West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 7 August 2020
at 10.00am

Meeting Room 1
Te Nikau Hospital & Health Centre
Greymouth

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

MEMBERS

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

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)*
Bianca Kramer (*Board Secretary)*

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held in Meeting Room 1, Te Nikau Hospital & Health Centre
on Friday 7 August 2020 commencing at 10.00am

KARAKIA			***10.00am***
ADMINISTRATION			
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *26 June 2020*		
3.	**Carried Forward/Action List Items**		
PRESENTATIONS			***10.05am***
4.	**Rural Generalism**	Brendan Marshall *Rural Hospital Medicine Specialist*	*10.05am – 10.45am*
5.	**Suicide Prevention**	Claire Robertson *Suicide Prevention Coordinator*	*10.45am – 11.35am*
REPORTS FOR NOTING			***11.35am***
6.	**Chair's Update – Verbal Update**	Hon Rick Barker *Chair*	*11.35am – 11.45am*
7.	**Chief Executive's Update**	David Meates *Chief Executive*	*11.45am – 12.05pm*
8.	**Finance Report**	Justine White *Executive Director, Finance & Corporate Services*	*12.05pm – 12.25pm*
9.	**Clinical Leader's Update – Verbal Update**	Clinical Leaders	*12.25pm – 12.35pm*
10	**People Report**	Michael Frampton *Chief People Officer*	*12.35pm – 12.45pm*
11.	**Audit New Zealand Fraud Risk Assessment**	Justine White *Executive Director, Finance & Corporate Services*	*12.45pm – 12.55pm*
12.	**Resolution to Exclude the Public**	*Board Secretary*	*12.55pm*

INFORMATION ITEMS

- 2020 Meeting Dates

ESTIMATED FINISH TIME **12.55pm**

NEXT MEETING: Friday 25 September 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 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.

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER

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

Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Rick Barker **Chair**	• **Deputy Chair - Hawke's Bay Regional Council** • **Director - Napier Port** • **Director - Hawke's Bay Regional Council Investment Company**	N N N	
Tony Kokshoorn **Deputy Chair**	• **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	• **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	
Susan Barnett	• **Employed by the West Coast DHB** as a Public Health Nurse based in Reefton (0.2FTE).	Y	
Sarah Birchfield	• **Accessible West Coast Coalition Group** - Member • **Canterbury/West Coast Disability Action Plan Committee** – Member • **Active West Coast Committee** – Member • **Growing Up Well On The West Coast Steering Group** – Member	N N N N	
Helen Gillespie	• **Department of Conservation** – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a positive difference to the lives of all New Zealanders through nature. • **Husband works for New Zealand Police** – Based in Hokitika and currently working in the Traffic Safety Team • **Accessible West Coast Coalition Group** - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people	Y N N	

	• **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	• **Niece is a Student Doctor at Grey Hospital**	N	
Edie Moke	• **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. • **New Zealand Blood Service** - Board Member (appointed). The NZBS was founded in 1998, and is the only Blood service in NZ collecting all of the blood donations used in our hospitals. These blood donations are used to produce whole blood, plasma and platelet units used by our DHBs.	N Y	 Actual
Peter Neame	• **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	• **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	• **Te Runanga o Ngati Waewae** – Chair This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast. • **Poutini Environmental** - Director Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification. • **Arahura Holdings Limited** – Chief Executive • **West Coast Regional Council Resource Management Committee** – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991. • **Poutini Waiora Board** - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini. • **Development West Coast** – Trustee Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of $92 million received from the Government. It is governed by a Deed of Trust which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future. • **West Coast Development Holdings Limited** – Director • **Putake West Coast** – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business. • **Ngai Tahu Pounamu** – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving • **Westland Wilderness Trust** – Chair • **West Coast Conservation Board** – Board Member The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for the West Coast region. • **New Zealand Institute for Minerals to Materials Research (NZIMMR)** – Director • **Westland District Council** – Councillor	N N N N Y N N N N N N N N N	Actual

MINUTES

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

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Water Walk Road, Greymouth
on Friday 26 June 2020 commencing at 10.00am

BOARD MEMBERS

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

APOLOGIES

Helen Gillespie

EXECUTIVE SUPPORT

David Meates (Chief Executive); Philip Wheble (General Manager, West Coast); Norma Campbell (Director of Midwifery, Canterbury & West Coast), Gary Coghlan (General Manager Maori Health); Pradu Dayaram (Medical Director, Facilities Development); Melissa Macfarlane (Team Leader, Planning & Performance) (via zoom); Justine White (Executive Director, Finance & Corporate Services)

APOLOGIES

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), Karalyn van Deursen (Executive Director, Communications) and Stella Ward (Chief Digital Officer)

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Remove: Rick Barker – Commissioner – Representative Commission
Remove: Chris Auchinvole – Director Auchinvole & Associated Ltd
Remove: Susan Barnett – "I also undertake **on-call work for multiple areas:** Practice Nursing; District Nursing and as a Registered Nurse at the Reefton Health Centre**"**
Add: Sarah Birchfield – Rural Early Years Strategy Committee

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 (22/20)

(Moved: Tony Kokshoorn /seconded: Nigel Ogilvie)

"That the minutes of the Meeting of the West Coast District Health Board held via Zoom, on Friday 8 May 2020 be confirmed as a true and correct record".

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items noted.

4. MATERNITY AND RURAL EARLY YEARS STRATEGIES

Norma Campbell, Director of Midwifery, Canterbury & West Coast presented the paper which was taken as read. Ms Campbell explained that the strategy that came to the Board meeting in July 2019 has been reworked following consultation on the East Coast and now the lastest framework is ready to go out to the West Coast communities for consultation along with the Early Years Strategy

Ms Campbell explained the Early Years Strategy follows the '1000 days' piece of work and fits alongside the maternity strategy. Research carried and showed the first 1000 days are important as this covers the pregnancy stage through to approximately two years old, the wellbeing of the mother during pregnancy is important to the wellbeing of the child. Ms Campbell indicated that while out for consultation the aim is to take it wider than the 1000 days,

A robust discussion took place around the '1000 days' and how it stops short, there is a need for the work to go wider so the target is to ensure every child is in the best possible place to start school.

Ms Campbell indicated they would like to get out for the community consultation process as quickly as possible and she anticipates being able to report back to the Board in six months.

Resolution (23/20)

(Moved: Nigel Ogilive / seconded Tony Kokshoorn – carried)

That the Board:

i. endorses the new Draft West Coast Maternity Strategy 2019-2024.
ii. approves the next step to being wider consultation on this draft in order to further develop a final version.
iii. approves the proposal to speak to our communities about a Rural Early Years Strategy

5. ANNUAL ACCOUNTS DELEGATION

Justine White, Executive Director, Finance & Corporate Services presented the paper which was taken as read. Ms White explained the purpose of this report is to endorse a recommendation from the Quality, Finance, Audit and Risk Committee in respect to a delegation to approve the final audited accounts for the 2019/20 financial year on the Board's behalf if required, if the timing of these does not fit with Board or Committee meetings.

Resolution (24/20)

(Moved: Peter Neame / seconded Chris Auchinvole – carried)

That the Board, as recommended by the Quality, Finance, Audit and Risk Committee:

i. authorises either the Quality, Finance, Audit and Risk Committee Chair and the Board Chair or, if one of these should not be available, one of these two and a Board member to approve the final audited accounts for 2019/20 on the Board's behalf if required, should the timetable not fit with a Board or Committee meeting; and
ii. notes that if this delegated authority is exercised the final accounts will be circulated to Committee and Board members; and
iii. notes that the West Coast DHB Chair, Chief Executive and Executive Director Finance and Corporate Services will sign the letter of representation required in respect to the 2019/20 Crown Financial Information System accounts which are required at the Ministry of Health in early August.

6. EQUITY SUPPORT DRAWDOWN

Justine White, Executive Director, Finance & Corporate Services presented the paper which was taken as read. Ms White explained that as the West Coast DHB is forecasting a deficit for the year ending 30 June 2020 this report requests approval from the Board to approve a drawdown of equity support from the Ministry of Health (MoH) up to the amount of the 2020 deficit. The amount of the drawdown will not be known until closer to year end when the deficit is confirmed.

Resolution (25/20)
(Moved: Tony Kokshoorn / seconded Nigel Ogilive – carried)
That the Board, as recommended by the Quality, Finance, Audit and Risk Committee:

i. approve the drawdown of equity support up to the value of the West Coast DHB deficit at year end for 2020.

7. AUDIT ARRANGEMENT

Justine White, Executive Director, Finance & Corporate Services presented the paper which was taken as read.

Resolution (26/20)
(Moved: Edie Moke/seconded: Sarah Birchfield – carried)
That the Board, as recommended by the Quality, Finance, Audit and Risk Committee:

i. authorises the West Coast DHB Board Chair to sign the Audit Engagement Letter dated 30 April 2020 on behalf of the West Coast DHB, to acknowledge receipt of the Audit Engagement Letter and the terms of the audit engagement; and
ii. notes that Audit NZ has also provided a draft Audit Proposal Letter to conduct the audit of the West Coast DHB for the 2020 and 2021 financial years, which details the audit arrangements and the proposed scale of fees, as well as a draft Audit Plan for the 2020 financial year; and
iii. approves the issue of the draft Audit Proposal Letter as final; and
iv. approves the West Coast DHB Board Chair to sign the Audit Proposal Letter on behalf of the West Coast DHB.

8. CHAIR'S UPDATE

The Chair informed everyone that on 10 June he had been informed that Te Nikau was 'all lights green for go'. There are only a couple of issues being worked through with the transition for staff starting on 23 July and the first patient receiving care in the new facility on 29 July. The Chair has sent an invitation to the Prime Minister to open the new facility and he indicated we could be looking at a date in August.

The next stage is for the demolition of the existing Grey Base Hospital building and the car parking to be put in place. The Chair thanked both Pradu Dayaram and Philip Wheble for their teams work over what has been an extended period – a job well done.

Buller Health - the Chair updated the Board on progress and explained the issues around the demolition and asbestos removal and that stage 2 could not start until stage 1 has been completed. The Chair indicated it is anticipated that work will start in the coming weeks.

The Chair expressed concern over NZTA's recent announcement to close Arthurs Pass if chains were required, though NZTA have since revised their initial intentions after pushback. It was

suggested that a letter be written to NZTA from both CDHB and WCDHB asking that they write and inform the respective Board's if in future they look at putting something like this in place.

The Chair asked for two items be placed on the agenda for the next meeting. Firstly a presentation relating to the 'Rural Generalist Role' to provide the Board with a better understanding of the different roles this covers, how it works and what roles will be covered in the future. Secondly information be provided to the Board so that they could get a clear understanding of the current dependency and high cost of Locum doctors and how this can be managed.

The Chair asked the Board members their views on the recently released Health and Disability System Review. The review includes a new crown entity Health NZ being set up, 20 DHB's being reduced down to between 8-12 within five years of Health NZ being established. Along with boards being comprised of 8 appointed members and a chair, removing the election of community members. The discussion showed that the loss of the community voice and representation by elected members being replaced by appointed people were seen as big concerns. The health needs of the West Coast people need to be met and the West Coast people need a voice.

Resolution (27/20)
(Moved: Tony Kokshoorn / seconded Chris Auchinvole)
That the Board:-
i. notes the Chairs update.

9. CHIEF EXECUTIVE'S UPDATE

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

COVID-19 has been a major part of all recent reports, and now we see a different side with border control for those Kiwi's flying back home. During this time there have been a broad range of ways the health system has coped to ensure continuing care for the community, with virtual consultations (video and phone) playing a big part, these can still be used as an on-going tool. The disruption to services with deferred appointments and surgery is still having an effect. Conditions (cancers, cardiac etc) in the community not identified due to the lockdown period is a concern. To date there is virtually no winter flu being found in the community, whereas previously this has been a trigger for finding some of those other hidden conditions.

Mr Meates touched on Te Nikau saying we are in the home stretch, the main canopy is currently being put in place, the side ones will be installed at a later time. Staff migration planning is readied and the date set for the first patient receiving care is set for 29 July 2020. The Buller Health rebuild is locked in and demolition and asbestos removal is first up.

The certification audit for Te Nikau mentioned in the report has taken place and went well with only 4 actions identified.

Mr Wheble, General Manager West Coast, informed the Board that work is progressing on the Northern Integrated Health Centre with a focus on how to bring the teams together for the move into the new facility.

The rural generalism role is starting to get very exciting, the West Coast is shaping the role for all of New Zealand. It was mentioned because of the West Coast's geography and demographics the role will have greater scope here than in a larger urban DHB.

Gary Coghlan, General Manager Maori Health, responded to a query regarding the rise in Maori DNA numbers and informed the Board that 1 July a project with Poutini Waiora will start . The goal of the project is to get alongside people prior to their scheduled medical appointment and ensure there are no barriers to prevent them from attending. It was asked whether this would infringe upon the persons privacy, Mr Coghlan said he understands the concern but no private

medical information was going to be provided, a discussion has been had regarding this with the legal team.

The Kia ora Hauora 2020 was discussed and how to make other areas of our health service more visible, it is not just nursing and medicine opportunities but a wide range from kitchen/cooking opportunities, maintenance opportunities, administrative opportunities that all make up the workforce of the health system. It was asked for progress to be reported back to the board.

Resolution (28/20)
(Moved: Rick Barker /seconded: Chris Auchinvole)
That the Board:
i notes the Chief Executive's update.

10. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services presented the report which was taken as read.

The consolidated West Coast District Health Board financial result for the month of May 2020 was a deficit of $751K, which was $13K favourable to annual plan. The year to date net deficit of $6.912m, is $848K unfavourable to annual plan. The Covid-19 related net costs included in these results is $448K, leaving an unfavourable variance to budget excluding Covid-19 costs of $400K.

A request for clarification on what 'other revenue' is made up of. Ms White explained that is covers some small amounts of interest revenue, some gain on sale of assets, rental on the houses the DHB owns and going forward in the new financial year café revenue will be entered here now it is in-house.

The Chair commented on the overrun of $1.16m on the locum spend to cover vacancies and whether there is anything that could be done to reduce this. Ms White explained what goes someway to explaining this overrun is the underspend in the permanent staff costs, even though Locums are an expensive way to fill the gaps on the roster. The recruitment to fill these roles is area currently being focused on. Mr Wheble indicated that the Rural Generalist role is a person who can be utilised across more than one role in the system and can work across different locations.

It was asked if the current recruitment is also for GPs based in Buller, Mr Wheble confirmed it is and that locums now come under medical staffing who are booking locums for the entire West Coast. The waiting times for an appointment to see a GP in Buller was raised and the fact it is getting more difficult to see one of the permanent GPs and this has a flow on with locums changing medication etc.. Mr Wheble indicated that virtual consultations is be used more and that will help with the continuity of care for the patients.

It was asked whether there is a Buller District Council run general practitioner service available in Buller, it was confirmed that there is and it gives people a choice.

Resolution (29/20)
(Moved: Peter Neame /seconded Tony Kokshoorn)
That the Board:

i. notes the financial results for the period ended 31 May 2020

11. CLINICAL LEADERS UPDATE

Norma Campbell, Director of Midwifery, Canterbury & West Coast provided a verbal update. With the move to Te Nikau the models of care have been reviewed. This is not about the building, it is about growing our workforce to work across the system and has been in place and working for the past 5 years. It is attracting younger nurses who are excited about the idea of not being stuck in one area (surgical etc) but being able to gain experience across the system. Recruitment for next year's graduates is progressing in nursing/midwifery. The West Coast is leading the way with the generalist roles, so they can work where the need is.

The West Coast DHB and CDHB submitted a joint application to the Health Research Council. This is to support emerging researchers and the funding will support the commencement of the Early Years initiative

Hauora Maori, Poutini Waiora, and DHB Nursing leads have submitted a Registration of Interest for a national Nurse Practitioner initiative that would support a salary for an NP for up to 2 years. The ROI outlines a shared, integrated role that would improve access to care and equity of health outcomes for tangata whenua Maori and would also help to support Rural Generalism within the nursing team at Poutini Waiora (i.e. by supporting others on the NP pathway, RN Prescribing, standing orders, etc.)

Care Capacity Demand is a staffing acuity programme to ensure the right staff numbers are available for the volume and acuity of the patients. This is a MECA settlement and all DHBs nationally are now following this programme of work and to do this they use Trendcare as the tool to capture data. This work is progressing on the West Coast

Resolution (30/20)
(Moved: Rick Barker /seconded: Anita Halsall-Quinlan – carried)
That the Board:

i. notes the Clinical Leader's update.

12. BULLER HEALTH INTERIOR CONCEPT – presentation

Philip Wheble, General Manager West Coast, provided a presentation showing the interior concept for the new Buller IFHC which is due to start construction in the near future. The new building will be modern and fit for purpose.

Resolution (31/20)
(Moved: Rick Barker /seconded: Nigel Ogilvie)
That the Board:

i. notes the Buller Health Interior Concept presentation.

13. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (32/20)
(Moved: Tony Kokshoorn /seconded: Rick Barker – carried)
That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, & 5 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:

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";

	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 8 May 2020	For the reasons set out in the previous Board agenda.	
2.	Mental Health Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	Annual Planning Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	Te Nikau Hospital and Health Centre – Handover Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
5.	Delegations 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.	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)
	Chair and Chief Executive – Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
7.	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)
8.	People & Capability Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	9(2)(j) S9(2)(a)
9.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
10.	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)(j) S9(2)(a)

There being no further business the public open section of the meeting closed at 12.15pm. The Public Excluded section of the meeting commenced at 12.16pm and concluded at 3.12pm.

_____ _____

Hon Rick Barker, Chair Date

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

WEST COAST DISTRICT BOARD – BOARD MEETING
CARRIED FORWARD/ACTION ITEMS AS AT 7 AUGUST 2020

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	21 February 2020	Suicide Prevention	Update for Board	Today's Meeting
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	August 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

CHIEF EXECUTIVE'S UPDATE

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

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

SOURCE: **Chief Executive**

DATE: **7 August 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

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.

Health care for Māori / Māori Health	**DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY**

A: Reinvigorate the West Coast Health Alliance

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

- Welcomed four new members with Medical, Māori Health, Mental Health and Allied Health expertise.
- Discussed system-wide learnings from the COVID-19 pandemic experience.
- Endorsed the establishment of the Disability Steering Group subject to a plan being provided to ALT on the group's proposed engagement with the system.
- Endorsed the 2020/21 System Level Measures Improvement Plan.
- Discussed the importance of Quality Improvement approaches as a key enabler for system transformation.

- Progressed the changes to the workstreams which are to be whole of system with a locality approach (Northern, Central, Southern) and aligned to the System Level Measures Improvement Plan.
- Thanked members of the existing workstreams that will now be discontinued and commenced the process of appointing membership to the realigned groups.

B: Build Primary and Community Capacity and Capability

Integrated Locality Services

- **Integrated Health Services - Northern**
    - Demolition work for the construction of the new Buller Health Centre started at the end of July. This is a very tangible sign of progress on the long awaited new health facility. Contractors will be on site to set up fencing around the carpark and surrounding areas from Tuesday 28 July.
    - Following COVID-19 management, the planning and implementation of integrated services are being progressed and quality projects set up to support the teams towards integration and how best to maximise staffing resources.
    - Community Mental Health conversations have recommenced with a primary focus towards an integrated Long Term Conditions (LTC) team approach; this is ongoing. Crisis management conversations will be ongoing subject to recruitment to support this service.
    - Inter-agency and consumer engagement has recommenced.
    - The introduction of the Leadership Essentials programme is a significant boost towards our team understanding the purpose and direction of the WCDHB and the role of Rural Generalism within our community.
- **Integrated Health Services – Central**
    - The Central team has put a lot of effort into preparing for the Te Nikau move and functionality of services once in there; working collaboratively to ensure all of our community will be able to access and benefit from this wonderful new facility and the integrated ways of working it supports.
    - Grey Medical Centre will soon become Te Nikau Health Centre, with their planned services being available there as of 3 August.
    - In an exciting development, we have successfully recruited an off-site GP to the Te Nikau Health Centre team. More details will be shared once a start date is confirmed.
    - Mental Health and Allied Health, Scientific and Technical (AHST) continue to embed their new structures, as well as preparing for the changes and new opportunities Te Nikau brings.
    - Population Health continue to support our community with the range of services they provide (e.g. B4Schools, Vision & Hearing, Immunisation, Dental and other services).
    - After consultation with community members and service users, it was identified that sexual health services would be best provided in a location other than Te Nikau. They will be temporarily located in the Community Services area of Grey Base, with a longer term location expected to be available by the end of 2020.
- **Integrated Health Services – Southern**
    - Services in the Southern region are now functioning at more or less the same as pre-COVID levels

- Ongoing efforts are being made to foster continuity of General Practitioners within the South Westland Area Practice

- Increasing flexibility in the utilisation of District Nursing resource with the team based in Hokitika supporting the South Westland team as able
- Public Health Nurse vacancy to be advertised as a 'Southern' role encouraging flexibility to support across the region
- Southern District Nursing team trialling electronic notes in Health Connect South with encouraging results and enthusiastic participation to date
- Southern Outpatient Nurse has undertaken remote clinics in South Westland enabling earlier referral of patients to Respiratory Physicians

C: Hauora Maori Update

- **Improving DNA (Did not attend) rates for vulnerable populations:** Hauora Māori continues to work closely with the CBU team to monitor and manage the number of Māori patients who do not attend their outpatient appointments. The team meets regularly to check data and develop strategies to contact Māori patients prior to appointment. Although not obvious in the June figures, this is having a positive impact on numbers (especially for clinics later in the month). We also receive a DNA by clinic report and are exploring options to target those clinics with high numbers of DNA.

  Figures for June:

Outpatient Clinic Bookings:	141
Māori Patients Who Did not attend:	23
DNA by %	16.31%

  Note: As at 10 July we have had only 8 DNA's from 104 clinic appointments.
- **Workforce:** In collaboration with the CDHB Workforce Development/Talent Management teams, work continues on building cultural competency within the DHB workforce and supporting retention and development of existing Māori workforce. As part of this work we are engaging with our Māori staff and their line managers to identify upskilling/training opportunities through the PDP process. A proposal to facilitate a HEAT tool training session for managers has been supported by Operational Leadership Group (OLG) where participants will learn to apply the tool where there is evidence of an existing inequity. An interactive workshop will be led by the GM Māori with feedback and evaluation an important part of the process.
- **Kaupapa Māori Primary Mental Health & Addiction Services:** The Ministry of Health have opened the Registration of Interest process for the new Kaupapa Māori Primary Mental Health & Addiction Services. These services are aimed at those people who need formalised mental health and addiction support but do not meet the threshold for secondary services. The programme includes targeted funding for priority groups who experience inequities in mental health and wellbeing, including Maori, Rangatahi and Pacific peoples. The procurement process has been informed by the Ngai Māori Insights for a Kaupapa Māori Primary Mental Health and Addictions Service Model with the analysis based on the kōrero from approximately 700 whanau voices from across the motu. The expectation is that the development of these services will expand the continuum of support, treatment and therapy available for Māori experiencing mental distress and promote early detection and intervention. The initial briefing hui was held on Monday 20 July with the final ROI due 10 August. The Portfolio Manager Hauora Maori, will awhi the Māori Health Provider through the Ministry procurement process.

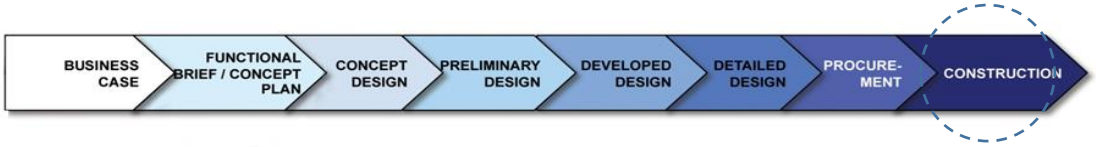
- Approval has been received from Planning and Funding team leaders for the establishment of a position to strengthen the clinical capability of Poutini Waiora. The Provider hope to recruit a part time Psychologist to provide clinical support for clients who are experiencing mild to moderate stress and will offer clinical supervision to the team.
- **Maori Influenza Vaccination Programme:** In response to COVID-19 the Government identified up to $9.5m for DHBs and Maori health and disability providers to provide services that increase access to the influenza vaccine for Maori. Poutini Waiora have received funding to enable them to deliver flexible and culturally responsive approaches that will achieve the greatest possible outreach across the Maori population. The funding will also enable them to develop the necessary protocols and policies to become accredited cold chain providers, additional staff will be trained in vaccination and management of the cold chain.
- **Annual Plan 20/21:** The Chair of Tatau Pounamu recently met with Melissa McFarlane in Christchurch to discuss the 20/21 Annual Plan. The Annual Plan is the main focus of the Tatau Pounamu hui on 24 July. The Hauora Maori team are working on a database that will allow easy tracking and monitoring of Maori Health activity within the Annual Plan.
- **Tumu Whakarae:** Riki Nia has resigned as the chair of Tumu Whakara. Riki is respected throughout Aotearoa and was an extremely effective leader of Tumu Whakarae. Hector Matthews, Executive Director Maori and Pacific Health, Canterbury DHB has been elected as the new Chair.
- **ALT Maori Representation:** Mere Wallace has been recommended by Tatau Pounamu to join the Alliance Leadership Team. Mere is an allied health professional and is very experienced in health governance.

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

- The domestic hot water system in the Dementia and Mental Health buildings has been converted to electrical supply. It was previously supplied with steam from the old cold boilers which will be decommissioned in the near future as part of the facilities development.
- Even though the old coal boilers have a very limited life they are still critical equipment, so we have had to replace a Programmed Logic Controller on Boiler No. 1 to maintain steam supply.
- Handover of responsibility of Te Nikau maintenance from Fletchers is imminent so final training of our staff is happening at the moment.
- Our staff have been busy creating space in the Transport room for storage of additional medical records.

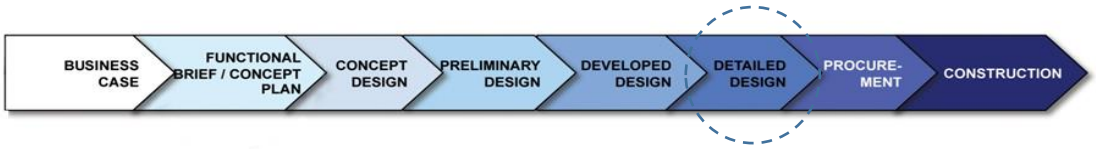
B: New Facilities Redevelopment Update



Grey

- No update available

Buller



- No update available

	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Rural Inpatient & Transalpine Services and Secondary Mental Health Services

Rural Inpatient & Transalpine Services

Nursing

- Staff are working well on their orientation with only a handful of staff still to complete. Excitement levels are rising with the impending move which is pleasing to see. Policies and procedures have been developed and continue to be socialised with the teams. Rosters have been developed for the new areas and Trendcare is ready for the changeover from one facility to the next. Further afield, Buller continue to recruit for their Integrated Family Health Centre. Staff from Grey are supporting gaps in the rosters where needed for not only Buller but also Reefton which shows the system is working well together.
- Staff are working hard on sorting out what is really needed to be moved into the new facility and have done a great job of cutting down on supplies, old medical books and equipment.
- Safety plans for the move are well underway and will be tested prior to the move to ensure nothing is missing.
- DNMs and some staff will be doubled for a period of 48 hours to ensure both old and new facilities are staffed to ensure patients are well cared for over the move period.
- Theatre had their last day of elective operating in the old facility. Next week staff will concentrate on orientation, training for new equipment and familiarisation of their surroundings. They will also have an acute team available throughout this time for emergency surgery.

Rural Inpatients and Transalpine Service

- All inpatient and transalpine services have been recommenced since COVID-19 disruption. Outpatient services are experiencing only a minor disruption with the migration into Te Nikau (loss of 3 days of activity). However, the impact of elective inpatient work has been more significant with the relocation of operating theatres requiring a 10-day reduction to acute services only.
- We have completed the recruitment process for the General Surgeon and Anaesthetists applications received over recent months. Both teams are now fully staffed.
- The Rural Generalist doctors are continuing to manage the inpatient ward (commenced during the COVID-19 disruption) and we now have two of these doctors also working in Anaesthesia.
- Negotiations for further Obstetrician Gynaecologist support have been completed with Canterbury committing to supply a clinician to contribute to the WCDHB on a consistent basis.

Maternity

- Births for McBrearty since the last report (March 2020) total 96 births; March and May were a busy couple of months with 33 and 29 births respectively.
- Staffing is okay at present with the midwife who joined us from Southland. This was delayed slightly due to COVID but she is now settled in. We do have a couple of potential retirements at the end of the year so will still be advertising for midwives to join our team.
- Our education was put on hold during COVID and some of the presentations/workshops that were booked during this time have been postponed to later in the year. Education is now back and running at Level 1. We continue to do case reviews and we have had a midwife visit us from Christchurch to presenting Maternal Blood Optimisation which was well attended. The NOC NEWS (New-born Observation Chart, New-born Early Warning Score) went live on 8 June. Two new-born life support courses were held as well as an Emergency Skills workshop so all midwives are ensured of their recertification.
- The implementation of Misoprostol for induction of labours commenced early June with all staff being educated on this. An audit is being carried out around this, especially to review our Caesarean section rate with the use of Misoprostol. We have already seen a slight drop in these rates. This has had some positive feedback from the women and staff.
- All McBrearty staff and LMCs have been oriented to Te Nikau, including their 3 hours' initial orientation and on-line module. Our educator, Linda Monk, has also completed a site specific orientation with all staff and LMCs.
- McBrearty is preparing for the move to Te Nikau on 29 July.

Allied Health

- Setting the Strategic Direction
    - The Transalpine Allied Health Strategy 2020-2025 launched this week, with webinars planned along with site visits for the West Coast and Canterbury DHB campuses over the next month.
    - The Transalpine DAHs are also working on a leadership development initiative which will work in partnership with the leadership programme developed by our People and Capability colleagues, focusing on the ways that we can liberate the specific talents of AHST in leadership roles.
- Workforce
    - Vacancies for experienced therapists have been easier to fill as a result of Kiwis returning home due to the pandemic, however we continue to have a high level of vacancies for Occupational Therapists.
    - Work continues between the South Island DAHs and PSA, 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. Consultation has been completed with the workforce and the implementation teams have received initial training to undertake the scoping of roles, which is expected to be a significant activity for the remainder of 2020.
- 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.

  - With the suite of shared care record tools now available on the regional eHR (Health Connect South) available for health clinicians and kaiawhina in all settings, work is underway to support Allied Health staff to adopt their use. These tools will enable us to build on the remote and digital ways of working that were adopted during the pandemic response.

- Rural Early Years Strategy – Exploring what "growing up well on the West Coast" entails
  - Thank you for your support for this significant activity. Our next steps are to build the communications strategy, appoint a facilitator and begin to build our research strategy to capture our journey.
- Research
  - Two applications are currently with the Health Research Council for their Career Development Awards; one for our Growing Up Well on the West Coast work, and one relating to our Rural Generalist Medicine implementation.

Mental Health

- Manaakitanga Inpatient Unit and the HQSC project team continue to review changes and improvements aimed at achieving a zero seclusion ward. They are currently 135 days' seclusion free as of 23 July.
- We have permanently appointed to the Clinical Nurse Manager role for the Central Community Mental Health team. The AOD team have recruited into the vacant opioid substitution coordinator role. Recruitment is progressing into several of the vacant community mental health roles, in Northern and Central, as well as the Northern Co-Existing Problem (CEP) role.
- Planning is well underway in order to facilitate planned mental health and addiction care to take place in Te Nikau. Planned CAMHS activity will take place in the Allied Health Hub while planned adult mental health and addiction activity will take place in the Integrated Family Health Centre.
- The Central community mental health team and crisis response service are navigating the unplanned care arrangements in Te Nikau. This service will continue to be available as normal, but now the triage process requires discussion around the urgency of medical care, as well as mental health care.
- Manaakitanga Inpatient Unit is preparing for the migration of the rest of the hospital. We are working on resources and staff training in order to take bloods and get them to the lab in an appropriate time frame We are upgrading our emergency trolley and acquiring an ECG machine in order to maintain the necessary functionality that our clients require.

	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

A: Improve Transport Options for Patient Transfers

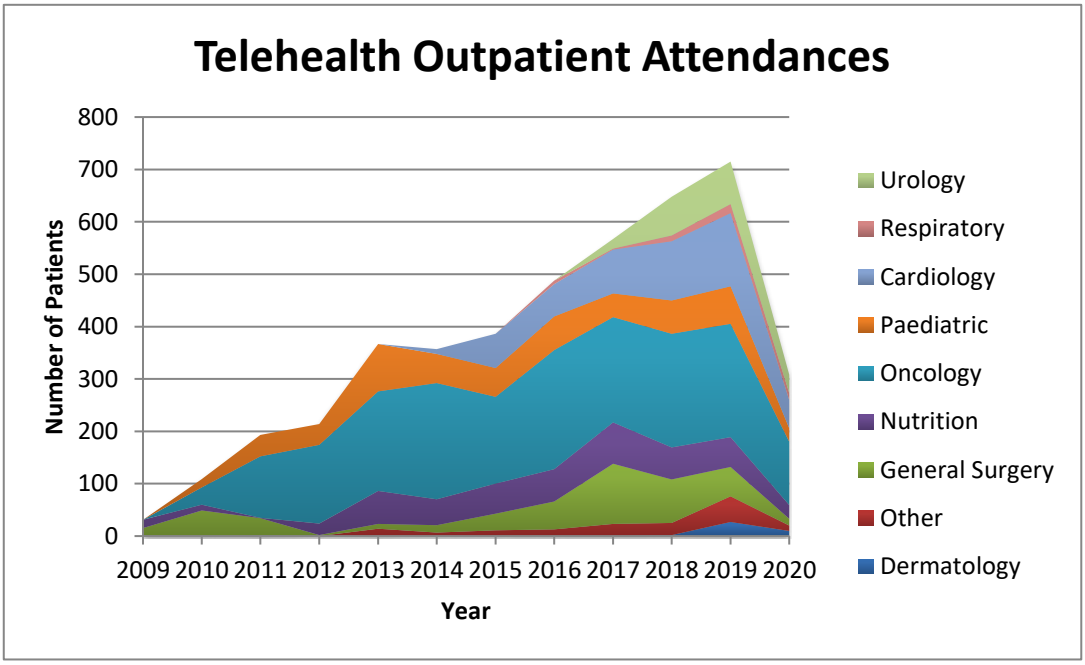
The following transport initiatives are in place to support the safe transfer of patients:

- St John community health shuttle to assist people who are struggling to get to health appointments in Greymouth.

- Non-acute patient transport to Christchurch through ambulance transfer.
- Buller Red Cross contract, to provide a subsidised community health shuttle transport service between Westport and Grey Base Hospital, runs through to August 2020. Red Cross have indicated that they would like to extend their contract for a further year.
- National Travel Assistance (NTA) payments made to assist eligible Specialist-referred patients with travel and accommodation costs incurred in accessing ongoing public specialist services.
- **National Review:** Work on the NTA national review continues. The Ministry of Health have been working on a new approach to the implementation of the review's October 2019 findings; with a revised proposal going to their Outcomes and Equity Executive Leadership Team Subcommittee in February 2020. This was paused while the Ministry's efforts focused on the COVID-19 response and work from more recently confirmed Cabinet decisions; especially those with legislative deadlines. The Ministry have tentatively started revisiting the NTA work programme priorities from July 2020.

B: Champion the Expanded use of Telemedicine Technology

- West Coast DHB has expanded its video conferencing capacity considerably within the last several years; see below graph for monthly usage details.



INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Older Persons Health Services

Work has commenced on reviewing Older Persons Health and Older Persons Mental Health systems and what is required Coast-wide in these areas from a whole-of-system perspective. Current resources and services are being mapped out to identify opportunities. Analysis will then take place to develop options to consider for future service models.

- **Aged Residential Care:** The available bed capacity of the Aged Residential Care facilities on the West Coast is monitored on a weekly basis. This informs the Complex

Clinical Care Network who liaise with facilities and whānau regarding the availability and appropriateness of placements for those who require this level of care as a result of an interRAI[1] needs assessment.

- Care staff, including Healthcare Assistants at most Aged Residential Care facilities now have access to HealthLearn. This enables them to participate in education such as the Restorative Care package and an Aged Residential Care Forum.
- **Community Strength and Balance Classes:** The majority of community strength and balance classes have now re-started, with the exception of some water-based classes due to community pools being closed for various reasons. Some classes have experienced a drop in numbers following the COVID-19 lockdown. Advertising for the classes will be supported to encourage more participants which will help prevent falls and fractures in our community.
- **Dementia:** There has been a change to the recommended screening tool for cognitive impairment in New Zealand from the MoCA test (Montreal Cognitive Assessment) to the Mini-ACE (Mini-Addenbrooke's Cognitive Examination) which takes around five minutes to complete. Online training for providers will be available from 1 August 2020. Notice of this change in tool has been shared widely.
- A Māori Assessment of Neurophysical Abilities (MANA) tool is being developed that will be integrated into HealthPathways alongside the Mini-ACE, launch anticipated in 2022. It is expected this will help address inequities by including kaupapa Māori concepts in the individual assessment.
- The New Zealand Dementia Action Plan 2020-2023 has been released and objectives are incorporated within our West Coast DHB Annual Plan.
- The 'Walking in Another's Shoes' education programme is back up and running, and other agencies are also engaged in attending, such as St John, PACT, support workers. The main part of the course is around the thinking about dementia.
- During the COVID-19 lockdowns, some community services were closed for approximately 10 weeks. Although support was provided via telephone, it has been noted anecdotally that there has been some marked deterioration in cognition for some people with dementia. One service provider is currently considering the option of providing their clients with hand-held electronic devices ("tablets") for communication, so a more comprehensive level of support can be given if clients are again required to isolate.
- **Complex Clinical Care Network and Home and Community Support Services:** Both services continue to receive referrals, complete assessments and work towards a client centred restorative model of care. Referrals have been increasing, particularly around carer stress and dementia clients living on their own. Future focus is in increasing capacity for dementia care.

BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of June 2020 was a deficit of $822k, which was $273k unfavourable to annual plan. The year to date net deficit of $7.734, is $1.121k unfavourable to annual plan.

[1] https://www.health.govt.nz/our-work/life-stages/health-older-people/needs-assessment/interrai

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	$'000	$'000	$'000	$'000	$'000	$'000
Governance Arm	(159)	(136)	(23)	(1,842)	(1,662)	(180)
Funder Arm	360	222	138	4,231	2,537	1,694
Provider Arm	(1,023)	(635)	(388)	(10,122)	(7,488)	(2,634)
Consolidated Result	**(822)**	**(549)**	**(273)**	**(7,734)**	**(6,613)**	**(1,121)**

B: Effective Clinical Information Systems

- **New Facility Work**: Te Nikau activity is nearly complete with support from the wider Transalpine team helping the Coast team focus on the migration. Within the last month:
  - UPS has been commissioned and is operational.
  - Audio Visual install for meeting rooms is complete and super users trained.
  - Telephones have been installed on site, include a DECT portable phone solution.
  - The Telephony call flow has been mapped with final configuration underway.
  - The Telephony role has been fully mapped with key software for Building Management Systems and Nurse Call being deployed onto workstations for alerting/monitoring purposes.
  - PC, printers and fax migration planning has been completed.
  - The Transalpine phone directory has been set up and tested.
  - Nurse call and paging interface has been completed to support business process around emergency response.
  - ISG resource and support planning for migration week has been completed, with six Christchurch based ISG and CHL staff supporting either onsite or remotely.
  - Decommissioning planning has been completed with a further seven servers migrated to new infrastructure in preparation for demolition.
  - Network based clocks are now operational.
  - 14 computers were deployed into the new facility IFHC which support video conferencing.
  - 10 computers were deployed into various locations to support certification audit.
  - The transitional cottage computer network was deployed.
  - Front reception terminals have all been deployed.
  - Testing of applications has been completed across the build site.
  - An ISG change freeze is in place from 17 July to 4 August 2020 to ensure focus remains on Te Nikau.
- **Computer Desktop**: The new XenApp/Citrix environment has been deployed with approximately 66% of the workforce moved across so far.
- **Windows 10**: 166 devices have been upgraded to Windows 10. The wider Transalpine team from Christchurch has been invaluable in supporting this process.
- **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 Business case development has been completed and this is progressing through sign off. Contract negotiations are continuing in parallel.
- **Regional ePharmacy solution**: Go live was achieved successfully on 26 June.

- **Exchange**: Exchange is now synchronised between both Canterbury and West Coast DHBs, so there is a common global address list and calendar availability can be viewed. A temporary hybrid 2016 exchange server has been stood up with six pilot users migrated to it. Remaining migrations are to occur post Te Nikau move.

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

Communications and Engagement

Te Nikau, Grey Base Hospital and Health Centre

With the Te Nikau development in Greymouth being given the green light for migration at the end of July, the communications team has been working on an external public awareness campaign and more detailed internal communications along with the development of collateral and promotional material for the new facility. This has included providing content for a souvenir publication being delivered to every household on the Coast via the Messenger community newspaper. The opening was advertised in local papers, radio, and geo-located ads on stuff.co.nz and facebook.

A video was created last month for sharing with staff and the public, highlighting the wonderful features of the new building. You can view it here: https://vimeo.com/430236295/a3a259e7ee

Simplified floor plans were also created for assisting with migration and orientation to new spaces for staff and the public.

Example of press advertising


Te Nikau, from Waterwalk Road

Simplified plans showing what's where in Te Nikau

Media

During June/July 2020, we received enquiries about COVID-19 in particular about contact tracing and visitor hours under Alert Level 1. There were also enquiries about our migration to Te Nikau, Hospital & Health Centre; the new Buller Health facility plus delivery of services post-COVID-19 and about the planned Mental Health facility.

- **Media releases:**
  - Updated visitor guidance under COVID-19 Alert Level 1 for West Coast DHB facilities (11/06/2020)
  - West Coast DHB bringing its cleaning, orderly and grounds services in-house (29/06/2020)
  - Demolition will start shortly to make way for our new Buller Health Centre (18/07/2020)
  - Countdown on until services start moving into the new Te Nikau, Grey Hospital & Health Centre (21/07/2020).
- **Social media posts:**
  - Ministry of Health's COVID-19 Tracer App (05/06/2020)
  - Westport and Greymouth CBACs to close next week (08/06/2020)
  - The Golden Rules for everyone at Alert Level 1 (09/06/2020)
  - Today is World Blood Donor Day (14/06/2020)
  - Greymouth phlebotomy (blood tests) services move (15/06/2020)
  - Te Nikau, Grey Hospital & Health Centre migration announcement (26/06/2020)
  - Te Nikau, Grey Hospital & Health Centre – three-week countdown to migration (02/07/2020)
- Greymouth Medical Centre's move to Te Nikau, Grey Hospital & Health Centre – two-week countdown to migration (09/07/2020)

- Demolition will start shortly to make way for our new Buller Health Centre (18/07/2020)
- Te Nikau, Grey Hospital & Health Centre – less than a week to go before migration (18/07/2020)
- Te Nikau, Grey Hospital & Health Centre – only two days to go before migration (21/07/2020).

CEO Update stories – July 2020

In the July edition of the CE Update, Chief Executive David Meates acknowledges the huge efforts everyone across the West Coast Health System put into our response to the COVID-19 pandemic response. He gives a special thanks to everyone on the Coast for waiting patiently for our long-awaited new facility, Te Nikau, Grey Hospital & Health Centre.

- The lead story plays tribute to Roger Mills, a former long-serving West Coast DHB doctor who passed away suddenly while out bush walking with his wife near his home at Nelson Creek on May 29.
- During COVID-19 Alert Level 3, Matt and Kate Bonisch welcomed their son, Tom, into the world on 12 May 2020 at Grey Base Hospital. The 'Our COVID-19 Alert Level 3 baby' story provides an account of their experience.
- Welcome to Te Nikau, Grey Hospital & Health Centre story features our long-awaited facility highlighting that the first patients are moving in on Wednesday, 29 July 2020. The feature includes a photo essay plus a link to our video highlighting the facility.

- The combined health careers on the Coast story highlights the dedication of Sally and Stu Mologne, two health professionals who are stepping down from their West Coast roles to make Oamaru home, to Buller Health and the Buller community.
- Providing innovative and flexible care to Māori during and beyond the COVID-19 pandemic story highlights the innovative ways Poutini Waiora (Māori Health and Social Services Provider) used during the pandemic to engage with Māori in health care.

- In the Remembering Florence Nightingale story, Clinical Nurse Manager Janet Hogan highlights the work of Florence and acknowledges the 200th anniversary of her birth.
- **News items:**
    - Something for you – your employee benefits
    - Primary care improvement case study West Coast Primary Health Organisation: Improving access to care and the journey of Maori and whanau with diabetes
    - Maternity staff say good bye to McBrearty Ward
    - Looking after your self – winter wellbeing winners
    - One minute with Marion Smith, Portfolio Manager – Hauora Māori
    - iSupport: One source for all your ISG needs going live on Thursday
    - Bouquets

Healthy Environment & Lifestyles	**PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES**

Key Achievements/Issues of Note

- **COVID-19 Response:** Since our last report to the Board, Community and Public Health (CPH) has continued to work on COVID-19 response with a current focus on ensuring all staff are trained in the roles we require for Case Investigation and Contact Management. This includes being familiar with the National Contact Tracing Solution (NCTS) software that all Public Health Units are now using, and training in use of the updated version of EpiSurv, the national database for case data on all notifiable diseases, including COVID-19. While there is no current community transmission of COVID occurring, CPH continues to maintain a high state of readiness to respond should that occur.
- **Māori Health Promotion:** CPH is supporting the Tuhono kia tu maia – Capability project. This is a collaboration between both local runanga, Poutini Waiora, Oranga Tamariki, MSD, CPH and WestREAP. The aim is to collect information from up to 20 Māori whānau raising children on the West Coast about their lived experiences, their aspirations for their whānau, the specific challenges they face in our community and what support services they are using. Once analysed these data will be able to inform public health action by CPH, and other agencies. It will also guide the development of a programme/intervention for local Māori whānau to create opportunities that might support families to achieve their aspirations.
- **Drinking water:** The main focus for CPH's drinking water staff at the moment is the Annual Drinking Water Survey. This involves a survey of drinking water suppliers and review of their monitoring data, as well as other information about the supplies and their operation, to assess compliance with the Health Act and Drinking Water Standards.
- **Public Policy:** Council annual plans were open for consultation during this period. CPH submitted, along with Active West Coast, on the Buller and Westland District Council draft annual plans. In these submissions, we continued to advocate for improved water supply infrastructure, emergency preparedness, development of a Coast-wide joint Alcohol Policy and actions to promote Smokefree Aotearoa. It was pleasing to be able to submit in support of the council's planned actions on many of these issues.
- **Nutrition and Food Security:** The COVID-19 pandemic response has strengthened the focus on food security. The West Coast Food Security Network now has three working sub-groups: research and policy, community produce, and food distribution, and will continue to meet six-weekly to progress this work. Nutrition staff at both CPH and West Coast Nutrition

services have connected with Poutini Waiora with the aim of improving delivery and accessibility of services for Maōri. Our two teams are currently supporting Poutini Waiora in group sessions as part of their wider health programmes.

- **Smokefree:** During this period, until COVID-19 restrictions prevented them, CPH conducted compliance checks at all tobacco retailers in Hokitika, South Westland and Westport. A theme that emerged from discussions with retailers is that the cheaper cigarettes recently released by a tobacco company are very popular.
- **Alcohol Licensing:** CPH took part in a meeting arranged by the West Coast alcohol licensing agencies and Hospitality NZ in Greymouth. As there are no Local Alcohol Policies (under the Sale and Supply of Alcohol Act 2012) on the West Coast, the meeting was aimed at encouraging licensees to join a voluntary local alcohol accord. Licensees and duty managers from Westland and Grey districts were present, and all were very receptive to the idea.

Report prepared by: Philip Wheble, General Manager West Coast DHB

Approved for release by: David Meates, Chief Executive

FINANCE REPORT

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

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

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

DATE: **7 August 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

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 Board:

i. notes the financial result and related matters for the period ended 30 June 2020.

3. DISCUSSION

Overview of June 2020 Financial Result

The consolidated West Coast District Health Board financial result for the month of June 2020 was a deficit of $822k, which was $273k unfavourable to annual plan. The year to date net deficit of $7.734 is $1.121k unfavourable to annual plan, this is subject to audit and any further provisions for the Holidays Act.

	Monthly Reporting				Year to Date				Full Year 19/20
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	13,047	12,420	627	5.0%	151,467	149,065	2,402	1.6%	149,065
Inter DHB Revenue	35	0	35	0.0%	35	0	35	0.0%	0
Inter District Flows Revenue	167	169	(2)	(1.2%)	2,052	2,030	22	1.1%	2,029
Patient Related Revenue	645	637	8	1.3%	8,009	7,746	263	3.4%	7,746
Other Revenue	62	66	(4)	(6.1%)	738	813	(75)	(9.2%)	814
Total Operating Revenue	13,956	13,292	664	5.0%	162,301	159,654	2,647	1.7%	159,654
Operating Expenditure									
Personnel costs	6,751	6,170	(581)	(9.4%)	77,190	74,341	(2,849)	(3.8%)	74,340
Outsourced Services	1	0	(1)	0.0%	21	0	(21)	0.0%	0
Treatment Related Costs	1,108	679	(429)	(63.2%)	9,362	8,265	(1,097)	(13.3%)	8,265
External Providers	3,638	3,617	(21)	(0.6%)	43,883	43,561	(322)	(0.7%)	43,561
Inter District Flows Expense	2,022	1,904	(118)	(6.2%)	23,073	22,827	(246)	(1.1%)	22,827
Outsourced Services - non clinical	120	118	(2)	(1.7%)	1,431	1,422	(9)	(0.6%)	1,422
Infrastructure and Non treatment related costs	901	957	56	5.9%	11,659	11,648	(11)	(0.1%)	11,648
Total Operating Expenditure	14,541	13,445	(1,096)	(8.2%)	166,619	162,064	(4,555)	(2.8%)	162,063
Result before Interest, Depn & Cap Charge	(585)	(153)	(432)	282.4%	(4,319)	(2,410)	1,909	(79.2%)	(2,409)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	189	290	101	34.8%	2,725	3,226	501	15.5%	3,226
Capital Charge Expenditure	48	106	58	54.7%	690	978	288	29.4%	978
Total Interest, Depreciation & Capital Charge	237	396	159	40.2%	3,415	4,204	789	18.8%	4,204
Net Surplus/(deficit)	(822)	(549)	(273)	(49.7%)	(7,734)	(6,613)	(1,121)	(16.9%)	(6,613)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	**(822)**	**(549)**	**(273)**	**(49.7%)**	**(7,734)**	**(6,613)**	**(1,121)**	**(16.9%)**	**(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

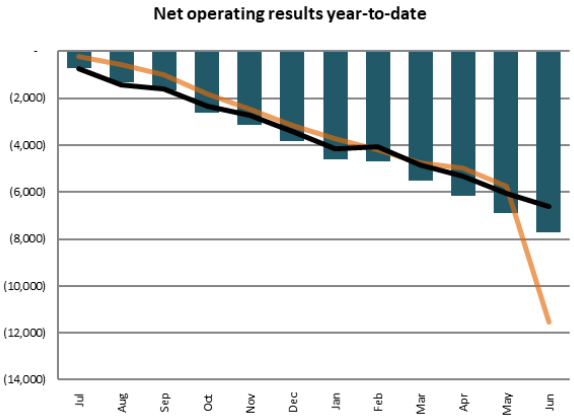
Report approved by: Justine White, Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – June 2020

Net operating results

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(822)	(549)	(273)	50% ✗	(7,734)	(6,613)	(1,121)	17% ✗



West Coast DHB has reported a deficit of $822k for the month of June 2020, ($7,734k YTD) this is an unfavourable variance to the annual plan for the month of **$273K (YTD: UF $1,121K)**. Year to date the main drivers for this unfavourable result are:

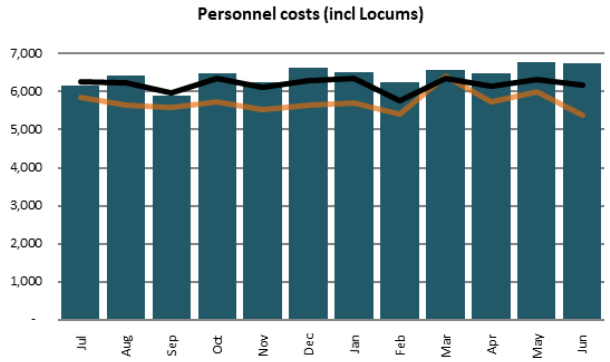
- $544K COVID-19 costs net, total cost $1,747K offset by revenue of $1,203K
- $120K of MECA and SECA settlements and accruals more than what was provided for in prior year, this mainly relates to E tu and Apex SECAs/d.
- $40K of repairs to a steriliser for theatre instruments in Grey-base hospital. Asset is end of life; new equipment has been purchased for new facility and this expenditure is a result of the delay in the project.
- $1,077K more than anticipated in Pharmaceuticals (hospital -$734K and community -$343K) largely driven by PCT & Higher Cost medicines.
- $309K in Blood & Tissue supplies due to Intragam costs – we have a couple of patients driving this variance of $30K per month, likely to continue into the following financial year.
- Over $400K unfavourable between patient transfers (-$186K) and the National Travel Assistant Program (-225K) which are volume driven.
- $1.5m net over-run in cost of using locums to cover vacancies in medical employee.
- $725K net favourable results in ARC, has continued, bed days are currently trending below budget but with corresponding increased demand for Home support services.

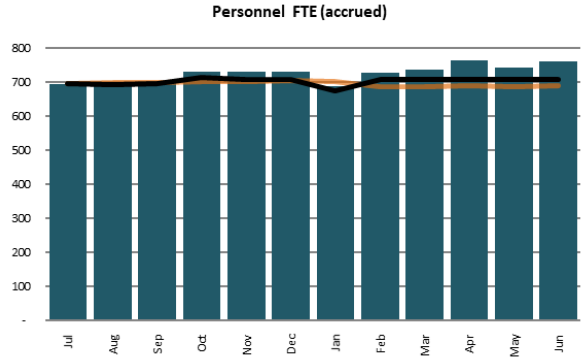
Revenue is offsetting a large portion of the unfavourable expenditure listed above and is reporting a YTD $2.65m favourable result to budget, this is largely driven by non-devolved funding MOH sub contracts, as well as HWNZ revenue $150K, and other patient revenues of $264K, which includes direct funding to primary for COVID-19.

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

Personnel costs & FTE

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Medical	1,783	1,510	(273)	-18%	✗	20,076	18,378	(1,698)	-9%	✗
Nursing	3,042	2,709	(333)	-12%	✗	33,768	32,770	(998)	-3%	✗
Allied Health	1,096	1,047	(49)	-5%	✗	12,592	12,590	(2)	0%	✗
Support	241	199	(42)	-21%	✗	2,370	2,066	(304)	-15%	✗
Management & Admin	589	705	116	16%	✓	8,382	8,536	154	2%	✓
Total	**6,751**	**6,170**	**(581)**	-9%	✗	**77,188**	**74,340**	**(2,848)**	-4%	✗





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.

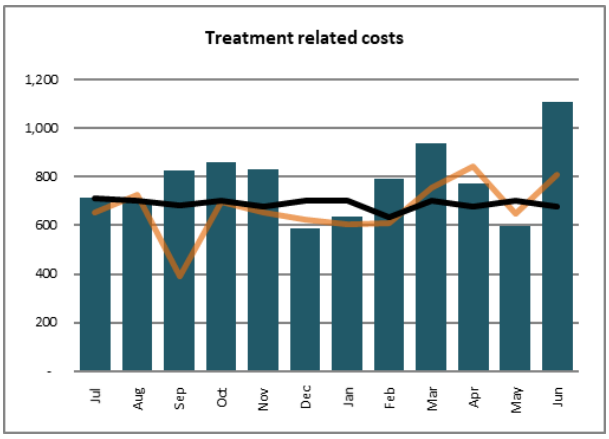
WCDHB is reporting an unfavourable variance of 51 FTE to the Annual Plan – this is largely driven from the leave liability brought over from bringing food services in-house from a previously outsourced service to reduce operational costs and the additional COVID-19 FTE.

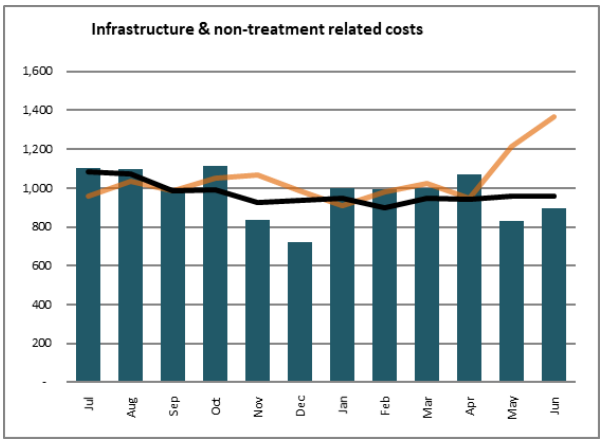
We continue to have vacant positions in Medical Personnel, which is forcing a reliance on locum cover, this overspend is offset by favourable results to budget Management/Admin and Allied Health – largely due to vacant positions.

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

Treatment and non-treatment related costs

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Treatment related costs	1,108	679	(429)	-63% ✕	9,362	8,265	(1,097)	-13% ✕
Non Treatment related costs	1,224	940	(284)	-30% ✕	11,934	11,328	(606)	-5% ✕





KEY RISKS AND ISSUES:

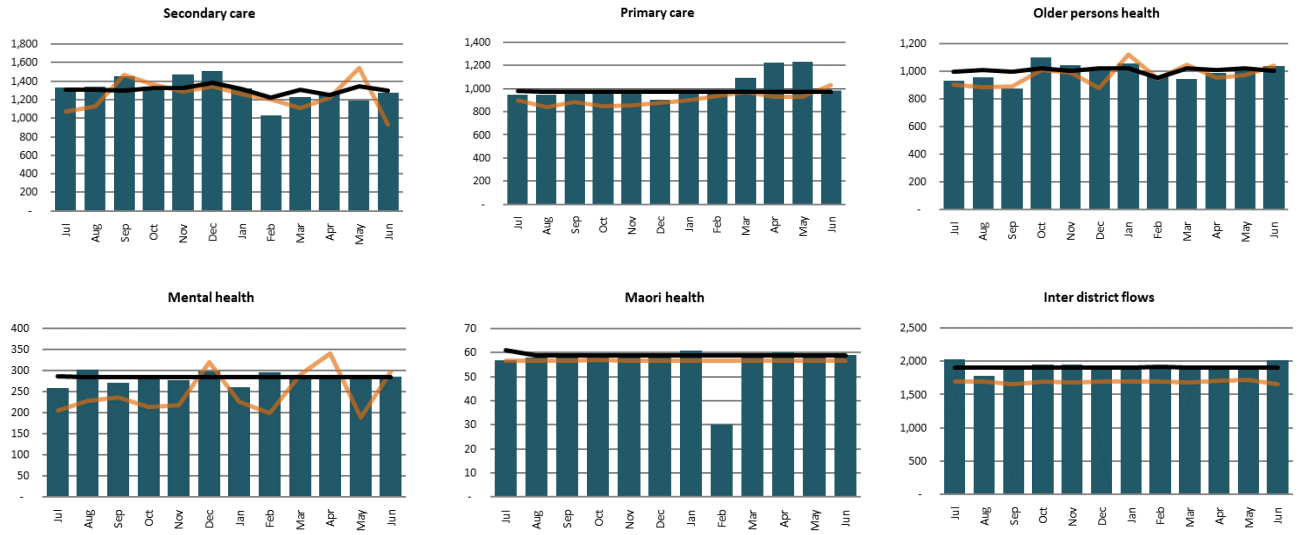
Treatment related costs – Blood consumable intragam (replacement of antibodies) is our main issue in **Treatment related costs.** We currently have a small volume of patients receiving this product, which is driving an overspend on bloods of $30K per month – this is likely to continue into the outyears.

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.

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

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	1,276	1,297	21	2%	✓	15,753	15,686	(67)	0%	✗
Primary Care	981	972	(9)	-1%	✗	12,167	11,675	(492)	-4%	✗
Older Person's Health	1,036	1,005	(31)	-3%	✗	11,903	12,078	175	1%	✓
Mental Health	286	284	(2)	-1%	✗	3,383	3,412	29	1%	✓
Maori Health	59	59	-	0%	✓	676	710	34	5%	✓
IDF	2,022	1,904	(118)	-6%	✗	23,073	22,827	(246)	-1%	✗
Outsourced Clinical	121	118	(3)	-3%	✗	1,451	1,422	(29)	-2%	✗
Total	5,781	5,639	(142)	-3%	✗	68,406	67,810	(596)	-1%	✗



KEY RISKS AND ISSUES:

Demand in our Age-related care beds is under forecast year to date. 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	14,138	113,482	(99,344)	-88%	✗	113,482
Cash	6,152	4,460	1,692	38%	✓	4,459
Capex	7,117	13,064	5,947	46%	✓	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 confirmed the $2m to WCDHB in December 2019, this payment was received in late February 2020.

There is an unfavourable variance in equity, due to annual plan adding Te Nikau as an equity injection of $93.6m in March. The remainder variance is due to the $3.6m drawdown of funding for the Westport IFHC, and our YTD unfavourable net result of $7.734m. WCDHB received a $6m equity injection in April.

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

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

Statement of comprehensive revenue and expense

For period ending 30 June 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	13,047	12,420	627	5.0%	151,467	149,065	2,402	1.6%	149,065
Inter DHB Revenue	35	0	35	0.0%	35	0	35	0.0%	0
Inter District Flows Revenue	167	169	(2)	(1.2%)	2,052	2,030	22	1.1%	2,029
Patient Related Revenue	645	637	8	1.3%	8,009	7,746	263	3.4%	7,746
Other Revenue	62	66	(4)	(6.1%)	738	813	(75)	(9.2%)	814
Total Operating Revenue	13,956	13,292	664	5.0%	162,301	159,654	2,647	1.7%	159,654
Operating Expenditure									
Personnel costs	6,751	6,170	(581)	(9.4%)	77,190	74,341	(2,849)	(3.8%)	74,340
Outsourced Services	1	0	(1)	0.0%	21	0	(21)	0.0%	0
Treatment Related Costs	1,108	679	(429)	(63.2%)	9,362	8,265	(1,097)	(13.3%)	8,265
External Providers	3,638	3,617	(21)	(0.6%)	43,883	43,561	(322)	(0.7%)	43,561
Inter District Flows Expense	2,022	1,904	(118)	(6.2%)	23,073	22,827	(246)	(1.1%)	22,827
Outsourced Services - non clinical	120	118	(2)	(1.7%)	1,431	1,422	(9)	(0.6%)	1,422
Infrastructure and Non treatment related costs	901	957	56	5.9%	11,659	11,648	(11)	(0.1%)	11,648
Total Operating Expenditure	14,541	13,445	(1,096)	(8.2%)	166,619	162,064	(4,555)	(2.8%)	162,063
Result before Interest, Depn & Cap Charge	(585)	(153)	(432)	282.4%	(4,319)	(2,410)	1,909	(79.2%)	(2,409)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	189	290	101	34.8%	2,725	3,226	501	15.5%	3,226
Capital Charge Expenditure	48	106	58	54.7%	690	978	288	29.4%	978
Total Interest, Depreciation & Capital Charge	237	396	159	40.2%	3,415	4,204	789	18.8%	4,204
Net Surplus/(deficit)	(822)	(549)	(273)	(49.7%)	(7,734)	(6,613)	(1,121)	(16.9%)	(6,613)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	**(822)**	**(549)**	**(273)**	**(49.7%)**	**(7,734)**	**(6,613)**	**(1,121)**	**(16.9%)**	**(6,613)**

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 30 June 2020

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	20,620	129,414	(108,794)	(84.1%)	22,699
Intangible assets	497	499	(2)	(0.4%)	376
Work in Progress	14,715	2,364	12,351	522.5%	8,364
Other investments	320	320	0	0.0%	320
Total non-current assets	36,152	132,597	(96,445)	(72.7%)	31,759
Current assets					
Cash and cash equivalents	6,152	4,460	1,692	37.9%	6,362
Patient and restricted funds	47	56	(9)	(16.1%)	56
Inventories	1,130	1,098	32	2.9%	1,077
Debtors and other receivables	4,542	4,428	114	2.6%	3,931
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	11,871	10,042	1,829	18.2%	11,426
Total assets	48,023	142,639	(94,616)	(66.3%)	43,185
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,678	2,423	(255)	(10.5%)	2,399
Other	63	62	(1)	(1.6%)	62
Total non-current liabilities	2,741	2,485	(256)	(10.3%)	2,461
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	12,122	9,611	(2,511)	(26.1%)	9,327
Employee entitlements and benefits	18,872	17,061	(1,811)	(10.6%)	17,307
Total current liabilities	30,994	26,672	(4,322)	(16.2%)	26,634
Total liabilities	33,735	29,157	(4,578)	(15.7%)	29,095
Equity					
Crown equity	93,858	191,932	98,074	51.1%	85,926
Other reserves	25,100	25,098	(2)	(0.0%)	25,098
Retained earnings/(losses)	(104,670)	(103,548)	1,122	1.1%	(96,935)
Trust funds	0	0	0	0.0%	0
Total equity	14,288	113,482	99,194	87.4%	14,090
Total equity and liabilities	**48,023**	**142,639**	**(94,616)**	**(66.3%)**	**43,185**

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 30 June 2020

in thousands of New Zealand dollars

	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	14,456	13,275	1,181	8.9%	161,998	158,893	3,105	2.0%
Cash paid to employees	(6,163)	(6,170)	7	0.1%	(75,345)	(74,586)	(759)	(1.0%)
Cash paid to suppliers	(19)	(1,749)	1,730	98.9%	(20,111)	(20,989)	878	4.2%
Cash paid to external providers	(3,566)	(3,393)	(173)	(5.1%)	(44,766)	(40,868)	(3,898)	(9.5%)
Cash paid to other District Health Boards	(2,094)	(2,128)	34	1.6%	(22,190)	(25,520)	3,330	13.0%
Cash generated from operations	2,614	(165)	2,779	(1684.2%)	(415)	(3,070)	2,655	(86.5%)
Interest paid	0	0	0	0.0%	0	0	0	0.0%
Capital charge paid	(288)	(636)	348	54.7%	(690)	(978)	288	29.4%
Net cash flows from operating activities	2,326	(801)	3,127	(390.4%)	(1,105)	(4,048)	2,943	(72.7%)
Cash flows from investing activities								
Interest received	6	17	(11)	(64.7%)	81	204	(123)	(60.3%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(540)	(2,958)	2,418	81.7%	(6,745)	(12,740)	5,995	(47.1%)
Acquisition of intangible assets	0	0	0	0.0%	(372)	(324)	(48)	
Net cash flows from investing activities	(534)	(2,941)	2,407	(81.8%)	(7,036)	(12,860)	5,824	45.3%
Cash flows from financing activities								
Proceeds from equity injections	0	2,800	(2,800)	100.0%	6,000	15,074	(9,074)	60.2%
Repayment of equity	(68)	(68)	0	0.0%	1,932	(68)	2,000	2941.2%
Cash generated from equity transactions	(68)	2,732	(2,800)	102.5%	7,932	15,006	(7,074)	47.1%
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	(68)	0	(68)	0.0%	7,932	0	7,932	0.0%
Net increase in cash and cash equivalents	1,724	(1,010)	2,734	(270.7%)	(209)	(1,902)	1,693	(89.0%)
Cash and cash equivalents at beginning of period	4,428	5,470	(1,042)	(19.0%)	6,360	6,362	(2)	(0.0%)
Cash and cash equivalents at end of period	**6,152**	**4,460**	**1,692**	**37.9%**	**6,151**	**4,460**	**1,691**	**37.9%**

PEOPLE REPORT

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

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

SOURCE: ***People and Capability***

DATE: **7 August 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

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.

This People Report reflects on the last quarter and follows a refreshed style for reporting on how our key people programmes are doing. It includes an overview of the external factors that impact our people, progress against the key programmes that we've established to support the delivery of our People Objectives, and most importantly, the impact it's having on our people.

The monthly People Dashboard is also attached. This continues to provide an overview of our workforce and how it is changing, and our Wellbeing, Health and Safety metrics.

2. RECOMMENDATION

That the Board:
i. notes the People Report.

3. CONCLUSION

This report remains a work in progress as we refine our approach and content, dashboards, metrics and insights. We welcome feedback.

4. APPENDICES

Appendix 1: WCDHB People Report – August 2020
Appendix 2: WCDHB People Dashboard – June 2020 data

Report prepared by: Natasha Smith, Programme Manager, People Analytics People and Capability
Paul Lamb, People and Capability

Report approved for release by: Michael Frampton, Chief People Officer, People and Capability

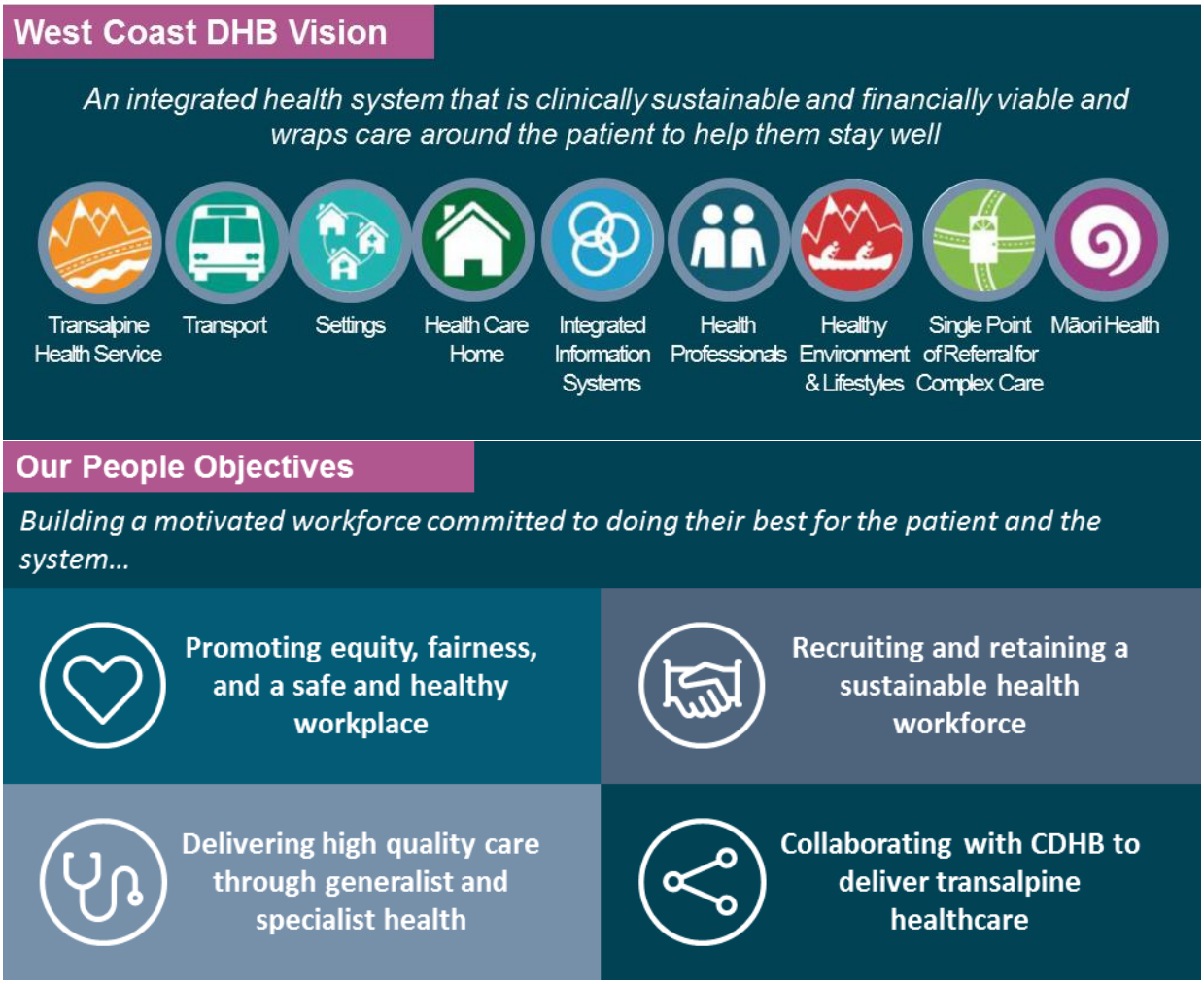
People Report
Quarterly Update

August 2020

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

People Report: Quarterly Update | August 2020

Our West Coast DHB Vision and People Objectives



About this Report

This *People Report* reflects on how our key people programmes have been doing over the last quarter. It includes an overview of the external factors that impact our people, progress against the key programmes that we've established to support the delivery of our People Objectives, and most importantly, the impact it's having on our people.

The monthly *People Dashboard* is also attached. This continues to provide an overview of our workforce and how it is changing, and our Wellbeing, Health and Safety metrics.

This report remains a work in progress as we refine our approach and content, dashboards, metrics and insights. We welcome feedback.

The following key is applicable to all roadmaps below:

- Performing to plan
- At risk but not an issue
- Needs immediate attention
- Complete

Macro Employment Environment

New Zealand Employment | Workplace Relations Context

This section of the report sets out the New Zealand employment and workplace relations context, identifying those factors with the potential for impact on the DHB's operating environment.

Parental Leave Entitlements

In 2017, the government passed legislation to incrementally increase the period of paid parental leave. From 1 July 2020, employees taking parental leave will be entitled to 26 weeks of paid parental leave, up from 22 weeks.

The Minister for Workplace Relations and Safety has announced that the maximum weekly payment will also increase by an additional $20 per week, to a maximum of $606.46 before tax.

Key impact for West Coast DHB:

- There will be resourcing and financial impacts arising out of the increased entitlements.

Privacy Act 2020

Legislation has been passed to reform the Privacy Act 1993 with the changes coming into effect on 1 December 2020. The new Act is intended to ensure our privacy laws can deal with the challenges of the digital age.

The amendments will increase the powers of the Privacy Commissioner and create new offences and obligations on employers.

Importantly, the new Privacy Act creates a mandatory obligation on an agency to notify both the Privacy Commissioner, and any affected individual, where there has been a privacy breach which is likely to result in serious harm. The legislation defines this as a 'notifiable breach'. The factors set out in the legislation, when assessing the likelihood of serious harm being caused by a privacy breach, include:

a. any action taken by the agency to reduce the risk of harm following the breach:
b. whether the personal information is sensitive in nature:
c. the nature of the harm that may be caused to affected individuals:
d. the person or body that has obtained or may obtain personal information as a result of the breach (if known):
e. whether the personal information is protected by a security measure:
f. any other relevant matters.

The new Act also deals with a number of other issues including the management of personal information that is going to be sent overseas, and provides the Privacy Commissioner with the power to impose fines of up to $10,000 against anyone who obstructs, hinders or resists the Commissioner in the exercise of their powers under the Act.

The Act also makes it an offence to destroy documents containing personal information after a request for that information has been made.

Key impact for West Coast DHB:

- West Coast DHB will need to be aware of changes to the Privacy Act and the potential fines that could be imposed as a result.

- West Coast DHB deals with very sensitive personal information and should consider how it will prevent and respond to incidences where privacy has been breached and how to determine whether that amounts to a "notifiable breach".

Covid-19 Employment Law Obligations

During the Government Covid-19 response and subsequent lockdown period, there was significant debate regarding the impact on employment law obligations. In particular, many employers were unclear about whether they were required to pay employees during the lockdown, and whether employee consent was required for pay cuts.

The first cases are now filtering through the Employment Relations Authority challenging actions taken by employers during the lockdown period.

In *Raggett & Ors. v Eastern Bays Hospice Trust* [2020] NZERA 266, the employer applied for the Government Wage Subsidy on 23 March 2020, the same day that the country went into level 4 lockdown. Then on 25 March the company issued a memorandum to staff advising them that their pay would be reduced to 80%. A week later staff were given letters proposing to make them redundant.

Shortly after, the company issued notices of termination due to redundancy and stated that it would pay employees 80 per cent of their usual pay for the first 4 weeks of the notice period, and just the amount of the wage subsidy for the second 4 weeks. In fact, the Trust was only required to provide 4 weeks' notice, so the additional 4 weeks was over and above its contractual obligations.

The Authority found that the employer was not entitled to unilaterally reduce employees' pay and ordered it to pay employees their full wages and salary for the entire 8-week notice period.

The case came down to the Authority's rejection of the "no work, no pay" argument, and its finding that the employees were "ready, willing and able" to work.

There has been a further Authority case which takes a similar approach, but the matter is unlikely to be determinately resolved until a challenge is heard in the Employment Court.

Key impact for West Coast DHB:

- Whilst this should not be a direct issue for West Coast DHB, some of its service providers may be affected if they did not pay their employees correctly during the lockdown.

Important Case Law Updates

A recent Employment Court decision, *Leota v Parcel Express Ltd*, has ruled in favour of Mr Leota, a courier driver for Parcel Express, finding that he was in fact an employee of the company and not an independent contractor.

Section 6(5) of the Employment Relations Act ('the Act") allows any person to seek a declaration as to whether they are an employee under the Act, and therefore entitled to the rights and protections pursuant to it. When making a declaration, the Court must determine the real nature of the employment relationship.

Importantly the Court in *Leota* considered whether Mr Leota served his own business or the business of someone else. This required a thorough analysis of the factual matrix of the relationship between the parties, including the wording of the agreement, the circumstances around its signing and the level of control the company exerted over Mr Leota in his role.

A number of factors helped to persuade the Court that Mr Leota was in fact an employee of the company, with particular emphasis on the considerable control Parcel Express exerted over Mr Leota, including that:

- Mr Leota was required to comply with company procedures, directions and requests from any officer of the company and to attend trainings and in-house briefings;
- Parcel Express dictated the parameters of his run, with no input or consultation with Mr Leota, while also restricting his ability to work for any competitors;
- The company controlled who the customers were, the type of vehicle he had to drive, restricted the signage permitted on that vehicle and the uniform that Mr Leota was expected to wear; and
- The company controlled the extent to which Mr Leota had to remain contactable, the type of insurance cover he was required to obtain (including with whom and for how much) and the extent to which he was allowed to take leave.

The distinction between a contractor and employee is an important one. Where an employment relationship is determined to exist, a set of mutual obligations arise between the parties and an employee will have access to a range of statutory entitlements, including minimum wages, holiday pay, redundancy, parental leave, KiwiSaver contributions, as well as legal recourse to pursue personal grievances, and seek remedies, under the Act. Notably, employees are also able to access other rights, such as the right to unionise and collectively bargain.

Key impact for West Coast DHB:

- To the extent that West Coast DHB or its service providers engage contractors, the *Leota* decision creates an increased risk that their contractor status could be challenged.
- West Coast DHB should review any contractor arrangements to ensure they meet the tests for genuine contractors.

Litigation

On 7-9 July the 20 DHBs were Defendants in proceedings before the Employment Court relating to which MECA is offered to new RMOs when they commence employment with a DHB. The claim was brought by NZRDA which argued that the DHBs were obliged to offer the NZRDA MECA to all new employees (not the STONZ MECA) because it has the largest overall membership. STONZ appeared as an intervenor in the proceedings and argued in support of the DHB's position. Meanwhile STONZ membership has increased to over 1400.

Key impact for West Coast DHB:

- The outcome will determine whether the DHBs can continue to offer the STONZ MECA to new employees where STONZ has the majority membership in specific parts of the RMO workforce.

State Services Guidelines

In April, the State Services Commissioner wrote to the Chief Executives of the Public Service Departments, Departmental Agencies and Crown Entities setting out key principles and guidance on applying pay restraint in the public service "in these unprecedented times when many in the private sector are losing their jobs or facing significant pay reductions." This approach follows the announcement of the Prime Minister that senior leaders in Government, Cabinet and the Public Service will all take a significant pay reduction.

The key principles the Commissioner noted include:

- the voluntary pay reductions agreed by chief executives will not be extended beyond the chief executive level, nor will they be requested of staff below that level
- the approach to restraint applies through to June 2021
- retaining people in jobs is a priority
- no pay increases for senior leaders and high paid staff (over $100,000) and no or minimal increases below that level
- current employment agreement obligations to be complied with where they require an increase to pay
- any discretionary provisions should be operated to target low paid and frontline roles, and continue to address gender and ethnic pay inequities
- exceptional and urgent recruitment and retention pressures may need to be addressed
- outcomes across individual employment agreements and collective agreements covering the same roles should be equitable

Key impact for West Coast DHB:

- While these are only guidelines at this stage, it is likely the Public Sector will see across-the-board minimal increases to remuneration during the 2020/2021 salary round.

Health and Safety

Health and safety data

The *British Medical Journal* recently published the results of a review of ten years of Coronial records in respect of people killed at work in New Zealand from 2005 to 2014 (https://injuryprevention.bmj.com/content/early/2020/03/24/injuryprev-2020-043643).

The study found 955 workers were killed in that period, with the highest fatality rates found among workers aged 70 to 84, Māori workers, and male workers. Vehicles of some kind were the most dominant mechanism of death.

The mining, agriculture, forestry and fisheries, and electricity, water and gas sectors contributed the highest number of deaths.

The study noted that its estimates of annual work-related deaths (81 deaths per year) was significantly higher than the official government estimate of 51 deaths per year.

The study reported that the general pattern of high-risk industries had continued from previous studies and concluded that future efforts to address high rates of fatal injury need to start with using the most comprehensive and detailed data available to inform effective, targeted injury prevention interventions.

Right to cease work

COVID-19 brought into focus the extent to which an employee is able to discontinue their work for health and safety reasons.

An employee can cease or refuse to carry out work pursuant to section 83 of the Health and Safety at Work Act.

For such an act to be lawful, the employee must believe that carrying out the work would expose them, or someone else, to a serious risk to their, or the other person's, health or safety arising from an immediate or imminent exposure to a hazard. Also, where the work in question inherently or usually carries an understood risk, the employee can only cease work if the risk has materially increased beyond the understood risk.

Having refused to carry out work, an employee can continue to refuse if:

- They have attempted to resolve the matter with their employer as soon as practicable after the first refusal;
- The matter is not resolved; and
- The worker believes on reasonable grounds that carrying out the work would give rise to a serious risk to them, or another person, arising from an immediate or imminent exposure to a hazard.

A health and safety representative who has been properly trained can also direct that unsafe work must cease on the same basis as an employee can stop work (section 84). However, such a direction must follow consultation with the employer unless the risk is so serious and imminent it is not reasonable to consult (in which case consultation must happen as soon as practicable thereafter).

If an employee stops work, the employer can direct them to undertake alternative work that is within the scope of their role (or any other work they agree to undertake).

If there is a dispute regarding this issue, WorkSafe can assist to resolve it.

Key impact for West Coast DHB:

- The West Coast DHB's decisions regarding health and safety should be, wherever possible, driven or supported by relevant data. However, for this to be effective it is important to collect accurate data and encourage timely reporting of all incidents, illness and injury.
- Employees have a right to cease or refuse dangerous work, but it is a right that must be exercised in accordance with the requirements of the Health and Safety at Work Act. Therefore, the organisational risk profile and the programmes of improvement initiatives are key to working with employees to address areas of concern.

Holidays Act 2003 Review

The National Taskforce established to review and provide recommendations for reform of the Holidays Act 2003 reported back to the Ministry of Workplace Relations late last year. An announcement is expected from the Government soon regarding those recommendations. However, any new Holidays Act regime is not likely to be implemented for another 12 months at a minimum. In the meantime, employers are obliged to remediate any historical underpayments made pursuant to the current Act, with the Labour Inspectorate continuing audits and investigations into historical underpayments.

Key impact for the West Coast DHB:

West Coast and Canterbury DHB's Holidays Act Compliance Programme is progressing well. The Programme remains on track to deliver a compliant payroll system and practise, as well as a full employee remediation process by July 2021.

Progress this quarter includes:

- The completion of cross-functional workshops to identify potential solutions to breaches. Solutions are now under review and include proposed systems and data changes, as well as changes to some existing work practises. Once agreed, these solutions will be designed, 'built' and put in place.
- The West Coast and Canterbury Programme team are working with TAS and other DHBs to design a national website for ex-employees to register details of past DHB employment. This will ensure they are correctly identified and corresponded with once remediation of their past payroll records takes place.

New Zealand Health Sector | Industrial Context

This section of the report sets out the current and most recently settled MECA and SECA bargaining, upcoming bargaining for the year ahead and includes a summary of the industrial action the organisation has been responding to and the impact this has had on the DHB's operating environment.

APEX Medical Laboratory Workers MECA

The APEX Medical Laboratory Workers MECA has recently been ratified following a recommendation from facilitation and is currently being implemented by the West Coast DHB.

During this time, we successfully minimised disruption during the pandemic noting that the active industrial climate saw 56 days impacted by strike action since October 2019.

PSA Home Based Support Services

The PSA Home Based Support Services SECA bargaining has been concluded and the offer has been ratified by PSA members. We are now working on implementation.

ASMS MECA

The ASMS MECA entered into bargaining resulting on a short-term MECA being agreed between ASMS and the DHBs. This MECA has been ratified and is currently being implemented by WCDHB.

NZNO MECA

The NZNO MECA has currently commenced bargaining. This workforce is the DHB's biggest workforce and negotiations in the last round of bargaining led to significant strike action.

Industrial Action – since 1 January 2019

The DHB has over the past 2 years established a sophisticated approach to contingency planning in order to manage the impacts of strike action on the wider organisation, employees and patients.

The level of industrial action we have faced however means that what was once a once-a-year event has now become business as usual and the organisation is feeling the effects of increased pressure on staff and services.

The cumulative impact of strike action across our TransAlpine workforce is causing significant disruption, fatigue and pressure on our operating environment and ability to deliver care to our community.

The most recent round of industrial action in our Laboratories has been particularly stressful and involving extensive collaboration with Canterbury DHB to ensure that we can still meet our service demand due to the absence of any external laboratory service providers on the West Coast.

17
strike notices received

56
withdrawal of labour days

People and Capability Programmes of Work

Progress updates

This section of the report sets out our key People and Capability initiatives against each of our people objectives, including our achievements this quarter, and our goals for the next three months.

Building a committed workforce motivated to do their best for the patient and the health system

Initiative:	**Care Starts Here**

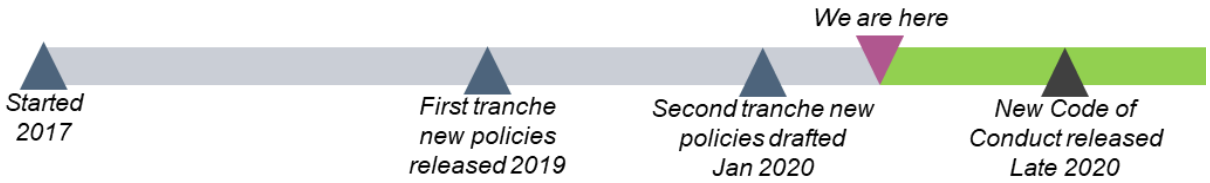
Care Starts Here is about who we are and how we take care of ourselves and those around us. It's about enabling our people values:

Doing the Right Thing	*Being and Staying Well*	*Valuing Everyone*
He tika te tika	*Oranga tonutanga*	*Mana Tangata*

The programme has four components:

- **Understanding what matters** – engaging our people in a conversation about "what we care about" and "how things are done around here".
- **Setting direction and boundaries** – strengthening and developing core people policies and processes, including our *Code of Conduct*.
- **Supporting positive behaviour** – developing tools and resources to help people live our values and how we do things around here.
- **Ensure all our people feel they belong** – making real progress towards understanding and delivering what our people need to feel like they belong.

Roadmap:



Achievements this quarter:

- ✓ Trained 20 People and Capability members and one clinical leader on restorative justice practices
- ✓ Developed and delivered an online active bystander module across People and Capability employees
- ✓ Developed delivered active bystander in-person workshops across People and Capability
- ✓ Gathered ethnicity and disability status information for a further 3.5 per cent of our workforce
- ✓ Completed the scope for our new Employee Advisory and Resolution Service to support early and person-centred conflict resolution
- ✓ Presented our new Recruitment Policy, Leave Policy and Drug and Alcohol Policy to our union partners for consultation

6.1%
Of employees identify as having a disability*

81.9%
Employees with a recorded ethnicity

↑ 3.5%
Increase since last quarter

**Of those who have answered "yes", "no" or "prefer not to say"*

Goals for next quarter:

- Complete development and launch new Employee Advisory and Resolution Service
- Train more clinical and operational leaders in restorative justice practices
- Complete active bystander evaluation and begin roll out across the organisation
- Complete consultation for our new Recruitment Policy, Leave Policy and Drug and Alcohol Policy
- Further improve ethnicity and disability declaration percentage for all our employees
- Implement regular reporting dashboard for the number of people who identify as living with a disability at WCDHB and the number applying for vacancies

Initiative: **max. HR Service Portal**

Our **max.** service portal is leading the way in the digital transformation of our HR service. By adopting an unrelenting focus on the employee experience and an iterative, continual improvement delivery model or new and enhanced services in weeks rather than months, we're fundamentally changing the way our people experience work.

The **max.** digital transformation is committed to maximising service delivery efficiency and reducing administrative burden for all our people - clinical and corporate areas alike.

Roadmap:

Achievements this quarter:

After successful piloting of the **SMO leave request** it's been rolled out to the entire workgroup, features of this service include:

- Ability to apply for Annual, Conference and Professional Leave
- The process allows leave categories of Continuing Medical Education (CME) time in lieu, Travel and Travel on non-workday for more accuracy
- Editability at approval stage to add in or modify if additional detail is required
- As a leave approver, you can set a delegate for just the SMO leave service

The Flu Vaccination App is now live and will be used for 100% of vaccination forms for 2021. The app enables our people to complete an easy online form in max. And once they're at their vaccination, the vaccinator can simply scan their staff ID badge to find their details, enter in the key information – and it's all done and recorded in a central secure database for quick and easy reporting.

718
Unique users in the last 30 days

57
Downloads of the **max.** app in the last 30 days

371
Knowledge articles published

213
Total Leave Requests

6,498
Total HR Cases

Goals for next quarter:

- Continue automation of remaining letters
- Release Professional Expense Claim
- First phase of the new candidate portal Onboarding application
- Enhance HR file

Initiative: Bringing to life the *Now of Work*

We're going beyond HR to deliver solutions 'in the flow of work' using technology to improve the way we work. Using the same technology platform our max. service portal is built on, we've designed and delivered a transalpine IT service management solution and new way of working for the Oracle finance and procurement support team.

We will continue to expand our solutions across the organisation. This includes investigating how we can use the outpatient scheduling service developed for the new Christchurch Outpatients building on the West Coast, including looking at the design and flow of work.

Oracle ITSM iSupport


Outpatient scheduling

Roadmap:

Achievements this quarter:

- ✓ Developed and launched new IT service management [ITSM] portal for IT service desk requests to replace the existing Cherwell system

Goals for next quarter:

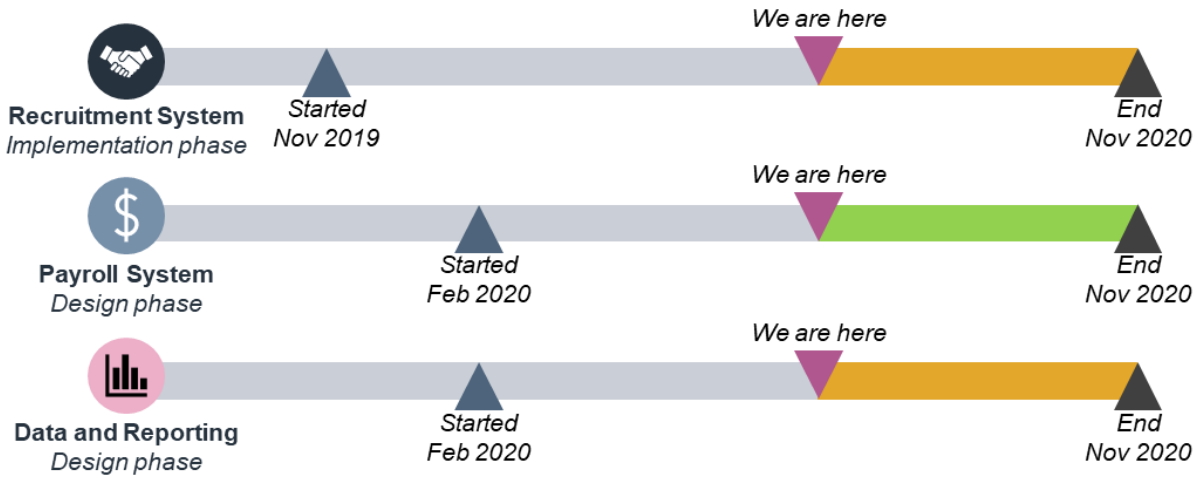
- Commence corporate communication service solution design and development
- Commence Planning and Funding contract management solution design and development

Initiative: **Improving our people systems**

We are working on significant improvements to our core people technology systems including our recruitment system, payroll and rostering systems, alongside improving our analytics and reporting suite.

Significant focus is on reducing manual interventions to rostering and payroll approvals and processing across the organisation and reducing the volumes of changes requiring processing by People and Capability. This manual work currently takes up to 5 FTE to process.

Roadmap:



Achievements this quarter:

Recruitment system:

- ✓ Workshop completed to identify the process flow and how it needs to integrate to our other applications.

Data and reporting:

- ✓ Commenced HR record data remediation programme to standardise position information, enhance our data management protocols through data definitions and governance, and enable better reporting and analysis
- ✓ Enhanced people dashboard to include more detail around contracted FTE changes

- ✓ Automated a number of regular reports
- ✓ Gathering requirements for the ongoing reports

Goals for next quarter:

Recruitment system:

- Finalise the process and document the integrations
- Complete the reporting requirements
- Transition support into the Technology Team

Payroll system [PSe]:

- Deployment plan for the upgrade agreed
- Continue the assessment to move to a single payroll instance

Data and reporting:

- Build technical reporting platform
- Develop initial reporting prototype
- Map all key data elements to owners, create definitions and define dependencies
- Complete phase one of data remediation

Promoting equity, fairness, and a safe and healthy workplace

Initiative: **Health and Safety systems improvement**

This programme of work is to deliver the balance of recommendations from the 2016 external review of our health and safety systems. The 2019-2022 Health and Safety Management Systems Improvement Plan has been drafted and submitted for GM consultation and Union engagement in November, and focusses on:

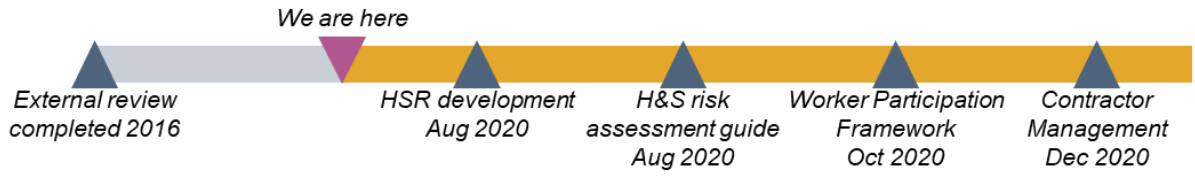
- Enhancing our culture of safety
- Building the capability of our people to be proactive in health, safety and wellbeing
- Enhancing our wellbeing, health and safety intelligence
- Understanding and managing our risk

This work is ongoing and focuses on our current health and safety technology solutions, as well as our compliance with the Occupational Health and Safety Standard ISO 45001S.

The aim of the Health and Safety improvement programme is to:

- Improve hazard and risk management
- Enhance incident reporting and analysis
- Provide the ability to self-review against policies and procedures
- Enable timely access to health and safety information to aid decision-making
- Provide confidence to DHB leadership that our obligations are discharged
- Build Health and Safety capability within the WCDHB

Roadmap:



Our work defining the roles and responsibilities is currently on-hold until the organisational changes have been confirmed across the West Coast DHB and once COVID-19 activity has reduced.

Achievements this quarter:

- ✓ Te Nikau migration support including:
  - ✓ Development and delivery of H&S components of Orientation
  - ✓ Development and testing of duress alarm procedures
  - ✓ Assisted with development of emergency procedures and flip charts
- ✓ Developed approach to face mask Fit Testing

- ✓ Drafted Safety 1st Employee event classification processes
- ✓ Drafted amended Asbestos Policy and Asbestos Management Procedures
- ✓ Developed online Health and Safety Representative (HSR) training option, ready for release at the end of July
- ✓ Developed in-house Health and Safety Representative workshops for HSR induction and capability lift
- ✓ Deloitte Safety Management Systems Review final interviews completed

Goals for next quarter:

- Support Te Nikau migration and orientation programme
- Finalise mask Fit Testing plan
- Complete consultation on worker participation guidelines
- Receive final report of the Deloitte Safety Managements Systems Review and integrate into programme of work
- Publish Risk Management Reference Guide
- Commence Health and Safety Representative inhouse workshops
- Continue review of West Coast DHB helicopter landing zones
- Receive final report of the Deloitte Safety Managements Systems Review and integrate into programme of work

Initiative:	**Refresh Health and Wellbeing [Occ Health] Service Vision and Strategy**

The Health and Wellbeing Service Vision and Strategy builds on a review conducted in 2017 to identify how we might better support the current and future needs of our people.

COVID-19 has further highlighted opportunities to improve the services and value delivered by Health and Wellbeing, including:

- The opportunity to work more closely with clinical stakeholders in the co-design of services
- Ensuring appropriate clinical guidance
- Consideration of both physical and mental health
- Identifying those with overlapping accountabilities and agree roles and responsibilities e.g. C&PH, IP&C, ID, Micro etc
- Improving our ability to manage exposure risks

We have also identified opportunities to improve and digitise our services, including:

- Influenza and other vaccination programme
- Immunisation status including pre-employment processes
- Respiratory protection equipment fit testing

Roadmap:

Achievements this quarter:

- ✓ Developed and tested max. app to digitise influenza vaccination processes
- ✓ Final draft of Drug and Alcohol Policy, Testing Procedure and Rehabilitation Guidelines

Goals for next quarter:

- Complete COVID-19 After Action Review
- Resolve Occupational Health Nurse vacancy
- Conduct research into Occupational Health functions in other organisations and other DHBs
- Participate in National DHB Occupational Health Review
- Hold Service Design Workshop with stakeholders including Occupational Health Physicians

Recruiting and retaining a sustainable health workforce

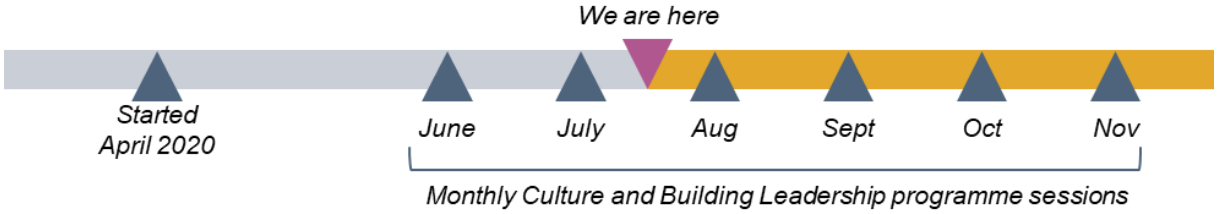
Initiative:	Shared approach to talent and leadership

We're implementing a systematic approach to managing talent and developing leaders and leadership, underpinned by the State Services Commission's *Leadership Success Profile* – which is presented as our *Leadership Koru* and the *Care Starts Here* programme.

We're working with clinical and operational leaders, and their people, to develop a clear and simple way to better support all people, not just leaders, to reach their full potential. Specifically, the shared approach – *Growing Great Leaders* – supports the leadership development needs of everyone within the context of the needs of our health system.

Note: this work is linked to work aligned to resolving one of the corrective actions based on the health and disability services standards that are mandatory for health and disability service providers that are subject to the Health and Disability Services (Safety) Act 2001.

Roadmap:



**The programme was due to kick off in April but was delayed because of COVID-19*

Achievements this quarter:

- ✓ Co-created a draft Operational Leadership Group (OLG) 'Purpose, Values and Strategy' document
- ✓ Ran wellbeing check-in training for OLG and all leaders to raise capability to support staff (related to COVID-19 and Te Nikau move)
- ✓ Launched leadership essentials for all leaders and delivered two learning sessions of Leadership Essentials (ART of leadership, personality and behaviours) and two action learning groups.
- ✓ Ran the second round of *Our Say Our Future* staff survey focused on 13 success factors related to the culture and leadership work and debriefed the GM on the results (over 400 respondents)
- ✓ Version 2.0 of *Success and Development* tools and online learning released
- ✓ Delivered four wellbeing check in sessions to leaders so they can roll those out to their teams

Goals for next quarter:

- Finalise the Purpose and Strategy document and support OLG to implement the new ways of working
- Continue delivery of Enhancing Culture and Building Leadership programme – COVID-19 dependencies for delivery format and new timeframes

- Action plan additional support following *Our Say Our Future* survey with OLG
- Continue supporting the design and development of leadership development and talent management for Māori staff

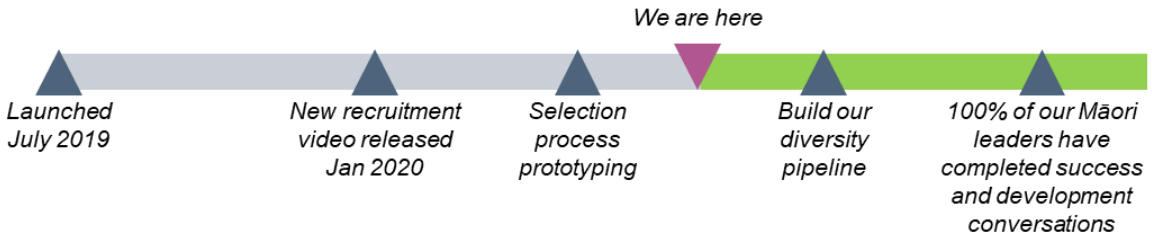
Initiative:	**Building our talent acquisition capability**

We have established a specialist talent acquisition team to address the growing skills shortage and war on talent we're currently facing, providing a more strategic and systematic approach to sourcing talent.

The team are discovering, building and maintaining additional pipelines for more diverse range of talent to come into our organisation, particularly increasing Māori, Pasifika and people who live with a disability's participation in our workforce.

Note: much of the strategic talent acquisition work was paused due to COVID-19 while the team supported key resourcing needs related to the pandemic response.

Roadmap:



Achievements this quarter:

- ✓ Appointment of a number of Anaesthetists and an off-site GP who will work remotely for our new primary care practice in Te Nikau
- ✓ Established a working group for operationalising our Talent Management for Māori employees

Goals for next quarter:

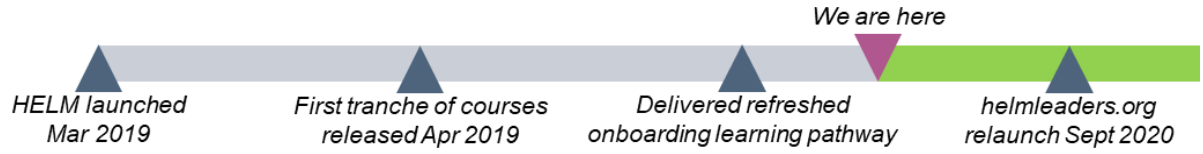
- Continue to identify and support filling hard to recruit roles, specifically our Rural Health Generalist doctors
- Complete success and development conversation training with all line managers of Māori employees
- Complete cultural uplift programme for our Talent Management team
- Co-facilitate a success and development conversation workshop for our Māori employees

Initiative:	Hub for the Essentials of Leadership and Management [HELM]

HELM is a learning initiative designed to support everyone to lead, and brings to life the behaviours underpinned by the *Leadership Koru* and *Care Starts Here*.

Success is measured through the reduction in the 'burden' of leadership, increased work satisfaction, giving leaders back time and enabling high quality, compassionate patient care.

Roadmap:



Achievements this quarter:

- ✓ Updated and released an onboarding pathway for all new DHB starters, including all mandatory learning
- ✓ Integrated cultural and disability responsiveness into communications and diversity awareness learning
- ✓ Published assessment tools available for leaders on helmleaders.org
- ✓ Published new learning content:
  - Communicating Clearly
  - Developing a Humming Team
  - Active Bystander
  - Addressing and Resolving Behavioural Problems
  - Building Resilience

+33%
Average Net Promoter Score across all HELM courses

31%
of managers completed at least 1 HELM course in the past year

Goals for next quarter:

- Complete user testing of our online learning and website and update with feedback
- Further develop learning to support the West Coast Culture and Leadership Programme
- Promote helmleaders.org throughout organisation to increase uptake of self-directed leadership and culture learning

Monthly WCDHB People Analytics Dashboard – 30 June 2020

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

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

Transalpine Health Service | Transport | Settings | Health Care Home | Integrated Information Systems | Health Professionals | Healthy Environment & Lifestyles | Single Point of Referral for Complex Care | Māori Health

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

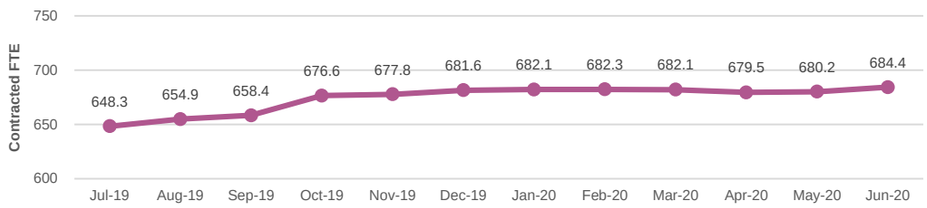
What does our workforce look like?

Key Insights

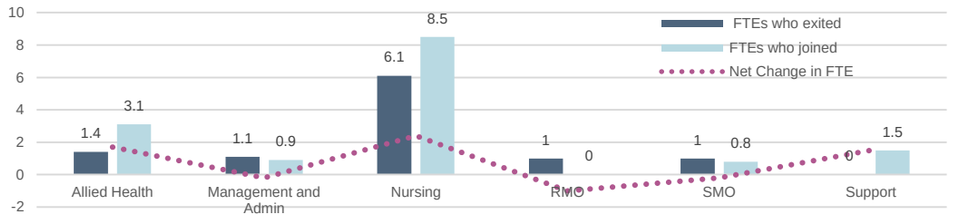
- After contracted FTE decreased in April, it has started to grow again with an increase of 4.2 between May and June.
- The largest change to FTE was the hiring of 5 nurses on fixed term contracts to support our COVID-19 response.
- We're continuing to grow the completeness of our ethnicity records, with ethnicity information now recorded for 80.9% of our employees, up from 49% in November.

FTE | Payroll | Demographics

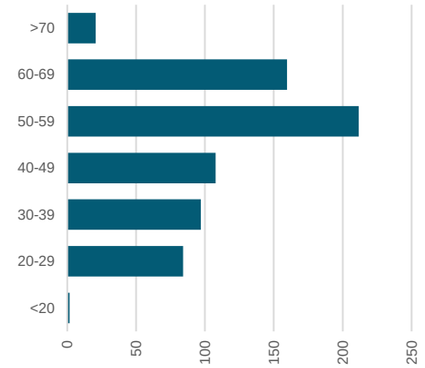
Contracted FTE Trend – *Last twelve months*



Contracted FTE Changes by Role: *June 2020*



Age Profile



Number of FTE

We face pressure around our aging workforce, with 57% of our workforce aged 50 or over.

Diversity

Ethnicity Profile

	Total WCDHB employees*	WCDHB Population†	Clinical Roles	Non-Clinical Roles
Māori	5.7%	12.0%	5.8%	5.4%
Pasifika	0.9%	1.2%	0.6%	1.6%
Asian	10.5%	3.6%	11.5%	7.0%

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

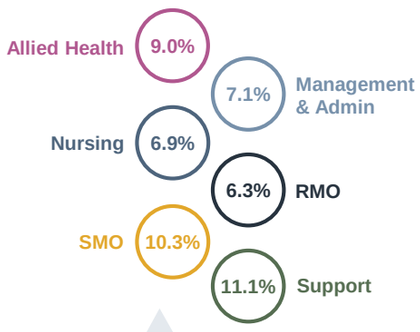
Note: The ethnicity figures do not include 24.7% of employees who are either not currently captured or responded as "Refuse to Answer". We have a programme of work underway to increase our ethnicity records

What's changing in our workforce?

Key Insights

- The unplanned turnover rate for the WCDHB is 7.8% (increasing from 7.0% in the previous month). This is still significantly lower than the average unplanned turnover for the NZ public service sector (11.8% in 2019).
- We still have a number of SMO positions that have been hard to recruit for a number of years. This is driving our high average days vacant. Our West Coast recruitment strategy for hard to fill roles is being implemented to attract talent to the Coast and build a sustainable pipeline.

Attrition Rate by Role over the last 12 months

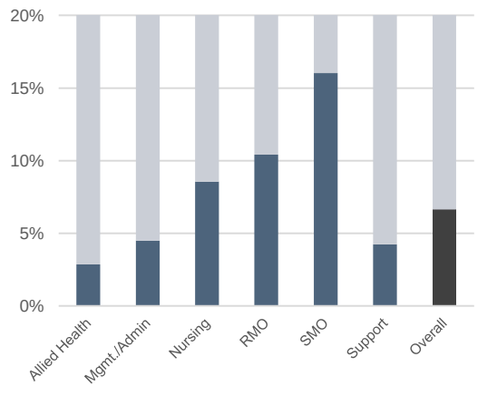


Attrition rate is an indicator of engagement. High rates can impact continuity of service provision and staff wellbeing for those carrying additional load

Proportion of Vacancies Being Recruited For
By Role: April

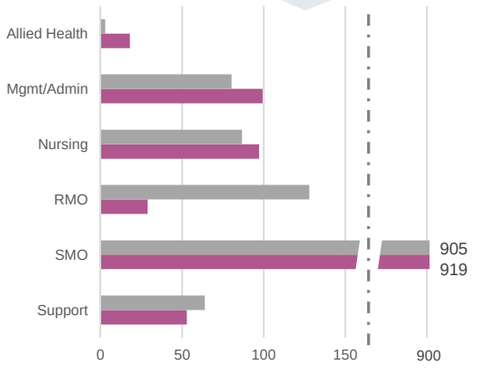
Vacancies are indicative of talent sourcing and development strategies. Higher vacancies can place operational pressures on our people.

48.7
Vacancies [FTE] as at 30 June



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.

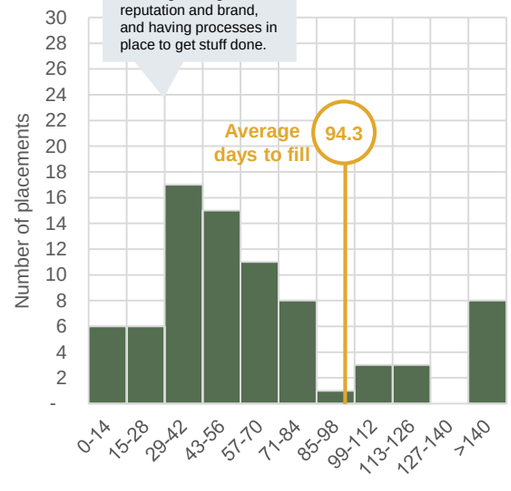


169.6 Average days vacant [This month]

165.9 Average days vacant [Last month]

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 – 30 June 2020

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

Our Vision

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

Transalpine Health Service | Transport | Settings | Health Care Home | Integrated Information Systems | Health Professionals | Healthy Environment & Lifestyles | Single Point of Referral for Complex Care | Māori Health

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

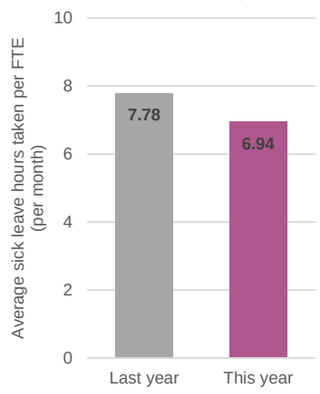
What's the impact of our Wellbeing, Health and Safety efforts?

Key Insights

- On average, our employees have taken 6.94 hours sick leave per month per FTE over the last 12 months; an improvement on the previous 12 month period (7.78 hours). This is reflective of national trends in low flu numbers following the COVID-19 pandemic
- Year-on-year, average sick leave days taken per FTE has been higher over the last 12 months, with notable decreases in sick taken by RMOs, and notable increases by SMOs – however our small number of medical employees can skew these results year-on-year.
- We have also been encouraging our SMOs to more rigorously report their time, attendance and leave, which is also driving the increase in SMO sick leave.
- During the past 12 months there has been a decline in the number of slip, trip, or fall work injuries; however the number of broken skin injuries, exposures to blood or bodily fluids, and musculoskeletal injuries is increasing, driving targeted injury prevention programmes.

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.

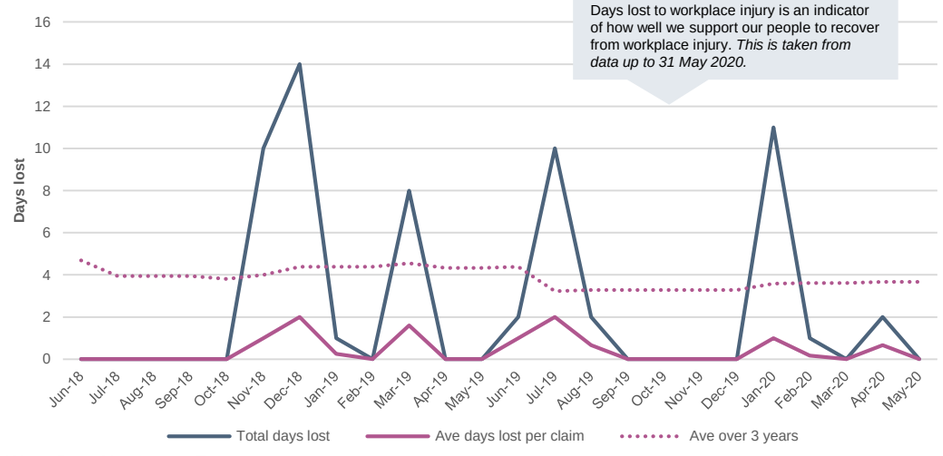


Sick leave days taken per FTE over 12 months by role

In the last 12 months, our employees took on average 10.5 days sick leave per FTE, compared to 11.6 days in the 12 months prior.

Days lost to workplace injury by month: Last two years

Days lost to workplace injury is an indicator of how well we support our people to recover from workplace injury. *This is taken from data up to 31 May 2020.*



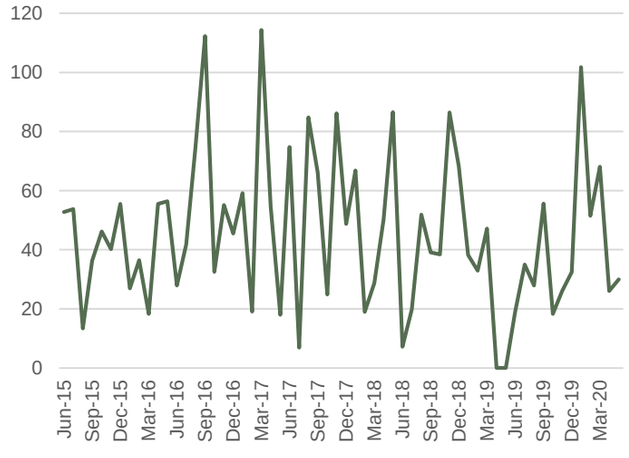
WorkSafe Notifiable Events

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

	Notifiable Events			Duty Holder Review [Worksafe]		
Event type	Apr-20	May-20	Jun-20	Apr-20	May-20	Jun-20
Death	-	-	-	-	-	-
Notifiable illness or injury	-	-	-	-	-	-
Notifiable incident	-	-	-	-	-	-

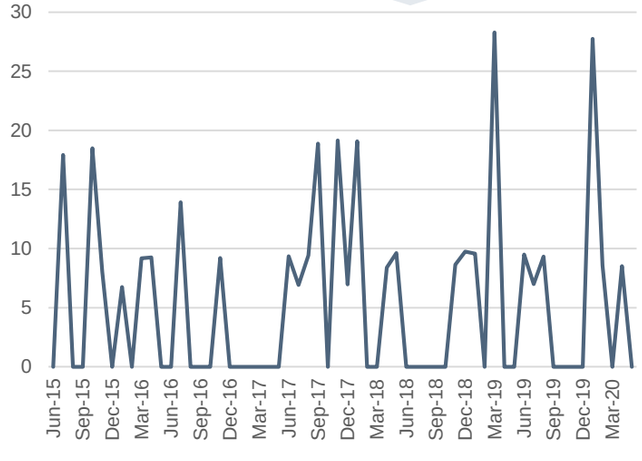
Combined Injury Frequency [CIFR]

Ratio based on the number of all ACC accepted medical treatment claims per million hours worked. *This is taken from data up to 31 May 2020.*



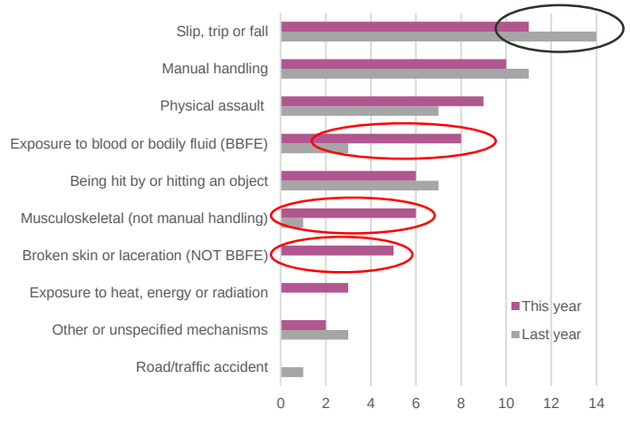
Lost Time Injury Frequency [LTIFR]

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 May 2020.*



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 May 2020.*



AUDIT NEW ZEALAND FRAUD RISK ASSESSMENT

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

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

SOURCE: **Finance**

DATE: **7 August 2020**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to table a Client Fraud Questionnaire completed by management for Audit New Zealand.

2. RECOMMENDATION

That the Board:

i. notes the Client Fraud Questionnaire completed by management at the request of Audit New Zealand; and

ii. Approves submission of the Client Fraud Questionnaire to Audit New Zealand.

3. SUMMARY

Audit New Zealand have requested that West Coast DHB complete the Client Fraud Questionnaire attached at Appendix 1. This has been completed by management and is now provided for approval.

4. APPENDICES

Appendix 1 Client Fraud Questionnaire
Appendix 2 Fraud Policy

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

APPENDIX 1 Client Fraud Questionnaire

Client name: **West Coast District Health Board**
For the year ended: **30 June 2020**

Senior Management Questions	Response
How are fraud risks identified? What fraud risks have been identified? Have any disclosures been identified where there is a potential risk of fraud?	Risks are reported by the operational divisions and validated by the Operational Leadership Team before reporting via Executive Director, Finance & Corporate Services and tabled at QFARC and the Board. These are used as indicators of potential fraud risk areas. The risk registers are one of the sources used for setting the audits in the internal audit work program. Additionally, we have a Fraud Control Policy (Appendix 2) that requires all suspected fraud to be reported to management. The Fraud Policy refers to the Risk and Quality Manager and the Internal Auditor, this responsibility is now with the Canterbury DHB Manager Risk and Assurance, who now has responsibility for both Canterbury and West Coast DHBs. Further, finance staff (amongst other staff) are trained to be aware of potential areas of concern.
Has a formal fraud risk assessment been completed? If so, what procedures were performed and what were the results of this process? How often is this undertaken? Who is involved in this process?	As noted above, a risk register is maintained and regularly reported on.
Areas susceptible to a risk of material misstatement due to fraud	
What is management's assessment of the risk that the financial statements could include a material misstatement due to fraud? Where could this occur?	The assessment of a material misstatement to the financial statements due to fraud is low.

Communication about fraud	
How are fraud risks and the responses communicated to those charged with governance? Are those charged with governance involved in the risk assessment process?	The risk register/risk management report is regularly updated and tabled at QFARC. Manager, R&A collates the risk updates for Executive Director, Finance & Corporate Services who then provides the overall current risk context.
How are expectations of appropriate business practice and ethical behaviour communicated to employees? What is done if employees are not behaving appropriately?	New staff go through an induction program. The Code of Conduct For Staff procedure and MoH Conflict of Interest Guidelines are published on the WCDHB intranet Policies and Procedures page.
Actual, suspected, or alleged frauds	
Have any frauds been identified or are there any suspected or alleged frauds?	None aware of.
What has been the result of any fraud investigations? How did the fraud occur? How was it identified? What happened to fraudster, how much was involved and were any monies or assets recovered? Please provide copies of any investigation reports for these.	None aware of.

Completed by Senior Management

Position: Justine White, Executive Director, Finance & Corporate Services

Signature:

Internal Audit Questions	Response
Areas susceptible to a risk of material misstatement due to fraud	
Where are the financial statements susceptible to a risk of material fraud?	The Risk & Assurance (R&A) Internal Audit Plan addresses the identified main fraud risk areas
What internal audit work is planned or has been completed to detect fraud? If any work has been undertaken, what are the findings? Has this confirmed the expected risks of fraud?	R&A carried out data analysis on Accounts Payable and issued the report in April 2020. This assurance work did not show any obvious anomalies that could be indicators of potential fraud. Controls were also further strengthened.
Actual, suspected, or alleged frauds	
Have any frauds been identified or are there any suspected or alleged frauds?	No suspected or alleged frauds have been made known to R&A.
For any identified frauds, what has been the result of the investigation? How did the fraud occur? How was it identified? What happened to fraudster, how much was involved and were any monies or assets recovered? Please provide copies of any investigation reports for these.	No identified frauds have been made known to and investigated by R&A.

Internal auditor (if applicable): do you agree with management and those charged with governance's responses?

Yes / No

If no, can you please provide more detail here:

Position: Sai Choong Loo, Manager, Risk & Assurance

Signature:

Governance related Questions	Response
Role in relation to fraud	
What role do those charged with governance have in monitoring management's exercise of its fraud prevention responsibilities?	QFARC agree and review the internal audit program. The Manager, Risk & Assurance attends and provide regular updates to QFARC, as well as tabling final reports on areas of work. Internal audit focuses on the areas assessed as susceptible to the risk of fraud and the internal audit plan reflects this focus.
How does management communicate identified fraud risks? How do they provide assurance that anti-fraud controls are in place and operating?	Risks are communicated through EMT meetings, and regular general email communications (for example, when there is an increase in cyber attacks). Assurance is gained by utilising the internal audit function (the internal audit programme is adjusted depending upon the most pressing needs), as well as gaining assurance through the external audit. The Internal Audit Plan focuses on reviewing key controls, especially anti-fraud controls with an increasing emphasis on the use of data analytics to provide added assurance.
If a fraud risk assessment has been completed, what input did those charged with governance have? Do you consider that the fraud risk assessment was a robust process?	This Audit NZ fraud risk assessment is prepared by Finance, but circulated to the Manager, Risk & Assurance for comment, as well as submitting to QFARC and the Board for review and approval.
How are those charged with governance informed of actual, suspected or alleged frauds?	The Fraud Control Policy sets out the positions that are to be notified of suspected fraud.
Actual, suspected, or alleged frauds	
Have any frauds been identified or are there any suspected or alleged frauds?	None aware of.

For any identified frauds, were these investigated by management and have the results of the investigation been reported to those charged with governance? How did the fraud occur? How was it identified? What happened to fraudster, how much was involved and were any monies or assets recovered?	None aware of.

Those charged with governance: do you agree with management's responses?

Yes / No

If no, can you please provide more detail here:

Position: Hon Rick Barker, Chair

Signature:

Fraud Control Policy

1. Policy Statement

The West Coast District Health Board (WCDHB) will ensure that it has effective processes for the prevention, detection and management of fraud and for fair dealing in matters pertaining to fraud, including allegations of fraud.

2. Purpose

2.1 To ensure that management is aware of its responsibilities for identifying exposures to fraudulent activities and for establishing controls and procedures for preventing such fraudulent activity and/or detecting such fraudulent activity when it occurs.

2.2 To provide guidance to employees as to action which should be taken where they suspect any fraudulent activity.

2.3 To provide a clear statement to staff forbidding any illegal activity, including fraud for the benefit of the WCDHB.

2.4 To provide clear guidance as to responsibilities for conducting investigations into fraudulent activities.

2.5 To provide assurances that any and all suspected fraudulent activity will be fully investigated.

2.6 To provide adequate protection and guidance as to appropriate action to employees in circumstances where they are/could be victimised as a consequence of reporting, investigating or being a witness to, fraudulent activities.

2.7 To provide a suitable environment for employees to report matters that they suspect may concern corrupt conduct, criminal conduct, criminal involvement or serious improper conduct.

2.8 To encourage the prosecution of individuals involved in corrupt conduct, criminal conduct, criminal involvement or other illegal activities.

3. Application

This Policy applies to all WCDHB Board Members and Staff Members.

4. Responsibilities

For the purpose of this Policy, the

The ***West Coast District Health Board*** shall:

- ensure that WCDHB has a clear and effective system for the prevention,
- detection and management of fraud.

The ***Chief Executive*** (CE) shall:

- accept ultimate responsibility for the prevention and detection of fraud and will be responsible for ensuring that appropriate and effective internal control systems are in place.

All ***WCDHB Executive and Operational Managers*** shall:

- take responsibility for the prevention and detection of fraud and for the carriage of this Policy.

5. Definitions

For the purpose of this Policy:

Fraud means an intentional dishonest act or omission done with the purpose of deceiving. It includes any deliberate omissions or material misstatements arising from or relating to the misappropriation of assets or any deliberate omissions or misstatements arising from or relating to fraudulent financial reporting;

Theft means to dishonestly, and without claim or right, take or deal with any property with intent to deprive any owner permanently of the property or interest in it; and

Corruption is the abuse of entrusted power for private gain (such as soliciting or receiving gifts or other gratuities to perform an official duty or omit to perform an official duty).

6. Policy Principles

6.1 All Executive Managers must take responsibility for the prevention and detection of fraud and for the carriage of this Policy. Similarly, Operational Managers and all staff must share in that responsibility.

6.2 It is the responsibility of all Executive Managers to ensure that there are mechanisms in place within their area of control to:

i. assess the risk of fraud;
ii. promote employee awareness of ethical principles subscribed to by the WCDHB;
iii. educate employees about fraud prevention and detection; and
iv. facilitate the reporting, investigation, documentation and eventual prosecution of suspected fraudulent activities.

6.3 Executive Managers will be supported by relevant services offered by the Finance Department and Risk and Quality Manager. Although activities may be undertaken by others within their area of control, it is each Executive Manager's responsibility to actively support and encourage those activities and to be sure that they extend to his or her area of organisational responsibility. For this purpose they should incorporate into their annual planning processes, fraud management strategies covering risk assessment, awareness programs and training.

6.4 All WCDHB employees have the responsibility to report suspected fraud. Any WCDHB employee who suspects fraudulent activity must immediately notify their Manager or those responsible for investigations. In situations where the Manager is suspected of involvement in the fraudulent activity, the matter should be notified to the next highest level of supervision/management or to the persons nominated in the WCDHB's Protected Disclosure Policy.

6.5 Operational Managers are required to ensure that they:

i. Display a positive, appropriate attitude towards compliance with laws, rules and regulations;
ii. Are reasonably aware of indicators/symptoms of fraudulent or other wrongful acts (eg. by participation in relevant staff training programs and/or consideration of relevant literature) and respond to those indicators as appropriate;
iii. Establish and maintain proper internal controls to provide for the security and accountability of WCDHB resources and prevent/reduce the opportunity for fraud, such as:
    - segregation of duties,
    - suitable recruitment procedures,
    - internal checking,
    - security (including physical and computer security),
    - documentation of procedures,
    - approvals with delegated authority,
    - budget control,
    - regular review of management reports,
    - reconciliations,
    - consideration of risk, and
    - quality assurance;

iv. Are aware of the risks and exposures inherent in their area of responsibility;
v. Respond to all allegations or indications of fraudulent or wrongful acts in a responsible manner; and
vi. Encourage the reporting of, investigation of, documentation of and eventual prosecution of any occurrences of suspected of fraud within the WCDHB.

6.6 The WCDHB Internal Auditor is responsible for:

i. assisting Executive Management and Operational Managers in strengthening internal controls;
ii. serving as the official contact for reporting fraudulent activity;
iii. the conducting of necessary initial reviews; and
iv. communicating incidents, findings and recommendations for action to the Quality, Finance, Audit and Risk Committee and relevant Executive Managers and Operational Managers;

6.7 The provisions of this Policy do not deny an individual from taking action under the terms of the industrial provisions prevailing at the time.

6.8 This Policy provides for strategies aimed at preventing, detecting and dealing fairly with matters pertaining to fraud which integrate the activity of management and staff at all levels across the diversity of operations and activities of the WCDHB.

6.9 Executive Managers and Operational Managers must create an environment and culture in which employees believe that dishonest acts will not be tolerated, and will be fully investigated where they are suspected. To this end, they must:

i. participate in in-house training programs covering fraud, fraud detection and fraud prevention, which are to be developed and run by the Finance Department/Internal Auditor;
ii. ensure that employees understand that the internal controls are designed and intended to prevent and detect fraud;
iii. encourage employees to report suspected fraud directly to those responsible for investigation without fear of disclosure or retribution; and
iv. as far as is practicable**,** require vendors and contractors to agree in writing as a part of the contract process, to abide by the relevant WCDHB Policies and Procedures, and thereby avoid any conflict of interest.

6.10 All complaints of suspected fraudulent behaviour will be thoroughly and carefully investigated, whilst also providing for the protection of those individuals making the complaint and natural justice to those individuals being the subject of such complaint.

6.11 The WCDHB will make every effort to collect appropriate and sufficient evidence to support prosecution.

6.12 Members of the investigation team will have the authority to examine, copy and/or remove all or any portion of the contents of files, desks, cabinets, computers and

other storage facilities on WCDHB controlled premises without prior knowledge or consent of any individual who may use or have custody of any such WCDHB items or facilities when it is within the scope of their investigation.

6.13 The WCDHB, where possible and practicable, will pursue the collection of any funds lost through fraud.

6.14 The WCDHB Recruitment Policy and practice underpins fraud prevention. All staff and Operational Managers in particular, must support People and Capability recruitment strategies aimed at fraud prevention, which include:

i. applicants to provide a Police Clearance, where required in relation to the inherent requirements of the position and as guided by People and Capability;
ii. contacting previous employers and referees; and
iii. verifying transcripts, qualifications, publications and other certification or documentation.

6.15 Fraud prevention and detection issues will be included in other relevant staff development and induction activities.

6.16 No employment reference is to be provided for any employee who resigns or is dismissed for proven or admitted fraudulent activity.

6.17 There is also an option for members of the public or employees to report fraud or any other activities you're concerned about in the health system anonymously through the Health Integrity Line free phone number 0800 424 888.

7. Legislative Requirements

New Zealand Public Health and Disability Act (2000)

Public Finance Act (1989)

Protected Disclosure Act (2000)

8. Related Procedures

WCDHB Delegation of Authority Policy.

WCDHB Recruitment Procedure.

WCDHB Internal Audit Procedure.

WCDHB Code of Conduct.

WCDHB Staff Discipline, Suspension and Dismissal Procedure.

WCDHB Conflict of Interest Policy.

9. Reference Documents

No reference documents are associated with this Procedure.

Revision History	Version:	8
	Developed By:	Chief Financial Manager
	Authorised By:	Board
	Date Authorised:	May 2002
	Date Last Reviewed:	October 2017
	Date Of Next Review:	October 2020

RESOLUTION TO EXCLUDE THE PUBLIC

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

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

SOURCE: **Board Secretary**

DATE: **7 August 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 & 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 26 June 2020	For the reasons set out in the previous Board agenda.	
2.	2020/21 Annual Plan & Statement of Performance Expectations	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	NZHPL Statement of Performance Expectations 2020/21	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	Going Concern Assessment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
5.	Revaluation Impairment Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
6.	Chair and Chief Executive Emerging Issues – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)

7.	Clinical Leaders Emerging Issues – 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)
8.	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	St John, Water Walk Rd, Greymouth
Friday 7 August 2020	BOARD MEETING	Te NIkau	Te Nikau
Thursday 10 September 2020	Advisory Committee Meeting	9.45am	TO BE CONFIRMED
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	TO BE CONFIRMED
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.