

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



BOARD MEETING

**Friday 8 May 2020
at 10.15am**

via zoom

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

KARAKIA

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

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

AGENDA – PUBLIC

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held via zoom
on Friday 8 May 2020 commencing at 10.15am

KARAKIA**10.15am****ADMINISTRATION**

Apologies

1. [Interest Register](#)
2. [Confirmation of the Minutes of the Previous Meetings](#)
 - *27 March 2020*
3. [Carried Forward/Action List Items](#)

REPORTS FOR NOTING**10.20am**

- | | | | |
|-----|---|--|--------------------------|
| 4. | Chair's Update – Verbal Update | <i>Chair</i> | <i>10.20am – 10.25am</i> |
| 5. | Chief Executive's Update | David Meates | <i>10.25am – 10.55am</i> |
| | Verbal Update | <i>Chief Executive</i> | |
| | - COVID-19 Response Activities | Philip Wheble | |
| | - Transition Planning | <i>General Manager West Coast</i> | |
| 6. | Clinical Leader's Report | Brittany Jenkins | <i>10.55am – 11.05am</i> |
| | Verbal Update | <i>Director of Nursing</i> | |
| 7. | People Report | Terezka Trotter | <i>11.05am – 11.15am</i> |
| | Verbal Update | <i>Head of HR Business Partnering,
People & Capability</i> | |
| 8. | Finance Report | Justine White | <i>11.15am – 11.25am</i> |
| | - Equity Support for 2019/20 | <i>Executive Director, Finance & Corporate Services</i> | |
| 9. | Tatau Pounamu Advisory Group Update | Susan Wallace | <i>11.25am – 11.35am</i> |
| | | <i>Chair, Tatau Pounamu Advisory Group</i> | |
| 10. | Resolution to Exclude the Public | <i>Board Secretary</i> | <i>11.35am</i> |

INFORMATION ITEMS

- [2020 Meeting Dates](#)

ESTIMATED FINISH TIME**11.35am****NEXT MEETING:** Friday 26 June 2020

MEMBERS



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 MEMBERS INTERESTS REGISTER



Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Rick Barker Chair	<ul style="list-style-type: none"> Deputy Chair - Hawke's Bay Regional Council Commissioner - Representation Commission Director - Napier Port Director - Hawke's Bay Regional Council Investment Company 	N N N N	
Tony Kokshoorn Deputy Chair	<ul style="list-style-type: none"> Dixon House, Greymouth - Trustee Greymouth Evening Star Newspaper – Shareholder Hokitika Guardian Newspaper – Shareholder Greymouth Car Centre - Shareholder Daughter a Doctor at Christchurch Hospital 	N Y Y N N	
Chris Auchinvole	<ul style="list-style-type: none"> Director Auchinvole & Associates Ltd Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand Daughter-in-law employed by Otago DHB 	N N N	
Susan Barnett	<ul style="list-style-type: none"> Employed by the West Coast DHB as a Public Health Nurse based in Reefton (0.2FTE) I also undertake on-call work for multiple areas: Practice Nursing; District Nursing and as a Registered Nurse at the Reefton Health Centre. 	Y Y	
Sarah Birchfield	<ul style="list-style-type: none"> Accessible West Coast Coalition Group - Member Canterbury/West Coast Disability Action Plan Committee – Member Active West Coast Committee - Member 	N N N	
Helen Gillespie	<ul style="list-style-type: none"> Department of Conservation – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a positive difference to the lives of all New Zealanders through nature. Husband works for New Zealand Police – Based in Hokitika and currently working in the Traffic Safety Team 	N N	

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

Francois Tumahai	<ul style="list-style-type: none"> • Te Runanga o Ngati Waewae – Chair This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast. 	N	Actual
	<ul style="list-style-type: none"> • Poutini Environmental - Director Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification. 	N	
	<ul style="list-style-type: none"> • Arahura Holdings Limited – Chief Executive 	N	
	<ul style="list-style-type: none"> • West Coast Regional Council Resource Management Committee – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991. 	N	
	<ul style="list-style-type: none"> • Poutini Waiora Board - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini. 	Y	
	<ul style="list-style-type: none"> • Development West Coast – Trustee Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the Government. It is governed by a Deed of Trust which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future. 	N	
	<ul style="list-style-type: none"> • West Coast Development Holdings Limited – Director 	N	
	<ul style="list-style-type: none"> • Putake West Coast – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business. 	N	
	<ul style="list-style-type: none"> • Ngai Tahu Pounamu – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving 	N	
	<ul style="list-style-type: none"> • Westland Wilderness Trust – Chair 	N	
	<ul style="list-style-type: none"> • West Coast Conservation Board – Board Member The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for the West Coast region. 	N	
	<ul style="list-style-type: none"> • New Zealand Institute for Minerals to Materials Research (NZIMMR) – Director 	N	
	<ul style="list-style-type: none"> • Westland District Council – Councillor 	N	

MINUTES



MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING held via zoom on Friday 27 March 2020 commencing at 10.15am

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

Susan Barnett was an apology for early departure (11am)

EXECUTIVE SUPPORT

David Meates (Chief Executive); Philip Wheble (General Manager, West Coast); Gary Coghlan (General Manager Maori Health); Dr Jacqui Lunday-Johnston (Executive Director of Allied Health); Brittany Jenkins (Director of Nursing); Melissa Macfarlane (Team Leader, Planning & Performance); Terezka Trotter (Head of HR Business Partnering); Stella Ward (Chief Digital Officer); Justine White (Executive Director, Finance & Corporate Services); and Kay Jenkins (Board Secretary).

APOLOGIES

Michael Frampton (Chief People Officer); Carolyn Gullery (Executive Director, Planning & Funding & Decision Support); Karalyn van Deursen (Executive Director, Communications).

Hon Rick Barker, Chairman, welcomed everyone to the zoom meeting saying that we are here on zoom due to an incredibly serious issue never before faced in New Zealand.

He commented that during this time it seems we are expecting our health system to deal with Business as Usual and also respond to COVID-19. He added that this is a huge demand and we must pay tribute to the professionals doing this as well as dealing with their own families. In addition Mr Barker commented that the only way we can address this is to do as we are told and stay home as if not the time it takes us will be extended. He noted that a number of people will die due to this virus.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Susan Barnett advised that she is no longer a "casual" employee at the Reefton Health Centre so this word should be deleted.

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 (07/20)

"That the minutes of the Meeting of the West Coast District Health Board held at St John, on Friday 21 February 2020 be confirmed as a true and correct record".

Moved: Peter Neame/seconded: Tony Kokshoorn – carried

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items noted. It was also noted that the Finance 101 workshop would be rescheduled.

4. CHAIR'S UPDATE

Hon Rick Barker, Chairman, updated the Board regarding the situation around Te Nikau. He advised that the Ministry of Health and Fletchers have resolved their differences and agreed a pathway forward. Fletchers have been given special dispensation for completion of this project. There is difficulty in getting staff and materials out of Australia but this is being addressed.

Mr Barker added that there a number of outstanding issues of a technical nature and by the end of next week there will be an agreed plan between the Ministry and Fletchers to address these. He added that this represents significant progress and he commented that he has made it very clear that he expects this to be completed very quickly and the Ministry of Health have agreed to assist in any way they can.

The Chief Executive stressed the importance of a focus remaining on Te Nikau however the current planning for COVID-19 has been around how we use the current facilities. Getting this facility completed is an important part of how we move into the future.

Mr Barker advised that he has asked for a "single source of truth" and he will hold them to account for this.

In regard to Buller, Mr Barker advised that tenders for the removal of asbestos have been received and these are going through the assessment process. This project will not be able to commence in the immediate future however there will be a lot of administration work that can be completed so work can commence as soon as allowed.

Mr Barker advised that the Minister of Health has issued a letter to all Boards that empowers the Chief Executive to spend money on COVID-19 without the approval of the Board. He commented that this is an excellent thing to do. It was noted that when this authority is used advice will come back to the Board and QFARC.

The Chair's update was noted.

5. CHIEF EXECUTIVE'S UPDATE

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

In regard to COVID-19 Mr Meates highlighted that the importance on the ongoing community responsibility to slow the progress of the virus still remains the most important challenge facing us. The West Coast has had its Emergency Operations Centre (EOC) up and running for a week and it is operating 24/7 with all activities being regularly reviewed.

He stressed the importance of a joined up response and as we continue to move through this unprecedented situation we will continue to deal with a changing environment. He added that the Board can be assured that everything is being well thought through and staff are being trained in the use of PPE which is very important.

Mr Meates advised that 4 CBAC's have been established across the West Coast. The DHB is postponing as much deferrable care as possible while also protecting staff and creating capacity for

the health system to respond. He added that over time planning will commence for a post COVID environment but this is in the future. What is really important is that if anyone is unwell they should continue to access services through General Practice by phoning first. He added it is important for the community to understand that they can still access services if they need to.

The Chief Executive stressed the importance of self-isolation and staying within their bubbles which is part of the collective responsibility of everyone throughout New Zealand.

Philip Wheble, General Manager advised that teams are doing really well and continuing to look at various strategies to prevent cross infection. He added that one of the most important things is supporting our staff as not only are they supporting the community but they are part of the community.

A query was made regarding the lighting being left on in Te Nikau and the cost of this. It was noted that this is part of the project cost and an important part of the commissioning process and also it is anticipated that contractors will be working unusual hours.

Discussion took place around DNAs for Maori. Chris Auchinvole, Board representative on the Tatau Pounamu Advisory Group, commented that the Committee had done quite a bit of work around this and it is important that if processes change the Committee needs to be kept informed.

Melissa Macfarlane, Team Lead, Planning and Performance commented that a lot of initiatives have been suggested in this area with quite strong voice providing advice around what needs to be done. Once this is followed up this will come back to the Board.

Resolution (08/20)

That the Board:

- i. notes the Chief Executive's update.

Moved: Tony Kokshoorn/seconded: Peter Neame – carried

6. CLINICAL LEADER'S VERBAL UPDATE

Brittany Jenkins, Director of Nursing, advised that at the moment the focus of Clinical Leaders is on COVID and around communication. She commented that the situation is rapidly changing so ensuring everyone is up to date and feeling supported is important. She added that this situation sees us working on a regular basis with the Unions and promoting key messages to those on the front line and also feeding information back to the EOC from them.

Ms Jenkins advised that staff are working really hard and we have about 50 people in the community giving up their non-essential care so the focus can be elsewhere.

She also advised that PPE training is continuing and this has been extended into external agencies. Work is also taking place with clinicians around work in the community around domestic violence.

In regard to the current visitor policy Ms Jenkins advised that messaging has gone out around a “no visitor policy” except for maternity and paediatrics. Special arrangements are available through clinicians.

A query was made as to whether liaison is taking place with Grainger House and Dixon House and it was noted that staff in the EOC are charged with this role. Level 4 has seen Aged Residential Care facilities closing down with only essential services being admitted. It was also noted that a number of positive comments have been received around this work from ARC.

A query was made regarding statistics and it was noted that to avoid confusion this information is provided by the Ministry of Health as they have access to all statistics.

Discussion took place regarding influenza vaccinations and also the availability of this.

Resolution (09/20)

That the Board:

- i. notes the Clinical Leader's update.

Moved: Helen Gillespie/seconded: Edie Moke – carried

7. PEOPLE REPORT

Terezka Trotter, Head of HR Business Partnering, People & Capability, presented this report which was taken as read. She advised that People & Capability are pivoting most of their resources to COVID-19, ensuring that all people managers have all of the information they require to communicate. She added that a lot of resource has been provided around self-assessment and where the most appropriate place is for people to be working. Resources are also being provided around child care and where to get assistance for this and how to look after yourself. Work has also been done around working from home.

A query was made regarding assistance from qualified people in the community and it was noted that there have been a lot of offers and these are being worked through. It was noted that there are clear guidelines around this process.

A query was made in regard to the graphs around sick leave and whether there is a separate graph for stress leave. It was noted that there is not currently a category for this.

The Chair commented that our staff are our most important asset and the point around stress is noted. He added that he has no doubt that this challenge will not be over in four weeks and we should be aware that our people working with infected people may not go home as they will want to keep their families safe. Ms Trotter advised that People & Capability are working with hospitality and accommodation providers who are prepared to give the DHB space for this.

Resolution (10/20)

That the Board:

- i. notes the People Report

Moved: Chris Auchinvole/seconded: Sarah Birchfield – carried

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 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.

Ms White advised that the underlying pressures remain the same as previously. She added that cost tracking of COVID-19 is taking place so we are very clear around these costs. These are being provided to the Ministry of Health on a weekly basis. She added that we are also closely tracking our cash flow position.

Resolution (11/20)

That the Board:

- i. notes the financial results for the period ended 31 January 2020

Moved: Peter Neame/seconded Helen Gillespie – carried

9. 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 (12/20)

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 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 Emerging Issues – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	9(2)(j) S9(2)(a)
7.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
8.	Report from QFARC	To carry on, without prejudice or	9(2)(j)

	Committee	disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	S9(2)(a)
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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”;

Moved Tony Kokshoorn/seconded Edie Moke – carried

There being no further business the public open section of the meeting closed at 11.35am. The Public Excluded section of the meeting commenced at 11.45am and concluded at 1.05pm.

Hon Rick Barker, Chair

Date

CARRIED FORWARD/ACTION ITEMS



WEST COAST DISTRICT BOARD – BOARD MEETING CARRIED FORWARD/ACTION ITEMS AS AT 8 MAY 2020

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	21 February 2020	Suicide Prevention	Update for Board	To be scheduled
2.	21 February 2020	Cultural Competency	Update for Board	To be scheduled
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.	27 March 2020	Finance 101	Presentation	To be re-scheduled

FINANCE REPORT

TO: Chair and Members
West Coast District Health Board

SOURCE: Executive Director, Finance & Corporate Services

DATE: 8 May 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 purpose of this paper is to provide a regular monthly report of the financial results of the West Coast District Health Board and other financial related matters.

2. RECOMMENDATION

That the Committee:

- i. notes the financial result and related matters for the period ended 31 March 2020.

3. DISCUSSION

Overview of March 2020 Financial Result

The consolidated West Coast District Health Board financial result for the month of March 2020 was a deficit of \$835k, which was \$91k unfavourable to annual plan. The year to date net deficit of \$5.527m, is \$697k unfavourable to annual plan.

At this point we are just starting to see COVID-19 costs coming through, included in the March results are circa \$100k of costs incurred in relation to the current pandemic. It is expected that these additional costs will continue to be incurred and will impact in a number of areas. The risk profile in regard to the financial impacts of COVID-19 is still emerging, and in this respect the impact on the remainder of this financial year and on the 2020/21 financial year are still being established.

For period ending

31 March 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
Operating Revenue									
Crown and Government sourced	12,621	12,425	196	1.6%	112,827	111,802	1,025	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%)	1,545	1,523	22	1.4%	2,029
Patient Related Revenue	694	658	36	5.5%	6,041	5,814	227	3.9%	7,746
Other Revenue	60	67	(7)	(10.4%)	622	615	7	1.1%	814
Total Operating Revenue	13,542	13,319	223	1.7%	121,035	119,754	1,281	1.1%	159,654
Operating Expenditure									
Personnel costs	6,584	6,356	(228)	(3.6%)	57,165	55,702	(1,463)	(2.6%)	74,340
Outsourced Services	0	0	0	0.0%	17	0	(17)	0.0%	0
Treatment Related Costs	938	701	(237)	(33.8%)	6,887	6,206	(681)	(11.0%)	8,265
External Providers	3,596	3,642	46	1.3%	32,645	32,685	40	0.1%	43,561
Inter District Flows Expense	1,902	1,900	(2)	(0.1%)	17,235	17,119	(116)	(0.7%)	22,827
Outsourced Services - non clinical	118	119	1	0.8%	1,052	1,067	15	1.4%	1,422
Infrastructure and Non treatment related costs	1,001	949	(52)	(5.5%)	8,861	8,790	(71)	(0.8%)	11,648
Total Operating Expenditure	14,139	13,667	(472)	(3.5%)	123,862	121,569	(2,293)	(1.9%)	162,063
Result before Interest, Depn & Cap Charge	(597)	(348)	(249)	71.6%	(2,828)	(1,815)	1,013	(55.8%)	(2,409)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	190	290	100	34.5%	2,153	2,356	203	8.6%	3,226
Capital Charge Expenditure	48	106	58	54.7%	546	660	114	17.3%	978
Total Interest, Depreciation & Capital Charge	238	396	158	39.9%	2,699	3,016	317	10.5%	4,204
Net Surplus/(deficit)	(835)	(744)	(91)	(12.2%)	(5,527)	(4,830)	(697)	(14.4%)	(6,613)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(835)	(744)	(91)	(12.2%)	(5,527)	(4,830)	(697)	(14.4%)	(6,613)

4. APPENDICES

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

Report prepared by: Alexis Bainbridge, Assistant Accountant

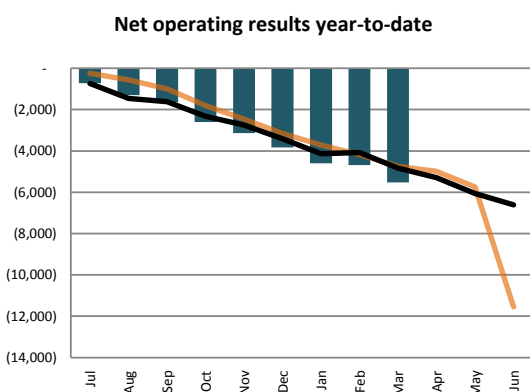
Report approved by: Justine White, Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – March 2020

Net operating results

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	(835)	(744)	(91)	12%	X	(5,527)	(4,830)	(697)	14%	X



West Coast DHB has reported a deficit of \$835K for the month of March 2020, this is an unfavourable variance to the annual plan for the month of **\$91K (YTD: UF \$697K)**, however this includes almost \$100k of COVID-19 related expenditure. Year to date 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 tū 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.
- **\$225K** PCT and high cost medicines are higher than budgeted.
- **\$226k** in Intragam costs in treatment disposables – we have a couple of patients driving this variance of \$30K per month now likely to continue into the following financial year.
- **\$202K** in patient transfers – this is volume based.
- **\$200K** in National Travel Assistance program – higher volumes and costs are coming through compared to prior year trending.
- **\$350K** in Community Pharmaceuticals
- **\$703K** net increase in cost of using locums to cover vacancies in medical personnel.
- **\$107K** favourable results in ARC, bed days are currently trending below budget. We are uncertain if this trend will continue.

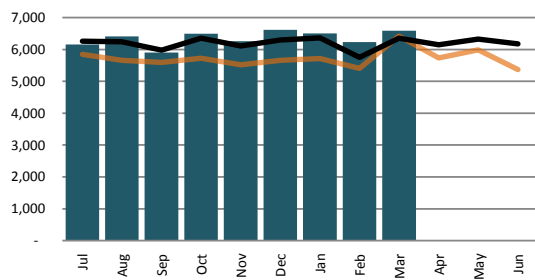
Revenue is offsetting a large portion of the unfavourable expenditure listed above and is reporting a YTD **\$1.291m** favourable result to budget, this is largely driven from HWNZ revenue, MOH sub contracts and other patient revenues.

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

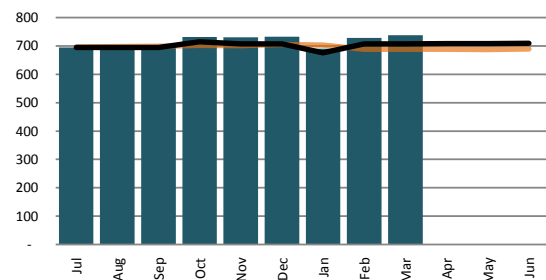
Personnel costs & FTE

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Medical	1,685	1,562	(123)	-8%	✗	15,070	13,798	(1,272)	-9%	✗
Nursing	3,068	2,787	(281)	-10%	✗	24,928	24,572	(356)	-1%	✗
Allied Health	1,104	1,088	(16)	-1%	✗	9,419	9,463	44	0%	✓
Support	222	195	(27)	-14%	✗	1,657	1,464	(193)	-13%	✗
Management & Admin	505	724	219	30%	✓	6,089	6,404	315	5%	✓
Total	6,584	6,356	(228)	-4%	✗	57,163	55,701	(1,462)	-3%	✗

Personnel costs (incl Locums)



Personnel FTE (accrued)



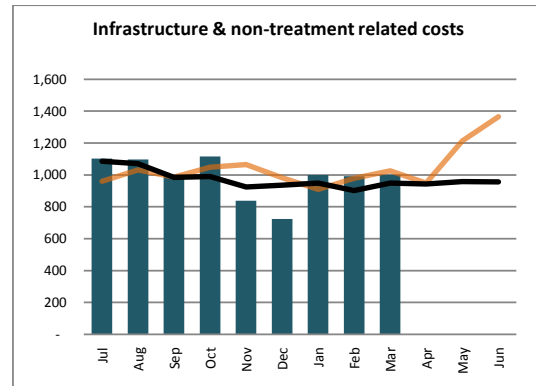
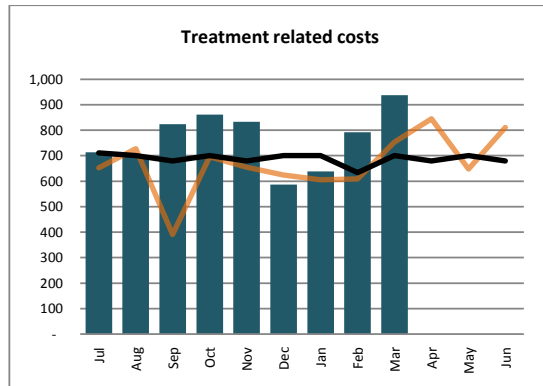
KEY RISKS AND ISSUES:

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	938	701	(237)	-34%	✗	6,887	6,206	(681)	-11%	✗
Non Treatment related costs	913	931	18	2%	✓	8,720	8,492	(228)	-3%	✗



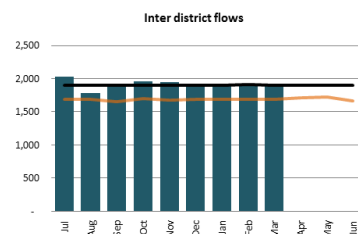
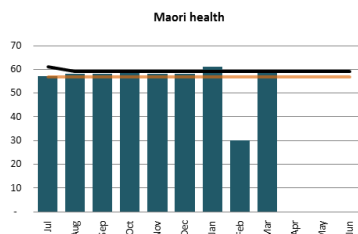
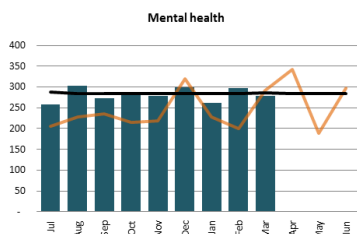
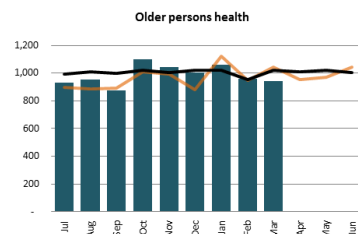
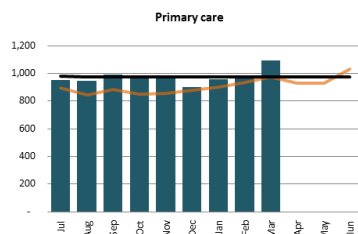
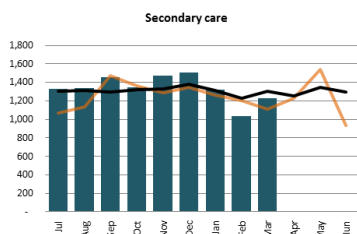
KEY RISKS AND ISSUES:

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 \$30K 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	1,226	1,304	78	6%	✓	12,028	11,790	(238)	-2% ✗
Primary Care	1,092	972	(120)	-12%	✗	8,727	8,759	32	0% ✓
Older Person's Health	940	1,022	82	8%	✓	8,861	9,043	182	2% ✓
Mental Health	279	285	6	2%	✓	2,530	2,560	30	1% ✓
Maori Health	59	59	-	0%	✓	498	533	35	7% ✓
IDF	1,902	1,900	(2)	0%	✗	17,235	17,119	(116)	-1% ✗
Outsourced Clinical	118	119	1	1%	✓	1,068	1,067	(1)	0% ✗
Total	5,616	5,661	45	1%	✓	50,947	50,871	(76)	0% ✗



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	8,412	112,533	(104,121)	-93% ✗	113,482
Cash	(242)	6,185	(6,427)	-104% ✗	4,459
Capex	5,451	9,790	4,339	44% ✓	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 applied for a \$2m drawdown of project spends in September 2019. MOH have confirmed the \$2m to WCDHB in December 2019, this payment was received in late February 2020.

There is unfavourable variance of \$103.971m in equity, this is due to the \$3.6m drawdown of funding for the Westport IFHC, \$6.074m deficit support, \$93.6m new Grey Facility and our YTD unfavourable net result of \$697K.

APPENDIX 2: WEST COAST DHB STATEMENT OF COMPREHENSIVE REVENUE & EXPENSE**Statement of comprehensive revenue and expense**

For period ending 31 March 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
Operating Revenue									
Crown and Government sourced	12,621	12,425	196	1.6%	112,827	111,802	1,025	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%)	1,545	1,523	22	1.4%	2,029
Patient Related Revenue	694	658	36	5.5%	6,041	5,814	227	3.9%	7,746
Other Revenue	60	67	(7)	(10.4%)	622	615	7	1.1%	814
Total Operating Revenue	13,542	13,319	223	1.7%	121,035	119,754	1,281	1.1%	159,654
Operating Expenditure									
Personnel costs	6,584	6,356	(228)	(3.6%)	57,165	55,702	(1,463)	(2.6%)	74,340
Outsourced Services	0	0	0	0.0%	17	0	(17)	0.0%	0
Treatment Related Costs	938	701	(237)	(33.8%)	6,887	6,206	(681)	(11.0%)	8,265
External Providers	3,596	3,642	46	1.3%	32,645	32,685	40	0.1%	43,561
Inter District Flows Expense	1,902	1,900	(2)	(0.1%)	17,235	17,119	(116)	(0.7%)	22,827
Outsourced Services - non clinical	118	119	1	0.8%	1,052	1,067	15	1.4%	1,422
Infrastructure and Non treatment related costs	1,001	949	(52)	(5.5%)	8,861	8,790	(71)	(0.8%)	11,648
Total Operating Expenditure	14,139	13,667	(472)	(3.5%)	123,862	121,569	(2,293)	(1.9%)	162,063
Result before Interest, Depn & Cap Charge	(597)	(348)	(249)	71.6%	(2,828)	(1,815)	1,013	(55.8%)	(2,409)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	190	290	100	34.5%	2,153	2,356	203	8.6%	3,226
Capital Charge Expenditure	48	106	58	54.7%	546	660	114	17.3%	978
Total Interest, Depreciation & Capital Charge	238	396	158	39.9%	2,699	3,016	317	10.5%	4,204
Net Surplus/(deficit)	(835)	(744)	(91)	(12.2%)	(5,527)	(4,830)	(697)	(14.4%)	(6,613)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(835)	(744)	(91)	(12.2%)	(5,527)	(4,830)	(697)	(14.4%)	(6,613)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 31 March 2020
in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	21,032	127,040	(106,008)	(83.4%)	22,699
Intangible assets	558	469	89	19.0%	376
Work in Progress	13,148	2,364	10,784	456.2%	8,364
Other investments	320	320	0	0.0%	320
Total non-current assets	35,058	130,193	(95,135)	(73.1%)	31,759
Current assets					
Cash and cash equivalents	(242)	6,185	(6,427)	(103.9%)	6,362
Patient and restricted funds	48	56	(8)	(14.3%)	56
Inventories	1,189	1,098	91	8.3%	1,077
Debtors and other receivables	5,598	4,428	1,170	26.4%	3,931
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	6,593	11,767	(5,174)	(44.0%)	11,426
Total assets	41,651	141,960	(100,309)	(70.7%)	43,185
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,603	2,423	(180)	(7.4%)	2,399
Other	63	62	(1)	(1.6%)	62
Total non-current liabilities	2,666	2,485	(181)	(7.3%)	2,461
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	10,881	9,929	(952)	(9.6%)	9,327
Employee entitlements and benefits	17,542	17,013	(529)	(3.1%)	17,307
Total current liabilities	28,423	26,942	(1,481)	(5.5%)	26,634
Total liabilities	31,089	29,427	(1,662)	(5.6%)	29,095
Equity					
Crown equity	85,926	189,200	103,274	54.6%	85,926
Other reserves	25,100	25,098	(2)	(0.0%)	25,098
Retained earnings/(losses)	(102,464)	(101,765)	699	0.7%	(96,935)
Trust funds	0	0	0	0.0%	0
Total equity	8,562	112,533	103,971	92.4%	14,090
Total equity and liabilities	39,651	141,960	(102,309)	(72.1%)	43,185

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending
in thousands of New Zealand dollars

31 March 2020

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	14,335	13,302	1,033	7.8%	120,440	119,044	1,396	1.2%
Cash paid to employees	(5,908)	(6,326)	418	6.6%	(56,724)	(55,995)	(729)	(1.3%)
Cash paid to suppliers	(2,250)	(1,764)	(486)	(27.5%)	(16,656)	(15,717)	(939)	(6.0%)
Cash paid to external providers	(3,968)	(3,418)	(550)	(16.1%)	(33,322)	(30,665)	(2,657)	(8.7%)
Cash paid to other District Health Boards	(1,530)	(2,124)	594	28.0%	(16,558)	(19,139)	2,581	13.5%
<i>Cash generated from operations</i>	679	(330)	1,009	(305.8%)	(2,821)	(2,472)	(349)	14.1%
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%)
Net cash flows from operating activities	679	(330)	1,009	(305.8%)	(3,223)	(2,814)	(409)	14.5%
Cash flows from investing activities								
Interest received	1	17	(16)	(94.1%)	71	153	(82)	(53.6%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(384)	(2,758)	2,374	86.1%	(5,079)	(9,547)	4,468	(46.8%)
Acquisition of intangible assets	0	0	0	0.0%	(372)	(243)	(129)	
Net cash flows from investing activities	(383)	(2,741)	2,358	(86.0%)	(5,380)	(9,637)	4,257	44.2%
Cash flows from financing activities								
Proceeds from equity injections	0	2,600	(2,600)	100.0%	0	12,274	(12,274)	100.0%
Repayment of equity	0	0	0	0.0%	2,000	0	2,000	0.0%
<i>Cash generated from equity transactions</i>	0	2,600	(2,600)	100.0%	2,000	12,274	(10,274)	83.7%
Borrowings raised								
Repayment of borrowings	0	0	0	0.0%	0	0	0	0.0%
Payment of finance lease liabilities	0	0	0	0.0%	0	0	0	0.0%
Net cash flows from financing activities	0	0	0	0.0%	2,000	0	2,000	0.0%
Net increase in cash and cash equivalents	296	(471)	767	(162.8%)	(6,603)	(177)	(6,426)	3634.0%
Cash and cash equivalents at beginning of period	(538)	6,656	(7,194)	(108.1%)	6,360	6,362	(2)	(0.0%)
Cash and cash equivalents at end of period	(242)	6,185	(6,427)	(103.9%)	(243)	6,185	(6,428)	(103.9%)

Hon Dr David Clark

MP for Dunedin North

Minister of Health



20 April 2020

Hon Rick Barker
Board Chair
West Coast District Health Board

Dear Rick

Equity Support for 2019/20 – West Coast District Health Board

I refer to the letter received from you of 27 February 2020 in which West Coast District Health Board (DHB) requested equity support for 2019/20 of \$11.555 million. The appropriation: Equity Support for DHB deficits is limited to providing equity support for the purposes of maintaining and restoring working capital. It is not tied to reported deficits.

The available funding from the appropriation in 2019/20 was limited and DHBs' requests for equity support exceed the available funding by a significant amount. Consequently, funds have had to be reallocated across from the Health Capital Envelope to provide a required level of support to DHBs and to the sector.

I am pleased to advise that approval has been given to provide the DHB with an equity injection of \$6.0 million from the available funds. I note that this amount will be sufficient to clear the DHB's reported overdraft as at 29 February 2020.

The purpose of the equity injection is to maintain the DHB's financial liquidity. In granting this approval I remind the DHB of my expectation that it will manage within the allocated funding. I have asked the Ministry to continue to work closely with those DHBs requiring equity support to ensure that appropriate measures and controls are in place. These measures are designed to provide me with continued assurance that Boards are actively managing cost growth, particularly in regard to ensuring that the Board has oversight of all decisions taken in reference to the response for COVID-19.

I expect the Board to assure itself that any increases to the DHB's cost base are only approved where unavoidable. To that end I expect that the Board will tighten its delegations of financial authorities to ensure that the approval of some specific items remains the responsibility of the Chief Executive. This expectation is in respect of:

- recruitment of all new personnel;
- increases in contracts for community providers; and
- approval of capital expenditure plans.

You may need to review West Coast DHB's delegated financial authorities to ensure they are consistent with this expectation. If required, you may need to provide an updated delegations policy to me as changes to delegations policies require my approval under section 39 of the New Zealand Public Health and Disability Act 2000.

TATAU POUNAMU ADVISORY GROUP UPDATE



TO: Chair & Members
West Coast District Health Board

SOURCE: Susan Wallace, Chair, Tatau Pounamu Advisory Group

DATE: 8 May 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 provided to the Board as an update from the recent Tatau Pounamu hui that was held on 10 April 2020. At the time of writing it was also proposed to hold a further meeting on 24 April 2020.

2. RECOMMENDATION

That the Board

- i. notes the Tatau Pounamu Advisory Group update.

3. SUMMARY

Given these extraordinary times created by the impacts of the Covid 19 Pandemic, this kaupapa has dominated much of our discussion and I have also been meeting weekly with Francois Tumahai, Gary Coghlan and Phil Wheble.

It should come as no surprise that we have dedicated so much time and effort to this kaupapa. Although there is limited evidence as to how Covid 19 infection fatality rates may vary by ethnicity, some of the estimates paint a stark picture for Māori and Pasifika -

The infection rate for Māori is 50% higher than non-Māori if age is the dominant factor. If underlying health conditions are more important, then the estimated infection rate for Māori is 2.5 times, and Pasifika almost double, that of NZ European. Infection rates for Māori, Pasifika, and minority communities are also likely to be increased above these estimates by well-documented racism within the healthcare system and other inequities and does not account for differences among ethnicities in COVID-19 incidence, which could be higher in Māori and Pasifika as a result of crowded housing and higher inter-generational contact rates (factors which should be included in future disease incidence modelling) See

<https://www.tepunahamatatini.ac.nz/2020/04/17/estimated-inequities-in-covid-19-infection-fatality-rates-by-ethnicity-for-aotearoa-new-zealand/>

Although this is not reflected in the current statistics, the importance of restrictions which have been imposed remain really important – if the virus was to be transmitted into our communities, it will have a devastating impact on our whakapapa and for those who survive the virus, it remains unclear whether there will be full recovery or if it will trigger the onset of other health issues.

There have been some bright spots; it has been pleasing to see the multi-level hui taking place and the collaborative approach across the system, including the role of our Māori Health Provider and two Rūnanga. Tatau Pounamu in particular notes the excellent mahi done by Rūnanga and the Māori

Health Provider in providing support to our most at risk whānau and also in outreaching to those Māori who have historically not engaged in the flu vaccine campaigns. This is a model that will benefit our Poutini/West Coast approach to health going forward.

We have also identified the need for good communication remains key along with the need for focussed and consistent messaging, especially in light of the information overload, and information from unreliable sources, creating confusion. We will continue to provide feedback and input to support this including guidance around appropriate Communications for Māori.

Māori Health Action Plan

Tatau Pounamu has unanimously endorsed the plan and note that there will be further work on equity actions in the DNA, Addiction Health of the Older Persons areas. Māori Mental Health remains to be a significant priority for Tatau Pounamu. We were heartened to see the equity Action review had picked up a couple of areas requiring more work, which evidenced the value of applying this process.

I have listed below the five action and activity areas Tatau Pounamu have prioritised going forward:

- Increased Māori voice
- Increased Kaupapa Māori Capacity
- Improved Health outcomes
- Improved cultural awareness
- Development of Māori Health Workforce

Heat Tool

Tatau Pounamu is pleased to see the inclusion of the equity lens across the plan and would like to see a widespread acceptance and familiarisation of the tool to the point where it is intrinsically part of business as usual and used at all levels of health planning and delivery. The pandemic planning has accelerated its introduction and there is ample evidence of its use in the Covid 19 work which provides comfort in its application as a normal part of process.

We are also acutely aware that in the current Pandemic space, should there be a call to reprioritise actions across the board, Māori Health will remain a priority area due to the shocking statistics. It makes sense that we continue to work together and we are committed to working with the Board. We will continue to challenge, to press and to identify equity actions (even if they are unpopular ones) which will make the most impact from our perspective in improving access and impacting positively on health and wellbeing outcomes for Māori. Our approach remains that measurable improvements in health and wellbeing outcomes for Māori will result in better outcomes for all West Coast people.

MOU

Tatau Pounamu notes that the MOU is due for review. The decision to proceed sits with the Rūnanga Chairs and at this stage, their preference is to set this aside for now. The current agreement does not restrict or limit the work of Tatau Pounamu, but given the current environment, it was considered inappropriate to place focus on the agreement when other work is more urgent. Tatau Pounamu will retain this as an outstanding action and follow up with Rūnanga later in the year.

Before closing, on behalf of the representative members of Tatau Pounamu, we would like to extend our aroha and thanks to all of our essential services and especially to our health and wellbeing professionals. Ki a koutou katoa i whakapau kaha i tēnei wā o te rāhui, e kore ngā mihi e mutu, tena rawa atu koutou! (To all of you who worked tirelessly during this time of lockdown, our unending thanks and acknowledgement)

RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretary

DATE: 8 May 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, and the information items contained in the report.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the “Act”) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 27 March 2020	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 – 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.	People & Capability 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)

- 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	10.15am	Zoom
Friday 8 May 2020	BOARD MEETING	TBC	Zoom
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.