West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Thursday 24 September 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)

Peter Bramley (*Acting Chief Executive)*
Gary Coghlan (*General Manager, Maori Health)*
David Green (*Acting Executive Director, Finance & Corporate Services)*
Brittany Jenkins (*Director of Nursing)*
Paul Lamb *(Acting Chief People Officer))*
Ralph La Salle *(Acting Executive Director, Planning, Funding & Decision Support)*
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)*
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 Thursday 24 September 2020 commencing at 10.00am

KARAKIA			***10.00am***
ADMINISTRATION			
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *6 August 2020* • *12 August 2020 – Special Meeting*		
3.	**Carried Forward/Action List Items**		
PRESENTATIONS			***10.05am***
4.	**Emergency Planning**	Jason McAskill *Emergency Response Planner*	*10.05am – 11.05am*
REPORTS FOR DECISION			***11.05am***
5.	**Bank Accounts Delegation**	David Green *Acting Executive Director, Finance & Corporate Services*	*11.05am – 11.15am*
REPORTS FOR NOTING			***11.15am***
6.	**Chair's Update – Verbal Update** - Letter from Hon Chris Hipkins	Hon Rick Barker *Chair*	*11.15am – 11.25am*
7.	**Chief Executive's Update**	Peter Bramley *Acting Chief Executive*	*11.25am – 11.40am*
8.	**Finance Report**	David Green *Acting Executive Director, Finance & Corporate Services*	*11.40am – 11.50am*
9.	**Clinical Leader's Update – Verbal Update**	Clinical Leaders	*11.501m – 12.00pm*
10	**People Report**	Paul Lamb *Acting Chief People Officer*	*12.00pm – 12.10pm*
12.	**Resolution to Exclude the Public**	*Board Secretary*	*12.10pm – 12.15pm*

INFORMATION ITEMS

- 2020 Meeting Dates

ESTIMATED FINISH TIME **12.15pm**

NEXT MEETING: Friday 30 October 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** • **MS Parkinsons Society** - Patron	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	Y N N	

	• **Accessible West Coast Coalition Group** - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people • **Kowhai Project Committee** – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors.	N	
Anita Halsall-Quinlan	• **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	Y N N N N N Y Y	Actual Perceived Actual

	• **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 • **Southern ALT Workstream -** Chair	Y N	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.	N N N N Y N N N N N N	Actual

	• **New Zealand Institute for Minerals to Materials Research** (**NZIMMR)** – Director • **Westland District Council** – Councillor	N N	

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 Te Nikau Hospital & Health Centre, Water Walk Road, Greymouth
on Friday 7 August 2020 commencing at 10.00am

BOARD MEMBERS

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

EXECUTIVE SUPPORT

David Meates (Chief Executive); Philip Wheble (General Manager, West Coast); Gary Coghlan (General Manager Maori Health); 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) (via zoom), Karalyn van Deursen (Executive Director, Communications), Stella Ward (Chief Digital Officer) and Justine White (Executive Director, Finance & Corporate Services)

Gary Coghlan said the karakia

The Chair welcomed everyone to the first Board meeting in the newly finished Te Nikau Hospital and Health Centre. The Chair commented on how impressed he was with the new fit for purpose facility.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Add: Tony Kokshoorn – Patron MS Parkinsons Society
Add Nigel Ogilive – Chair of Southern ALT Workstream

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 (33/20)
(Moved: Tony Kokshoorn /Chris Auchinvole - carried)
"That the minutes of the Meeting of the West Coast District Health Board held at St John, on Friday 26 June 2020 be confirmed as a true and correct record".

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items noted.

4. RURAL GENERALISM

Philip Wheble, General Manager West Coast introduced Dr Brendan Marshall. Dr Marshall proceeded to provide a presentation explaining the Rural Generlism role and in particular the Rural Generalist Medical role. Rural Generalism is a concept and not a new one but a well established concept being used in both Australia and Canada.. Using the Rural Nurse Specialist role as an

example as they are a workforce that provide broad community-based care with an extended scope of practice. In this area the West Coast has led the way as a number of communities wouldn't have any healthcare if not for the Rural Nurse Specialists.

Primary Care is the key to getting people working in rural areas and that is to understand:

1. Primary Care is our pressure point – it is not something that has been created, it is a fact that primary care in rural areas is just that and these are doctors who can deliver primary care
2. These are also doctors that can work in hospital and in-patient settings
3. These are doctors with extended scopes of practice – traditionally these are in obstetrics and anaesthesia. Why, because the delivery of procedural obstetrics defines the safety of the population.

Dr Marshall reiterated that this was not just about doctors, but an individual working as part of a multi-professional and multi-disciplinary team of colleagues, both local and distant to provide services within a 'system of care' that is aligned and responsive to community needs. This is delivery of care by the right person.

The current model is not sustainable. This creates a long-term rural workforce that is trained and credentialed, providing local access to a core, more sustainable, workforce delivering better care, closer to home while reducing health care costs to both the hospital/government and patients.

Key Developments

- **July 2019** — Agreement from Clinical Leasers WCDHB and CDHB:
  1. That SMOs with the Advanced DRANZCOG can provide Obstetic and Gynaecology service delievery within WCDHB
  2. That SMOs with FDRHM or FACCRM or FARGP can provide inpatient medicine service delivery within WCDHB
  3. That SMOs with Joint Consultatie Committee on Anaesthesia (JCCA CPD standard) qualification can provide anaesthetic service delivery within WCDHB
- **August 2019** — Presentation of the Rural Generalist model within a rural DHB context to Health & Disability Commissioner and the Auckland HDC office. Unaimous support give from the Commissioner and Comissiion for progressing this model within New Zealand
- **December 2019** — Formal RANZCOG for Rural Generalist Model progression in O&G at WCDHB
- **March 2020** — Meetings with Midwifery Council New Zealand and the New Zealand College of Midwives regarding the model and context for WCDHB
- **April 2020** — Formal support from RNZCSP's for Rural Generalists practicing with Advance DRANZCOG
- **April 2020** — Further endorsement from the MoH that there are no service barriers or exemptions required for Rural Generalists towork inobstetrics (with appropriate qualifications)
- **May 2020** — Further Executive Management endorsement and focused effort to progress the rural Genearlist model implemenation

It was asked how this helps with workforce retention and workfoce satisfaction. Dr Marshall said retention is about getting the right people in the right place, satisfaction is the right people enjoying not just the job but what the area has to offer, enjoying the community they live in. Dr Marshall

explained how rural generalism as a job is very interesting and how he has gone from clinics in rural areas to delivering babies one day, potentially in surgery the next, then seeing patients as a GP the next. It is an incredibly rewarding job for a young health professional, one that you may not get in a main centre.

A question regarding how this will help the non-urgent elective surgery waiting list, is there a solution for that? Dr Marshall used the example that this is one of the very few DHB's where some procedures, ie biopsies, are done on the surgical list, in the majority of places they would be done in Primary Care. What has been shown is that when people are working below scope they tend to intervene more than they should.

It was asked if Dr Marshall could explain the Rural Emersion Programme and ITE Programme. Dr Marshall it has not been part of this project. As part of the emersion programme three students spend a year on the Coast, we have had stufents coming back as junior doctors, there has yet to be one come back as a senior doctor. The more the universities can push the education out to the rural centres the more the students get to see what is on offer.

It was asked what progress has been made since the last presentation made to the Board two years ago, what three things have changed for the better on Coast? Dr Marshall said when talking about Rural Generalism it's a whole of system, but when asking about where progress has been made it's easier to talk about the services. As an example, Obstetrics continues to be the area he is most involved in, from birthing clinics in South Westland and in the last weeks being able to actitively reach out and support Buller (Westport and Reefton) and the third being in the in-patient setting during COVID we saw what happens when we had no access to to specialists on site, the only option was for the rural generalist to step into the role and this happened seamlessly.

Dr Marshall was asked how he saw this model working for our aging population. Dr Marshall said the key with most aged care is the recognition of people who understand the needs and provide care in the community. Aged care in particular needs a multi-disciplinary group.

The Chair thanked Dr Marshall for his clear presentation.

Resolution (34/20)

(Moved: Helen Gillespie / seconded Tony Kokshoorn – carried)

That the Board endorse:

i. the already well established and well evidenced model which exists throughout rural Australia and Canada.
ii. the update of implementation of the Rural Generalist model at WCDHB.
iii. wider DHB interest in our model implementation.
iv. national (MoH, HDC, Professional Colleges) interest in our implementation.
v. And as a Board continue conversations regarding the model implementation and the development of this model as a long term solution to medical workforce sustainability.

5. SUICIDE PREVENTION

Claire Robertson, West Coast Suicide Prevention Coordinator introduced herself and Heather McPherson WCDHB Clinical Director of Mental Health, David Cairns, a Suicide Prevention Coordinator for CDHB and James McLean, Clinical Manager Mental Health Services Central Region.

Tirohia te pae whānui, tuātui te pō. Tūramarama ki te ora, whakamauā kia tīnā!

See the broad horizon (beyond the darkness), hold on to life!

Ms Robertson said suicide is a complex, emotive and personal kaupapa. It is likely some here today have been affected by suicide, this is important to acknowledge especially when we talk about data/numbers, as we are talking about people we have lost in our community.

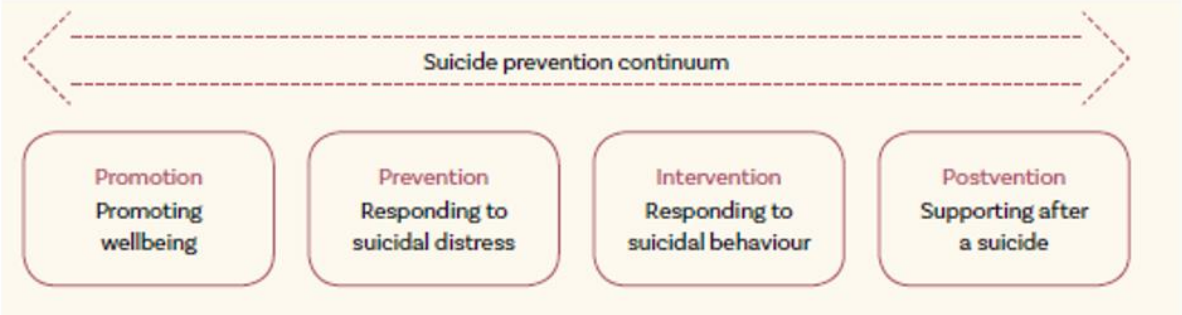
Mr Cairns informed everyone the local Suicide Prevention Coordinators had been pulled together and coordinated nationally with a suicide prevention office which has been up and running for the past few months. Mr Cairns read through the slide highlighting that a strong health, connected whanau, families and communities are the most important protective factors against suicide. People who die by suicide are almost always acutely distressed but are not necessarily mentally ill. The focus for suicide prevention should rest with communit4es, with whanau, with community leadership and with community services, supported in a sustainable manner by local and central government.

Ms Robertson showed a slide with suicide rates data (deaths per 100,000 people), and said we need to be mindful with the West Coast's population one more suicide can make a big difference in stats. The line showing the West Coast rates on a graph is very erratic.

A graph showing the provisional suicide rates by ethnicity between 2007-2019 shows the higher rates for Maori. This data is from national figures, not West Coast specific but shows the suicide risk associated with inequity and social determinants.

Ms McPherson talked through the reporting requirements for suspected suicides to the Health Quality & Safety Commission, Ministry of Health and the Coroner and then what reporting processes we have with in the DHB. All suspected suicide are investigated.

Locally we have the following 'Suicide Prevention Action Group', Suicide Postvetnion Interagency Group', and 'Every Life Matters (ELM) Suicide Prevention Continuum. This is used to ensure everything is taken into account and it's not just a single section being focused on. Ms Robertson indicated ideally the graphic below would be circular



Ms Robertson talked through the continuum and what is being done in the community from a Maori Suicide Prevention working group having recently been set up, T20 Coast Clash between cricket and rugby being played and opening up the conversation with men, who are the highest at risk group (particularly the 18-45 age group). Revention, there are two funded groups 'Mental Health 101' and 'Le Va Suicide Prevention Training' providing prevention education. It has been noted that schools are seeing more mental distress in pupils and have asked for help in addressing this. Intervention with the wider support network and community agengies and the development of a clinical nurse specialist

role and a clinical educatior. Postvention which is extremely important with helping those who have been affected by the suspected suicide. An interagency group has been set up. As part of the Mental Health Inquirey there was an urgent action to set up suicide bereavement support service, this is currently being piloted by Counties Manakau DHB, but will be a national tool.

In terms of what is next, we need to strengthen the structure of suicide preventaiton activity on the West Coast and develop a local West Coast suicide prevention action plan.

The Chair if there were any questions. It was commented that you need to look a families with suicide in the familes, and also nurology of suicide. People seeking help are not getting it as the individual is being labled as attention seeking. If someone threatens suicide you need to believe them, you cannot prevent suicide by just talking about it. Mr Meates commented things are opening up to this and now we know that if we are going to make a difference to suicide it's not going to be by putting people into narrow silos as had been done in the pasts, it has to be a whole community approach.

It was asked whether the slide showing the disportional amount of Maori suicide comparted to other ethnicities was reflective of the Coast statistics. Ms Robertson replied by saying the data is not there but looking at the enquities across health and they do increase risk of suicide.

A query was made about the WAVES programme and is it being used here? Ms Robertson indicated they were looking at it but again with the small numbers on the West Coast.

It was asked if in terms of allocation of time and effort towards suicide prevention is the resourcing right? Mr Caines said at a national level there is a lot going on regarding the distribution across the board. Ms Robertson said although things are happening national on a local perspective the resourcing is not right.

The Chair thanked Ms Robertson and her team for the presentation and requested an update to the board in 12 months.

ACTION: A further update on suicide preventation be provided to the Board in 12 months.

Resolution (35/20)
(Moved: Rick Barker / seconded Peter Neame – carried)
That the Board
i. note the Suicide Prevention presentation

The Chair adurned the meeting at 11:18am
The meeting reconvined at 11:35am

6. CHAIRS UPDATE

ACTION: The Chair indicated that we should have a presentation at each Board meeting to inform and challenge the Board and with zoom they do not need to be here to present.

The Chair acknowledged the resignations of four senior staff, David Meates (Chief Executive); Michael Frampton (Chief People Officer), Carolyn Gullery (Executive Director, Planning & Funding & Decision Support); and Justine White (Executive Director, Finance & Corporate Services).

The Chair said Mr Meate's outstanding leadership for the WCDHB needed to be acknowledged along with the Trans Alpine partnership between CDHB and WCDHB which has strengthened and stabilised the WCDHB. The Chair wished Mr Meates well for his future endeavours. All Board members reiterated the Chair's sentiments and added their well wishes to the four resigning staff members.

The Chair indicated that as we are now in Te Nikau there will be an official opening on 31 August 2020. The Chair also acknowledged Mr Pradu Dayaram, Medical Director, Facilities Development, as a central part in the process to get us to where we are now.

Buller is on track with fences up and demolition started.

The Mental Health Business Cases approved by the Board at the previous meeting has been submitted with a comment back saying the capital cost is too high, the chair indicated there is not much room for compromise as the DHB either has a functionable mental health unit or we don't. It may take a bit longer for a new unit.

The Chair noted that the WCDHB year-end deficit is higher than originally planned it this will need to be watched.

Recruitment and retention, the Chair informed the board that between this meeting and the next he will be talking to all those involved and will report back with a clear understanding and views on how to improve the situation. The challenge is recruiting from a small pool wanting to work in a rural area, we need to paint a positive picture, a new hospital, the unique West Coast lifestyle all needs to be reflected in the advertising.

The Chair informed everyone that all ISS staff have now become WCDHB staff, this covers cleaners, orderlies and grounds keepers.

Resolution (36/20)
(Moved: Tony Kokshoorn / seconded Chris Auchinvole)
That the Board:-
i. notes the Chairs update.

7. CHIEF EXECUTIVE'S UPDATE

Mr Meats, Chief Executive, said that it had been an interesting journey from getting his arm twisted in 2010 to pick up responsibility for the West Coast, a DHB on an unsustainable pathway. The beginning of the process was not easy with both sides wary of what was going to happen, it was made clear it was not a CDHB takeover as the WCDHB needed to retain its own identity. With the support of CDHB the WCDHB now, with Te Nikau open and Buller to follow, has a clear pathway forward and just needs to stay focused to achieve the goals required.

Mr Meates would like to acknowledge the WCDHB executive managers, what has also been important is building the leadership and capability on the Coast has been the connections and respect between the two management teams. Mr Meates said the one thing he would council is 'the Coast is best is enabled to be and do the things it is best able to do, as a stand alone component it struggles with a number of things as it just doesn't have the size and scale, the flip side of that is Canterbury doesn't have the answers for the Coast., this is why local leadership is so fundermental.

Mr Meates thanked the Board for their support and vision for the future of the WCDHB. The West Coast had been littered with a lot of promises not being delivered for a long time. There is now a pathway to enable the DHBs positive way forward to be realised.

Mr Meates now presented the CE Update report which was taken as read. There were a couple of issues that have been in the media recently, one around orthopaedics. The West Coast is doing more hip and knee joint replacements per 10,000 head of population than anyother DBHs. One of the on-going challenges is the intervention rate for a community with industries and sectors more

prone to both joint replacements and if more joint replacements are carried out to meet the high demand, where is the cost being off-set from. The Coast isn't provding less of these procedures they are provding more but that the need is greater. It was asked whether the opeing on the new facility would allow greater throughput of these procedues, it was explained that what will happening because of the new facility is the greatrer range of procedures that previously saw people having to travel away from home and support systems. There will be cost savings in that area.

ACTION: The Chair asked that as a regular report we track the movements of telehealth, the useage prior to COVID, during COVID and now. Also reports pre and post Te Nikau move showing that number of operations taking place, the range of operations, along with the journeys saved with patients not having to travel.

It was mentioned one of the directives down from the MoH is about sustainability and that the board doesn't have much visablity of this, is there a report that would show what is being done in this space ie miles saved and what difference is being made.

It was asked if there had been any progress in the filling of vacancies for occupational therapy, how many we currently have and what is the time frame expected to have them filled? Mr Wheble indicated he would come back with an answer to this question. Attention was also drawn to the comment about carer fatigue, this had been spoken about earlier during lockdown, what is being done fro these carers? Mr Wheble commented that we are providing respite care and supporting families, it is an on-going.

ACTION: Mr Wheble to provide information on the current stataus of filling the vacancies in the Occuppational Therapy area.

A question regarding equitity and the points system, if the WCDHB require 63 and CDHB require 50. Carolyn Gullery, Executive Director, Planning, Funding & Decision Support, explained that there is no comparative between DHBs as the points are a combination of the individual DHBs capacity and demand and where the threshold meets, as mentioned earlier the demand on the West Coast is higher but the capacity fixed. The points prioritises those with a higher need. If the points were to come down the DHB needs to decide which service the capacity is taken from.

Attention was drawn to a comment made regarding the commencement of reviewing of Older Person's Health and Older Persons Mental Health systems, it was asked when that was expected to be finalised? Mr Wheble indicated it is on-going work around the demand for services and matching community and age residential care facilities, looking for a change in the bed mix with regard to those with dementia. Ms Gullery indicated this was another capcity verus demand scenario and what is happening at both CDHB and here is they are trying to get people assessed quicker to ensure the get into the right place for care, particularly when someone in a dementia bed is aging and becoming frail hospital care may be the best option for them which in-turn frees up that bed for another patient.

The Chair asked Mr Coghlan, General Manager Maori Health, how the Maori DNAs are progressing. Mr Coghlan indicated with the new data he as available it is showing a drop of approximately 5% for the June/July period.

Resolution (37/20)
(Moved: Sarah Birchfield/seconded: Edie Moke)
That the Board:
i notes the Chief Executive's update.

8. FINANCE REPORT

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

A question was asked about interdistrict flow and which budget 'medivacing' a patient comes out of and how do we budget for that? Ms White explained that interdistrict flow is a projection the MoH has calculated for the flow between DHB to DHB, there is a flow out and a flow in which shows under relevant expenditure and revenue lines in the budget. It is based on case weight of the service provided, WCDHB patients are required to attend a medical appointment at another DHB. The interdistrict flow for WCDHB is capped by CDHB by the way of the transalpine agreement. The patient transfers mentioned in the report relate patients using the National Travel Assistance, which is available to eligible patients having to travel a set number of km from home to attend medical appointments. There are a lot of budget lines sitting under each of the summaries.

The Chair mentioned that the budget was designed by people other than this board, we are about to signed up for a new budget which will be ours and he has suggested that both he and Helen Gillespie, Chair of QFARC visit talk to their counterparts at CDHB and come back to the Board with a view of what can be done to enhance it, then we will have the Finance 101 presentation which will have us all on the same page.

The Chair drew attention to the $1.5m net over-run in cost of using locums to cover vacancies in medical employees, this needs to be looked at and the figure reduced as it could have a significant affect on our deficit.

Resolution (37/20)
(Moved: Peter Neame /seconded Tony Kokshoorn)
That the Board:

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

9. CLINICAL LEADERS UPDATE

Brittany Jenkins, WCDHB Director of Nursing, acknowledged those members of the Executive Team leaving theDHB. Ms Jenkins provided the Board update

Key Points in the reor
<u>Central Region</u>

- Overall, the migration has gone well
- Staff are settling in and our model of care continues to develop as people get use to the new spacers and working together
- Now the staged post-migration Quality Plan is being implemented to ensure patient and staff safety, in the immediate term this includes:
    - Actively seeking feedback from the public regarding their experience. This includes daily visits to the facility by our Consumer Council Chair, Rus Aiton, who is seeking feedback from the community and will be feeding this back to the leadership team and Board.
    - Patient safety walkarounds facilitated by the leadership team that engage staff within all departments (clinical and non-clinical)
    - Increased auditing and monitoring of quality safety markers ie falls prevention, hand hygiene, sterilization facilities etc

  In the longer term, this will include the new Clinical Board coordinating an evaluation to ensure that our model of care is achieving the intended, better outcomes for our communities.

Northern Region

- Working with the teams to ensure accessto quality care, including wrapping around collaborative quality frameworks and additional resource.
- Supportin with staff from the Central Region, which has been really well received and demonstrates how the newer leadership structure and Rural Generalist workforce strategy help to enable us to flexibly respond to the need across the Coast.
- ALT Workstreams workplan will be focusing on prevention; understanding what local health systems could be doing to proactively support health. Just looking into the metrics, but will include focus on supporting community members living with long term conditions

Southern Region

- In discussions withthelocality leadership around piloting activities that will assist us to achieve partnership and shared leadership as per the HQSC latest Quality Safety Mark regarding consumer enagement
- ALT workstreams workplan will be looking at discharge planning and ensuring this is community led, rather than hospital led

Clinical Governance

- Expressions of Interest for appointed members to the DHB's Clinical Board will open nextweek..
- Clinical Board is a collaboration venture between clinicians, managers, and consumers that aimsto create a culture where quality and safety is everybody's primary goal.
- An update should be available for the next board meeting.

Equity

- Gary Coghlan, General Manager Maori Health, initiated a collaborative discussion with clinicians working at Captial Coast DHB and our Clinical Leaders to help us learn of the position they taking to achieve equity within their region. There were a number of initiatives shared that will help to shape the work plan of our Clinical Board.
-

Re-certification SurveillanceAudit

- Every three years we have a full re-certification audit that grants us the license ot provide care.
- Every 1.5 years we have a surveillance audit to ensure progress against any corrective actions. Our last full audit was in February 2019, which means from September 21-25 this year we will be undertaking our next surveillance audit.
- Audits are conducted via 'patient tracers' which look at individual patient journeys through our health system and includes tracers from our three regions.

Resolution (38/20)
(Moved: Sarah Birchfield /seconded: Nigel Ogilvie – carried)
That the Board:

i. notes the Clinical Leader's update.

10. PEOPLE REPORT

Michael Frampton, Chief People Person, spoke to the late paper provided to the Board. Mr Frampton explained the new report format.

Key points in the report were:

- COVID response and the initatives that have come out of the response. In particular the digital Occupational Health & Safety self assessment tool
- The Holidays Act remains a significant focus
- Reduction in staff sick leave
- Data is provided relating to work place injuries

It was noted that information requested on disability was not on the dashboard, it was asked if it would be included going forward. Mr Frampton confirmed it would be.

The Deputy Chair thanked Mr Frampton for his contribution to the WCDHB and wished him well in his future endeavours

Resolution (39/20)
(Moved: Chris Auchinvole /seconded: Nigel Ogilvie – carried)
That the Board:
i. notes the People Report.

11. AUDIT NEW ZEALAND FRAUD RISK ASSESSMENT

Justine White, Executive Director Finance & Corportae Support presented the paper which was taken as read. This is a standard annual report for the Board, due to the timing of the QFARC meeting it has come directly to the Board for approval.

There was a discussion regarding the difference between Internal/External Fraud Policy along with the difference ways of managing fraud audits between Funder and Provider.

ACTION: A report on the audit process on external providers will be provided to the next meeting

Resolution (40/20)
(Moved: Nigel Ogilvie /seconded: Helen Gillespie – carried)
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.

The Chair requested the following resolution be noted

Resolution (41/20)
(Moved: Rick Barker /seconded: Tony Kokshoorn– carried)

That the Board:
i passes on it's appreciation to David Meates, Justine White, Carolyn Gullery and Michael Frampton for their outstanding service to this Board and wishes them well for their future.

12. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (42/20)
(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, 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";

There being no further business the public open section of the meeting closed at 1:25pm. The Public Excluded section of the meeting commenced at 1:55pm and concluded at 3.12pm.

_____ _____

Hon Rick Barker, Chair Date

MINUTES

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

MINUTES OF THE WEST COAST DISTRICT HEALTH SPECIAL BOARD MEETING
Held via zoom
on Wednesday 12 August 2020 commencing at 12.00pm

BOARD MEMBERS

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

APOLOGIES

Peter Neame and Francois Tumahai

EXECUTIVE SUPPORT

David Meates (Chief Executive); Carolyn Gullery (Executive Director, Planning & Funding & Decision Support; Melissa Macfarlane (Team Leader, Planning & Performance) and Justine White (Executive Director, Finance & Corporate Services)

The Chair welcomed everyone to the Special Board meeting w

1. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (43/20)
(Moved: Tony Kokshoorn /seconded: Chris Auchinvole – carried)

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1 and 2 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.	Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
2.	NZHPL Health System Catalogue Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

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

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 1:16pm.

_____ _____

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 24 SEPTEMBER 2020

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	21 February 2020	Cultural Competency	Update for Board	To be scheduled
2.	21 February 2020	Progress around employment of more people with disabilities	Specific Commitment to be provided as part of report	August Meeting
3.	21 February 2020	MAX – People & Capability Service Portal	Presentation to future meeting	To be scheduled
4.	27 March 2020	Finance 101	Presentation	To be re-scheduled
5.	7 August 2020	Suicide Prevention	Update for Board – 12 months from 7 August	To be scheduled
6.	7 August 2020	Update on occupational therapist vacancies	Update for Board	24 September
7.	7 August 2020	Report on telehealth usage pre, during, and after COVID-19	Update for Board	24 September
8.	7 August 2020	Report on services being preformed at Te Nikau where patients no longer need to travel – number of KM saved	Update for Board	24 September

BANK ACCOUNT DELEGATIONS

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

SOURCE: **Finance**

DATE: **10 September 2020**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

West Coast DHB is required to have our banking delegations related to making changes to the structure of bank accounts approved by a resolution from the West Coast DHB Board.

2. RECOMMENDATION

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

i. approves the addition of the General Manager West Coast DHB as another position with authority to approve changes to the structure of bank accounts for all bank accounts in the name of West Coast District Health Board; and

ii. notes that any changes will still require approval from two positions that have authority.

3. DISCUSSION

In September 2018, the Board approved delegations to authorise any changes to the structure of bank accounts for all bank accounts in the name of West Coast District Health Board. This delegation also covers any linked accounts including general practice and retention bank accounts.

Any changes to the structure of the accounts, including setting up new accounts, closing accounts, adding or removing signatories requires two signatories. West Coast DHB positions with authority to approve changes are any two from the list below:

- Board Chair
- Quality, Finance, Audit and Risk Committee Chair
- Chief Executive
- Executive Director Finance and Corporate Services
- Finance Manager

Report approved for release by: David Green,
Acting Executive Director, Finance & Corporate Services.

Hon Chris Hipkins

MP for Remutaka

Minister of Education
Minister of Health
Minister of State Services

Leader of the House
Minister Responsible for Ministerial Services

Hon Rick Barker
Chair
West Coast District Health Board
rick@rbconsulting.nz

Dear Rick

Te Nikau Grey Base Hospital and Health Centre – Lease with Pacific Radiology Ltd and Olsens Pharmacy (2002) Ltd

Pursuant to clause 43(2) of Schedule 3 of the New Zealand Public Health and Disability Act 2000 (the Act), West Coast DHB has requested to enter into leases with Pacific Radiology Ltd and Olsens Pharmacy (2002) Ltd at the Te Nikau Grey Base Hospital and Health Centre.

I am pleased to advise that I grant my approval to the proposed leases as detailed in documentation provided to the Ministry in June 2020.

West Coast DHB is required as soon as practicable, to table this approval at a meeting of the Board pursuant to clause 43(7) of Schedule 3 of the Act.

Yours sincerely

Chris Hipkins
Minister of Health

cc David Meates, CEO for WCDHB - david.meates@cdhb.govt.nz
Tim Lester, Solicitor acting for WCDHB - Tim.Lester@cdhb.health.nz

+64 4 817 8706 Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand c.hipkins@ministers.govt.nz beehive.govt.nz

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: **24 September 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 Island / 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 new members Mere Wallace, Jane George and Heather McPherson.
- Received and endorsed the action plan from the transalpine Oral Health Service Development Group for 2020-2022 with a clear focus on equity and improvement in child oral health outcomes.
- Acknowledged the positive progress being made to increase the uptake of shared care plans with the development of a local pilot.
- Noted the three new workstreams are in the process of being stood up and there is enthusiasm for the first projects emerging.

B: Build Primary and Community Capacity and Capability

Integrated Locality Services

- **Integrated Health Services - Northern**
  - Quality projects are working through the processes of how to best move towards integrated systems that will maximise staffing resources and create efficiencies.
  - Community Mental Health conversations have recommenced with a primary focus towards an integrated Long Term Conditions (LTC) team approach.
  - Strong processes regarding medical recruitment are underway with some highly qualified applicants demonstrating global interest in the West Coat of New Zealand.

- **Integrated Health Services – Central**
  - The Central team has now settled into Te Nikau and has been functioning well there for several weeks. We have received several compliments but also have more work to do in explaining the flow and charging (where applicable) to the community.
  - Grey Medical Centre is now known as Te Nikau Health Centre and they commenced working from their new base on 3 August.
  - Our new permanent off-site GP joined the Te Nikau Health Centre team on 2 September. As well as his usual schedule of off-site working (offering virtual consultations etc.), he will work on-site 3 to 4 times each year.
  - The Population Health team have begun some work with the Hauora Maori team to examine how systems and processes can be amended to improve access and outcomes for Maori using those services (this includes Community Oral Health, Immunisations, Cervical Screening and Public Health nursing).
  - The Central workstream of the West Coast Alliance met for the first time in August and discussed priority areas for whole of system working in the Central locality. Further work is underway to refine the actions for this group, however these will likely focus on improving consistency of approaches to Long Term Conditions management.
  - The Consumer Council locality group is developing a plan to gather feedback from across the central area and use this to guide our priorities and actions.
  - Sexual Health services have been working out of their temporary base in the Community Services area (Grey Base) and the numbers of people attending suggest their location is well known and easily accessible.

- **Integrated Health Services – Southern**
  - We have appointed a new Public Health Nurse Southern following the resignation of our previous nurse. The new person will commence on Monday 5 October with her orientation programme currently being developed. The scope of this position will broaden slightly so that there is a clearly defined working relationship with the South Westland RNS team to foster collegial support and learning.
  - The pilot for the provision of additional District Nursing Southern (DNS) team support to the South Westland Area Practice RNS team has continued to achieve positive results and a routine has been established. The process continues with orientation of additional members of the DNS team to the Hari Hari area. The DNS team are also currently trialling the documentation of notes into a patient's electronic record rather than on paper. In particular, this is intended to ensure that important information generated by those nurses in the course of providing care is available to

the wider health team ensuring better sharing of information and greater continuity of patient care.

- Our team has been actively pursuing improvement in relation to early liaison where patients from the Southern area have been admitted to hospital. Through early identification (on admission) and systematic identification of any changed requirements or support needs it is anticipated that there will be an enhancement in the effectiveness of this process and, in particular, a reduction in the number of problems arising upon hospital discharge. This project is being incorporated into the programme of the Southern Alliance Workstream group which is scheduled to meet again next week.
- In collaboration with the IT team, we are now receiving a weekly report: Southern Patients with More Than One Booked Outpatient Appointment. This list is being reviewed to see if there is any possibility of adjusting any of the appointment dates for each patient to reduce the travel/accommodation/cost burden for patients where appointments fall only a few days apart. Depending on the particular services involved, there may be no scope for change, however the Central Booking Unit team are willing to assist as much as possible to adjust appointments that can be changed to improve patient experience where possible.
- The relocation of Haast services from the Hannah's Clearing site into the Haast township is closer than previously with interior decoration largely complete and fit-out work currently being addressed. This process has been stymied by COVID restrictions and, more recently, by the teams' focus being redirected to the Te Nikau commissioning and transfer. We are awaiting a confirmed date for moving from the development team.

C: Hauora Maori Update

- HEAT tool training is scheduled to take place October/November with specific services within the DHB including, population health, mental health, allied health and maternity. Training is structured to allow teams to identify their own projects to apply the tool and take back to implement within their work. Evaluation will be undertaken, 3 months' post training so that we can understand the impact of the training on improving understanding of inequalities and how they arise, how we can intervene to address and then the impact of the change.
- The first draft of a final report has been completed for the Pai Ora O Tē Tai O Poutini Project. The intent of this project is to investigate further potential to partner with the WCDHB to facilitate improved access to health service for Māori by providing GP and Nurse led community clinics. The project has undertaken research with whānau and associated kaimahi on the existing model of care in the Buller and Grey - 'Whakakotahi' an approach that utilises a Māori Nurse Prescriber, GP and Kaiarataki in Greymouth and with whānau who are not accessing clinical programmes. These programmes have demonstrated that by providing care in a different way whānau will engage, become more independent in the management of their health and begin to have positive health outcomes. When the report is finalised presentations will be provided to discuss findings and identify a pathway forward.

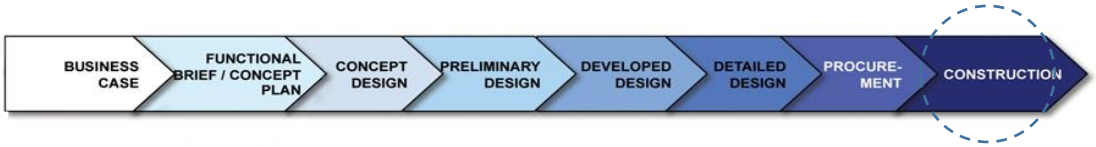
DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

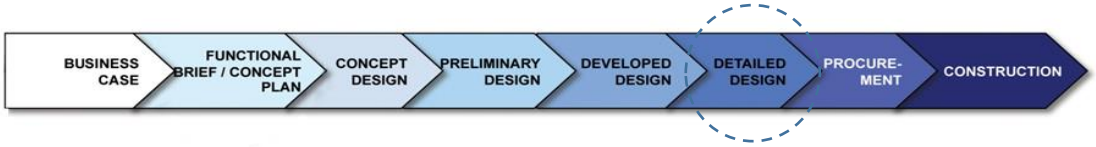
- The Medical Gas systems in the old Grey Base Hospital building have been decommissioned and made safe.
- The two venerable steam boilers have been turned off for the last time at Grey Base Hospital and the site is now heated by hot water.
- The refurbishment of the DHB property at 3 Nancarrow St is now complete.
- Staff training for the maintenance of Te Nikau is complete and monthly Building Warrant of Fitness work has begun.
- Having provided support for the move to Te Nikau we are now dealing with defects and change requests.

B: New Facilities Redevelopment Update

Grey



Buller



- Contractors are now on site and have commenced the asbestos and demolition process
- Preparation for the 'sod-turning' ceremony in Westport 25th September 2020 in co-ordination with Greymouth is underway.

RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

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

Rural Inpatient & Transalpine Services

Nursing

- At the end of the month we say goodbye to the CNM acute zone who has done an amazing job in this position, seeing through the move into the new facility. We will not lose her completely as she will stay on the casual pool as a Registered Nurse after a well-deserved break. We also say goodbye to our Northern CNM and ACNM who have both decided to return to clinical work. These positions are being advertised.
- Policies and procedures are being revised now we have moved into the new facility. Whilst there have been some teething problems, most staff are really enjoying the move.
- Friends of the hospital are now working at the door helping people find their way. So far we have around 9 people from the community who have volunteered to help.

- We welcome a new member to the Oncology team who replaces the staff member who moved to CNM Southern.
- All DNMs have been trained as fire wardens for Te Nikau and have already been tested with trial alarms activated.

Rural Inpatients and Transalpine Service

- All inpatients and transalpine services have been reinstated after the initial wave of COVID-19 disruptions and have been engaged in clearing the slight backlog caused by the lessening of activity during the move into Te Nikau.
- Transalpine specialty services remain fully engaged and committed to the care of West Coast patients and we have been working to develop a comprehensive plan to improve Elective Service Patient Flow Indicators (ESPIs) for these services and those based locally. These indicators primarily relate to the length of time between referral and the patient being seen (or treated). While the plan addresses services which have longer waiting times in June (post the initial wave of COVID-19 disruptions) the initiatives included in the plan to minimise patient waiting times will have a benefit across the board.
- Previous reports have highlighted Orthopaedic, Plastics and Gynaecology waiting times and it is pleasing to report that these services are actively reducing the number of patients waiting longer than appropriate. Orthopaedics were significantly affected with the move into Te Nikau but have scheduled catch-up sessions in October. Plastics and Gynaecology have provided additional clinics already.
- Inpatient numbers have been lower than anticipated in recent weeks and this has enabled ward staff to work on their systems and processes in the general ward including for the possible impact of a re-emergence of COVID-19 and reviewing the stringent precautions with which any suspect case will be managed.
- The anaesthetists and the surgeon employed over the last 2 months have commenced work on the Coast. Their employment and the strengthened transalpine support for Obstetrics and Gynaecology stabilises our locally based surgical services and will improve the continuity of care for patients.
- We have recruited a further Rural Generalist in August. Rural Generalists are deployed throughout our Rural Health System including the staffing of our general ward, alongside our General Physician, as well as working urgent and primary care.

Maternity

- Births for Te Nikau Maternity for July and August totalled 39.
- Staffing is stable at present, although we have a retirement at the end of September after 47 years of service in Greymouth and an upcoming retirement at the end of November. We are advertising for midwives to replace these positions.
- Education is up and running again. August included a Neonatal Skills Update. September has two Neonatal Skill days planned; one in Greymouth and the other in Buller. We have just recently held a Professional Obstetric Multi-Professional Training Course (PROMPT). This was well attended by a multi-disciplinary team of health professionals.
- Our team is now well orientated to Te Nikau Maternity with lots of positive feedback being received from the women and Whanau.
- Our last baby born on McBrearty was on 28 July who got to also enjoy a postnatal stay on Te Nikau Maternity.

- Our first baby born in Te Nikau was on 1 August – the parents were from Westport. They were thrilled to have this honour and we celebrated this with a morning tea for them the following week.

Allied Health

Organisational Change Process

- We have completed our workforce reorganisation into the locality based interprofessional teams, including the relocation of staff into the Cowper Hub and Te Nikau Hospital and Health Centre. This is already demonstrating advantages and opportunities, by being co-located and having a range of views in meetings and case conversations.
- Recruitment is still ongoing for 2 remaining leadership roles.

Setting the Strategic Direction

- Our transalpine strategy framework for Allied Health, Scientific and Technical has been finalised and launched across both the West Coast and Canterbury. Our next steps will involve translating this into local activity, through our Alliance and service areas by way of workplans.
- A number of our leadership staff have had the opportunity to take part in targeted professional development alongside their CDHB colleagues, with more opportunities available shortly. This work is designed to coach our leaders in Improvement Science and thinking partnership models to translate our strategy, and the District Annual Plan into targeted improvement activity.

Workforce

- A resignation has been accepted (reluctantly) for our locality team manager in Buller.
- 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.
- The long standing Occupational Therapy vacancy in Buller has finally been filled from September 2020, recruitment for Central is ongoing.
- Work continues on the South Island Career Framework, an action from the last MECA. This framework aims to align the roles, role titles and remuneration bands across the region and is informed by the work being done in the Lower North Island.

Digital Health

- Our Allied Health Assistants (Kaiāwhina) and those working with children will be the first across our workforce to adopt the use of the Celo secure messaging app. While widely used by medical professionals to seek consultation and opinions from colleagues at a distance, our aim is to use this with our Kaiāwhina to support their new locality based ways of working, their ability to respond quickly to patients discharge requirements from Te Nikau, and ensure they can contact a clinician when they have concerns or questions when working with Coasters out in the community.
- 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 Electronic Health Record or 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) for health clinicians and kaiàwhina 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, as well as supporting Coasters by not needing to ask them to tell their stories repeatedly.

Rural Early Years Strategy – Exploring what "growing up well on the West Coast" entails

- Thank you for your support for this significant activity. We are in the final stages of building our communication strategy and beginning to book times with community groups to hear what matters to them.

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 recently experienced a period of 174 seclusion free days. This represents the significant amount of effort put in by the HQSC project team as well as the inpatient staff.
- The CAMHS service have made a successful transition to the Allied Health Hub of Te Nikau for all planned care. This includes all of the doctor's clinics and case management appointments.
- The mental health and addiction teams are transitioning to the Integrated Family Health Centre for their planned care, in the two designated mental health rooms. Crisis and unplanned care still occurs in the location best suited to the client.
- The mental health and addiction service is adapting to the isolation from the rest of the hospital. Work is ongoing to upskill staff to take bloods and perform ECGs. Manaakitanga now has its designated escalation pathway, acknowledging the logistics and resources of providing emergency care off-site from Te Nikau.
- Significant recruitment is taking place across the services. Two new staff have joined the Northern Community Mental Health team to fill vacancies there. Three new graduate nurses have accepted offers and will take part in the NESP programme – they will be working across Manaakitanga, Central Community Mental Health and CAMHS. An occupational therapist has accepted an offer as well, to take up a role that will cover across Manaakitanga and community. One RN has joined our crisis response team, with another lined up to start in January. We have three CDHB RNs taking up fixed term contracts to support our inpatient and central community team.
- A workshop was hosted in St Johns on 26 August to discuss crisis response services. The workshop was attended by WCDHB mental health clinicians, the PHO and other NGOs. This was a very positive discussion around the strengths, opportunities and challenges around crisis response services and will help inform the development of the 0.4 FTE Clinical Educator role (funding is available from October). The Clinical Educator role is designed to support and educate front line staff who are likely to be first responders to a mental health crisis. This may include administrative and clinical staff. For the West Coast, the target is not just front line ED staff, but also primary care, NGOs and rural nurse specialists, among others.

- Our AOD service has secured funding for a 0.5 FTE Withdrawal Management Nurse role, that will work in a hub and spoke model to provide a service that is coordinated from Canterbury. The role is to support community withdrawal, as opposed to utilising inpatient withdrawal facilities. Recruitment is due to begin soon.

DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

A: Improve Transport Options for Patient Transfers

Several transport initiatives are in place to support the safe transfer of patients including the local St John community health shuttle, to assist people who are struggling to get to health appointments in Greymouth, and longer ambulance transfers for non-acute patients needing care in Christchurch.

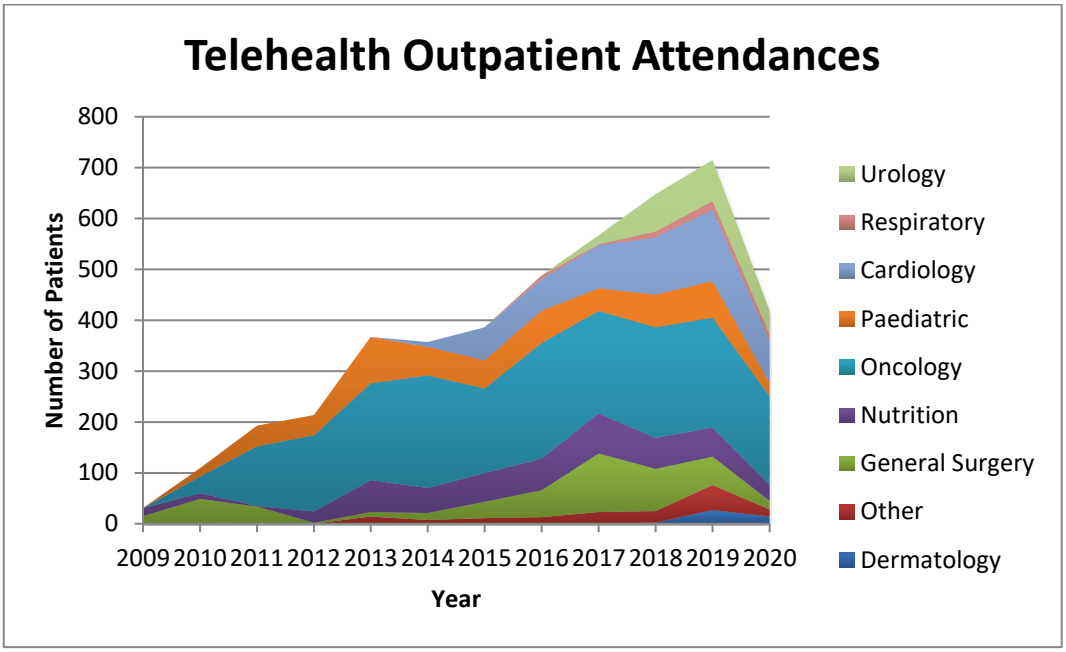
A new contract has been offered to the Buller branch of the Red Cross to provide a subsidised community health shuttle service between Westport and Te Nikau. This contract will be in place until August 2021 and is a shorter-term contract, as Red Cross have signalled it will be transitioning away from community transport over the next few years. We will be working with them and looking at other transport options to ensure there is a replacement service available before their transition is made.

National Travel Assistance (NTA) payments are made to assist eligible specialist-referred patients with travel and accommodation costs incurred in accessing public specialist services. NTA claims for the West Coast DHB totalled $1.46 million in the 2019/20 year, this was over 18% higher than the anticipated budget for the year. This is being closely monitored for the 2020/21 year.

Work on the national NTA review continues, following a pause while the Ministry's efforts were focused on the COVID-19 response. The Ministry of Health has been working on a new approach to implement the findings of the NTA review and is revisiting the NTA work programme priorities. A proposal is expected to be presented to the Ministry's Outcomes and Equity Executive Leadership Team in February 2021.

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

Carer Support: Caring for someone with a physical or mental health need can be very stressful and the importance of giving carers a break is well evidenced and carer support is a focus of the DHB for the 2020/21 year. The InterRAI assessment helps the DHB's Complex Clinical Care Network (CCCN) to identify those clients whose carers are at risk of carer stress. There are then a range of options that are available via the CCCN to support carers:

- **Carer Support:** is a subsidy funded by the Ministry of Health to assist the unpaid, full-time carer of a disabled person to take a break from caring for that person.
- **Home Share:** is a service that brings older people with shared interests together in the comfort of a host's private home or community facility. Small groups get together for six hours at a time, to share a home cooked meal and conversation and to undertake activities decided on by the group. The service enables older people who may be lonely and/or isolated to socialise within their own communities. Home Share hosts are fully trained to support the needs of older people, particularly those who may have special needs relating to memory loss.
- **Respite:** is a service that provides a break for people and their carer by providing short-stays for people in Aged Residential Care facilities.
- **Home and Community Support:** is a service where a support worker can come into the person's home to give the carer a break from completing some activities of daily living for the person they are caring for.

Dementia: The West Coast Dementia Stakeholders Group met recently and has reviewed and considered the national Dementia Action Plan, the West Coast DHB's Annual Plan and System Level Measures Improvement Plan to identify and determine our DHB's key priority areas for 2020/21. The following priorities are being progressed for the coming year:

- Reducing the incidence of dementia.
- Timely diagnosis.

- Supporting people living with dementia and their families.
- Scoping Specialist Dementia Nurses roles.

Aged Residential Care Update: Aged Residential Care facilities on the West Coast are currently operating under COVID-19 alert level two. Guidelines for providers of services for older people are outlined on the Ministry of Health website and cover areas such as visitors, health screening and assessments, personal protective equipment, infection prevention and control.

A COVID-19 debriefing took place in August. Learnings were shared from Canterbury and West Coast facilities and everyone had the opportunity to share their own experiences during lockdowns. This will help us to understand expectations going forward.

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 July (and YTD) 2020 was a deficit of $237k, which was $15k unfavourable to draft annual plan.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	$'000	$'000	$'000	$'000	$'000	$'000
Governance Arm	(159)	(175)	16	(159)	(175)	16
Funder Arm	624	365	259	624	365	259
Provider Arm	(702)	(412)	(290)	(702)	(412)	(290)
Consolidated Result	**(237)**	**(222)**	**(15)**	**(237)**	**(222)**	**(15)**

B: Effective Clinical Information Systems

New Facility Work: Our Te Nikau migration and go live has been successfully delivered following a massive effort from the Greymouth, Buller and Christchurch based ISG teams.

Within the last month:

- All computers and printers have been successfully migrated.
- All monitoring software and systems are in place for our Telephonists
- The paging and nurse call systems are fully operational and integrated for the 777 function
- The transalpine phone directory has been updated to reflect new locations and numbers.

Since go live, we have:

- migrated or decommissioned 18 servers from the old server room
- relocated the Telephony and PACS systems to the new server room
- moved our digital dictation system from analogue telephony to IP based telephony
- relocated our virtual machine environment from the old server room to the new server room
- updated our remote access system
- completed decommissioning of two network distribution cabinets
- moved to an updated drug labelling system for pharmacy (Toniq)
- decommissioned the old Windose environment and moved legacy access onto a different server

- migrated all email accounts to a new and updated server based in a Christchurch datacentre
- moved external and internal emails to traverse through an improved mail defence system (Proofpoint) thereby improving our security.

Steps remaining before demolition: These include decommissioning the remaining servers in the old server room, decommissioning the old mail system, moving home folders to a new system, updating and moving the voice queuing system for telephony to a new environment, decommissioning the old backup system and completing core switch migration.

Computer Desktop: The new XenApp/Citrix migration has been completed.

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

Communications and Engagement

- Te Nikau Hospital & Health Centre communications:
  - Official opening preparation.
  - Communications planning and implementation re Urgent Care service.

Feedback

- ***WCDHB website page feedback:*** I am an experienced registered nurse who has been working overseas for many years but returning to NZ Permanently in a few months. Therefore, I have been looking for jobs throughout NZ and I must say Canterbury and West Coast DHB websites are by far the most user friendly. Well done. I completed my schooling in Karamea and Westport so know the coast well. I have applied for a position with your organisation so am hoping for success, so I can return to the area.

Media

- During August/September 2020, we responded to enquiries about COVID-19 in particular about testing and visitor hours under Alert Level 2. We also received enquiries about the delivery of our Urgent Care service at Te Nikau Hospital & Health Centre as well as Buller Health's GP rosters, phlebotomy (blood tests) services and resignation of staff.

Media releases:

- Te Nikau Hospital & Health Centre – open to the public from Wednesday (27/07/2020)
- CE Update – 29 July 2020
- West Coast DHB makes changes to visiting at its facilities following Alert Level 2 announcement (13/08/2020).

Social media posts:

- Migration of services to Te Nikau Hospital & Health Centre started yesterday (24/07/2020)
- Te Nikau Hospital & Health Centre will be open to the public from Wednesday, 29 July (27/07/2020)
- Our new Emergency Department in Te Nikau Hospital & Health Centre opened this morning (29/07/2020)
- Migration of Greymouth Medical Centre (GMC) to Te Nikau Hospital & Health Centre is happening this weekend (30/07/2020)
- Greymouth Medical Centre (GMC) general practice team successfully migrated to their new location in Te Nikau Hospital & Health Centre (03/08/2020)
- Do you need to return any physiotherapy equipment? (05/08/2020)
- The July edition of our CE Update is now available online (05/08/2020)

- Under COVID-19 Alert Level 2, we have introduced visitor restrictions to all our facilities (13/08/2020).

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

Key Achievements/Issues of Note

- **COVID-19 response:** Since our last report the CPH team has been involved in preparing for any increase in COVID-19 cases in the community. This has meant extensive training in and testing of our systems. We have supported the standing up of systems as we moved into Level 2 and as a public health unit we have provided support to the Auckland region in its response to the latest outbreak.
- **Māori health promotion:** We continue to support the Tuhono Kia Tu Maia project on whānau raising tamariki on the West Coast for which the initial interviews with 20 families have been completed. The report on the analysis of interview data is due towards the end of September. Health hui are being organised by the two local rūnanga and CPH is providing support. Planning is well underway for the hui which are scheduled for October and November.
- **Drinking water:** The main focus over the last few months has been on the Annual Survey which looks at compliance of drinking water supplies over the past year. The results are looking similar to last year with most non-compliance being related to supplies that are scheduled to be upgraded. The exception is in parts of Buller where there are some supplies on Boil Water Notices with either no or delayed plans for upgrades. Data from the survey are still being finalised.
- **Nutrition and food security:** CPH worked alongside Poutini Waiora to deliver a healthy kai workshop with a small group of Māori community members in Hokitika. The content included learning about balanced meals, how to get the nutrients we require through food, and tips to make healthy and tasty meals in the most affordable ways.
- CPH received great feedback from an Early Learning Service after they used one of two Oral Health Toolkits called Mene Mene Mai. The toolkits were developed by CPH for Early Learning Services and include songs, books and activities which the staff can use with children to learn about oral health.
- **Smokefree:** We are continuing to increase Smokefree environments on the Coast, including supporting Westland District Council with signage for their Smokefree Outdoor Dining Policy. One café in Hokitika has recently become a Smokefree Outdoor Dining Café. A range of Smokefree signage was provided to them to implement and promote this. We are continuing to identify and work with other local cafés to support Smokefree outdoor dining.
- **Alcohol harm reduction:** CPH attended and presented at the Safer Westland Community Forum workshop to inform the development of their 2020/2021 strategic plan. The presentation provided data and information on alcohol harm in both New Zealand and the West Coast and outlined projects CPH has been involved with or led to reduce alcohol harm. Actions to address alcohol harm in Westland will assist in meeting at least two of the Forum's priority areas: Reducing Harm and Reducing Crime.
- CPH staff are currently working on a social supply project (social supply is when under 18 year olds are supplied alcohol by parents, whānau, or friends) with Grey High School.

Following consultation with students and parents, a range of resources have been developed (some adapted with permission from excellent resources produced by colleagues in Nelson-Marlborough's public health unit). These are currently being trialled in Grey High School and we aim to roll the resources out to other local high schools next year.

- **Health in All Policies:** CPH is a member of the West Coast Cross Sector Forum. This group has met post lockdown and identified Housing as an important area of work across the network. CPH has attended the first WCCSF Housing work stream meeting. Items discussed at this meeting included demand and availability of emergency housing, Kainga Ora housing and housing for older people (both private sector and Council owned) as well as the quality of housing.

Report prepared by:	Philip Wheble, General Manager West Coast DHB
Approved for release by:	Dr Peter Bramley, Acting 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: **Acting Executive Director, Finance & Corporate Services**

DATE: **10 September 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 Committee:

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

3. DISCUSSION

Overview of July 2020 Financial Result

The consolidated West Coast District Health Board financial result for the month of July (and YTD) 2020 was a deficit of $237k, which was $15k unfavourable to draft annual plan.

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 20/21
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	13,430	13,405	25	0.2%	13,430	13,405	25	0.2%	160,834
Inter DHB Revenue	3	10	(7)	(69.3%)	3	10	(7)	(69.3%)	117
Inter District Flows Revenue	162	154	8	5.4%	162	155	7	4.7%	1,962
Patient Related Revenue	699	721	(22)	(3.0%)	699	721	(22)	(3.0%)	8,499
Other Revenue	42	62	(20)	(32.6%)	42	61	(19)	(31.5%)	4,312
Total Operating Revenue	14,336	14,352	(16)	(0.1%)	14,336	14,352	(16)	(0.1%)	175,725
Operating Expenditure									
Personnel costs	6,636	6,478	(158)	(2.4%)	6,636	6,478	(158)	(2.4%)	77,918
Outsourced Services	7	0	(7)	0.0%	7	0	(7)	0.0%	1
Treatment Related Costs	783	776	(7)	(0.9%)	783	776	(7)	(0.9%)	9,255
External Providers	3,492	3,732	240	6.4%	3,492	3,732	240	6.4%	44,781
Inter District Flows Expense	2,222	2,109	(113)	(5.4%)	2,222	2,109	(113)	(5.4%)	25,306
Outsourced Services - non clinical	122	121	(1)	(0.7%)	122	121	(1)	(0.7%)	1,453
Infrastructure and Non treatment related costs	1,029	1,027	(2)	(0.2%)	1,029	1,027	(2)	(0.2%)	10,495
Total Operating Expenditure	14,291	14,242	(49)	(0.3%)	14,291	14,243	(48)	(0.3%)	169,209
Result before Interest, Depn & Cap Charge	45	109	(64)	(58.8%)	45	109	(64)	(58.7%)	6,515
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	214	246	32	13.1%	214	246	32	13.1%	4,082
Capital Charge Expenditure	68	85	17	20.0%	68	85	17	20.0%	4,740
Total Interest, Depreciation & Capital Charge	282	331	49	14.8%	282	331	49	14.8%	8,822
Net Surplus/(deficit)	(237)	(222)	(15)	(6.8%)	(237)	(222)	(15)	(6.8%)	(2,306)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(237)	(222)	(15)	(6.8%)	(237)	(222)	(15)	(6.8%)	(2,306)

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

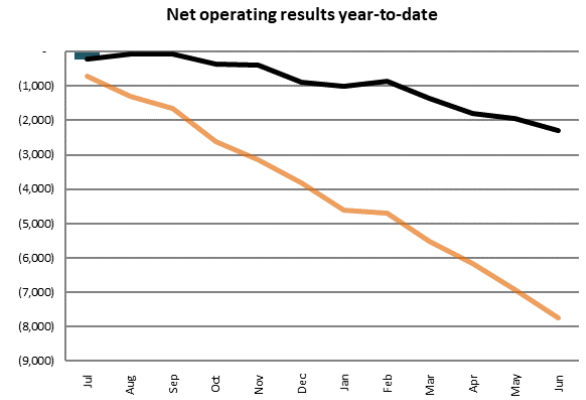
Report approved by: David Green, Acting Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – JULY 2020

Net operating results

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Surplus/(Deficit)	(237)	(222)	(15)	7%	✗	(237)	(222)	(15)	7%	✗



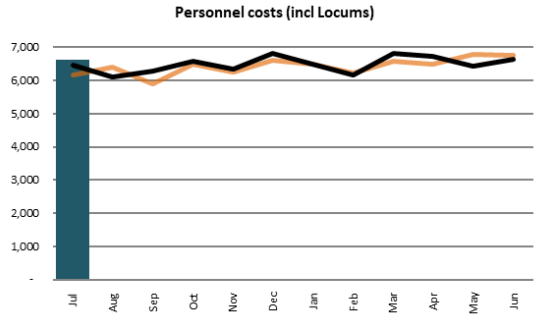
West Coast DHB has reported a deficit of $273K for the month of July 2020, ($7,734k YTD) this is an unfavourable variance to the draft annual plan for the month of $15K.

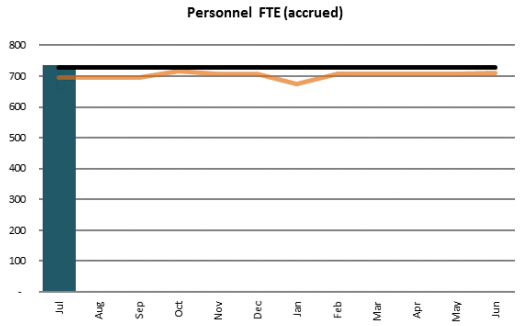
Commentary is provided on variance to the draft Annual Plan that was submitted in July 2020, with the annual deficit of $2.306m. The main drivers for this unfavourable result are:

- $158k Personnel costs High negative variances in locum use due in part to leave and loss of permanent staff particularly in the GP area.
- $113k IDF expenses All in personal health. There is a $1M budget issue for the IDFs between CDHB and WCDHB. This will carry on for the remainder of the year.
- $240k External provider expenses.
  - Ophthalmology plan care volumes were less than budget ($60k) in July. However the service provider has a full schedule in the coming months so there will be a catch-up in-service delivery.
  - ARC volumes have continued their stable trend from last year. If this continues then this will go some way in offsetting the unfavourable results for IDFs.

Personnel costs & FTE

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Medical	1,693	1,554	(139)	-9%	✗	1,693	1,554	(139)	-9%	✗
Nursing	2,825	2,826	1	0%	✓	2,825	2,826	1	0%	✓
Allied Health	1,104	1,087	(17)	-2%	✗	1,104	1,087	(17)	-2%	✗
Support	228	218	(10)	-4%	✗	228	218	(10)	-4%	✗
Management & Admin	786	793	7	1%	✓	786	793	7	1%	✓
Total	**6,636**	**6,478**	**(158)**	-2%	✗	**6,636**	**6,478**	**(158)**	-2%	✗





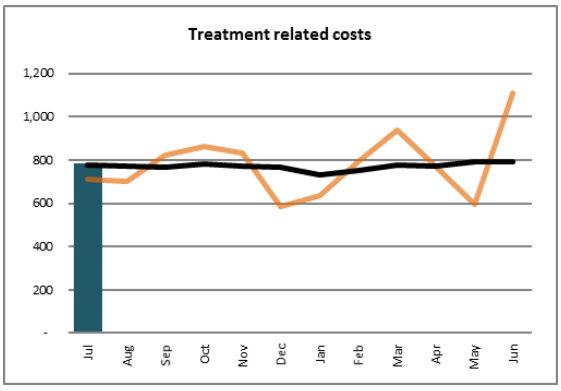
KEY RISKS AND ISSUES:

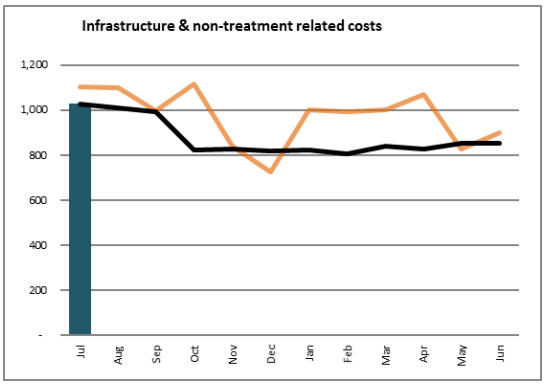
Better stabilised rosters and leave planning has been embedded within the business, there remains reliance on short term placements, which are more expensive than permanent staff. The Ministry of Health has a keen focus on ensuring DHBs do not exceed their management and administration staff FTE numbers. 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.

The unfavourable variance in July was driven by higher spend in Medical Personnel due to a combination of vacant positions forcing a reliance on locum cover.

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	783	776	(7)	-1%	✗	783	776	(7)	-1%	✗
Non Treatment related costs	960	984	24	2%	✓	960	984	24	2%	✓





KEY RISKS AND ISSUES:

There is no major variance to budget in both treatment and non-treatment related costs.

2020/21 YTD Actual 2019/20 YTD Actual 2020/21 YTD 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	1,243	1,316	73	6%	✓	1,243	1,316	73	6%	✓
Primary Care	1,026	1,026	(0)	0%	✗	1,026	1,026	(0)	0%	✗
Older Person's Health	899	1,016	117	12%	✓	899	1,016	117	12%	✓
Mental Health	264	311	47	15%	✓	264	311	47	15%	✓
Maori Health	60	63	3	4%	✓	60	63	3	4%	✓
IDF	2,222	2,109	(113)	-5%	✗	2,222	2,109	(113)	-5%	✗
Outsourced Clinical	129	121	(8)	-6%	✗	129	121	(8)	-6%	✗
Total	5,843	5,962	119	2%	✓	5,843	5,962	119	2%	✓

KEY RISKS AND ISSUES:

Demand in our Age-related care beds is under forecast year to date; we will likely see demand increase during the year. Patient transport (NTA) and community pharmaceuticals are driving the unfavourable variance in Secondary care.

A budget omission for $1M has occurred in the **Inter district flows**. An adjustment provision to the transalpine agreement with CDHB was inadvertently left in the budgeting process and was not picked up until the July month end processing. This unfavourable variance will continue through the year.

Financial position

	YTD Actual $'000	YTD Budget $'000	YTD Variance $'000			Annual Budget $'000
Equity	2,813	16,737	(13,924)	-83%	✗	150,148
Cash	3,767	826	2,941	356%	✓	6,382
Capex	413	2,272	1,859	82%	✓	11,264

KEY RISKS AND ISSUES:

Equity is showing an unfavourable variance of $13.9M. This is due to the Holidays Act compliance provision posted last financial year of $11.3M and $2M draw down of equity for Buller project in the draft annual plan for July.

2020/21 YTD Actual 2019/20 YTD Actual 2020/21 YTD Budget

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

For period ending 31 July 2020

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 20/21
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	13,430	13,405	25	0.2%	13,430	13,405	25	0.2%	160,834
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Patient Related Revenue	699	721	(22)	(3.0%)	699	721	(22)	(3.0%)	8,499
Other Revenue	42	62	(20)	(32.6%)	42	61	(19)	(31.5%)	4,312
Total Operating Revenue	14,336	14,352	(16)	(0.1%)	14,336	14,352	(16)	(0.1%)	175,725
Operating Expenditure									
Personnel costs	6,636	6,478	(158)	(2.4%)	6,636	6,478	(158)	(2.4%)	77,918
Outsourced Services	7	0	(7)	0.0%	7	0	(7)	0.0%	1
Treatment Related Costs	783	776	(7)	(0.9%)	783	776	(7)	(0.9%)	9,255
External Providers	3,492	3,732	240	6.4%	3,492	3,732	240	6.4%	44,781
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Infrastructure and Non treatment related costs	1,029	1,027	(2)	(0.2%)	1,029	1,027	(2)	(0.2%)	10,495
Total Operating Expenditure	14,291	14,242	(49)	(0.3%)	14,291	14,243	(48)	(0.3%)	169,209
Result before Interest, Depn & Cap Charge	45	109	(64)	(58.8%)	45	109	(64)	(58.7%)	6,515
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	214	246	32	13.1%	214	246	32	13.1%	4,082
Capital Charge Expenditure	68	85	17	20.0%	68	85	17	20.0%	4,740
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Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	**(237)**	**(222)**	**(15)**	**(6.8%)**	**(237)**	**(222)**	**(15)**	**(6.8%)**	**(2,306)**

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 31 July 2020

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	26,264	28,870	(2,606)	(9.0%)	20,620
Intangible assets	477	586	(109)	(18.6%)	497
Work in Progress	9,281	11,890	(2,609)	(21.9%)	14,715
Other investments	320	320	0	0.0%	320
Total non-current assets	36,342	41,666	(5,324)	(12.8%)	36,152
Current assets					
Cash and cash equivalents	3,767	826	2,941	356.1%	6,152
Patient and restricted funds	46	56	(10)	(17.9%)	47
Inventories	1,060	1,160	(100)	(8.6%)	1,130
Debtors and other receivables	4,612	4,491	121	2.7%	4,542
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	9,485	6,533	2,952	45.2%	11,871
Total assets	45,827	48,199	(2,372)	(4.9%)	48,023
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,275	2,399	124	5.2%	2,678
Other	63	62	(1)	(1.6%)	63
Total non-current liabilities	2,338	2,461	123	5.0%	2,741
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	11,547	11,694	147	1.3%	12,122
Employee entitlements and benefits	29,129	17,307	(11,822)	(68.3%)	18,872
Total current liabilities	40,676	29,001	(11,675)	(40.3%)	30,994
Total liabilities	43,014	31,462	(11,552)	(36.7%)	33,735
Equity					
Crown equity	93,858	95,858	2,000	2.1%	93,858
Other reserves	25,100	25,098	(2)	(0.0%)	25,100
Retained earnings/(losses)	(116,145)	(104,220)	11,925	11.4%	(104,670)
Trust funds	0	0	0	0.0%	0
Total equity	2,813	16,737	13,924	83.2%	14,288
Total equity and liabilities	**45,827**	**48,199**	**(2,372)**	**(4.9%)**	**48,023**

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 31 July 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	14,215	14,344	(129)	(0.9%)	14,215	14,344	(129)	(0.9%)
Cash paid to employees	(7,875)	(6,478)	(1,397)	(21.6%)	(7,875)	(6,478)	(1,397)	(21.6%)
Cash paid to suppliers	(2,534)	(2,068)	(466)	(22.6%)	(2,534)	(2,068)	(466)	(22.6%)
Cash paid to external providers	(3,291)	(3,732)	441	11.8%	(3,291)	(3,732)	441	11.8%
Cash paid to other District Health Boards	(2,423)	(2,109)	(314)	(14.9%)	(2,423)	(2,109)	(314)	(14.9%)
Cash generated from operations	(1,908)	(43)	(1,865)	4364.5%	(1,908)	(43)	(1,865)	4364.5%
Interest paid	0	0	0	0.0%	0	0	0	0.0%
Capital charge paid	(68)	(85)	17	20.0%	(68)	(85)	17	20.0%
Net cash flows from operating activities	(1,976)	(128)	(1,848)	1446.9%	(1,976)	(128)	(1,848)	1446.9%
Cash flows from investing activities								
Interest received	4	8	(4)	(50.0%)	4	8	(4)	(50.0%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(413)	(2,272)	1,859	81.8%	(413)	(2,168)	1,755	(81.0%)
Acquisition of intangible assets	0	0	0	0.0%	0	(104)	104	
Net cash flows from investing activities	(409)	(2,264)	1,855	(81.9%)	(409)	(2,264)	1,855	81.9%
Cash flows from financing activities								
Proceeds from equity injections	0	2,000	(2,000)	100.0%	0	2,000	(2,000)	100.0%
Repayment of equity	0	0	0	0.0%	0	0	0	0.0%
Cash generated from equity transactions	0	2,000	(2,000)	100.0%	0	2,000	(2,000)	100.0%
Borrowings raised								
Repayment of borrowings	0	0	0	0.0%	0	0	0	0.0%
Payment of finance lease liabilities	0	0	0	0.0%	0	0	0	0.0%
Net cash flows from financing activities	0	0	0	0.0%	0	0	0	0.0%
Net increase in cash and cash equivalents	(2,385)	(392)	(1,993)	508.8%	(2,385)	(392)	(1,993)	508.8%
Cash and cash equivalents at beginning of period	6,152	1,218	4,934	405.0%	6,152	1,218	4,934	405.1%
Cash and cash equivalents at end of period	**3,767**	**826**	**2,941**	**355.8%**	**3,767**	**826**	**2,941**	**355.9%**

PEOPLE REPORT

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

SOURCE: ***People and Capability***

DATE: **24 September 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 Canterbury DHB to deliver transalpine healthcare.

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

2. RECOMMENDATION

That the Board:

i. Notes the People Report.

3. DISCUSSION

Wellbeing, Health and Safety

COVID-19

Our key achievements this month, working alongside the Emergency Coordination Centre, Community and Public Health, Infection Prevention and Control, Infectious Diseases, Laboratories, Employee Relations and Communications, include:

- Re-activating the Vulnerable Persons Assessments, including contacting all new starters at the DHB to ensure they have completed self-assessments.
- Commenced development of a Respiratory Protection programme for the West Coast DHB.
- Trained 5 people as fit-testers for fitting N95 or equivalent masks.

High Risk Work

The Wellbeing, Health and Safety team is working with Site Redevelopment and Maintenance and Engineering on the Buller Asbestos Removal and Demolition Safety Risk. The team are conducting monthly site safety audits as part of this support.

The following risks and issues are currently being managed: Violence and aggression, Lone or isolated workers, Heliport operations, Asbestos, Manual handling and musculoskeletal injuries.

HR Business Partnering

Front of house service

A cross-functional team involving People and Capability and clinical and non-clinical representatives has completed the first phase of the integration of three administrative teams, including skills transfer and rationalisation of systems, into a single 'front of house' service for the new Grey Hospital – Te Nikau. This work was completed on tight timeframes and operational in time for the Te Nikau opening. The next phase will commence in the next few months and will look at further unification of front of house admin services across the West Coast.

Rural generalist workforce

Work has commenced to transition the West Coast senior medical officer (SMO) workforce into a rural generalist way of working. Rural Generalism is widely recognised as the most suitable SMO workforce model for a rural population like that of the West Coast, providing the right care for the West Coast on a sustainable basis. Changes include ways of working, call arrangements and clinical governance.

Medical Leadership Team

We are at an advanced stage in repositioning the Medical Leadership Team for the West Coast DHB. The new structure is aligned to the locality-based operating model of our DHB and makes provision for strong links with transalpine services that operate on the West Coast. This new structure is key to enabling the rural generalist model.

Kahurangi roster optimisation

We are working with the Central Integrated Health Services and Mental Health management teams to implement roster changes in the Kahurangi Aged Residential Care facility to optimise resourcing and ways of working. The new rostering model makes better use of permanent FTE and decreases reliance on casuals.

Learning and development

A series of webinar-based training for our managers and key staff on max. functionality has commenced. Work in the Leadership Development Programme is ongoing with both the Operational Leadership Group and the wider leadership team.

Core People Operations

Future of Work services

- A new 'Internal Appointment' service has been released for internal movements across and within the West Coast and Canterbury DHB's. This simplifies the process for hiring managers and administrators, and paves the way to automate our last remaining manual letters.
- The service formerly known as 'Appoint a New Staff Member' is now known as 'External Appointment' service and is now only used for people newly joining the DHB. This helps us to better report on the types of recruitment.
- The custom app created for Flu Vaccinations has been updated to allow the process for MMR immunisations to go through the same channel reducing the paper footprint and streamlining the process.

Data Remediation Programme

Our data remediation programme is underway to enable our leaders, managers and people to make the right decision at the right time, by providing high-quality, high integrity data, analytics and insights that our people have confidence in and rely upon.

The programme is auditing, reviewing and cleansing every HR record to provide a single source of truth for people data that will be used throughout the organisation. It is also developing and implementing better protocols to secure, maintain and curate our data so remains accurate.

It is also developing and implementing unique, enduring positions to manage our established FTE budget against actuals. We have baselined our contracted FTE (excluding FTE on long-term leave such as parental or leave without pay) as at 30 June 2020 and our next steps will involve consulting with cost centre managers alongside finance.

HR and Payroll System replacement

On 1 September 2020 we received notification from our HR and Payroll system vendor that they will no longer be developing improvements and new releases for our current HR and Payroll system, and will cease supporting the system in the next 12-24 months. This means we must commence a new process to implement replacement HR and Payroll system(s). Our current system is used by both the West Coast and Canterbury, so the implementation programme will be a joint venture. As this was unexpected from the vendor, has severe consequences for our ability to continue to deliver HR and payroll services in the next term, and will impose substantial, unplanned costs to our organisation (>$2 million), this has been raised as an Extreme risk to EMT for mitigation.

Recruitment

- Nursing recruitment has again been constant through the last month with minimal vacancies and with recruitment mainly occurring with finding causal health care assistants. High numbers of registered Mental Health nurse applications have made a big difference to the long-term vacancies within that team.
- Vacancies within Allied Health are minimal again for this month with two new graduate intern pharmacists being appointed into roles and recruitment starting soon for an Occupational Therapy Clinical Lead
- The Corporate space has been steady with recruitment into our logistics and finance team ongoing.
- Medical recruitment has been steady this month with a strong focus on GP's in Westport, which has bought about positive results with three qualified candidates applying. A Medical Lead in Buller recruitment is ongoing along with General Physicians.

Employment Relations, Compensation and Benefits

Holidays Act Compliance Programme

The Programme continues to progress/deliver to plan with all key milestones met as expected:

- *Rectification Phase* - focused on 'fixes' to payroll systems and business practises to ensure that future payroll activity complies with the Holidays Act:
  - 'Solution Design & Preparation' is underway and will result in completion of detailed solution design and business readiness requirements.
  - Discussion have commenced to look at the steps required to roll Canterbury's rostering system, Microster, out to the West Coast to capture time and attendance information, a prerequisite to achieve future compliance.
- *Remediation Phase* - a retrospective review of non-compliance and the sequential recalculation of all leave instances for current and former employees from 1 May 2010:
  - Approval for the recommended remediation approach has been endorsed by QFARC and is currently being sought by the Board.
  - A new remediation issue has been identified for West Coast DHB which may lead to a significant manual data entry exercise. Currently, time and attendance information is recorded using paper timesheets, i.e. one timesheet per employee per pay period. Unfortunately, the information captured and the way it is/was entered into the payroll system does not provide the level of granularity needed to establish working patterns and recalculate (remediate) the correct entitlements for certain leave types. Options are

currently being assessed to remedy this issue, however, it may be necessary to manually capture the paper-based information into an electronic record.

Collective Bargaining

- We are currently in bargaining for our NZNO nurses MECA and E tū Support Services SECA.
- Bargaining was also initiated for two MECA. These are the PSA Allied, Public Health and Technical MECA, the PSA Mental Health & Public Health Nursing MECA.

Talent, Leadership and Capability

Targeted Support

- Specialist support delivered to Buller Health Operations Leadership Team

People Policies

- Consultation is ongoing on the Recruitment, Alcohol and Drug, and Leave policies.

Hub for the Essentials of Leadership and Management

- We continue to deliver a communications campaign to raise the awareness and uptake of our leadership development learning and tools (Hub for the Essentials of Leadership and Management; https://helmleaders.org/).

Enhancing Culture and Building Leadership programme

- Fortnightly delivery of Leadership Essentials programme continues

4. APPENDICES

Appendix 1:	July People Analytics Dashboard
Report prepared by:	Natasha Smith, Programme Manager, People Analytics
Report approved for release by:	Paul Lamb, Chief People Officer, People and Capability

Monthly WCDHB People Analytics Dashboard – 31 July 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?

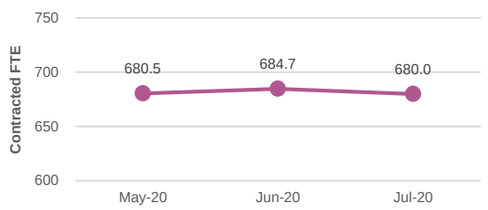
FTE | Payroll | Demographics

Diversity

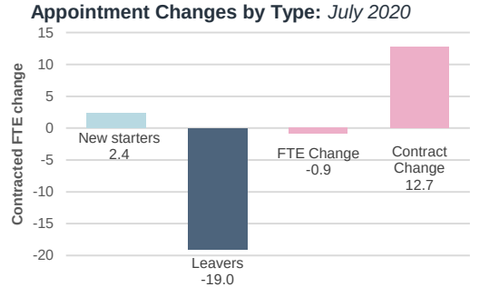
Key Insights

- After a slight increase in FTE last month, July saw a return to April and May figures with a decrease of 4.75 FTE. We saw a number of nursing employees leave the DHB during July.
- 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.

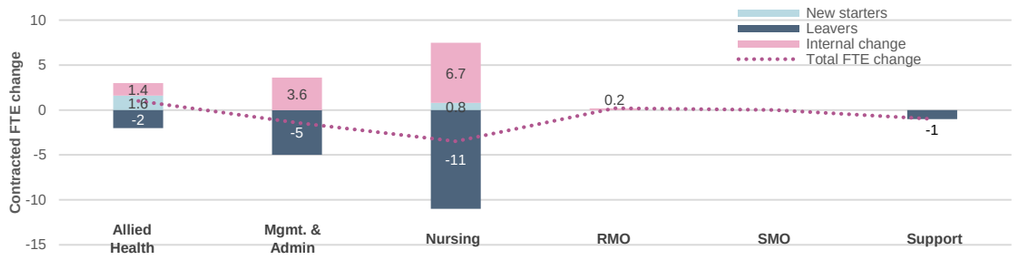
Contracted FTE Trend – *Last three months*



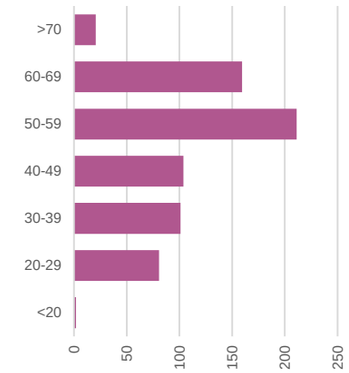
Appointment Changes by Type: *July 2020*



Contracted FTE Changes by Role: *July 2020*



Age Profile



We face pressure around our aging workforce, with 57.6% of our workforce aged 50 or over.

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.

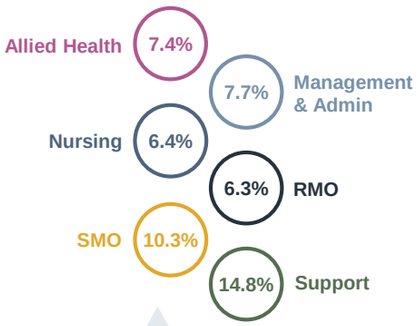
Note: The ethnicity figures do not include 19.9% of employees who are either not currently captured or responded as "Refuse to Answer". We have a programme of work underway to increase our ethnicity records

What's changing in our workforce?

Key Insights

- Our overall unplanned turnover rate is 7.4% (falling from 7.8% last month). This is lower than the average unplanned turnover for the NZ public service sector (11.8% in 2019).
- Our talent acquisition strategy saw a spike in applications for mental health nurses, resulting in a number of placements this month, with a shorted than usual tie to fill. We have also closed one SMO role that had been advertised for over 3 years as we instead shared the work between existing employees, reducing our average days vacant.

Attrition Rate by Role over the last 12 months

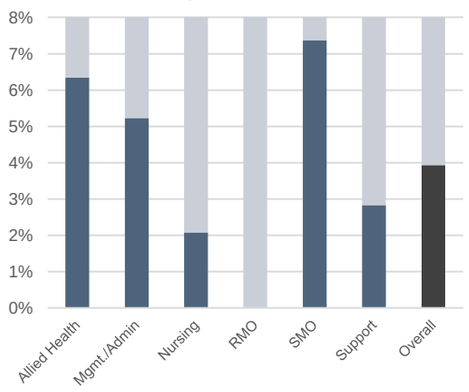


Attrition rate is an indicator of engagement. High rates can impact continuity of service provision and staff wellbeing for those carrying additional load

Proportion of Vacancies Being Recruited For By Role

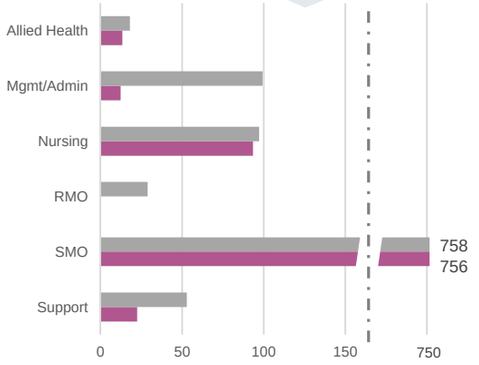
Vacancies are indicative of talent sourcing and development strategies. Higher vacancies can place operational pressures on our people.

31.6 Vacancies [FTE] as at 31 July



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.

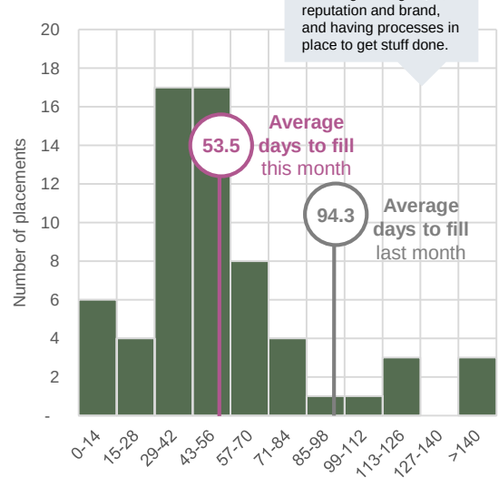


124.4 Average days vacant [This month]

167.3 Average days vacant [Last month]

Days to Fill Vacancy from Notification: Previous 6 Months

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



Monthly WCDHB People Analytics Dashboard – 31 July 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*

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- Collaborating with CDHB to deliver transalpine healthcare

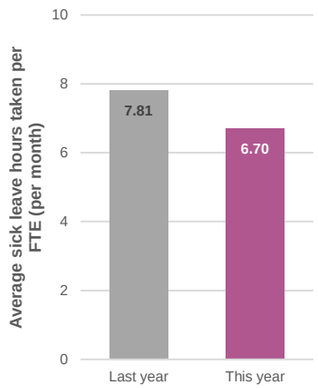
What's the impact of our Wellbeing, Health and Safety efforts?

Key Insights

- On average, our employees have taken 6.7 hours sick leave per month per FTE over the last 12 months; an improvement on the previous 12 month period (7.8 hours). This is reflective of national trends in low flu numbers following the COVID-19 pandemic.
- There was a notable increase in the average sick leave days taken per FTE by SMOs; this is being driven by a discrete number of SMOs on long-term sick leave.
- Between April and June this year, our people took less annual leave per month compared to last year, resulting in increased annual leave balances. This again follows national trends in a COVID-19 environment. In July, we once again saw more annual leave taken than July last year.
- During the past 12 months there has been a decline in the number of slip, trip, or fall work injuries; however the number of musculoskeletal injuries is increasing, driving targeted injury prevention programmes.

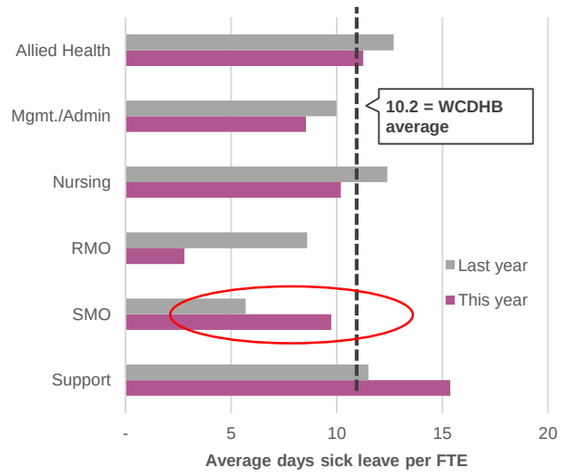
Average sick leave hours taken per FTE per month

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.

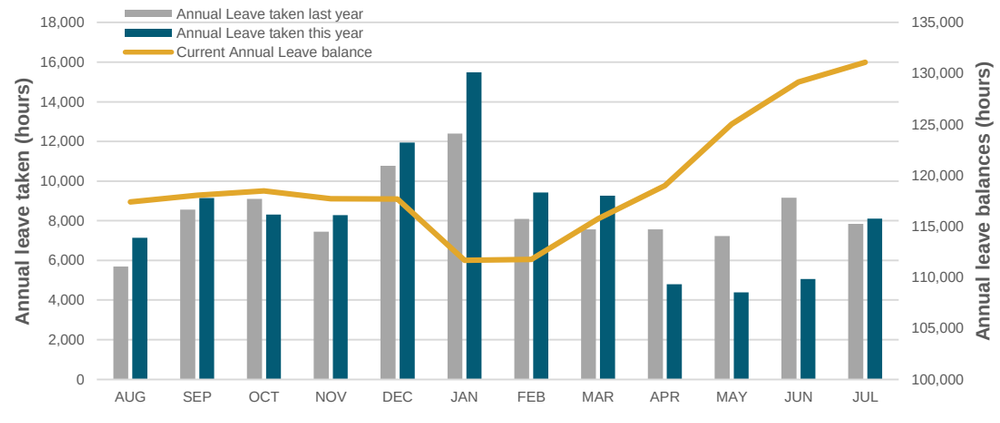


Sick leave days taken per FTE over 12 months by role

In the last 12 months, our employees took on average 10.2 days sick leave per FTE, compared to 11.7 days in the 12 months prior.

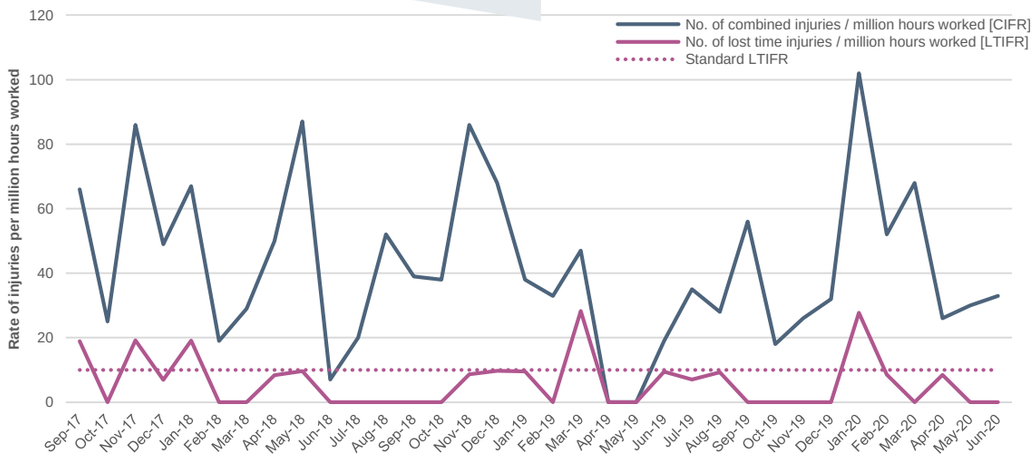


Annual Leave Taken hours and Balance for the last 24 months for the DHB:



Combined & Lost Time Injury Frequency: Last two years

The Combined Injury Frequency Ratio [CIFR] is based on the number of all ACC accepted medical treatment claims per million hours worked. The Lost Time Injury Frequency Ratio [LTIFR] is the Number of lost time injuries to million hours; it continues to be above the ACC Healthcare Levy Risk Group Average (Standard) of 10. *This is ACC data taken to end of June 2020.*



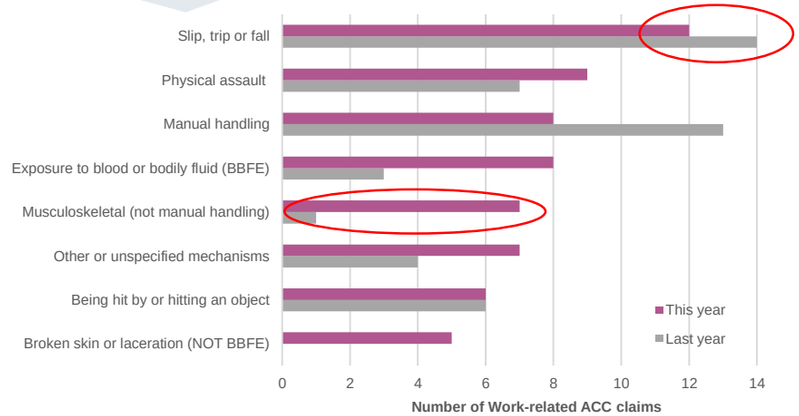
WorkSafe Notifiable Events

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	May-20	Jun-20	Jul-20	May-20	Jun-20	Jul-20
Death	-	-	-	-	-	-
Notifiable illness or injury	-	-	-	-	-	-
Notifiable incident	-	-	-	-	-	-

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 end of June 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: **24 September 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, 9 & 10 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 6 August 2020 and the Public Excluded Special meeting of 12 August	For the reasons set out in the previous Board agenda.	
2.	2020/2021 Capital Funding Allocation Proposal	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	Briefing paper on HDC Outcome	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	9(2)(j) S9(2)(a)
4.	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)
5.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

6.	Internal Audit Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
7.	National Bowel Screening Programme	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.	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)
9.	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)
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)

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	10.00am	Te Nikau – Meeting Room 1
Thursday 10 September 2020	Advisory Committee Meeting	9.45am	Te Nikau – Meeting Room 1
Thursday 10 September 2020	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Friday 25 September 2020	BOARD MEETING	10.00am	Te Nikau – Meeting Room 1
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.