanga.
- With assistance of our consumer advisor, we are offering a survey to all clients post-discharge from Manaakitanga to better understand the patient journey. This is aimed at improving patient experience while on the ward.
- The AOD service is working with the police on their referral process, both to our specialist service and to other NGOs. Our weekly combined services meeting is being developed to ensure continuity and consistency right across the range of addiction services on the West Coast.

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

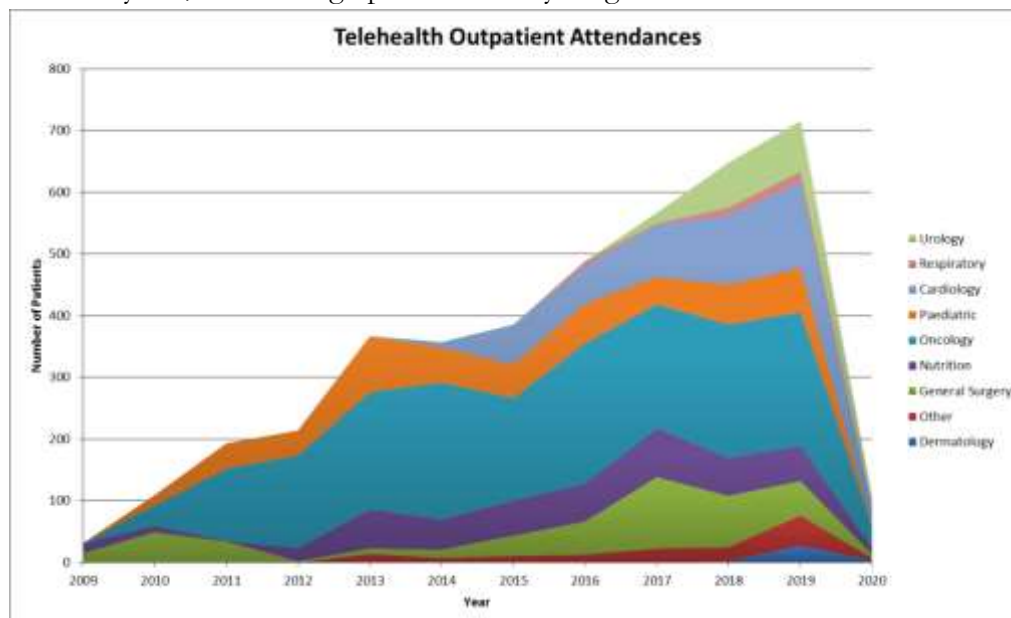
The following transport initiatives are in place to support the safe transfer of patients:

- 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.

- National Travel Assistance payments made to assist eligible Specialist-referred patients with travel and accommodation costs incurred in accessing ongoing public specialist services.

## 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.



## A: Older Persons Health Services

- **Aged Residential Care:** West Coast Aged Residential Care facilities (ARC) are being supported through the potential COVID-19 threat by being provided with updates and information by ElderNet, our West Coast DHB (WCDHB) COVID-19 Readiness Team, and Community and Public Health (Lead Agency). Infection control information has also been provided along with guidance on using Personal Protective Equipment effectively. The WCDHB Interim Pandemic Outbreak Response Coordination Plan has been circulated to the ARCs, and they have been invited to attend COVID-19 Infection Prevention and Control Education presentations.
- **World Delirium Awareness Day:** The World Delirium Awareness Day is on the 11<sup>th</sup> March. Resources to support awareness and information about education surrounding delirium have been circulated to District Health Board staff and Aged Residential Care networks.
- **Walking in Another's Shoes:** The successful dementia educational programme, Walking in Another's Shoes has been running on the West Coast for approximately nine years. It is an eight month course which embeds Person Centred thinking and care for those living with dementia and others under our care. In the last five years, 84 West Coast people have completed the program and 41 people have attended the four hour master class. Currently 14 participants are undergoing training across the West Coast. In association with other District Health Board's we have been able to offer this to non-government organisations such as PACT, IDEA Services, St John, Supporting Families, Enliven, CARE, and the

Health Navigators.

- **April Falls Month:** The Falls Prevention Community Coalition is currently working on messages and resources for the upcoming April Falls Month promotion. We continue to promote the national Live Stronger For Longer campaign.

 	<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 January 2020 was a deficit of \$756k, which was \$38k unfavourable to annual plan.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(127)	(140)	13	(986)	(982)	(4)
Funder Arm	196	192	4	1,969	1,356	613
Provider Arm	(834)	(779)	(55)	(5,581)	(4,514)	(1,067)
<b>Consolidated Result</b>	<b>(765)</b>	<b>(727)</b>	<b>(38)</b>	<b>(4,598)</b>	<b>(4,140)</b>	<b>(458)</b>

#### B: Effective Clinical Information Systems

- **New Facility Work:** Te Nikau Wi-Fi is now fully live and detailed planning is underway for the migration of enterprise uninterruptable power supply (UPS) to the new build. The CCTV system is also being configured.
- **Computer Desktop:** A pilot for the new XenApp/Citrix environment has expanded to more users.
- **Windows 10:** Deployment is occurring to a small number of pilot users. Full deployment is scaling up during April with assistance from the Canterbury DHB ISG Team.
- **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 has approved the direction of travel and the business case and contractual negotiations are underway.
- **Regional ePharmacy solution:** User acceptance testing is progressing and go live is tracking for April 2020.
- **Exchange:** Exchange is now synchronised between both DHBs, so there is a common global address list and calendar availability can be viewed. We are now focused on merging exchange systems.

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

##### *Communications and Engagement*

- COVID-19 (novel coronavirus) communications to staff and other stakeholders
- Planning communications activities as part of International Year of the Nurse and Midwife



- Preparation and planning for the March edition of the CE Update
- Facilities communication:
  - Te Nikau Grey Base Hospital and Health Centre communications planning

### **Media**

- During February 2020 we have responded to a number of media enquiries about COVID-19 and the DHB's preparedness for managing a potential outbreak.

### ***Some of the other topics of media interest included:***

- Buller Community Mental Health services
- GP coverage at Buller Health
- Number of patients presenting with suspected white-tailed spider bites
- Update on the redevelopment of the Haast Health Clinic
- Update on the mobile Lithotripsy Surgery service
- Coordination of appointments for patients needing to travel

### ***Social media posts:***

- World Cancer Day (4 February 2020)
- Virtual fly-through of the new Buller Health facility (21 February 2020)
- International Year of the Nurse and Midwife promotion (27 February 2020)
- COVID-19 posts via Ministry of Health Facebook page:
  - Some handy tips on how to stop the spread of illness
  - Wash hands with this (soap)
  - Sneeze here (elbow)
  - Link to the MOH COVID-19 page to access the trusted facts
  - Information about contact tracing
  - Information about what 'droplet spread' means
  - Information about attending public events



### **Key Achievements/Issues of Note**

- **COVID-19 response:** CPH's West Coast health protection staff continue to attend weekly meetings of the WCDHB Novel Coronavirus Readiness Team and to assist with communications to West Coast primary care providers. The West Coast Medical Officer of Health is also assisting with responses to media inquiries to the WCDHB about coronavirus. CPH is holding daily meetings of its Incident Management Team and our West Coast health protection staff participate by teleconference to keep updated on the current situation. Our Christchurch staff are currently meeting all international flights into Christchurch Airport. As at the time of this report, there have been 5 confirmed cases and 2 probable cases of COVID-19 in New Zealand (all in Auckland).
- **Drinking water:** CPH's drinking water staff are continuing to work with the Buller District Council to ensure that Reefton residents receive safe drinking water. The Council has reinstated a precautionary boil water notice on our advice while we work with them to ensure that their treatment processes and monitoring can demonstrate compliance with the

drinking water standards.

- **Community Health Promotion:** CPH's health promoter is working alongside Claire Robertson (suicide prevention co-ordinator) at the West Coast PHO and South Westland communities to develop and distribute positive wellbeing messages. These messages will be evidence-based but specific to South Westland so they are able to be used in a consistent manner.
- **Nutrition:** CPH continues to support all 16 early childhood centres, early learning services and kindergartens on the West Coast with nutrition knowledge and skills to improve their food environments and create a positive food culture. Already this year, the new Mene Mene Mai Oral Health Toolkit with curriculum activities and information for staff and whānau is booked out for use. Most centres are working towards gaining one of three Healthy Heart Awards from the Heart Foundation for which CPH provides some local support. Another preschool, Kidsfirst Greymouth, will soon be awarded their whānau (silver) level award.
- **Healthy Public Policy:** As a member of the West Coast Cross-Sector Forum CPH has met with Development West Coast to provide feedback to the draft Tai Poutini West Coast Economic Development Action Plan 2020. The vision and many of the key strategies within the draft document link very closely with desired public health outcomes. However, Health had not been identified as a significant stakeholder within the Plan, hence we arranged a meeting to show our support for the plan and encourage Health to be seen as a partner.
- **Smokefree:** We continue to receive requests from the community to support smokefree environments. A recent example is the Greymouth RSA's request for Smokefree signage to help stop the smoking that occurs in their entrance way. One café in Hokitika has recently come on board with Smokefree outdoor dining. We are continuing to identify and work with other cafés to support Smokefree outdoor dining.
- **Alcohol Harm Reduction:** CPH worked with Community Law Canterbury to arrange for them to come and speak at the Westland Safe Communities meeting on 27 March. This is in order to raise awareness of community engagement in the alcohol licencing process and to help communities make submissions and feel confident speaking at a hearing. Community Law is able to provide this type of assistance to community groups.

Report prepared by:

Philip Wheble, General Manager West Coast DHB

Approved for release by:

David Meates, Chief Executive





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

**SOURCE:** People and Capability

**DATE:** 27 March 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

The West Coast DHB is building a motivated workforce committed to doing their best for the patient and the system. This includes:

- Promoting equity, fairness, and a safe and health workplace;
- Recruiting and retaining a sustainable health workforce;
- Delivering high quality care through generalist and specialist health; and
- Collaborating with CDHB to deliver transalpine healthcare.

Since January 2018, we have been building our capability in people analytics, with the objective to highlight the work we are doing to achieve our people objectives (above), and our workforce challenges and opportunities.

Each month we release our monthly People Dashboard for the West Coast DHB providing an overview of our workforce and what's changing, and the impact of our wellbeing, health and safety metrics. Appendix 1 provides the workforce dashboard for the West Coast DHB as at 31 January 2020.

## 2. RECOMMENDATION

That the Board:

- i. Notes the January People Dashboard.

## 3. DISCUSSION

Key People and Capability initiatives underway since February 2020 include:

### Care Starts Here:

- Interviews completed with OLG in advance of the 9 April Strategy co-design day. Themes to be fed back to OLG in late March.
- Enhancing culture and building leadership programme dates refined and confirmed with OLG.
- Three new policies have been drafted and will come to EMT shortly followed by wider consultation. These include a Leave Policy, Recruitment Policy and an Alcohol and Drug Policy.
- We are directly contacting those who have not filled out ethnicity in their personal details to meet Te Tumu Whakarae (collective of GMs Maori)'s goal of 100% of staff with ethnicity declared.

### Wellbeing, Health and Safety:

- We continue to support the newly appointed leaders and others as we embed the new West Coast DBH operating model.

- We are actively recruiting for the West Coast Safety Advisor and Occupational Health Nurse roles. In the interim we are providing support from Canterbury with various members of the team present in person on the West Coast at least fortnightly.
- We continue to work on the worker participation framework development including, refined roles and responsibilities for the new campus and Cowper St.
- Our influenza vaccination programme is underway with vaccination clinics being held across the DHB. We are developing a new, automated consent and tracking process within our max. HR service portal, and will be reporting vaccination rates from the next report.

#### Core People Operations:

- A new 'My Team Leave Summary' has been created in max. to assist our people leaders with managing leave. This tool gives a snapshot of each of their team member's current leave balances and leave taken for the previous 12 months for annual, sick and discretionary leave. Thresholds have been set to highlight areas of concern regarding leave in yellow or red – these indicate the need to talk with their team member/s about managing their leave.
- An updated knowledge base has been released which allows different views based on a person's role e.g. people leader or team member. This enables us to house content relevant for managers on the max. platform [in one place] which is viewable from anywhere either inside or outside the DHB network. The new update includes manager toolkits; helpful information for our people leaders; featured articles on a rotating carousel; and the ability to add frequently accessed articles to a 'my favourites' section.
- Operational planning is well advanced for the integration of the West Coast DHB and Canterbury DHB payroll system (PSe) into a single instance. This is the first step in the eventual migration of PSe to the cloud, which is planned for later in 2020.

#### HR Business Partnering:

- A plan is being developed to re-train the WCDHB people leaders on using max. and establishing max. as the first point of contact with the HRBP team.
- Rural Hospital Medicine Specialists (RHMS) are being rostered in the Emergency Department from 16 March 2020. Work is underway to extend RHMS rostering in other services.
- Enhancing Culture and Leadership programme work plan has been confirmed with the first OLG session starting on 9 April 2020, followed by launch of Leadership Essentials Programme for all WCDHB people leaders on 23 April.
- Ongoing development of change management programmes to support migration to the new hospital. Work is underway on the new build in Westport.

#### Holidays Act Compliance Programme:

- The 3-month Review Phase of the West Coast Holidays Act Compliance Programme is well underway. The aim of this Phase is to establish:
  - Where leave-related processes don't currently comply with components of the 2003 Holidays Act and/or the Consolidated Supporting Baseline Document (a health-sector interpretation of the Act agreed by 20 DHBs, NZ Blood Service, Council of Trade Unions and other unions).
  - A revised liability estimate for current and former employees of West Coast DHB.
- The Review Phase is progressing to plan and has produced outputs fundamental to the success of the overall programme.
- A comprehensive review of how our people are currently paid has been completed and this is being used alongside a representative set of employee data to model our current processes and identify areas of non-compliance. A prioritised approach to rectifying areas of non-compliance is in development, it will consider changes needed in payroll and rostering systems, the manual processes we use when rostering staff, and, in some cases, even MECAs.
- DHB representatives are also working with TAS to determine requirements and evaluate solutions for the stand-up of a national website for ex-employees. This will be the primary

platform for members of the public to find DHB-related Holidays Act compliance information, as well as a portal for ex-employees to log their contact details and information relating to past DHB-employment. A launch time has yet to be confirmed but it is hoped something will be in place by Jun-2020.

#### Talent, Leadership, and Capability

- We have postponed the launch of the ‘hiring managers’ toolkit’, with further clarification of HR Business Partnering roles and responsibilities, plus an agreed implementation process of Statements of Accountability. Training will then be scheduled for Recruitment Specialists so that we have a shared understanding and consistent approach to the recruitment process.
- In partnership with Māori we will be identifying individuals and developing individual targeted development plans to progress Māori into leadership roles. A wānanga with our Māori partners is in the process of being confirmed and will act as the foundation for a co-design approach to more accurately reflect how we engage in Māori kaupapa.
- We continue to review the learning management system used by South Island DHBs [healthLearn] and several other health organisations.
  - The South Island learning management strategy and future target operating model was presented to the four South Island CEs, including a business case to implement the approach. A more detailed business case was presented to CEs 09 March 2020. The CEs have postponed this decision again.
  - *Note: this work is also linked to work aligned to resolving one of the corrective actions based on the health and disability services standards.*
  - Support for the next technology upgrade will continue at this point. The upgrade provides an opportunity to improve some elements of the user experience in lieu of an approved strategy, operating model, technology and implementation roadmap.
- Talent, Leadership and Capability – in collaboration with HR Business Partnering and Care Starts Here – is commencing the ‘Leadership Essentials Programme’ with all West Coast leaders which leverages and builds on our Health Essentials of Leadership and Management [HELM] learning content. The kick-off workshop is 23 April, with further workshops every other month interspersed with action learning groups. In addition, the Connected Leadership Programme commences for the operational leadership group and key clinical leaders in June to complement the Leadership Essentials Programme and drive the West Coast DHB purpose and strategy right through the health system.

## **4. CONCLUSION**

The People Report remains a work in progress as we refine our approach and content, dashboards, metrics and insights. Feedback from the Board and interested parties on how we can increase the value of information and insights in the report is welcomed.

## **5. APPENDICES**

Appendix 1:	January People Analytics Dashboard
Report prepared by:	Paul Lamb, Head of Core People Operations, People and Capability
Report approved for release by:	Michael Frampton, Chief People Officer, People and Capability

# Monthly WCDHB People Analytics Dashboard – 31 January 2020

## Our Vision

An integrated health system that is clinically sustainable and financially viable and wraps care around the patient to help them stay well



## Our People Objectives

Building a motivated workforce committed to doing their best for the patient and the system...



Promoting equity, fairness, and a safe and healthy workplace



Recruiting and retaining a sustainable health workforce



Delivering high quality care through generalist and specialist health



Collaborating with CDHB to deliver transalpine healthcare

## What does our workforce look like?

### Key Highlights

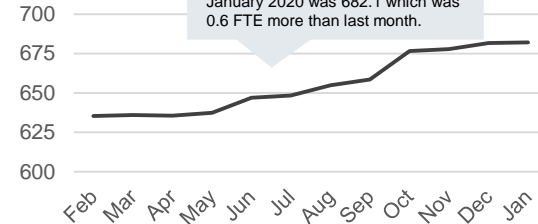
- Our contracted FTE has grown by 56.3 [8.3%] in the last twelve months, which includes a 20.3 FTE [55.9%] increase in Support staff [mostly from moving cleaning services inhouse], as well as a 23.5 FTE [7.3%] increase in Nursing.
- Our ageing workforce presents risks to succession planning and knowledge retention, with only 26.2% aged under 40.
- There is a need to grow the diversity of our workforce to better represent our community.

### FTE | Payroll | Demographics

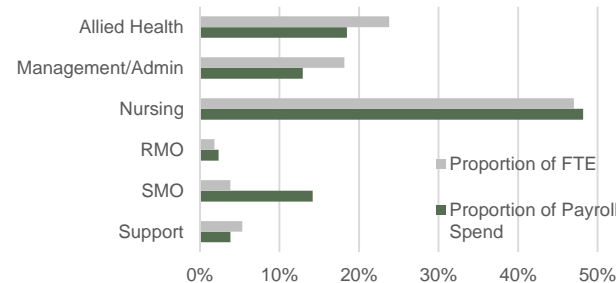
### Diversity

#### Contracted FTE Trend

Total contracted FTE as at 31 January 2020 was 682.1 which was 0.6 FTE more than last month.

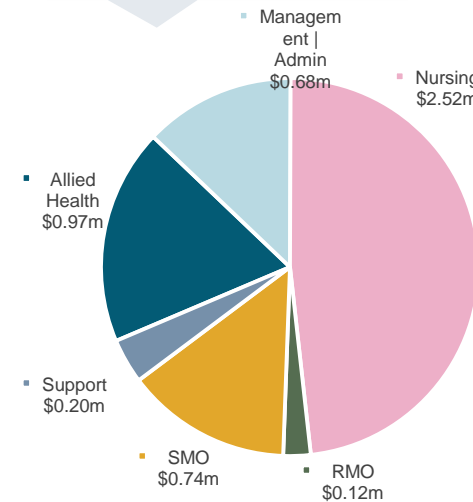


#### Proportion of Payroll Spend vs FTE

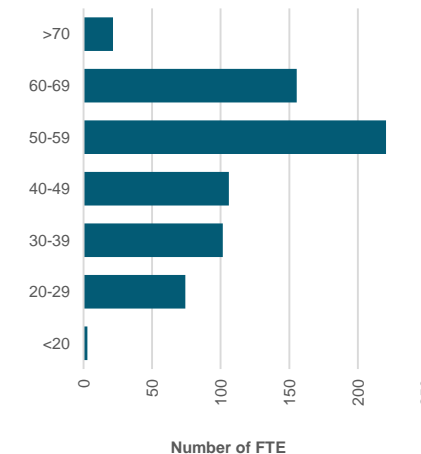


#### Payroll Spend

Our payroll spend [including superannuation] totalled \$5.2m in January 2020.



#### Age Profile



We face pressure around our aging workforce, with 58.3% of our workforce aged 50 or over.

#### Ethnicity Profile

	Total WCDHB employees*	WCDHB Population†	Clinical Roles	Non-Clinical Roles
Māori	5.6%	12.0%	6.0%	4.2%
Pasifika	1.0%	1.2%	0.4%	2.8%
Asian	11.6%	3.6%	13.0%	7.0%

The proportion of people leaders in our workforce who identify as Māori or Pasifika are significantly underrepresented. Also, the majority of Pasifika within the workforce are employed in non-clinical roles.

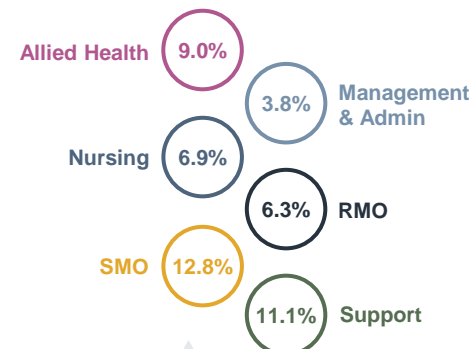
It should be noted that the ethnicity of 42.3% of employees is not currently captured.

## What's changing in our workforce?

### Key Highlights

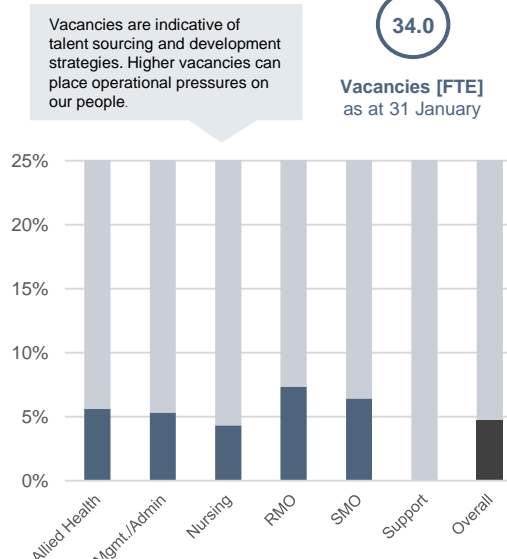
- The unplanned turnover rate for WCDHB is 7.3% [with rates increasing across Nursing and Management & Admin]. This is below the average unplanned turnover for the NZ public service sector [11.8% in 2019].
- Average days vacant has dropped from 136.3 days to 111.9 days; while our average days to fill increased from 81.2 days to 105.6 days. This increase in Days to Fill is due to the placement of 2 SMOs in difficult to fill positions.

#### Attrition Rate by Role over the last 12 months



Attrition rate is an indicator of engagement. High rates can impact continuity of service provision and staff wellbeing for those carrying additional load

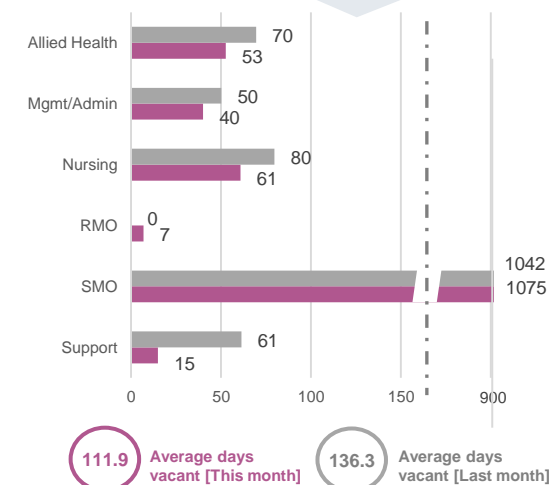
#### Proportion of Vacancies Being Recruited For By Role: as at 31 January



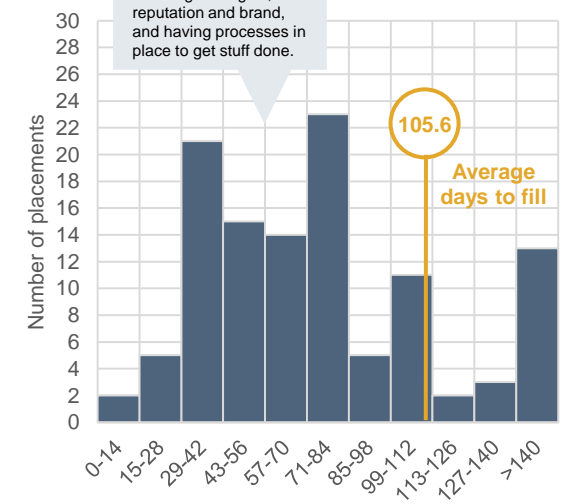
Vacancies are indicative of talent sourcing and development strategies. Higher vacancies can place operational pressures on our people.

#### Average Days Positions Vacant by Role

Average days positions are vacant highlights which professions have been vacant the longest. Increases in days to fill will reduce the average days vacant.



#### Days to Fill Vacancy from Notification for the Previous 6 Months



Average days to fill is indicative of our talent sourcing strategies, our reputation and brand, and having processes in place to get stuff done.



# Monthly WCDHB People Analytics Dashboard – 31 January 2019

## Our Vision

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## Our People Objectives

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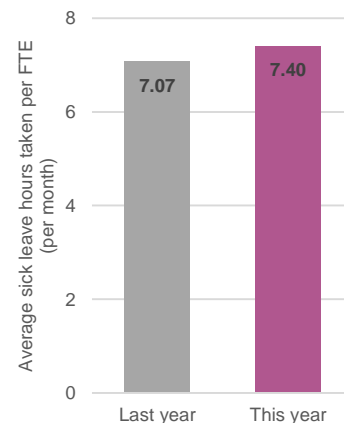
## What's the impact of our Wellbeing, Health and Safety efforts?

### Key Highlights

- On average, our employees have taken 7.4 hours sick leave per month per FTE over the last 12 months; a slight increase (0.33) on the previous 12 month period.
- Average sick leave days taken per FTE has been higher over the last 12 months, with noticeable increases in sick leave taken by SMOs and Allied Health.
- The increase in sick leave taken by SMOs is most likely due to the increase in reporting of sick leave taken, as SMOs have unlimited sick leave and therefore do not need to process sick leave taken against accrued
- During the past 12 months there has been decline in the number of work injuries.
- Lost time injury frequency for the West Coast DHB remains below the industry average of 10 lost time injuries per million hours worked.
- We have had zero Worksafe notifiable events in the past three months.

### Average sick leave hours taken per FTE per month

Sick leave utilisation can be considered a proxy for the general wellbeing of our workforce and the success of our efforts to support our people to be and stay well

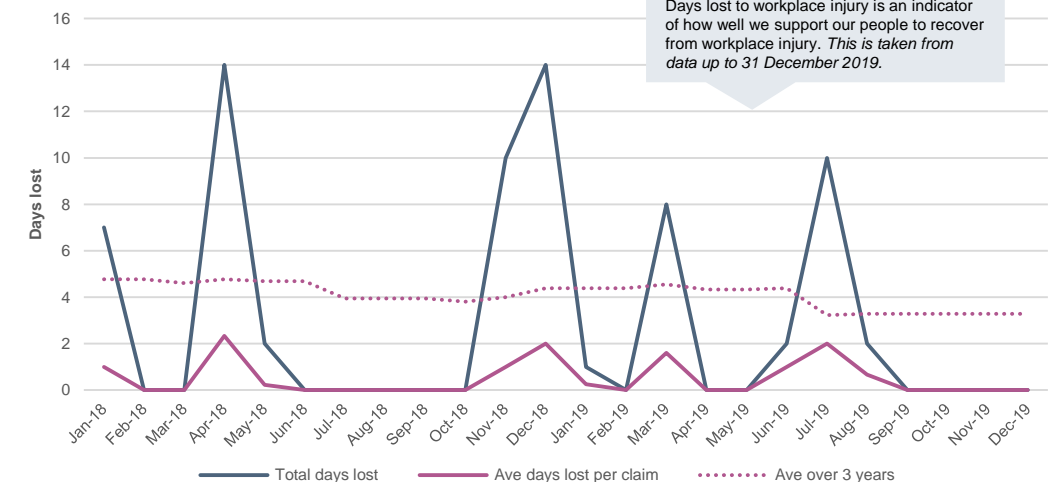


### Sick leave days taken per FTE over 12 months by role

In the last 12 months, our employees took on average 11.1 days sick leave per FTE, compared to 10.6 days in the 12 months prior.



### Days lost to workplace injury by month: Last two years



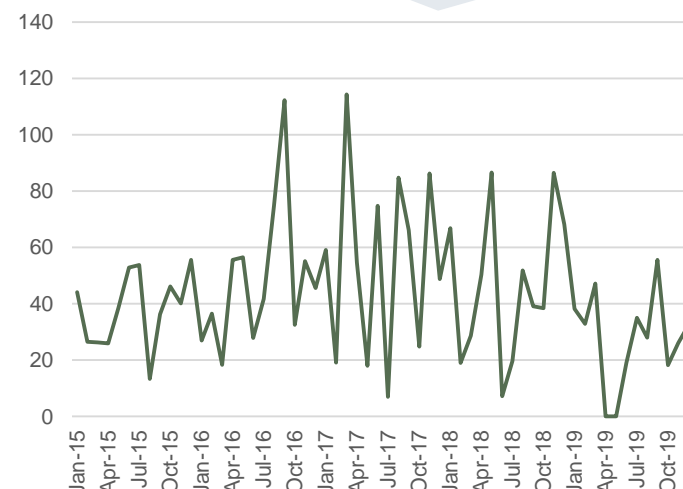
### WorkSafe Notifiable Events

WorkSafe have decided not to investigate or assign an inspector to follow up any of the notified events in the last three months.

Event type	Notifiable Events			Duty Holder Review [Worksafe]		
	Nov-19	Dec-19	Jan-20	Nov-19	Dec-19	Jan-20
Death	-	-	-	-	-	-
Notifiable illness or injury	-	-	-	-	-	-
Notifiable incident	-	-	-	-	-	-

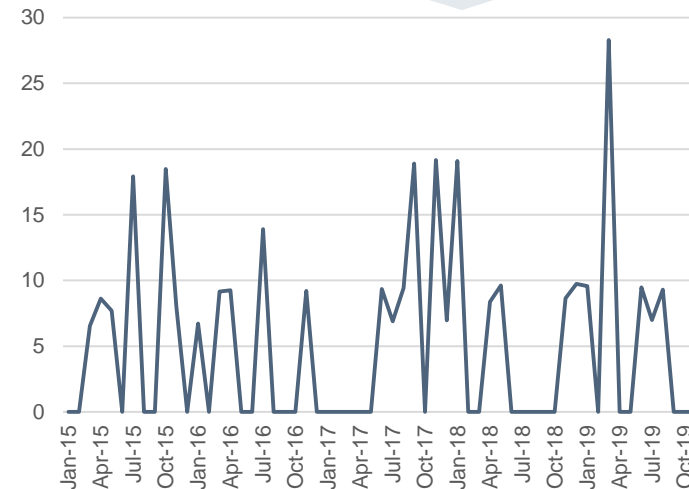
### Combined Injury Frequency [CIFR]

Ratio based on the number of all ACC accepted medical treatment claims per million hours worked. Total combined injuries has remained below the peak in November 2018. This is taken from data up to 31 December 2019.



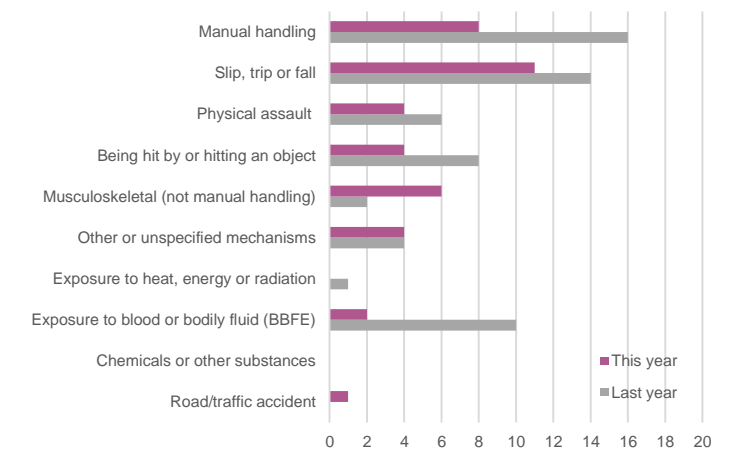
### Lost Time Injury Frequency [LTIFR]

Number of lost time injuries to million hours worked. ACC Healthcare Levy Risk Group Average (Standard) is 10, so we are below and currently remaining constant. This is taken from data up to 31 December 2019.



### Mechanism of Harm: Work Injuries

Number of injuries in the last 12 month period compared to the previous 12 months. This is taken from data up to 31 December 2019.



# FINANCE REPORT



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

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

**DATE:** 27 March 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 January 2020.

## 3. DISCUSSION

### Overview of January 2020 Financial Result

The consolidated West Coast District Health Board financial result for the month of January 2020 was a deficit of \$765K, which was \$38K unfavourable to annual plan. The year to date net deficit of \$4.598m, is \$458K 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	12,415	12,423	(8)	(0.1%)	87,649	86,974	675	0.8%	149,065
Inter DHB Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Inter District Flows Revenue	173	169	4	2.4%	1,215	1,185	30	2.5%	2,029
Patient Related Revenue	682	658	24	3.6%	4,692	4,562	130	2.8%	7,746
Other Revenue	65	67	(2)	(3.0%)	525	484	41	8.5%	814
<b>Total Operating Revenue</b>	<b>13,335</b>	<b>13,317</b>	<b>18</b>	<b>0.1%</b>	<b>94,081</b>	<b>93,205</b>	<b>876</b>	<b>0.9%</b>	<b>159,654</b>
<b>Operating Expenditure</b>									
Personnel costs	6,506	6,361	(145)	(2.3%)	44,348	43,596	(752)	(1.7%)	74,340
Outsourced Services	0	0	0	0.0%	15	0	(15)	0.0%	0
Treatment Related Costs	638	700	62	8.9%	5,157	4,871	(286)	(5.9%)	8,265
External Providers	3,659	3,649	(10)	(0.3%)	25,767	25,547	(220)	(0.9%)	43,561
Inter District Flows Expense	1,901	1,900	(1)	(0.1%)	13,435	13,307	(128)	(1.0%)	22,827
Outsourced Services - non clinical	118	119	1	0.8%	807	831	24	2.9%	1,422
Infrastructure and Non treatment related costs	1,000	949	(51)	(5.4%)	6,871	6,940	69	1.0%	11,648
<b>Total Operating Expenditure</b>	<b>13,822</b>	<b>13,678</b>	<b>(144)</b>	<b>(1.1%)</b>	<b>96,400</b>	<b>95,092</b>	<b>(1,308)</b>	<b>(1.4%)</b>	<b>162,063</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>(487)</b>	<b>(361)</b>	<b>(126)</b>	<b>34.9%</b>	<b>(2,319)</b>	<b>(1,887)</b>	<b>432</b>	<b>(22.9%)</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	230	260	30	11.5%	1,829	1,806	(23)	(1.3%)	3,226
Capital Charge Expenditure	48	106	58	54.7%	450	448	(2)	(0.4%)	978
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>278</b>	<b>366</b>	<b>88</b>	<b>24.0%</b>	<b>2,279</b>	<b>2,254</b>	<b>(25)</b>	<b>(1.1%)</b>	<b>4,204</b>
<b>Net Surplus/(deficit)</b>	<b>(765)</b>	<b>(727)</b>	<b>(38)</b>	<b>(5.2%)</b>	<b>(4,598)</b>	<b>(4,140)</b>	<b>(458)</b>	<b>(11.1%)</b>	<b>(6,613)</b>
<b>Other comprehensive income</b>									
Gain/(losses) on revaluation of property									
<b>Total comprehensive income</b>	<b>(765)</b>	<b>(727)</b>	<b>(38)</b>	<b>(5.2%)</b>	<b>(4,598)</b>	<b>(4,140)</b>	<b>(458)</b>	<b>(11.1%)</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: Justine White, Executive Director, Finance & Corporate Services

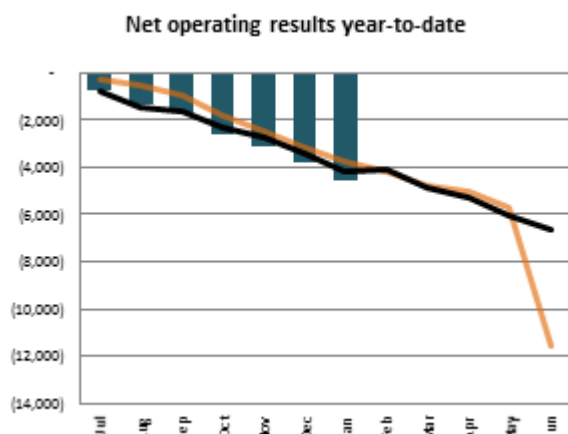


## APPENDIX 1: FINANCIAL RESULT

### FINANCIAL PERFORMANCE OVERVIEW – January 2020

#### Net operating results

	Month Actual \$'000	Month Budget \$'000	Month Variance			YTD Actual \$'000	YTD Budget \$'000	YTD Variance	
Surplus/(Deficit)	(765)	(727)	(38)	5%	✗	(4,598)	(4,140)	(458)	11% ✗



The consolidated West Coast District Health Board financial result for the month of January 2020 was a deficit of \$0.765m, which was \$0.038m unfavourable to annual plan. The year to date net deficit of \$4.958m is \$0.458m 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.
- \$167K 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 into the outyears.
- **\$200K** in National Travel Assistance program – higher volumes and costs are coming through compared to prior year trending.
- **\$350K** in Community Pharmaceuticals.
- **\$460K** net increase in cost of using locums to cover vacancies in medical personnel.
- **\$183K** favourable results in ARC, bed days are currently trending below budget. We are uncertain if this trend will continue.

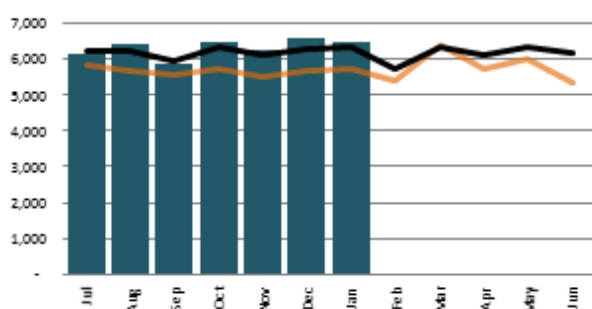
Revenue is offsetting a large portion of the unfavourable expenditure listed above and is reporting a YTD **\$888K** favourable result to budget, this is largely driven from HWNZ revenue \$167K, MOH sub contracts of \$545K and other patient revenues of \$150K.

Commentary is provided on variance to the approved Annual Plan that was submitted in September 2019, with the annual deficit of \$6.613m.

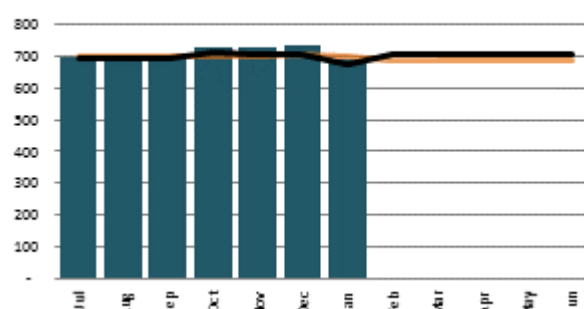
## Personnel costs & FTE

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Medical	1,814	1,561	(253)	-16%	✗	11,701	10,826	(875)	-8%	✗
Nursing	2,916	2,805	(111)	-4%	✗	19,343	19,258	(85)	0%	✗
Allied Health	1,049	1,070	21	2%	✓	7,327	7,406	79	1%	✓
Support	221	197	(24)	-12%	✗	1,249	1,083	(166)	-15%	✗
Management & Admin	506	728	222	30%	✓	4,726	5,022	296	6%	✓
<b>Total</b>	<b>6,506</b>	<b>6,361</b>	<b>(145)</b>	<b>-2%</b>	<b>✗</b>	<b>44,346</b>	<b>43,595</b>	<b>(751)</b>	<b>-2%</b>	<b>✗</b>

Personnel costs (incl Locums)



Personnel FTE (accrued)



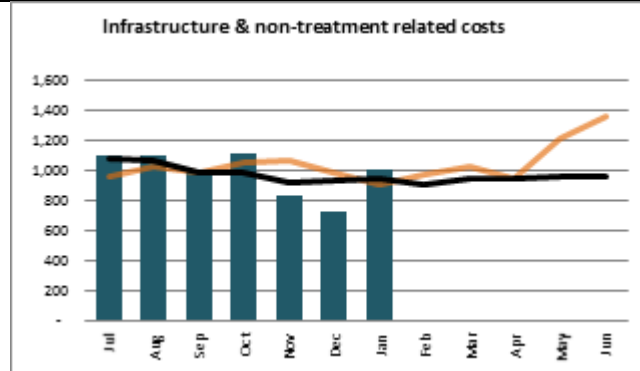
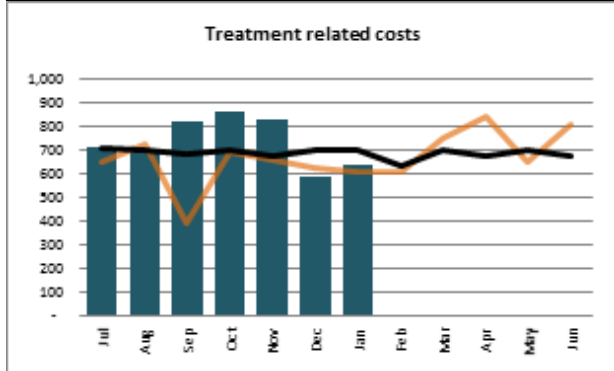
### KEY RISKS AND ISSUES:

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 Medical Personnel, which is forcing a reliance on locum cover, this overspend is offset by favourable results to budget Management/Admin and Allied Health – 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	638	700	62	9% ✓	5,157	4,871	(286)	-6%	✗
Non Treatment related costs	919	919	0	0% ✓	6,856	6,731	(125)	-2%	✗



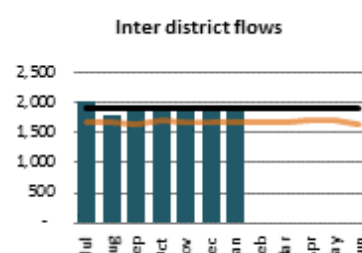
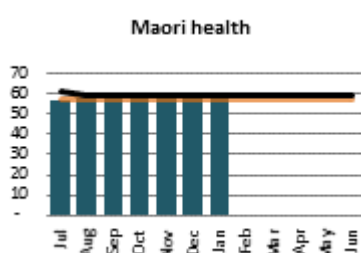
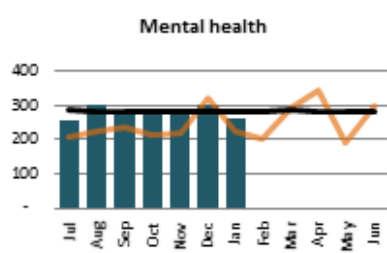
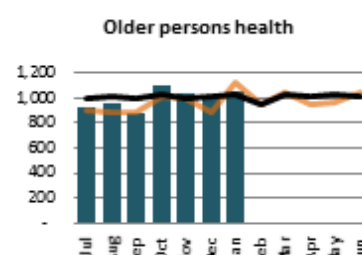
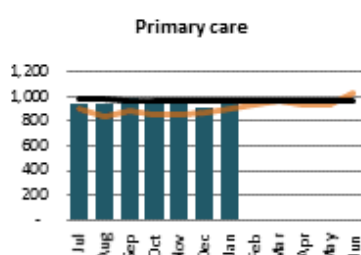
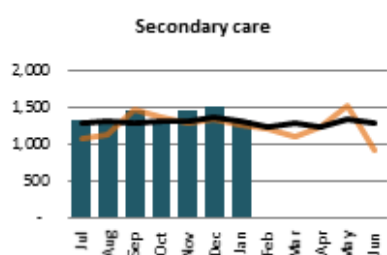
### KEY RISKS AND ISSUES:

**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 \$27K per month – this is likely to continue into the outyears.

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	1,322	1,313	(9)	-1% <span style="color: red;">✗</span>	9,770	9,260	(510)	-6% <span style="color: red;">✗</span>
Primary Care	958	972	14	1% <span style="color: green;">✓</span>	6,672	6,815	143	2% <span style="color: green;">✓</span>
Older Person's Health	1,057	1,021	(36)	-4% <span style="color: red;">✗</span>	6,961	7,066	105	1% <span style="color: green;">✓</span>
Mental Health	261	284	23	8% <span style="color: green;">✓</span>	1,954	1,991	37	2% <span style="color: green;">✓</span>
Maori Health	61	59	(2)	-3% <span style="color: red;">✗</span>	409	415	6	1% <span style="color: green;">✓</span>
IDF	1,901	1,900	(1)	0% <span style="color: red;">✗</span>	13,435	13,307	(128)	-1% <span style="color: red;">✗</span>
Outsourced Clinical	118	119	1	1% <span style="color: green;">✓</span>	822	831	9	1% <span style="color: green;">✓</span>
<b>Total</b>	<b>5,678</b>	<b>5,668</b>	<b>(10)</b>	<b>0% <span style="color: red;">✗</span></b>	<b>40,023</b>	<b>39,685</b>	<b>(338)</b>	<b>-1% <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 as we move into the financial year. 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	9,342	19,623	(10,281)	-52% <span style="color: red;">✗</span>	113,482
Cash	(2,268)	6,377	(8,645)	-136% <span style="color: red;">✗</span>	4,459
Capex	5,314	6,874	1,560	23% <span style="color: green;">✓</span>	13,064

### KEY RISKS AND ISSUES:

WCDHB Cash position continues to deteriorate - this is due to committed expenditure on the Grey Facility FFE now starting to come through. Historically we have flagged with the Board and MOH, that our cash position has been over inflated due to the delay in the rebuild. We have also funded to date the Buller Project spend from our own cash reserves and have applied for a \$2m draw down of project spend in September 2019. MOH have confirmed the \$2m to WCDHB in December 2019, this payment has been received in late February 2020.

There is favourable variance of \$10.131m 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 \$456K

■ 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 January 2020  
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	12,415	12,423	(8)	(0.1%)	87,649	86,974	675	0.8%	149,065
Inter DHB Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Inter District Flows Revenue	173	169	4	2.4%	1,215	1,185	30	2.5%	2,029
Patient Related Revenue	682	658	24	3.6%	4,692	4,562	130	2.8%	7,746
Other Revenue	65	67	(2)	(3.0%)	525	484	41	8.5%	814
<b>Total Operating Revenue</b>	<b>13,335</b>	<b>13,317</b>	<b>18</b>	<b>0.1%</b>	<b>94,081</b>	<b>93,205</b>	<b>876</b>	<b>0.9%</b>	<b>159,654</b>
<b>Operating Expenditure</b>									
Personnel costs	6,506	6,361	(145)	(2.3%)	44,348	43,596	(752)	(1.7%)	74,340
Outsourced Services	0	0	0	0.0%	15	0	(15)	0.0%	0
Treatment Related Costs	638	700	62	8.9%	5,157	4,871	(286)	(5.9%)	8,265
External Providers	3,659	3,649	(10)	(0.3%)	25,767	25,547	(220)	(0.9%)	43,561
Inter District Flows Expense	1,901	1,900	(1)	(0.1%)	13,435	13,307	(128)	(1.0%)	22,827
Outsourced Services - non clinical	118	119	1	0.8%	807	831	24	2.9%	1,422
Infrastructure and Non treatment related costs	1,000	949	(51)	(5.4%)	6,871	6,940	69	1.0%	11,648
<b>Total Operating Expenditure</b>	<b>13,822</b>	<b>13,678</b>	<b>(144)</b>	<b>(1.1%)</b>	<b>96,400</b>	<b>95,092</b>	<b>(1,308)</b>	<b>(1.4%)</b>	<b>162,063</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>(487)</b>	<b>(361)</b>	<b>(126)</b>	<b>34.9%</b>	<b>(2,319)</b>	<b>(1,887)</b>	<b>432</b>	<b>(22.9%)</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	230	260	30	11.5%	1,829	1,806	(23)	(1.3%)	3,226
Capital Charge Expenditure	48	106	58	54.7%	450	448	(2)	(0.4%)	978
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>278</b>	<b>366</b>	<b>88</b>	<b>24.0%</b>	<b>2,279</b>	<b>2,254</b>	<b>(25)</b>	<b>(1.1%)</b>	<b>4,204</b>
<b>Net Surplus/(deficit)</b>	<b>(765)</b>	<b>(727)</b>	<b>(38)</b>	<b>(5.2%)</b>	<b>(4,598)</b>	<b>(4,140)</b>	<b>(458)</b>	<b>(11.1%)</b>	<b>(6,613)</b>
<b>Other comprehensive income</b>									
Gain/(losses) on revaluation of property									
<b>Total comprehensive income</b>	<b>(765)</b>	<b>(727)</b>	<b>(38)</b>	<b>(5.2%)</b>	<b>(4,598)</b>	<b>(4,140)</b>	<b>(458)</b>	<b>(11.1%)</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 January 2020

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
<b>Assets</b>					
<b>Non-current assets</b>					
Property, plant and equipment	21,279	27,694	(6,415)	(23.2%)	22,699
Intangible assets	635	449	186	41.4%	376
Work in Progress	13,011	8,364	4,647	55.6%	8,364
Other investments	320	320	0	0.0%	320
<b>Total non-current assets</b>	<b>35,245</b>	<b>36,827</b>	<b>(1,582)</b>	<b>(4.3%)</b>	<b>31,759</b>
<b>Current assets</b>					
Cash and cash equivalents	(2,268)	6,377	(8,645)	(135.6%)	6,362
Patient and restricted funds	50	56	(6)	(10.7%)	56
Inventories	1,154	1,098	56	5.1%	1,077
Debtors and other receivables	6,914	4,428	2,486	56.1%	3,931
Assets classified as held for sale	0	0	0	0.0%	0
<b>Total current assets</b>	<b>5,850</b>	<b>11,959</b>	<b>(6,109)</b>	<b>(51.1%)</b>	<b>11,426</b>
<b>Total assets</b>	<b>41,095</b>	<b>48,786</b>	<b>(7,691)</b>	<b>(15.8%)</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	2,559	2,423	(136)	(5.6%)	2,399
Other	63	62	(1)	(1.6%)	62
<b>Total non-current liabilities</b>	<b>2,622</b>	<b>2,485</b>	<b>(137)</b>	<b>(5.5%)</b>	<b>2,461</b>
<b>Current liabilities</b>					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	12,409	9,707	(2,702)	(27.8%)	9,327
Employee entitlements and benefits	16,573	16,971	398	2.3%	17,307
<b>Total current liabilities</b>	<b>28,982</b>	<b>26,678</b>	<b>(2,304)</b>	<b>(8.6%)</b>	<b>26,634</b>
<b>Total liabilities</b>	<b>31,604</b>	<b>29,163</b>	<b>(2,441)</b>	<b>(8.4%)</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)	(101,534)	(101,075)	459	0.5%	(96,935)
Trust funds	0	0	0	0.0%	0
<b>Total equity</b>	<b>9,492</b>	<b>19,623</b>	<b>10,131</b>	<b>51.6%</b>	<b>14,090</b>
<b>Total equity and liabilities</b>	<b>41,095</b>	<b>48,786</b>	<b>(7,691)</b>	<b>(15.8%)</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 January 2020

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var
<b>Cash flows from operating activities</b>								
Cash receipts from Ministry of Health, patients and other revenue	12,957	13,300	(343)	(2.6%)	91,869	92,528	(660)	(0.7%)
Cash paid to employees	(6,649)	(6,353)	(296)	(4.7%)	(44,927)	(43,931)	(996)	(2.3%)
Cash paid to suppliers	(2,283)	(1,778)	(505)	(28.4%)	(10,717)	(12,306)	1,589	12.9%
Cash paid to external providers	(3,927)	(3,425)	(502)	(14.7%)	(26,038)	(23,976)	(2,062)	(8.6%)
Cash paid to other District Health Boards	(1,633)	(2,124)	491	23.1%	(13,164)	(14,878)	1,714	11.5%
<i>Cash generated from operations</i>	(1,535)	(380)	(1,155)	304.1%	(2,978)	(2,563)	(415)	16.2%
Interest paid	0	0	0	0.0%	0	0	0	0.0%
Capital charge paid	0	0	0	0.0%	(402)	(342)	(60)	(17.5%)
<b>Net cash flows from operating activities</b>	(1,535)	(380)	(1,155)	304.1%	(3,380)	(2,905)	(475)	16.3%
<b>Cash flows from investing activities</b>								
Interest received	4	17	(13)	(76.5%)	65	120	(55)	(45.8%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(294)	(158)	(136)	(86.1%)	(4,905)	(6,685)	1,780	(26.6%)
Acquisition of intangible assets	(37)	0	(37)	0.0%	(409)	(189)	(220)	
<b>Net cash flows from investing activities</b>	(327)	(141)	(186)	131.9%	(5,249)	(6,754)	1,505	22.3%
<b>Cash flows from financing activities</b>								
Proceeds from equity injections	0	0	0	0.0%	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	0	0	0.0%	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	(1,862)	(521)	(1,341)	257.5%	(8,629)	15	(8,644)	(56958.7%)
Cash and cash equivalents at beginning of period	(406)	6,898	(7,304)	(105.9%)	6,360	6,362	(2)	(0.0%)
<b>Cash and cash equivalents at end of period</b>	<b>(2,268)</b>	<b>6,377</b>	<b>(8,645)</b>	<b>(135.6%)</b>	<b>(2,269)</b>	<b>6,377</b>	<b>(8,646)</b>	<b>(135.6%)</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:** 27 March 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 & 7 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 21 February 2020	For the reasons set out in the previous Board agenda.	
2.	Environmental Services 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.	Draft Annual Plan Approvals 2020/21	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 – 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)
6.	People & Capability	To carry on, without prejudice or	9(2)(j)



	Emerging Issues – Verbal Update	disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	S9(2)(a)
7.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(i)
8.	Report from QFARC Committee	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	9(2)(i) S9(2)(a)

- iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982”;

### 3. **SUMMARY**

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

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

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

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

Clause 33 of the Act also further provides:

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

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

Report Prepared by:

Board Secretary

## WEST COAST DHB – MEETING SCHEDULE

### FEBRUARY – DECEMBER 2020

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	9.45am	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	10.00am	West Coast Regional Council, 388 Main South Road, Paroa, Greymouth
Friday 8 May 2020	BOARD MEETING	TBC	Westport
Thursday 11 June 2020	Advisory Committee Meeting	9.45am	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	9.45am	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	9.45am	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.