TABLE OF CONTENTS

AGENDA

FOR THE WEST COAST DISTRICT HEALTH BOARD MEETING TO BE HELD IN THE BOARD ROOM, CORPORATE OFFICE, GREYMOUTH ON FRIDAY 5 NOVEMBER 2004 COMMENCING 10.00 AM

Karakia

1. Welcome
2. Apologies
3. Standing Orders
4. Disclosures of Interests
6. Minutes of the Meeting held Friday 1 October 2004
7. Matters Arising
8. Board Correspondence
9. Chairman's Report
10. Chairman's Correspondence
11. Chief Executive's Report
12. Finance Report
13. Partnership Agreement with Canterbury DHB
14. Reports from Board Advisory Committees
15. Board Member Items
    GP Referrals - Malcolm Stuart
    Paediatric Cover - Malcolm Stuart
    Survey Issue - John Vaile
    Outpatients, Buller - John Vaile
16. Date of next Meeting – Friday 17 December at 9.15 am
17. Information Papers

IN COMMITTEE

- 2004/05 District Annual Plan
- Minutes of the Meeting held Friday 1 October 2004
- Matters Arising
- Equity Application
- Laboratory Paper
- PHO Funding
- Rural Ranking Points Briefing Paper
- Board Member Items
- Sponsorship Proposal
- Contracts
  - Medlab South Limited
  - West Coast DHB, various Aged Residential Care
- Capex
  - Picture Archive and Communications System (PACS)
- RACS Report Update
- Risk Report

OIA 1982 5.9(2)(i) Commercial
NZPHDA Sch 3 cl 32(a)

BOARD MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
Professor Gregor Coster Chairman ***Appointed February 2003***	• Director - PHARMAC • Director - Cornwall Management Limited • Director - Cornwall Nominees Limited • Trustee - The University of Auckland Primary Health Care Trust • Chairman - Institute of Rural Health • Trustee - Goodfellow Foundation
Dr Christine Robertson Deputy Chairman	As self employed person, does work on contract for: • HealthPAC - regularly • Comcare Charitable Trust - regularly • WCDHB - occasionally • HDANZ (Health and Disability Auditing New Zealand Ltd) – occasionally Husband is on the Board of Coast Care Trust and is a Justice of the Peace who undertakes judicial duties in Court. Also Alternate Controller for Civil Defence for the Grey District Council
Ms Robyne Bryant	• Member - New Zealand Nurses Organisation • Member - New Zealand College of Midwives • Member - Mawhera Maori Women's Welfare League • Employed by Coast Health Care as a Maori Mental Health Worker • Trustee - Board of Coast Care Trust
Mrs Julie Kilkelly	• Member - Pharmaceutical Society • Member - New Zealand College of Pharmacists • Member - Pharmacy Defence Association • Director - Kilkelly Kartage Ltd • Trustee - West Coast PHO Board – Co-opted Pharmacist • Director - Olsen's Pharmacy
Mrs Marguerite Moore	• Member - Kawatiri Maori Women's Welfare League • Member - Grey Power • Chairperson - Westport Branch of NZ Labour Party Early Childhood Development: • Co-ordinator - St Johns Kids n' Coffee • Co-ordinator - Oasis • Daughter employee West Coast DHB
Mrs June Robinson	• Board Member - Royal New Zealand Plunket Society • Chairperson - Rata Te Awhina Trust • Chair - Kati Mahaki Ki Makaawhio Ltd • Member - New Zealand Medical Council Review Committee • Member - Rata Branch Maori Women's Welfare League • Member - Poutama Ora • Cultural Advisor to Chief Executive - Community Corrections • Member - Runanga O Makaawhio • Member - Mata Whanui (Maori DHB members committee)

Mr Mohammed Shahadat	• Member of the New Zealand Law Society • President of the Hokitika Lions Club 2001-2002 • Principal Partner, Murdoch James and Roper • Councillor - Westland District Council • Member - New Zealand Institute of Directors
Mr Tamai Sinclair	• Health and Social Services Representative, Te Runanga o Ngati Waewae • Shareholder - Mawhera Corporation • Member - Poutama Ora • Trustee - West Coast PHO Board • Kaiwhakarite, Te Puni Kokiri • Member - Mata Whanui (Maori DHB members committee)
Dr Malcolm Stuart	• Employed by WCDHB as Head of Department, Anaesthesia and Consultant Anaesthetist • National Committee - Australian New Zealand College of Anaesthetists • Member - Association of Salaried Medical Staff As a self employed person: • Medical Advisor - St John Ambulance Service
Mr John Vaile	• Director - Vaile Hardware Ltd

ABBREVIATIONS

# NOF	Fractured Neck of Femur (broken hip)
1°	Primary
2°	Secondary
3°	Tertiary
A+	Auckland Healthcare
A&E	Accident & Emergency
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment, Treatment & Rehabilitation Unit
ALOS	Average Length of Stay
ANDRG	Australian National Diagnosis Related Group
BDC	Buller District Council
CAA	Child Acute Assessment
CAMHS	Child & Adolescent Mental Health Service
CAP	Canterbury Association of Physicians
CC	Complications & Co-morbidity
CCMAU	Crown Companies Monitoring Unit
CCN	Clinical Charge Nurse
CD	Clinical Director
CDHB	Canterbury DHB
CEA	Collective Employment Agreement
CFA	Crown Funding Agreement
CHA	Crown Health Association
CHL	Canterbury Health Limited
CICU	Cardiac Intensive Care Unit
COMRAD	Radiology Reporting System
CPAC	Clinical Priority Assessment Criteria
CPHAC	Community & Public Health Advisory Committee
CSSD	Central Sterile Supplies Department
CTA	Clinical Training Agency
CWD	Case Weighted Discharge
DAO	Duly Authorised Officer
DDG	Deputy Director General
DHB	District Health Board
DNA	Did Not Attend
DON	Director of Nursing
DOSA	Day Of Surgery Admission
DRG	Diagnostic Related Grouping
DSAC	Disability Services Advisory Committee
DSD	Disability Support Directorate
DSS	Disability Support Services
EAP	Employee Assistance Programme
ED	Emergency Department
EMT	Executive Management Team
ENT	Ear, Nose and Throat
ER	Employment Relations
FSA	First Specialist Assessment
GP	General Practitioner
HAC	Hospital Advisory Committee
HFA	Health Funding Authority
IEA	Individual Employment Agreement

IRF	Inter Regional Flow
HAHS	Hospital and Health Services
HMD	Hospital Monitoring Directorate (former CCMAU)
HFA	Health Funding Authority
HHS	Hospital & Health Service
HR	Human Resources
HTG	Hospital Technical Group
ICD 9	International Code of Diseases
ICU	Intensive Care Unit
IEC	Individual Employment Contract
IPA	Independent Practice Association (GP Group)
ISDN	Integrated Services Digital Network
IT	Information Technology
Kai Arahi	Term generally refers to "guide" and /or advisor
KPI's	Key Performance Indicators
LMC	Lead Maternity Carer
MECA	Multi Employer Collective Agreement
MHAC	Mental Health Advisory Committee
MOH	Ministry of Health
MOSS	Medical Officer Special Scale. A doctor with 4+ years post-graduate experience but not a specialist
MRT	Medical Radiation Technologist
NMDHB	Nelson/Marlborough DHB
NGO	Non Government Organisation
NICU	Neonatal Intensive Care Unit
NZNO	New Zealand Nurses Organisation
OP	Outpatients
O&G	Obstetrician and Gynaecologist
OIA	Official Information Act
PBFF	Population Based Funding Formula
PCG	Project Control Group
Pegasus	One of the IPA's
PHO	Primary Health Organisation
PMS	Patient Management System
Primary Services	Services that receive self referred patients
PRIME	Primary Response in Medical Emergencies
PNA	Professional Nursing Advisor
PSA	Public Services Association
QA	Quality Assurance
QHNZ	Quality Health New Zealand
RDA	Resident Doctors Association
RFP	Request for Proposal
RHA	Regional Health Authority
RHMU	Residual Health Management Unit
RMO	Registered Medical Officer. A junior doctor with 0-4 years post-graduate experience
Runaka	Assembly
Secondary Services	Services where a primary carer must refer patients. Provided in a hospital supported by specialists, and meeting standard clinical criteria
SHO	Senior House Officer
SMT	Senior Management Team
SOI	Statement of Intent
Stargarden	Payroll System
Tamariki	Children – usually refers to children up to and including 14 years of age
Tangata Whenua	People of the land", most commonly referring to traditional Maori Iwi occupants of a region or district
Tino Rangatiratanga	Absolute Sovereignty
STD	Sexually Transmitted Diseases
WTF	Waiting Times Fund

Ora Services	Term used to describe all activities that promote health and prevent diseases that are undertaken in the primary care setting for children and their families and whanau
WCDHB	West Coast DHB
Whanau	Family
Whanau Ora	Health and wellbeing
YTD	Year to Date

DRAFT MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING

HELD FRIDAY 1 OCTOBER 2004 AT 10:03AM IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

PRESENT

Gregor Coster, Chairman
Christine Robertson, Deputy Chairman
June Robinson
Tamai Sinclair
John Vaile
Julie Kilkelly
Marguerite Moore
Robyne Bryant
Malcolm Stuart
Mohammed Shahadat

IN ATTENDANCE

John Luhrs, Chief Executive
Wayne Champion, Chief Financial Manager (for part)
Kevin Hague, General Manager Planning and Funding
Hecta Williams, General Manager Mental Health Services (for part)
Gary Coghlan, General Manager Maori Health (for part)
Robin Williams, General Manager Primary Services/Director of Nursing (for part)
Vikki Carter, Community Liaison Officer
Karen Poutasi, Director-General, Ministry of Health (for part)

Alison McDougall, Minute Secretary

Karakia – Tamai Sinclair

1. APOLOGIES, WELCOME

The Chair welcomed Board members to the meeting and introduced Karen Poutasi, Director-General, Ministry of Health, who has been visiting WCDHB with Jim Primrose, Chief Advisor General Practice. They have met with the Executive Management Team, PHO, Chairman, Deputy Chair, GP Liaison and media around the Primary Health Care Strategy.

2. STANDING ORDERS

The Chairman waived the Standing Orders unless there is reason to reinstate them later in the meeting.

3. DISCLOSURES OF INTERESTS

The following amendments were made to Board Members' disclosures of interest:

Marguerite Moore

- Remove "Chairman – Buller Branch of the NZ Labour Party"

4. IN COMMITTEE

Pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health & Disability Act 2000 members of the public are to be excluded from the portion of Friday 1 October meeting of the West Coast District Health Board that relates to the following items on the grounds that the exclusion of the public is to allow the maintenance of effective conduct of public affairs through the protection of such Ministers, officers, and employees of the WCDHB from improper pressure or harassment and that this disclosure would prejudice the protection granted by Section 9(2)(g)ii of the Official Information Act 1982:

- **District Annual Plan Reporting Update**

Moved: Chairman, Seconded: Deputy Chair

It was RESOLVED to move into In Committee at 10:06am

5. MOVING OUT OF IN COMMITTEE

Moved: Chairman, Seconded: Deputy Chair

It was RESOLVED to move out of In Committee at 11:22am

6. MINUTES OF THE PREVIOUS BOARD MEETING HELD 6 AUGUST 2004

- Page 13, Item 11.3, first paragraph, replace *"Acting Chair"* with *"Board member acting as Chair"*.

Moved: Julie Kilkelly, Seconded: Marguerite Moore

It was RESOLVED that the Minutes of the Board meeting held 3 September 2004 were a true and correct record subject to the above amendments.

7. MATTERS ARISING

Complete the scoping phase of the impacts of Transport on health report and provide Board members with a paper
Due November 2004.

Discuss the written advice received from the MoH with Poutama Ora on the Memorandum of Partnership with Papatipu Runanga
The Chair advised he was notified by the Director-General yesterday that Cabinet recently signed off principles associated with Memoranda of Understanding between Crown entities.

Liaise with the Chair, CPHAC and Research and Planning Analyst to write a letter to the Ministry of Health on oral health issues
The Chief Executive advised this has not yet been completed as he has been on leave.

Consider staggering the date of expiry for Advisory Committee members terms
For Board consideration March 2005.

Arrange a meeting at an appropriate time with clinicians, EMT, Board and HAC members
The Chief Executive advised the General Manager Operations will provide an update at the next meeting.

Write to the Institute of Rural Health to seek information to assist the Board for quantification and administration in the scholarships area and obtain information regarding Australian scholarship programmes for consideration by the Board and Management
The Chief Executive advised this has not yet been completed as he has been on leave.

Work with Jim Reid and Pat Farry to develop a proposal regarding undergraduate medical training
Julie Kilkelly advised she asked Pat Farry to contact her after his meetings with West Coast GPs and this has not happened yet. The GP Liaison has advised she believes there is enough support from rural GPs for placements outside the hospital. Julie has requested firmer details around costs for a co-ordinator and tutors and asked Pat Farry to liaise with the Manager, Information Technology regarding specific IT requirements.

The Chairman advised the Board is clear it wishes to proceed with the proposal so is looking to CPHAC and Management to finalise the proposal for the next Board meeting. If the agreement needs to be finalised prior to the next Board meeting CPHAC should feel comfortable to agree on a draft contract.

Prepare a paper on the rural ranking scale and discuss the matter with the Rural GP Network and Floss Caughey or Jim Primrose from the Ministry of Health
The Chief Executive advised a paper has been prepared, however it contains commercially sensitive information regarding GP practices and it would be appropriate to move the item to the In Committee section. The Chairman advised that as the item was not notified as being In Committee for this meeting it will be moved to the next meeting.

Write to the South Island Advocacy Service asking them to reconsider the provision of advocacy services on the West Coast and look at ways of addressing the issue
Not yet completed. The Chair, HAC noted that HAC discussed the Advocacy Service this morning and the Committee is concerned about some of the facts around the figures presented to the Committee and the item is included on the next HAC Agenda.

Write a letter to the Minister of Health on the inability to deliver on the benefits for those over 65 in special areas, as outlined in the Prime Minister's personal letter to them, and address ways of removing this anomaly
Not yet completed. Julie Kilkelly advised this was progressed yesterday during a meeting with the PHO, Director-General and Clinical Advisor General Practice. The Chief Executive suggested it may be more appropriate for the letter to go to the Director-General as a follow up to discussions yesterday.

Prepare a paper noting a range of options for the Board in relation to GP practice ownership
Due November 2004.

Terms of Reference, DSAC

The Deputy Chair noted Terms of Reference for DSAC were discussed at the last meeting. She advised that the Terms of Reference are taken from the Act and the Board can revise Terms of Reference if it chooses. The Chair, DSAC advised he will take the matter back to the next DSAC meeting.

Nursing Review and Dementia Unit
The Deputy Chair noted that HAC needs to be informed of any developments with both the Nursing Review and Dementia Unit. The Chief Executive reported that the RFP process closed with only one response received from the WCDHB provider arm. The General Manager Planning and Funding has asked the Ministry of Health to confirm that requirements set in association with the National Capital Committee have been satisfied.

Correspondence
John Vaile noted he has still not received a copy of the letter he requested at a previous meeting. Management will forward a copy of the letter to Mr Vaile.

Rural GP Training Scheme
The Chair, CPHAC requested an update on progress made by the steering group established by the EMT. The Chief Executive advised that the General Manager Primary Services/Director of Nursing is leading the group and can arrange for her to speak at the next meeting on progress. The Chairman suggested it may be appropriate for the Chair, CPHAC to be a member of the group. The Chair, CPHAC advised that this is not necessary as this item is a standing item on the Committee's Agenda. The Chairman advised that the Board is supportive of the proposal and is aware of the costs associated. The CTA have been slow to progress rural GP training nationally and are now forming a consultative Committee which the Chairman is on in his role with the Institute of Rural Health.

8. CORRESPONDENCE

Moved: Robyne Bryant, Seconded: Deputy Chair

It was RESOLVED that the Board correspondence Inwards was accepted and Outwards endorsed.

9. CHAIRMAN'S REPORT

9.1 DHB Chairs' Conference

The Chairman advised an update was given on the Public Finance Bill. DHB feedback was co-ordinated by DHBNZ and has now gone back to the House of Representatives. The bill widens the influence of the State Services Commission to include Crown entities.

9.2 PHARMAC Board

DHBs have been discussing with the Minister and PHARMAC the establishment of a research fund of $8m. DHBs and PHARMAC have been directed by the Minister as to how to meet research objectives of DHBs and PHARMAC.

9.3 District Health Board Member Induction / Refresher Session

The Chairman advised there will be workshops held for Boards on 10 December. It is important that all new members are able to attend and the Board passed a resolution at the last meeting that the new Board would have it's first meeting on 10 December. The

Chairman now proposes to hold the meeting on 17 December to allow members to attend the induction sessions.

Moved: Malcolm Stuart, Seconded: Robyne Bryant

Motion:
THAT the first meeting of the incoming Board be held of Friday 17 December and that the last meeting for the existing Board be held in November.

Motion carried.

10. CHAIRMAN'S CORRESPONDENCE

Moved: Chairman, Seconded: Mohammed Shahadat

It was RESOLVED that the Chairman's correspondence Inwards was accepted and Outwards endorsed.

11. CHIEF EXECUTIVE'S REPORT

The Chief Executive advised the focus of the month has been on national industrial negotiations for SMOs, Nurses, Midwives and RMOs. There are also other MECAs negotiations coming up for the South Island in Allied Health and Clerical.

11.1 Recruitment

The Chief Executive advised that some of the staff vacancies have been filled and Management is still in discussions with CDHB to progress other options. Management also met with the Medical Council last week regarding GP coverage and scope of practice.

In response to a question the Chief Executive advised that the Nurse Manager positions that are included in the report are tied in with the Nursing Review the implementation of which will be relatively cost neutral. The two roles advertised sit under the General Manager Operations and the Director of Nursing has input from a nursing perspective.

Moved: Mohammed Shahadat, Seconded: June Robinson

It was RESOLVED to accept the Chief Executive's Report

12. FINANCE REPORT

The Chief Financial Manager advised that YTD the DHB is running at a deficit of $96,000 which is around $300,000 better than budget. This is mainly due to a deficiency in resourcing which reduces output and expenses. These costs are expected to be incurred later in the year when catching up.

The Chief Financial Manager noted that at the last meeting the Board requested information on the CFA roll overs. He advised that the latest roll over is from 30 September 2004 to 30 December 2004 at 6.6% interest.

Julie Kilkelly recorded her thanks to the Chief Financial Manager for collating the information she requested to present to the Director-General during her visit.

The Chief Executive informed the Board there was information in the media recently in relation to health services in Buller with projections and assumptions being made. Management has provided the Grafton Group with expenditure data but it is not Management's intention to discuss revenue as the outcome of the process may require a negotiation with the WCDHB funder arm as to the funding of services proposed. It is important, however, to correct one area in relation to reports on overheads. There may be a concern that money is moving out of Buller to Greymouth. The Chief Financial Manager advised that in the article concerned it stated Corporate Overheads of $1.2m are being charged to services in Buller. Of that figure $600,000 relates to site and building costs specific to Buller and Reefton. $247,000 relates to clinical services provided in Greymouth in support of service delivery in Buller and Reefton including pharmacy and laboratory services. The remaining overhead of $340,000 relates to everything from payroll, accounts, HR, recruitment and IT as well as Management overheads.

Moved: Chairman, Seconded: Mohammed Shahadat

It was RESOLVED to accept the Finance Report.

13. REPORTS FROM ADVISORY COMMITTEES

13.1 Hospital Advisory Committee

13.1.1 Reporting Back on Board Referred Items

Meeting Between SCDHB and WCDHB
HAC has been advised of the combined meeting between the SCDHB and the WCDHB and that mainly management opportunities, not governance, emerged and are being addressed by Management with nothing relevant to HAC.

South Island Advocacy Service
The South Island Advocacy Service is to be contacted for further clarification of statistics provided to HAC at the last meeting. HAC will review this information and will make recommendations to the Board if any issues are identified.

13.1.2 Strategic Governance Issues

Sexual Health Services
HAC discussed an item on the Agenda on sexual health in the Buller region and on the basis of discussions and information from management, HAC believes this is an item for CPHAC to consider and recommends the item be passed to CPHAC with the condition that if issues are identified with implications for the provider arm they should be reported back to HAC for consideration.

Nurse Practitioners
HAC discussed the vision for the effective utilisation of Nurse Practitioners. A brief update was given by Management and HAC understands the matter is being looked at locally and nationally. A paper will be presented to HAC in six months time.

GP Liaison Officer
HAC was provided with a paper on the GP Liaison role in terms of meeting position objectives and a further update will be given in March 2005. HAC is please to see clear

objectives being met and it became apparent that the GP Liaison along with Management is in ongoing discussions with the Medical Council and exploring issues with the Ministry of Health around oversight, supervision and difficulties created for WCDHB.

Other

- HAC is aware of the challenge of meeting MECAs on the DHB's budget.
- HAC valued the detail of the Finance Report including the detail provided in anticipation of questions from Committee members.
- While the Board has moved it's December meeting date, HAC will still meet on 3 December to continue work in progress.

A Board member queried whether HAC discussed recruitment in South Westland. The Chair, HAC advised that the General Manager Primary Services/Director of Nursing clarified that she is currently negotiating with an applicant.

The Board member queried progress with the PHO in enrolments from Ken Mills' practice to BMS. The Chair, HAC advised the matter was not discussed by HAC but it was raised at the last Board meeting that what appears to be low enrolment in BMS relates to the fact that there are people who are resident in special areas who are not part of the PHO and therefore cannot be enrolled. Some of people from Ken Mills' practice may be in this situation

The Board member noted the maternity continuing care figures are distorting the figures on outpatient clinics in Buller. The Chairman requested Management clarify if these figures are being recorded in line with Ministry of Health guidelines. The Chief Executive advised there is a general increase in clinics and not just in one area.

14. SPONSORSHIP OF DEFIBRILLATORS

The Chairman noted the Board's thanks to Malcolm Stuart, Management and Solid Energy for their work in securing the AED Units. Malcolm Stuart and Management are involved in a launch of the defibrillators with Solid Energy and Board members are invited to participate.

The Chief Financial Manager, General Manager Mental Health Services, General Manager Maori Health and General Manager Primary Services/Director of Nursing left the meeting at 12:30pm

There was a break from 12:30pm to 1:07pm

15. HOSPITAL BENCHMARK REPORT

A Board member noted from the report that the only area WCDHB seems to have fallen down on is day cases. The Chief Executive advised this is to be expected considering distance of travel required by some residents after an operation. There is no significant pressure from the Ministry of Health in this area. The Chairman noted the Board's satisfaction as to how well WCDHB has performed.

16. IN COMMITTEE

Pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health & Disability Act 2000 members of the public are to be excluded from the portion of Friday 1 October 2004 meeting of the West Coast District Health Board that relates to the following items on the grounds that the public conduct and discussion of the following items would enable the WCDHB to carry out, without prejudice or disadvantage, commercial activities granted by Section 9(2)i of the Official Information Act 1982.

- **Minutes of the Meeting held Friday 6 August 2004 and matters arising**
- **Matters Arising**
- **Contracts**
  ACC
  Rata Te Awhina Trust
- **Capex**
- **Chief Executive's KPIs**

Moved: Chairman, Seconded: Deputy Chair

It was RESOLVED to move into In Committee at 1:17pm

17. MOVING OUT OF IN COMMITTEE

Moved: Chairman, Seconded: Deputy Chair

It was RESOLVED to move out of In Committee at 3:08pm

18. NEXT MEETING

Friday 5 November 2004, 10:00am, Boardroom, Corporate Office, Greymouth.

There being no further business the meeting concluded at 3:10pm

MATTERS ARISING FROM THE WEST COAST DHB BOARD MEETINGS

Item No.	Board Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref
11	7 November 2003	Complete the scoping phase of the impacts of Transport on health report and provide Board members with a paper.	General Manager Planning & Funding	Originally due April 2004 – now due November 2004	Completed
5	5 March 2004	Discuss the written advice received from the MoH with Poutama Ora on the Memorandum of Partnership with Papatipu Runanga.	Chief Executive	Completed but awaiting feedback from MoH	
10.3.1	2 July 2004	Liaise with the Chair, CPHAC and Research and Planning Analyst to write a letter to the Ministry of Health on oral health issues.	Chief Executive, General Manager Planning and Funding	Originally due August 2004 – now due November 2004	
11	2 July 2004	Consider staggering the date of expiry for Advisory Committee members terms.	For Board consideration	March 2005	
10.2.2	6 August 2004	Arrange a meeting at an appropriate time with clinicians, EMT, Board and HAC members.	Chief Executive	ASAP	
13	6 August 2004	Write to the Institute of Rural Health to seek information to assist the Board for quantification and administration in the scholarships area and obtain information regarding Australian scholarship programmes for consideration by the Board and Management.	Chief Executive	Originally due September 2004 – now due November 2004	
14	6 August 2004	Work with Jim Reid and Pat Farry to develop a proposal regarding undergraduate medical training.	Chief Executive / Chair, CPHAC	Ongoing	
6	3 September 2004	Prepare a paper on the rural ranking scale and discuss the matter with the Rural GP Network and Floss Caughey or Jim Primrose from the Ministry of Health.	Chief Executive	Originally due October 2004 – now due November 2004	

Item No.	Board Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref
11.3	3 September 2004	Write to the South Island Advocacy Service asking them to reconsider the provision of advocacy services on the West Coast and look at ways of addressing the issue.	Chief Executive	Originally due October 2004 – now due November 2004	
11.4.1	3 September 2004	Write a letter to the Director-General of Health on the inability to deliver on the benefits for those over 65 in special areas, as outlined in the Prime Minister's personal letter to them, and address ways of removing this anomaly.	Chief Executive	Originally due October 2004 – now due November 2004	
16.	3 September 2004	Prepare a paper noting a range of options for the Board in relation to GP practice ownership.	Chief Executive	As soon as information is available.	

BOARD CORRESPONDENCE FOR OCTOBER 2004

Date	Sender	Addressee	Details	Response Date	Response Details
4 October 2004	John Luhrs	Tony Daly SI Advocacy Service	Provision of advocacy services on the West Coast.	13 October 2004	Letter in reply from Tony Daly to John Luhrs.
4 October 2004	Anthony Hill, MoH	John Luhrs (copy Gregor Coster)	Publication – Appointment Process for DHB Members	Not required	
4 October 2004	Pat Farry, University of Otago	John Luhrs (copy Gregor Coster)	Undergraduate Medical Education on the West Coast	Not required	
7 October 2004	Ngaire Townrow, WC Rape & Sexual Health	Hon Damien O'Connor (copied to Gregor Coster, John Vaile, Marguerite Moore)	Provision of contraceptive and sexual health services in Westport.		
13 October 2004	Dr Pat Farry, Assoc Prof Jim Reid, Dunedin School of Medicine	Julie Kilkelly	Proposal for a new Dunedin School of Medicine 5th year rural teaching centre for the West Coast.	28 October 2004	Letter in reply from John Luhrs with copy of signed contract enclosed.
15 October 2004	Max Robins, Joint Provider Group, NZ Private Hospitals Assoc.	Sam Cliffe, Aged Residential Care Contract Review, NDSA (copied to DHB Chairs)	Aged Residential Care Contracts	Not required	
21 October 2004	Robin Williams, Director of Nursing/General Manager Primary Care Services	Pat McManus	Reviewed information for General Practitioner Staffing	Not required	
22 October 2004	Christine Robertson, John Luhrs	Bob Sippel	Thank you letter for contribution to AED Units	Not required.	

CHAIRMAN'S REPORT

The Chairman will give a written update at the West Coast DHB meeting on Friday 5 November 2004.

CHAIRMAN'S CORRESPONDENCE FOR OCTOBER 2004

Date	Sender	Addressee	Details	Response Date	Response Details
23 September 2004	Hon Dr Michael Cullen & Hon Trevor Mallard	Gregor Coster	Public Finance (State Sector Management) Bill	30 September	Letter in reply – Gregor Coster
4 October 2004	Simon England, Communications Advisor – PHARMAC	Gregor Coster	PHARMAC Quarterly Report for September 2004	Not required	
8 October 2004	Cath Atkins, The Treasury	Gregor Coster	Public Finance (State Sector Management) Bill – Implementation of Financial Powers Provisions	Not required	
21 October 2004	Murray Tilyard, South Link Health	Gregor Coster	Annual Diabetic Review		

CHIEF EXECUTIVE'S REPORT

RECRUITMENT / VACANCIES FOR SEPTEMBER/OCTOBER 2004

POSITION	STATUS
Senior Medical Staff	
General Surgeon	A second candidate has had MCNZ registration clearance and was expected to commence October 2004 but unfortunately due to personal circumstances has been able to relocate. Locum cover to support surgical services is in place.
Anaesthetist	Actively recruiting
Orthopaedic surgeon	The Interview Committee have interviewed a potential candidate. Processing relevant documentation. Locum cover supporting orthopaedic services.
O&G	A letter of offer has been sent to a potential candidate. The candidate has accepted the position but is still awaiting MCNZ registration and immigration clearance. There is also one further candidate that has been sent a letter of offer that he has accepted and is awaiting MCZN registration.
GPs Buller	Two locum GPs have indicated that they will extend their locum tenure until the end of March 2005. An interview is in progress for another potential candidate.
GP Dobson	Interviews in progress.
GP South Westland	Long term locum cover is in place to mid December. We are actively recruiting with interviews in progress for a potential candidate.
GP Grey Medical Centre	A letter of offer had been sent to a potential candidate but unfortunately due to personal circumstances this offer has been declined. Interviews have been completed for two potential

POSITION	STATUS
	candidates and we now await acceptance of an employment offer.
Nursing Staff	
RN Morice	Interviews in progress
Sexual Health Nurse	Position advertised
Temporary Practice Nurse Dobson Practice	Position advertised
Temp Professional Practice Co-ordinator	Position advertised
RN Parfitt	Position advertised
Mental Health	
A&D Counsellor CMH	Interviews in progress
Temporary RN Seaview	Position advertised
Registered Nurse MHS IPU	Open
MHS Site Co-ordinator	No applicants
Allied Health	
Paediatric OT	Position advertised
Other	
HR Manager	External HR agency to search for potential candidates.
Surgical Registrar	Position advertised
Part-time Ward Assistance – Barclay	Interviews in progress
Part-time Office Clerk – Buller	Position advertised
Charge Receptionist A&E/OPD	Position advertised
Receptionist A&E/OPD	Position advertised
Receptionist Buller Medical Services	Position advertised
Caregiver Reefton	Position advertised
HR Co-ordinator	Position advertised
Casual Laundry worker	Position advertised

2004/05 DISTRICT ANNUAL PLAN

We are awaiting further feedback from the Ministry and are hopeful the DAP may be signed in the next few weeks.

INDUSTRIAL RELATIONS

RMOs (Junior Doctors) MECA negotiations Strike Notice was withdrawn and negotiations have resumed.

GRAFTON REPORT

Grafton is undertaking a process of community consultation. A copy of the report is enclosed with these papers for information. Once the WCDHB has had feedback on the report from the Buller District Council (the contracting party with Grafton) a paper will be prepared for the Board with recommendations on progressing the report.

RURAL GP UNDERGRADUATE TRAINING

Following consideration and support by the Board, CPHAC and the EMT, the WCDHB has advised the Dunedin School of Medicine it will participate in the proposal to establish a sixth training centre for the School of Medicine to be based on the Coast. The cost to the DHB (which may be able to be offset at least in part) is:-

Annually - $15,000
One off - $13,000

This is viewed as an exciting initiative which is expected to assist in attracting GPs to the Coast following completion of their training.

CEO EXTERNAL MEETINGS

- Ministry of Health (DAP), Wellington
- Ministry of Health (PHO and DAP), Greymouth
- National CEO Forum and DHBNZ, Wellington
- Institute of Directors Residential Course, Christchurch
- DHBNZ Southern Region Chairs and CEOs, Christchurch
- South Island Shared Services Agency Ltd, Christchurch
- Opening of Grey High School Technology Block, Greymouth
- Hon Damien O'Connor, Greymouth

Author: Chief Executive – 27 October 2004

HEALTH NEEDS ANALYSIS (HNA)

The quantitative Health Needs Analysis work being undertaken regionally by SISSAL is nearing completion, although some aspects have been delayed by the Ministry of Health. Board members who are also members of CPHAC, DSAC and MHAC have already received copies of a draft, and copies have been made available to other Board members and to HAC members. Comments on the draft would be most welcome. The quantitative work should be completed in the next month.

We have elected not to commission extra qualitative research work at this point to augment the report, with the consequence that publication should be possible before the end of the year. While the report will still not be as thorough as we would like, it will nonetheless be a substantial step forward from the work undertaken in 2001.

MAORI HNA

One of the deliverables for the SISSAL project is a report that specifically summarises the quantitative information about Maori health need. Inevitably this will be somewhat limited in scope because the smaller numbers will, in many case, not generate sufficient statistical power to detect

significant effects. The original intent had been to incorporate a substantial qualitative input to the project, but this stalled due to failure of the Ministry to fund our Whakatataka project application and unwillingness of other South Island DHBs to commit to a collective process (but delay incurred while trying to achieve this). The plan is now to use the quantitative report as a basis for identifying issues to explore with informants in a process that will be qualitative research and part consultation in the first half of 2005. This process will be equally acceptable from a research point of view, and will feed into the development of the WCDHB District Strategic Plan. Work is currently underway in house to develop a research 'instrument' and Poutama Ora will be consulted.

DISTRICT STRATEGIC PLAN

Following the 04/05 DAP process it was determined that the advisory committees should be actively involved in the development of the District Strategic Plan. It is with this in mind that the draft HNA has been circulated to advisory committees, with the request that they use meetings until the end of 2004 to identify issues arising from the HNA work (and from other sources) that they wish to see particularly addressed in the strategic planning process. It is envisaged that a first draft DSP (or at least a discussion document) will be prepared based around these issues early next year, in tandem with the draft 05/06 DAP. This should be followed by a period of extensive community consultation, and advisory committees and Board again involved prior to the submission of our draft DSP to the Ministry in July 05. A final version of the DSP is required by October 05.

03/04 DAP IMPLEMENTATION

Tasks that remain uncompleted from the 03/04 DAP will be separately identified in the 04/05 traffic lights report.

04/05 DAP IMPLEMENTATION

As members are aware, we do not yet have a signed off DAP for 04/05. Nonetheless it is management's intention to report on implementation as if a DAP were in place, and we hope to have a first report available for the Board at its November meeting, subject to staff time in generating the report.

STATEMENT OF INTENT

Soon after the 04/05 DAP has been finalised and signed, a Statement of Intent must be submitted. The Board has already considered a draft SOI, and this is being revised in the light of feedback from Audit NZ and our experience in reporting against the 03/04 SOI, which proved difficult in various respects. Further progress should be reported at the November meeting.

HEALTHY EATING / HEALTHY ACTION

All DHBs have committed to a Healthy Eating/Healthy Action theme for Healthy Hospital initiatives in the current year. At present a physical activity project ("Spring Into Action") is currently under way, with participation from around 200 WCDHB employees over a six week period. Simultaneously a questionnaire administered to all staff on eating and physical activity is being

analysed and should provide information that will guide future DHB interventions in the area. For example staff were asked about how best to promote healthy eating through the hospital cafeteria and what the DHB could do to encourage physical activity.

POUTAMA ORA

Progress on negotiation of this contract has been good, but the ball is currently in Poutama Ora's court awaiting clarification of the legal entity to be used by Poutama Ora for the purpose of the contract and final agreement on terms and conditions. In the meantime a letter has been received from Te Runanga o Makaawhio expressing some concerns about Poutama Ora and seeking a review. Management has responded with a request for greater specificity as to the concerns and expressing good will towards finding suitable resolution. Both the letter and response are included in Board correspondence.

RATA TE AWHINA TRUST CONTRACT

Agreement has been reached with Rata Te Awhina Trust over the framework for its service provision in the future (a document setting out this framework is attached). Essentially this provides for a consolidation and some extension of existing services but more evenly spread across the three districts of Tai Poutini, in recognition of the pattern of need. A more detailed costing for services (we already have a consolidated budget) is being prepared by Rata and management is currently preparing contractual documentation. This process will not be completed by the end of October and, hence, a further short term rollover to the existing contract will be sought.

PRIMARY CARE PLAN

A first draft of the Primary Care Plan is being compiled and will be made available to Board members for comment. There are several issues that are traversed in the plan on which the Board has sought specific reports.

PHO CONTRACT

Although both parties have authorised execution of version 16.1 of the standard PHO contract and HealthPAC have been instructed to pay as if 16.1 were in place (and are doing so) this contract has not yet, in fact, been signed. Signing now awaits finalisation of the service specifications for some of the new services, the negotiation for which is somewhat cumbersome due to the PHO's internal structure and procedures.

In the meantime, WCDHB represented South Island DHBs at a national meeting considering outstanding issues around the contract identified by the Ministry, DHBs and PHOs. Some resolution was found for many of these issues and the consequence will be version 17 of the standard contract. Thus the version 16.1 contract, once signed, will only be in place for a short time before replacement.

A proposal from the PHO for retinal screening is currently under negotiation, to be contracted for with a separate letter of agreement (rather than again hold up 16.1), and due to be implemented in early 2005.

PHARMACY CONTRACT

Progress on renegotiation has been slow. However, the Guild has now met with management and undertaken to open discussion with the PHO over optimal arrangements for collaborative primary care. In the meantime the Ministry needs to clarify its requirements with regard to the parameters for acceptable arrangements for the provision of professional pharmacy services. The absence of new money on WCDHB's part has been made clear as a parameter for contracting, and several models from other regions are available, meaning that agreement with pharmacists and the PHO could potentially be quite swift.

HEALTH SERVICES IN BULLER – GRAFTON GROUP PROJECT

WCDHB has received the Grafton Group's paper on 'Models of Care' for our information (mindful that Grafton Group is working for the Buller District Council and will be ultimately reporting to them). The public version of this paper is included in these meeting papers. The project is currently in a consultation phase around these potential models and around the potential to form a community trust in Buller. The way forward should see the identification of a preferred configuration of services and the development of a community trust proposal if there is community support for this. WCDHB has already indicated our willingness to consider a proposal for service provision by a community trust, so the Board should expect to consider the issue once more when the Grafton Group has presented its report on this phase to the BDC.

DEMENTIA UNIT

A competitive tender process was undertaken for specialist dementia services, pursuant to the National Capital Committee's requirement that NGO providers be given a reasonable opportunity to advance proposals for consideration. Only one proposal was received, from the WCDHB provider arm, and this proposal has been formally accepted. The Ministry of Health has confirmed that the NCC's condition has now been satisfied, although some further information is still required by the Ministry as the project develops.

NEGOTIATION OF RATA TE AWHINA TRUST CONTRACT WITH WEST COAST DHB (WCDHB)

28 SEPTEMBER 2004

INTRODUCTION

WCDHB's intentions are to negotiate a contract that funds the best mix of services possible for the resources available in order to meet the needs of Maori living on the West Coast.

CONTEXT

Rata Te Awhina Trust has been working with a number of different funding streams for its health services, specifying different service coverage areas and service specifications. WCDHB intends that with this contract these previously fragmented contractual arrangements will become consolidated into a single whole.

GEOGRAPHY

This contract needs to provide services for Maori living in all parts of the West Coast. WCDHB notes that the West Coast's Maori population is distributed approximately evenly between the three districts (Buller, Grey and Westland), but that the Maori population living in high need (who are of particular concern) is unevenly distributed: 60% of Maori in the Buller District live in high deprivation (deciles 9 and 10), while the comparable figures are around 40% for Grey and under 5% for Westland. Rata Te Awhina's services therefore need to be available throughout the West Coast, but with particular emphasis on Buller and Grey.

TYPES OF SERVICES

WCDHB envisages that Rata will provide a range of services built on a similar platform to the services currently provided:

1. Public health interventions, specifically health promotion services seeking to empower Maori communities to keep people well and contribute to creating supportive environments. These services are, by definition delivered at a community level.

2. Personal health services delivered to people in their homes - currently fragmented into whanau ora, tamariki ora, mother and Pepi service, disease state management. Potentially some others added onto this platform - key question is what does it make sense for the Rata workers to be delivering to identified clients?

3. Personal health services delivered from the Waka (mobile service) - typically health education and primary nursing services.

Effectively WCDHB envisages a matrix of these three levels of service operating across the three districts of the West Coast, and this has previously been discussed with Rata.

OTHER AGREEMENTS

In negotiating this new contract it is understood that the Poutama Ora service specifications will no longer be part of Rata's contract with WCDHB, although Poutama Ora may seek to arrange

administrative support from Rata. It is also understood that Rata's contribution to cervical screening will now be contracted by the DHB provider arm, rather than through this contract. Any services funded by other agencies (e.g. Appetite for Life) are, of course, also excluded.

OTHER DHB INTENTIONS

WCDHB has indicated that it seeks to provide greater clarity around the collaboration required between providers, including Rata. This will require clarity in the contract about what is to occur when there is more than one potential provider of a service (client will make a choice). It has also indicated that it will seek to have agreement of a schedule for the Waka's visits agreed mutually, and has indicated that it will ask Rata to commit in the contract to Smokefree premises.

WCDHB has also identified a problem with ensuring that staff delivering services are appropriately qualified to do so. Clarity around this point will be sought in respect of all services.

SERVICE SPECIFICATIONS – PUBLIC HEALTH INTERVENTIONS

Contribution to promotion of healthy public policy

Promotion of supportive environments e.g. physical accessibility of buildings and services, promotion of Smokefree Maori homes and events, promotion of healthy eating and physical activity in Maori environments, promotion of public health campaigns (e.g. breast screening, immunization), using Maori media and through Maori channels
Strengthening Maori community action on health by working with Maori organisations (including MWWL and the two runanga) to encourage them to become active health promoters and by convening Hui to develop community responses to health issues (e.g. sexual health, alcohol and drug, breast screening, smoking cessation, nutrition, immunization, injury prevention)

SERVICE SPECIFICATIONS – PERSONAL HEALTH SERVICES IN PEOPLE'S HOMES

It is envisaged that clients will enter the service by self-referral or referral from other agencies, Rata will maintain a comprehensive database of its clients provide services that are specified in the contract and refer to other agencies where other services are required.

It is intended that Rata will work with whanau, rather than with individuals wherever this is possible, although service delivery information will be kept at individual level. For any whanau resident on the West Coast the following services will be available:

- Health assessment and referral to other services
- Health education on a broad range of health issues (including clients' illnesses and treatments, other services available smoking, healthy eating, physical activity, sexual health, self esteem and alcohol and other drug use)
- Screening for diabetes and other agreed conditions
- Pregnancy care and education
- Delivery of the Tamariki Ora (Well Child) schedule including immunization
- Development and support of Whanau health plans
- Assessment of mental health and AOD needs and counseling or referral as required
- Disease state management of chronic conditions including diabetes, asthma, CORD and other respiratory disease and chronic cardiovascular disease. In general the model is to encourage and facilitate self-management.
- Facilitating clients' access to other services where this is required and other social work interventions such as advocacy

Staff delivering these services will be appropriately qualified. Where the same or similar services are available from other providers, the client will be able to choose who to receive service from. The contract will contain a list of other agencies to whom clients must be referred as appropriate (including situations where Rata staff reach the limits of their scopes of practice) and other collaboration that is expected (such as active participation in the Local Diabetes Team).

SERVICE SPECIFICATIONS – PERSONAL HEALTH SERVICES DELIVERED FROM THE WAKA

It is envisaged that Te Waka Hauora will continue to work along similar lines to those used at present. It will travel Coastwide with particular emphasis on areas with high need Maori populations, especially where they are poorly serviced by primary care services. Its services will include:

- Health assessment and referral to other services (including Rata's)
- Health education on a broad range of health issues (including clients' illnesses and treatments, other services available smoking, healthy eating, physical activity, sexual health, self esteem and alcohol and other drug use)
- Screening for diabetes and other agreed conditions
- Facilitating clients' access to other services where this is required and other social work interventions such as advocacy
- Provision of free contraception
- Immunisation

Unless exceptional circumstances apply, Rata will maintain client files for people it provides personal health services to on the Waka also.

STANDARD OR TAILORED?

WCDHB is attempting to clarify the extent to which it is required to use nationally established service specifications, rather than developing new ones. This is particularly important in relation to reporting requirements, where WCDHB finds many of the current requirements to be of limited use. WCDHB is interested to learn who has received what services, where they are and how they are linked through whanau. WCDHB also wishes to be able to have this service delivery independently audited for quality through interviewing clients directly. WCDHB believes that varied reporting requirements can also be of benefit to Rata to stimulate further service development.

NEXT STEPS

1. Rata to agree on basic outline of service specifications
2. Parties to agree on capacity or price/volume basis for services
3. Rata to indicate any specific inclusions (e.g men's health in health promotion work?) or exclusions it would wish to make to these high level service specifications.
4. Rata to develop indicative costings for provision of these services
5. WCDHB to establish with Ministry scope for determining new service specifications compared with using established service specifications
6. WCDHB to prepare draft contract
7. Parties to negotiate detail
8. HealthPAC to generate agreed contract.

Author: General Manager Planning & Funding – 28 October 2004

TE PIKORUA / CULTURAL TRAINING PROGRAMME FOR STAFF

On the 8 October 2004 Jenny Hanson, Professional Practice Co-ordinator, June Robinson, WCDHB Board member and the General Manager Māori Health attended a training programme in Nelson. The name of the training programme is Te Pikorua which means 'a traditional Maori taonga of friendship and growth that depicts two new shoots growing together ; the meeting of cultures'. Subsequent to attending this training we have been fortunate to obtain the services of the Course Facilitators. Luke Katu, Learning & Development and Aroha Metcalf, Director of Maori Health from Nelson Marlborough DHB will present a one-off training for West Coast DHB staff. The Executive Management Team has approved this training which will be facilitated off-site. The date this training is to be held is 18 November 2004 at the Blaketown Rugby Football Clubrooms in Greymouth from 0800 – 1700 hours.

POUTAMA ORA / MANA WHENUA HEALTH COMMITTEE

Recently the General Manager Māori Health, General Manager Planning and Funding and the Chief Executive met with members of Poutama Ora / Mana Whenua Health Committee. Amongst issues discussed at the meeting was progress regarding the WCDHB Māori Health Plan, monitoring the progress of objectives as set out in the plan and a discussion about the West Coast PHO Māori Health Plan. The Primary Care Mental Health Strategic Plan was submitted to Poutama Ora by Shona McLeod, Planning and Funding Analyst. There was considerable discussion regarding this plan and feedback has been given to Shona on how to incorporate a greater Māori perspective within that plan.

ETHNICITY DATA TRAINING

The General Manager Māori Health provided the Executive Management Team with an update on progress regarding WCDHB ethnicity data collection training for staff. The General Manager Maori Health tabled a training plan to the Executive Management Team. As part of this training there will also be a short video shown which describes inaccuracies that have occurred in collecting ethnicity data in the past and how this has impacted on health inequalities for Māori and non-Māori. This training and education is invaluable to the WCDHB in terms of ensuring that the ethnicity data collected is consistent with Ministry of Health requirements.

Author: General Manager Māori Health – 20 October 2004

FINANCE REPORT

Financial Overview September 2004

	Actual Month	Budget Month	Variance	Variance	Last Yr Month	Actual YTD	Budget YTD	Variance	Variance	Last Yr YTD	Full Yr Forecast	Full Yr Budget	Full Yr Act Last Yr
REVENUE													
Provider	4,283	4,335	(52)	(1.2%)	4,260	12,718	13,005	(287)	(2.2%)	12,678	51,519	52,019	52,013
Governance & Administration	86	84	2	2.4%	80	275	252	23	9.1%	242	1,008	1,008	997
Funds & Internal Eliminations	2,396	2,139	257	12.0%	1,747	7,367	6,417	950	14.8%	5,256	25,669	25,669	25,209
	6,765	6,558	207	3.2%	6,087	20,360	19,674	686	3.5%	18,176	78,196	78,696	78,219
EXPENSES													
Provider													
Personnel	2,461	2,668	207	7.8%	2,470	7,599	8,066	467	5.8%	7,582	32,713	32,713	31,158
Outsourced Services	483	365	(118)	(32.3%)	335	1,307	1,095	(212)	(19.4%)	979	4,323	4,323	3,858
Clinical Supplies	454	510	56	11.0%	447	1,389	1,513	124	8.2%	1,361	5,888	5,888	5,447
Infrastructure	1,042	1,000	(42)	(4.2%)	1,014	3,041	2,998	(43)	(1.4%)	3,040	12,010	12,010	11,965
	4,440	4,543	103	2.3%	4,266	13,336	13,672	336	2.5%	12,962	54,934	54,934	52,428
Governance & Administration	136	172	36	20.8%	149	434	521	87	16.8%	410	2,094	2,094	1,731
Funds & Internal Eliminations	2,151	2,053	(98)	(4.8%)	1,651	6,648	6,159	(489)	(7.9%)	5,152	24,636	24,636	24,498
	6,727	6,768	41	0.6%	6,066	20,418	20,352	(66)	(0.3%)	18,524	81,664	81,664	78,657
Net Result	38	(209)	247	(118.1%)	21	(58)	(678)	620	(91.5%)	(348)	(3,468)	(2,968)	(438)

OPERATING RESULTS

The monthly result for September 2004 is a surplus of $38k, which is $247k better than budget ($209k deficit). The provider deficit of $235k is $51k better than budget ($286k). The governance and administration surplus of $28k is $38k better than budget ($10k deficit). The funder arm surplus of $245k is $159k better than budget ($86k).

The year to date (September) result is a deficit of $58k, which is $620k better than budget ($678k). The year to date provider deficit of $852k is slightly better than budget ($901k). Other areas are significantly better than budget (governance and administration $110k and funder arm $461k).

REVENUE

Revenue for the month was $6,765k. This was $207k (3.2%) above budget of $6,558k. Provider revenue $4,283k is down $32k on budget ($4,335k), mainly due to wash-up liability to the funder arm for underproduction against contracted volumes of $95k[1].

Funder revenue $6,150k is up $147k on budget ($6,003k) due to adjustments to the funding envelope since the budget was set (March 2004), including the devolution of funding responsibility for Med Lab South and the correction of an error relating to the level of personal health funding that the DHB receives (from the Ministry).
Year to date (September) revenue $20,360k is up $686k on budget ($19,674k).

[1] We have **not** assumed that overproduction will be offset against underproduction except for where a specific trade-off has been agreed between the funder and provider.

Year to date provider revenue $12,718k is down $287k on budget ($13,005k), mainly due to wash-up liability to the funder arm for underproduction against contracted volumes of $485k[1].

Areas with significant underproduction include orthopaedic, gynaecological and paediatric surgery and paediatric and general medicine (all relating to difficulties attracting and retaining medical specialists) and intellectual disability services (relating to patient numbers at Seaview). One area of notable overproduction is general surgery, where we have made use of available theatre capacity brought about by the shortage of specialist staff in other surgical disciplines. Accident and emergency and some community nursing items are also over target year to date.

This overproduction ($212k total), has not been recognised in our accounts as we have not changed the mix of services purchased by the funder arm. If recruitment efforts are successful we instead hope to reduce general surgery throughput later in the year in favour of other disciplines, so as to still achieve our planned volume and mix of outputs for the year.

Year to date funder revenue $18,479k is up $471k on budget ($18,008k) due to adjustments to the funding envelope since the budget was set (March 2004), including the devolution of funding responsibility for Med Lab South and the correction of an error relating to the level of funding that the DHB receives (from the Ministry) for personal health funding.

EXPENSES

Expenses for the month of September 2004 ($6,727k) were $41k lower than budget ($6,768k).

Provider expenses for the month are under budget by $103k.

- Personnel costs are under budget ($207k). Medical costs are down on budget ($174k) due to difficulty in attracting and retaining key medical staff. Nursing costs are over budget due to delays in exiting Huia Villa at Seaview. At the time that the budget was set (March), it was assumed that we would exit in June 2004.
- Outsourced services are above budget ($118k) as we have engaged locum RMOs due to an inability to recruit directly (this partially offsets our variance on medical staff).
- Treatment disposables are under budget due to declining patient numbers at Seaview.
- Instruments and Equipment and Patient Appliances are all significantly under budget due to our reduced volumes.
- Other Clinical and Client Costs are up on budget due to the cost of transferring acute patients to other centres for treatment.
- Facilities costs are over budget ($34k) due to continued rental of Huia Villa at Seaview.

Funder arm expenditure is slightly down against budget for the month. In reality, funder arm expenditure has increased, due to the devolution of contracts with Medlab South and He Oranga Pounamu (these increases are matched by increased revenue), however, these increases have been offset by the credit for the wash-up liability owed back to the funder arm by the provider for underproduction against contracted volumes.

Year to date (September 2004) expenses ($20,418k) were $66k over budget ($20,352k).

Year to date provider expenses are under budget by $336k.
The reasons for this match the reasons outlined for the monthly result;

- Personnel costs are under budget ($467k). Due to the difficulty in attracting and retaining key medical staff offset by the effect on Nursing costs of delays in exiting Huia Villa at Seaview. Outsourced services are above budget ($212k) as we have engaged locum RMOs.
- Treatment Disposables are under budget due to declining patient numbers at Seaview.

- Diagnostic Supplies, Instruments and Equipment and Patient Appliances are all significantly under budget due to our reduced volumes. At the same time, Other Clinical and Client Costs are up on budget due to the cost of transferring acute patients to other centres for treatment.
- Facilities costs are over budget ($65k) due to continued rental of Huia Villa at Seaview and due to increased usage of heating (coal and electricity) over winter.
- Interest costs are over budget due to capital charge payments on our equity balance, which is significantly higher than budget due to our favourable 2003-04 financial result.

Year to date funder arm expenditure is slightly up against budget. The reasons for this match the reasons outlined for the monthly result, ie: increased expenditure relating to contracts devolved after the budget was set have largely been offset by the credit for the wash-up liability owed back to the funder arm by the provider.

BUDGET

It should be noted that the budget in this report is indicative only. The West Coast DHB is in the process of finalising its 2004/05 District Annual Plan (DAP) with the Ministry of Health. Our budget will be revised when our DAP is finalised.

FORECAST

We are forecasting that our 2004-05 result will be worse than budget due to reduced surgical throughput during the time taken to recruit a replacement orthopaedic surgeon. The extent of this deterioration in financial performance will depend on the mixture of patients presenting for surgery, our ability to attract locum staff and the time taken to secure the services of a permanent surgeon.

2004-05 DISTRICT ANNUAL PLAN (DAP)

The West Coast DHB is working with officials from the Ministry of Health in order to finalise its 2004-05 DAP.

CHANGES TO THE 2003-04 FINAL RESULT

At the time of writing there have been no further changes to our 2003-04 interim result (still subject to audit). It is hoped that our accounts will have been finalised before the October Board meeting.

Our interim result for the 2003-04 is a deficit of $438k, $1,640k better than the budgeted deficit ($2078k).

STATEMENT OF FINANCIAL POSITION

Current liabilities remain unconventionally high due to RHMU financing for $11.2m being of a short-term nature. The short-term rollovers of this loan reflect uncertainty about our DAP approval status (and therefore uncertainty about our ability to obtain deficit funding).

Current employee liabilities have reduced from prior months but are still high due to the timing of remaining redundancies resulting from the closure of Huia Villa at Seaview.

Overall our Balance Sheet has improved significantly, with our debt to debt plus equity ratio now at 45.2%, compared with 50.0% this time last year. This improvement reflects our favourable 2003-04 financial result.

CASHFLOW

Cashflow remains adequate for current activities in the short term, however uncertainty about the approval of our 2004-05 DAP equates to uncertainty about our ability to access deficit support for the 2004-05 financial year.

We have received a letter of comfort from the Ministers of Health and Finance in order to satisfy the assumption that the WCDHB is a going concern for annual accounts and audit purposes.

CAPEX

Approved capital expenditure for the 2004-05 financial year ($519k) is slightly behind budget ($650k).

DEBTORS

Debtors remain in control. The increase in the value of our debtors year to date is directly attributable to increased funding.

Author: Chief Financial Manager – 18 October 2004

DHB CONSOLIDATED - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF SEPTEMBER 2004

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Revenue													
Core MoH Funding	6,117	5,981	136	2.3%	5,197	18,360	17,944	416	2.3%	15,587	71,277	71,777	69,867
Other MoH Funding	360	352	8	2.2%	657	1,148	1,056	93	8.8%	1,855	4,222	4,222	5,278
Patient / Consumer Sourced	218	191	27	14.2%	195	655	572	83	14.4%	605	2,290	2,290	2,504
Non Health Related	70	34	36	106.4%	38	197	102	95	93.6%	129	407	407	570
	6,765	6,558	207	3.2%	6,087	20,360	19,674	686	3.5%	18,176	78,196	78,696	78,219
Payments to Providers	2,151	2,053	(98)	(4.8%)	1,651	6,648	6,159	(489)	(7.9%)	5,151	24,636	24,636	24,497
Personnel Costs													
Medical Personnel	374	548	174	31.8%	478	1,230	1,649	419	25.4%	1,487	6,656	6,656	6,041
Nursing Personnel	1,047	1,036	(11)	(1.1%)	1,000	3,212	3,129	(83)	(2.7%)	3,077	12,775	12,775	12,979
Allied Health Personnel	638	674	36	5.3%	597	1,934	2,045	111	5.4%	1,826	8,238	8,238	7,379
Support Personnel	94	102	8	7.8%	96	289	306	17	5.6%	293	1,225	1,225	1,184
Management / Admin	368	399	31	7.8%	371	1,157	1,214	57	4.7%	1,104	4,934	4,934	4,491
	2,521	2,759	238	8.6%	2,542	7,822	8,343	521	6.2%	7,787	33,828	33,828	32,074
Outsourced Services	501	377	(124)	(32.9%)	353	1,353	1,132	(221)	(19.5%)	1,020	4,472	4,472	4,019
Clinical Supplies													
Treatment Disposables	89	95	6	6.3%	96	267	285	18	6.3%	250	1,120	1,120	1,015
Diagnostic Supplies	19	10	(9)	(90.0%)	7	32	31	(1)	(3.2%)	27	125	125	153
Instruments & Equipment	74	104	30	28.8%	79	229	312	83	26.6%	275	1,187	1,187	1,017
Pt Appliances, Implants, Prostheses	64	114	50	43.9%	80	247	325	78	24.0%	287	1,090	1,240	1,170
Other Clinical & Client Costs	208	187	(21)	(11.2%)	185	614	560	(54)	(9.6%)	522	2,366	2,216	2,092
	454	510	56	11.0%	447	1,389	1,513	124	8.2%	1,361	5,888	5,888	5,447
Infrastructure Costs													
Hotel Services, Laundry & Cleaning	216	225	9	4.1%	218	667	676	9	1.3%	662	2,694	2,694	2,630
Facilities	275	242	(34)	(13.9%)	274	789	725	(65)	(8.9%)	847	2,893	2,893	3,274
Transport	92	95	3	3.4%	87	276	286	10	3.4%	266	1,171	1,171	1,109
IT Systems & Communication	88	101	13	13.2%	120	276	305	29	9.6%	307	1,222	1,222	1,148
Democracy	18	33	15	45.8%	26	68	98	30	30.3%	62	393	393	239
Professional Fees & Expenses	58	50	(8)	(15.3%)	44	123	150	27	17.9%	129	600	600	464
Other Operating Costs	353	322	(31)	(9.7%)	304	1,007	967	(40)	(4.2%)	932	3,868	3,868	3,756
	1,100	1,069	(31)	(2.9%)	1,073	3,206	3,205	(1)	(0.0%)	3,205	12,840	12,840	12,620
Expenses Total	6,727	6,768	41	0.6%	6,066	20,418	20,352	(66)	(0.3%)	18,524	81,664	81,664	78,657
Surplus (Deficit)	**38**	**(209)**	**(247)**	**118.1%**	**21**	**(58)**	**(678)**	**(620)**	**91.5%**	**(348)**	**(3,468)**	**(2,968)**	**(438)**

DHB PROVIDER ARM - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF SEPTEMBER 2004

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Revenue													
Core MoH Funding	3,753	3,877	(124)	(3.2%)	3,484	11,120	11,632	(512)	(4.4%)	10,434	46,027	46,527	45,077
Other MoH Funding	262	235	27	11.7%	546	797	703	94	13.4%	1,521	2,811	2,811	3,943
Patient / Consumer Sourced	218	191	27	14.2%	195	655	572	83	14.4%	605	2,290	2,290	2,504
Non Health Related	50	33	17	53.5%	35	146	98	48	49.4%	118	391	391	489
	4,283	4,335	(52)	(1.2%)	4,260	12,718	13,005	(287)	(2.2%)	12,678	51,519	52,019	52,013
Personnel Costs													
Medical Personnel	374	548	174	31.8%	478	1,230	1,649	419	25.4%	1,487	6,656	6,656	6,041
Nursing Personnel	1,047	1,036	(11)	(1.1%)	1,000	3,212	3,129	(83)	(2.7%)	3,077	12,775	12,775	12,979
Allied Health Personnel	638	674	36	5.3%	597	1,934	2,045	111	5.4%	1,826	8,238	8,238	7,379
Support Personnel	94	102	8	7.8%	96	289	306	17	5.6%	293	1,225	1,225	1,184
Management / Admin	308	308	0	0.0%	299	934	937	3	0.3%	899	3,819	3,819	3,575
	2,461	2,668	207	7.8%	2,470	7,599	8,066	467	5.8%	7,582	32,713	32,713	31,158
Outsourced Services	483	365	(118)	(32.3%)	335	1,307	1,095	(212)	(19.4%)	979	4,323	4,323	3,858
Clinical Supplies													
Treatment Disposables	89	95	6	6.3%	96	267	285	18	6.3%	250	1,120	1,120	1,015
Diagnostic Supplies	19	10	(9)	(90.0%)	7	32	31	(1)	(3.2%)	27	125	125	153
Instruments & Equipment	74	104	30	28.8%	79	229	312	83	26.6%	275	1,187	1,187	1,017
Pt Appliances, Implants, Prostheses	64	114	50	43.9%	80	247	325	78	24.0%	287	1,090	1,240	1,170
Other Clinical & Client Costs	208	187	(21)	(11.2%)	185	614	560	(54)	(9.6%)	522	2,366	2,216	2,092
	454	510	56	11.0%	447	1,389	1,513	124	8.2%	1,361	5,888	5,888	5,447
Infrastructure Costs													
Hotel Services, Laundry & Cleaning	216	224	8	3.6%	216	665	672	7	1.0%	659	2,678	2,678	2,615
Facilities	275	241	(34)	(14.1%)	273	788	723	(65)	(9.0%)	845	2,887	2,887	3,271
Transport	87	89	2	2.2%	79	259	267	8	3.0%	247	1,096	1,096	1,021
IT Systems & Communication	88	101	13	12.9%	120	276	304	28	9.2%	306	1,217	1,217	1,144
Interest	202	182	(20)	(11.0%)	170	585	547	(38)	(6.9%)	525	2,188	2,188	2,002
Professional Fees & Expenses	30	30	0	0.0%	26	71	88	17	19.3%	64	354	354	244
Other Operating Costs	144	133	(11)	(8.3%)	130	397	397	0	0.0%	394	1,590	1,590	1,668
	1,042	1,000	(42)	(4.2%)	1,014	3,041	2,998	(43)	(1.4%)	3,040	12,010	12,010	11,965
Expenses Total	4,440	4,543	103	2.3%	4,266	13,336	13,672	336	2.5%	12,962	54,934	54,934	52,428
Allocated from Governance & Admin	78	78	0	0.0%	75	234	234	0	0.0%	225	936	936	936
Surplus (Deficit)	**(235)**	**(286)**	**51**	**(17.8%)**	**(81)**	**(852)**	**(901)**	**49**	**(5.5%)**	**(509)**	**(4,351)**	**(3,851)**	**(1,351)**

DHB GOVERNANCE AND ADMIN - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF SEPTEMBER 2004

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Revenue	86	84	2	2.4%	80	275	252	23	9.1%	242	1,008	1,008	997
Personnel Costs													
Management / Admin	60	91	31	34.1%	72	223	277	54	19.5%	205	1,115	1,115	916
Outsourced Services	18	12	(6)	(50.0%)	18	46	37	(9)	(24.3%)	41	149	149	161
Infrastructure Costs	0												
Transport	5	6	1	19.4%	8	17	19	2	8.6%	19	75	75	88
IT Systems & Communication	0	0	0	100.0%	0	0	1	1	100.0%	1	5	5	4
Professional Fees & Expenses	28	20	(8)	(37.9%)	18	52	62	10	16.0%	65	246	246	220
Other Operating Costs	9	13	4	29.1%	9	34	38	4	10.8%	25	154	154	126
Democracy	16	29	13	45.2%	24	62	88	26	29.2%	54	350	350	216
	58	69	11	15.7%	59	165	207	42	20.4%	164	830	830	654
Expenses Total	136	172	36	20.8%	149	434	521	87	16.8%	410	2,094	2,094	1,731
Allocated to Provider	(78)	(78)	0	0.0%	(75)	(234)	(234)	0	0.0%	(225)	(936)	(936)	(936)
Surplus (Deficit)	**28**	**(10)**	**38**	**(385.7%)**	**6**	**75**	**(35)**	**110**	**(311.9%)**	**57**	**(150)**	**(150)**	**202**

DHB FUNDER ARM - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF SEPTEMBER 2004

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	YTD Actual
Personal Health													
Funding Received	4,438	4,291	147	3.4%	4,262	13,314	12,873	441	3.4%	12,778	51,491	51,491	52,590
Provider Payments	(4,268)	(4,238)	(30)	0.7%	(4,166)	(12,795)	(12,713)	(82)	0.6%	(12,679)	(50,850)	(50,850)	(52,043)
	170	53	117	218.5%	96	519	160	359	224.1%	99	641	641	547
Mental Health													
Funding Received	795	794	1	0.1%	773	2,385	2,383	2	0.1%	2,321	9,532	9,532	9,268
Provider Payments	(794)	(799)	5	(0.6%)	(776)	(2,382)	(2,397)	15	(0.6%)	(2,325)	(9,588)	(9,588)	(9,259)
	1	(5)	6	(121.6%)	(3)	3	(14)	17	(121.6%)	(4)	(57)	(56)	9
Disability Support													
Funding Received	811	835	(24)	(2.9%)	0	2,471	2,505	(34)	(1.3%)	0	10,018	10,018	7,277
Provider Payments	(757)	(798)	41	(5.1%)	0	(2,325)	(2,393)	68	(2.8%)	0	(9,570)	(9,570)	(7,202)
	54	37	17	44.6%	0	146	112	34	30.4%	0	449	448	75
Funds Management													
Funding Received	86	83	3	4.0%	80	258	248	10	4.0%	241	992	992	997
Interest on Funds Account	20	0	20	0.0%	3	51	0	51	0.0%	10	0	0	81
Allocation to DHB Governance	(86)	(83)	(3)	4.0%	(80)	(258)	(248)	(10)	4.0%	(241)	(992)	(992)	(997)
	20	0	20	0.0%	3	51	0	51	0.0%	10	0	0	81
Totals													
Total Funds Revenue	6,150	6,003	147	2.5%	5,118	18,479	18,008	471	2.6%	15,350	72,033	72,033	70,213
Total Funds Expenditure	(5,905)	(5,917)	12	(0.2%)	(5,022)	(17,760)	(17,750)	(10)	0.1%	(15,245)	(71,000)	(71,000)	(69,501)
Surplus (Deficit)	**245**	**86**	**159**	**184.6%**	**96**	**719**	**258**	**461**	**178.4%**	**105**	**1,032**	**1,033**	**712**

DHB CONSOLIDATED - STATEMENT OF FINANCIAL POSITION AS AT SEPTEMBER 2004

	Actual	Budget	Variance	Variance	Last Yr Act
Current Assets					
Cash	3,277	955	2,322	243.1%	1,286
Short term Investments	2,256	1,250	1,006	80.5%	906
Debtors & Prepayments	6,656	7,186	(530)	(7.4%)	5,949
Inventory	596	650	(54)	(8.3%)	611
Assets for Sale	364	364	0	0.0%	364
	13,149	10,405	2,744	26.4%	9,116
Non Current Assets					
Land & Buildings	19,899	20,138	(239)	(1.2%)	21,222
Equipment (incl IT)	5,286	5,570	(284)	(5.1%)	4,930
Vehicles	134	118	16	13.6%	139
Investments	2	0	2	0.0%	2
	25,321	25,826	(505)	(2.0%)	26,293
Current Liabilities					
Accounts Payable	7,549	6,511	1,038	15.9%	5,964
Employee Entittlements	3,544	3,269	276	8.4%	3,638
Current Portion of Term Loans	11,366	131	11,235	8576.3%	11,647
	22,459	9,911	12,548	126.6%	21,249
Net Funds Employed	**16,011**	**26,320**	**(10,309)**	**(39.2%)**	**14,160**
Term Liabilities					
Employee Entittlements	2,183	2,255	(72)	(3.2%)	2,053
Other Term Liabilities	6	11,195	(11,189)	(99.9%)	215
	2,189	13,450	(11,261)	(83.7%)	2,268
Crown Equity					
Crown Equity	43,208	45,069	(1,861)	(4.1%)	41,130
Retained Earnings	(29,431)	(32,243)	2,812	(8.7%)	(29,283)
Trust Funds	45	45	0	0.0%	45
	13,822	12,871	951	7.4%	11,892
Net Funds Employed	**16,011**	**26,320**	**(10,309)**	**(39.2%)**	**14,160**

DHB CONSOLIDATED - STATEMENT OF CASHFLOWS FOR THE MONTH OF SEPTEMBER 2004

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD
Operating Activities										
Operating Receipts	6,714	6,558	156	2.4%	6,287	20,191	19,674	517	2.6%	76,276
Payments to Personnel	2,979	2,755	(224)	(8.1%)	2,323	8,084	8,331	247	3.0%	31,364
Payments to Providers	1,201	1,157	(44)	(3.8%)	1,266	2,897	3,470	573	16.5%	12,879
Interest & Capital Charge	179	180	1	0.6%	26	1,190	541	(649)	(120.0%)	1,104
Payments to Suppliers, GST, etc	2,348	2,448	100	4.1%	2,264	8,158	7,327	(831)	(11.3%)	27,314
Operating Payments	6,707	6,539	(168)	(2.6%)	5,879	20,329	19,668	(661)	(3.4%)	72,661
Net Cashflow from Operating	**7**	**19**	**(12)**	**(62.9%)**	**408**	**(138)**	**6**	**(144)**	**(2560.5%)**	**3,615**
Investing Activities										
Sale of Fixed Assets	0	0	0	0.0%	0	0	0	0	0.0%	(26)
Increase (Decrease) in Investments	0	0	0	0.0%	0	1,000	0	(1,000)	0.0%	350
Purchase of Fixed Assets	333	220	(113)	(51.1%)	122	559	660	101	15.3%	1,632
Net Cashflow from Investing	**(333)**	**(220)**	**(113)**	**51.1%**	**(122)**	**(1,559)**	**(660)**	**(899)**	**136.2%**	**(2,008)**
Financing Activities										
Financing Receipts										
Equity Injections	0	0	0	0.0%	0	0	2,000	(2,000)	(100.0%)	2,078
Loans Raised	0	(26)	26	(100.0%)	0	0	(78)	78	(100.0%)	11,195
	0	(26)	26	(100.0%)	0	0	1,922	(1,922)	(100.0%)	13,273
Financing Payments										
Repaid Debt	4	0	(4)	0.0%	5	38	0	(38)	0.0%	11,688
	4	0	(4)	0.0%	5	38	0	(38)	0.0%	11,688
Net Cashflow from Financing	**(4)**	**(26)**	**22**	**(84.6%)**	**(5)**	**(38)**	**1,922**	**(1,960)**	**(102.0%)**	**1,585**
Opening Cash	3,607	1,183	2,424	205.0%	1,005	5,012	(313)	5,325	(1703.8%)	1,820
Net Cashflow	(330)	(227)	(103)	45.1%	281	(1,735)	1,268	(3,003)	(236.9%)	3,192
Closing Cash	**3,277**	**955**	**2,322**	**243.1%**	**1,286**	**3,277**	**955**	**2,322**	**243.1%**	**5,012**

WEST COAST DISTRICT HEALTH BOARD DEBT REGISTER
AS AT SEPTEMBER 2004

Lender's name	**RHMU**	**BNZ**	**Toyota**	**BNZ**
Loan Identified As	Renewal	CT Scanner	Lease	Overdraft
Debt Amount - face value	$11,195,000	$104,562	$100,724	$1,500,000
Instrument type	Term Loan	Amortised Loan	Lease	Overdraft
Fixed / Floating interest rate	Fixed	Fixed	Fixed	Floating
Fixed rate	6.60%	8.64%	Various	
Floating rate base and margin				BKBM+0.225%
Interest payment frequency	Quarterly	Quarterly	Monthly	Daily
Covenants (Debt to Debt + Equity ratio)	55%	55%		55%
Covenants (Interest Cover EBID)	1.3x	2.5x		3.0x
Next Payment Due				Yes
When	30/9/04	28/11/04	17th of month	any time
How much	$11,195,000	$26,140	$3,834	any amount
Next Rollover / Refinance Due				
When	30/9/04	N/A		
How much	$11,195,000	N/A		
Plan	Refinance RHMU 3 month roll over	Pay off over 5 years		

Upcoming Loan Repayments

September 2004	Term Loan Fixed	$	11,195,000
November 2004	BNZ CT Scanner	$	26,140

(Excludes Overdraft and Lease Payments)

Interest Rate Hedging

The West Coast DHB has engaged in a 5 year interest rate swap, effectively fixing the refinancing rate of $4.3M of its RHMU loan at 6.78% per annum for 5 years commencing 1 July 2004.
This swap is effectively "in the money" as it has locked in a fixed 5 year rate which is cheaper than the 5 year rate that would have been offered by RHMU.

WEST COAST DISTRICT HEALTH BOARD
CASH FLOW FORECAST AS AT 17 SEPTEMBER 2004

Fortnight Ended	02/11/2004	16/11/2004	30/11/2004	14/12/2004	28/12/2004	11/01/2005	25/01/2005	08/02/2005	22/02/2005	08/03/2005
Opening Balance	**2,476,459**	**(597,541)**	**1,543,562**	**(277,135)**	**2,108,755**	**738,445**	**2,544,674**	**4,477**	**1,926,318**	**(181,139)**
Cash In										
Revenue	500,000	3,801,103	798,443	4,045,890	2,622,690	3,736,229	502,803	3,941,841	925,543	4,038,167
Loan Funds	-	-	-	-	-	-	-	-	-	-
Equity	-	-	1,000,000	-	-	-	-	-	-	2,000,000
Asset Sales	-	-	-	-	-	-	-	-	-	-
Cash Out										
Payroll Costs	860,000	860,000	880,000	860,000	880,000	880,000	880,000	870,000	870,000	870,000
Creditors Payments	1,667,000	500,000	1,878,000	500,000	1,628,000	750,000	1,628,000	550,000	1,628,000	500,000
GST	300,000	-	300,000	-	300,000	-	-	300,000	-	300,000
PAYE / ACC	325,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	325,000
Loan & Interest Pmts	-	-	26,140	-	-	-	-	-	-	26,140
Capex	422,000	-	235,000	-	885,000	-	235,000	-	235,000	1,000,000
Closing Balance	**- 597,541**	**1,543,562**	**- 277,135**	**2,108,755**	**738,445**	**2,544,674**	**4,477**	**1,926,318**	**- 181,139**	**2,835,888**

Assumptions

That the $11.195M CFA loan will be renewed in December
That $1M of deficit support will be received in late November
That $2M of deficit support will be received in early March

WEST COAST DISTRICT HEALTH BOARD
DIRECTORS SCHEDULE

SUMMARY OF EXPENDITURE YEAR TO DATE TO 30 SEPTEMBER 2004
Note: Figures GST Exclusive

	Actual	Budget	Variance	Annual Budget
Directors Fees	42,188	46,500	(4,312)	186,000
Directors Expenses				
Travel Expenses	4,135	9,999	(5,864)	39,996
Other	1,665	1,248	417	4,992
Total	5,800	11,247	(5,447)	44,988
Advisory Committee Costs	6,881	15,501	(8,620)	62,004
Election Costs	10,846	9,999	847	39,996
TOTAL EXPENSES	23,527	36,747	(13,220)	146,988
WCDHB BOARD OF DIRECTORS FEES & EXPENSES	$65,715	$83,247	($17,532)	$332,988

Financial Performance Indicators for September 2004				
		Month Actual	**Month Budget**	**Month Last Yr**
Net result after tax	$000	38	-209	21
Net Result/Net Funds Employed % (Annualised)	%	2.8	-9.6	1.8
Earnings* /Net Funds Employed % (Annualised)	%	34.4	8.9	22.2
Revenue/Net Funds Employed (Annualised)	times	5.1	3.0	5.2
Debt** /Debt + Equity (BNZ definition)	%	64.1	64.5	66.4
Debt*** /Debt + Equity (CFA definition)	%	45.1	46.8	49.9
Revenue/Fixed Assets (Annualised)	times	3.2	3.0	2.8
Interest cover	times	7.3	2.7	7.0

* Earnings = operating surplus/(deficit) before interest, capital charge, tax and depreciation.
** Debt exclusive of Overdraft - Bank of New Zealand definition of Debt / Debt + Equity
*** Arranged Debt inclusive of Overdraft - Crown Funding Agency definition of Debt / Debt + Equity

NOTES

1 Net result as a percentage of Net Funds Employed-
Provides a projected annual return on Long Term Funding based on current months performance.

2 Earning / Net Funds Employed-
Provides a projected annual return, from normal operations, as a percentage of Long Term Funding, based on current months performance.

3 Debt to Debt + Equity Ratio
A measure that indicates the extent to which assets are financed by debt (excluding any overdraft balance). (This is consistent with the Bank of New Zealand definition of debt).

4 Interest Cover-
Shows ability to meet interest expense from Operating Surplus. Calculated as: operating surplus before interest, capital charge and depreciation divided by interest expense.

GLOSSARY OF FINANCIAL TERMS

Assets - Economic resources owned or controlled by the WCDHB, as a result of past transactions, for the entity's future benefit.

Current Assets are those assets that are expected to be converted into cash in the next accounting period, i.e. within the next 12 months.

Non Current Assets are long-term assets that are held for use in the productive process and are not expected to be converted into cash in the next accounting period.

CAPEX (Capital Expenditure) - The Purchase of non-current assets.

Capital Charge – All DHBs are required to pay capital charge in order to recognize the cost of financial resources vested in them by the Crown. Capital Charge is levied at 11% per annum on the DHBs Crown equity balance. Capital charge is equivalent to the value of dividends and capital gains that shareholders would normally require from a private organization.

Debt - An obligation of WCDHB to pay a sum of money within a specified time.

Debt to Debt + Equity Ratio - A measure that indicates the extent to which assets are financed by debt. (Excluding any overdraft balance). (This is consistent with the Bank of New Zealand definition of debt).

Equity (Owners Equity, Shareholders Funds) - A claim against the assets of the WCDHB. Represents a residual claim to all assets not claimed by holders of external liabilities.

FTE - Full Time Equivalent employees

Interest Cover - Shows ability to meet interest expense from Operating Surplus. Calculated as: *Operating surplus before interest, tax & depreciation divided by interest expense.*

Liabilities - An amount owed by WCDHB to non-owners.

Current Liabilities are obligations to pay an amount or perform a service in the next accounting period, i.e. within the next 12 months.

Non-Current Liabilities are those obligations requiring settlement beyond the next accounting period.

Net Funds Employed - The total of Non current Liabilities plus Total Shareholders' Funds.

NHPIDE (Nursing Hours Per Inpatient Day Equivalent) - Nursing Hours is the sum of total hours spent in direct patient care over each shift. Calculated as: *Actual Nurse hours divided by total inpatient bed days.*

Operating Surplus- Surplus attributable to ordinary and continuing operations.

Leave Liability – The total amount of accrued leave benefits owing to employees. Covers Annual, Long Service and Parental leave as well as Retirement Gratuities and Lieu days owing.

Author: Chief Financial Manager – 18 October 2004

PARTNERSHIP AGREEMENT

MEMORANDUM

29 October 2004

Memo To: West Coast District Health Board

From: John Luhrs, Chief Executive

SUBJECT: **PARTNERSHIP AGREEMENT WITH THE CANTERBURY DISTRICT HEALTH BOARD**

Following is an overarching agreement entered into with the Canterbury DHB regarding general principles relating to collaboration. Board endorsement of the agreement is sought.

Naturally there will be more detailed agreements between the organisations relating to specific areas of collaboration that will arise both as a consequence of this document and work already underway.

RECOMMENDATION

THAT the West Coast District Health Board endorses the Partnership Agreement with the Canterbury District Health Board.

John Luhrs
CHIEF EXECUTIVE

PARTNERSHIP AGREEMENT

West Coast District Health Board and Canterbury District Health Board

Preamble

The West Coast District Health Board and the Canterbury District Health Board ("the Boards") are bodies corporate owned by the Crown and constituted under the New Zealand Public Health & Disability Action 2000 ("the Act").

Among the responsibilities imposed on District Health Boards under the Act are requirements to promote the integration of health services and to actively investigate, facilitate, sponsor and develop co-operative and collaborative arrangements with persons in the health and disability sector. Coordination of services between West Coast District Health Board and Canterbury District Health Board is also a specific requirement of the Canterbury District Health Board accountability document.

West Coast DHB and Canterbury DHB therefore agree to:

1. Execute this agreement as a demonstration of their intention to work collaboratively on service issues of mutual interest.
2. Commit themselves to working together to develop services that best meet the needs of the populations of the two districts.
3. In issues relating to the delivery of health services, commit to the principle that as far as possible, services should be provided locally for each Board's population.
4. Consult on service issues which may have an effect upon the other, particularly in areas of service delivery.
5. Take every opportunity to share information, develop skills and resolve issues of concern jointly.
6. Form a Steering Committee to facilitate joint service planning between the two boards.
7. The two boards will ensure that all interaction occurs in good faith and with the desire to achieve outcomes of mutual benefit to both parties.

It is noted that this Agreement is conditional upon each of the West Coast and Canterbury District Health Boards adopting the Agreement in order for it to be binding.

John Luhrs
Chief Executive

Date: 29 September 2004

Jean O'Callaghan
Chief Executive

Date: _____

WEST COAST DISTRICT HEALTH BOARD
ADVISORY COMMITTEE MEETINGS

PLEASE NOTE: **THE DRAFT MINUTES OF THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SERVICES ADVISORY COMMITTEE MEETINGS HELD 13 OCTOBER 2004 WILL BE SENT UNDER SEPARATE COVER.**

A QUORUM WAS NOT ACHIEVED FOR THE MENTAL HEALTH ADVISORY COMMITTEE MEETING ON 13 OCTOBER 2004 AND THEREFORE THERE ARE NO MEETING MINUTES.

DRAFT MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING

HOSPITAL ADVISORY COMMITTEE MEETING HELD FRIDAY 1 OCTOBER 2004 AT 8.00 AM IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

PRESENT: Christine Robertson, Chair
Gregor Coster, WCDHB Chairman
June Robinson, WCDHB member
Tamai Sinclair, WCDHB member
Barbara Beckford
Margaret Moir
Kathryn Cannan

IN ATTENDANCE: John Luhrs, Chief Executive
Wayne Champion, Chief Financial Manager
Robin Williams, General Manager Primary Services/Director of Nursing
Hecta Williams, General Manager Mental Health Services
Karen Poutasi, Director-General, Ministry of Health (for part)

Alison McDougall, Minute Secretary

Karakia by Tamai Sinclair

1. WELCOME, APOLOGIES & AGENDA

The Chair welcomed everyone to the meeting. Apologies have not been received from Richard Wallace.

Moved: Margaret Moir, Seconded: June Robinson

It was RESOLVED to accept the apologies.

2. DISCLOSURES OF ADVISORY COMMITTEE MEMBERS' INTERESTS

There were no changes to the Disclosures of Interest

The General Manager Primary Services/Director of Nursing joined the meeting at 8:05am

3. MINUTES OF THE LAST MEETING

- Page 16, Item 11. The Chair advised she is unsure of the wording relating to Buller maternity statistics. As no other committee member could recall the wording the Chair decided to accept the minute and raise the issue in Matters Arising.

Moved: Tamai Sinclair, Seconded: Barbara Beckford

It was RESOLVED that the Minutes of the Hospital Advisory Committee Meeting held 4 June 2004, were a true and correct record of the meeting.

The General Manager Mental Health Services joined the meeting at 8:07am

4. MATTERS ARISING / ACTION & RESPONSIBILITY LIST

Feedback from the Board following the meetings between the Chairs and CEOs of WCDHB and SCDHB
Gregor Coster reported that the meeting took place in order to view the SCDHB premises and discuss operational issues. It was a very good meeting and the Board has received verbal feedback. The Board considered most of the issues appropriate for Management to consider. The Chief Executive advised Management is following up on a number of interesting initiatives and opportunities in the hospital services area such as laundry. It was a very valuable exercise and an invitation has been extended to SCDHB to visit WCDHB. The Chair queried if the exercise will be repeated. Gregor Coster advised that it is possible there will a visit to Otago or Southland DHBs at some stage. Management is collaborating with other Boards and working at a management level with Otago and Southland. A possible visit has not yet been discussed with other DHBs yet. The Chief Executive advised he has attended meetings with Otago and Southland DHBs who are looking at collaboration in various areas and what efficiencies may be derived, e.g. the Patient Administration System. At this stage WCDHB will choose case by case opportunities. WCDHB has not looked at back of office functions as it already has the lowest management to clinical staff ratio and the third management to administration staff ratios so there are no huge savings to be made in these areas.
Completed.

Impact of the role of the GP Liaison Officer on hospital and associated services
Included in papers for later discussion.
Completed.

Discuss a morning tea or lunch with clinicians, Board, HAC and EMT members with EMT
The Chief Executive advised that this matter is progressing and the General Manager Operations is working on arranging a day to fit in with clinical staff availability later this calendar year and likely to be a Friday. The Chair advised a recommendation on this matter was given to the Board which was accepted.

Confirmation of figures in previous minutes under Operational Indicators
The Chair and Committee agreed to seek clarification on maternity figures as to whether families in Buller are recorded as Buller statistics (clinic visits) even if the delivery occurs in Greymouth.

South Island Advocacy Service
A Committee member queried if Tony Daly had provided confirmation of the figures included in the paper circulated to HAC during his presentation at the last meeting. The

Chief Executive advised that correspondence had been received from the Service and revised figures were included. The Service will also be attending the next WCDHB orientation session for new staff. A Committee member suggested that many of the figures may relate to several issues which explains why some sections do not add up. HAC will ask for further clarification from the Services on the nature of complaints made by providers to the HDC, what percentage were patients, providers and providers on behalf of patients. HAC would also like clarification on the 7% of complainants that seem to have dropped their complaints and why. The Chief Executive will liaise with the Committee member and the Advocacy Service to obtain this information for inclusion in the next meeting papers.

Action: Chief Executive

5. CORRESPONDENCE

Moved: June Robinson, Seconded: Margaret Moir

It was RESOLVED that the correspondence Inwards was accepted and Outwards endorsed.

6. STRATEGIC GOVERNANCE MATTERS

6.1 Items Arising From Current/Other Meeting Papers

6.1.1 Needs/Solutions in Relation to Provision of FP/Sexual Health Services in Buller

A Committee member advised that she has heard from the Buller community that there is a need for family planning and sexual health services. The closure of the Queen Street practice has raised concern as there is now only one option in Buller. The Chair advised that elements of the service are provided by the provider arm. However other components are centrally funded(FP Association) and some have implications for the DHB as funder (Primary Care). This may be an issue for CPHAC to explore. The General Manager Primary Services/Director of Nursing advised that she received a full report from the Manager, Cervical Screening/Sexual Health in response to concerns from the Buller community. She has done in depth work since mid May this year and consulted with the local high school, Councils, student groups, Buller Hospital, BMS, rape crisis groups, Maori health providers and WINZ. She has also included input from the nurse currently providing family planning services and is working on a proposal for consideration by Planning and Funding. The General Manager Primary Services/Director of Nursing advised that this paper has not been discussed with EMT as yet. The Chair recommended that the issue be referred to CPHAC with the proviso that anything within the parameters of HAC's role be brought to the attention of HAC.

6.1.2 Vision for the Effective Utilisation and Retention of Nurse Practitioners

The Chair requested the General Manager Primary Services/Director of Nursing provide an update on this matter. The General Manager Primary Services/Director of Nursing informed HAC that there are no established positions for Nurse Practitioners on the West Coast and due to this, retention is not an issue. Nationally it will take longer to establish Nurse Practitioner roles as they do require a lot of support which does not currently exist. The General Manager Primary Services/Director of Nursing is working with Southland and Otago DHBs to look at a national framework for Nurse Practitioners. Possibilities for utilisation of Nurse Practitioners on the West Coast would be in paediatrics and Mental Health. It is important to confirm people's understanding of the role of a Nurse Practitioner and then look at health needs on the West Coast. If roles

were created for Nurse Practitioners on the West Coast this would bring extra cost to the organisation as they do not replace other nursing roles.

The Chair requested a paper be prepared in six months to provide an update on what is being undertaken locally and on a national level.

Action: General Manager Primary Services/Director of Nursing

6.2 Items From Previous Meetings / Board Referred

6.2.1 Impact of the Role of GP Liaison on Hospital and Associated Services

The Chair advised that there is information on this item included in papers and would like to continue this reporting as the objectives identified are met. The Chief Executive advised that the GP Liaison has been involved with the situation of low numbers of GPs in Greymouth and after hours cover with the hospital. Medical Council requirements in terms of supervision need to be worked through and the GP Liaison discussed these matters with Jim Primrose, Ministry of Health Chief Advisor General Practice yesterday. This is only one of the issues that the GP Liaison is working on and it has been a very valuable investment for the DHB. The position is jointly funded by WCDHB and South Link Health and will be re-evaluated on a regular basis. There is likely to be an ongoing need for a position of this type to facilitate integration between primary and secondary care. There has been good engagement between GPs and the DHB. The Chair requested a further update on the GP Liaison Officer prior to the March review.

Action: Chief Executive

HAC discussed supervision/general oversight of GPs and Medical Council requirements. The General Manager Primary Services/Director of Nursing advised she explored an agreement with the Medical Council last week on supervision/oversight.

7. CHIEF EXECUTIVE'S REPORT

The Chief Executive advised that good progress has been made in recruitment in terms of specialists for the hospital. Interviews have taken place for an orthopaedic surgeon and applications are being progressed. Management is working closely with CDHB to collaborate over services and ensure an appropriate level of service. There has been collaboration over general surgery and CDHB and WCDHB may look at the possibility of joint appointments.

The General Manager Primary Services/Director of Nursing advised that since papers went out the GP who was offered a position at Grey Medical has declined for personal reasons.

7.1 Industrial relations

The Chief Executive advised that there have been challenging areas nationally in regard to negotiations, particularly junior doctors. A Committee member queried whether Boards will be topped up by the Ministry of Health for any agreements. The Chief Executive advised the Ministry will not top up Boards.

7.2 Submissions

A Committee member queried if any submissions were made by the DHB as even though receipt of consultation documents are received, information as to whether or not

a response was given is not reported in papers. The Chief Executive advised it is a resourcing challenge for Management to submit responses to these documents and many DHBs often rely on DHBNZ to respond collectively. When the DHB does respond staff are advised the documents have been received for consultation and will co-ordinate a collective response if required.

7.3 Palliative Care

A Committee member queried the high volumes for palliative care and how the DHB is resourcing this area. The General Manager Primary Services/Director of Nursing advised that looking historically the caseload does peak and trough. There are two streams for palliative care which sit under community services and are funded on a capacity basis.

7.4 Neighbourhood Nursing

A Committee member queried whether a policy exists with the PHO relating to confidentiality and the sharing of information that may relate to the Neighbourhood Nursing Project. The Chief Executive advised that the PHO is modelled on version 16.1 of a national contract and each PHO has a parallel agreement which addresses issues of confidentiality. The Neighbourhood Nursing staff have been visited by the Quality Risk Manager to discuss what contractual obligations will be put in place. There is already an arrangement with the DHB as a result of the PHO contract and it is a question of whether there is a need for supplementary documentation.

7.5 Medical Council of New Zealand

The Chair requested information on the MCNZ requirements as noted on page 37. The General Manager Primary Services/Director of Nursing advised that she is now aware that one of the agencies used by the DHB for recruitment is not providing enough documentation to the MCNZ. A meeting occurred with the MCNZ and General Manager Primary Services/Director of Nursing around requirements and particularly around resourcing in a small DHB.

7.6 South Westland Area Practice

The General Manager Primary Services/Director of Nursing advised that a letter has been received from an interested GP with a list of requirements for acceptance of the position, including no on call work. Management is negotiating with the GP.

Moved: Tamai Sinclair, Seconded: Barbara Beckford

It was RESOLVED to accept the Chief Executive's report.

8. FINANCE REPORT

The Chief Financial Manager advised that the provider arm is under budget YTD and this figure has not been effected by volumes and transfers to Christchurch. Finance expect the figures will catch up when staff vacancies are filled and production is increased.

The DHB is still awaiting the standard letter of comfort for the deficit from the Ministers of Health and Finance.

The Chair requested clarification on the term "internal elimination". The Chief Financial Manager advised that the funder arm receives revenue to buy services from the provider arm and other external providers. When services are purchased from the provider arm, the provider arm incurs expenses but also gains revenue. The expenses are then eliminated when the annual accounts are completed.

A Committee member queried if the CFA loan has been renewed. The Chief Financial Manager advised it has been rolled over for a further 3 month term.

A Committee member queried where the DHB picks up extra costs for elections. The Chief Executive advised that this pays for processing fees and it is a price per head of population figure that is established to be paid to the local authority.

A Committee member raised a recent news article containing figures on Board costs for BMS provided by the Grafton Group. The Chief Executive informed the Committee that Management are not prepared to engage in discussion in the community on revenue for BMS and have provided most of the information on expenditure to the Grafton Group. Assumptions have been made based on these figures and there are issues that need to be corrected without revenue disclosed. The reason for this is that if a community trust is recommended there will be engagement on funding and if the Grafton Group have revenue figures they will look at spending in terms of revenue raised rather than the needs of the community for sustainability. The Chief Financial Manager advised that expenditure relating to BMS GPs has been inflated by Grafton as they have made some assumptions. The breakdown of what they have called Corporate actually relates to site costs including buildings and maintenance. $250,000 of this also relates to clinical services provided from Greymouth. The Chief Executive advised that the inference that $1.2m is being taken out of Buller should be around $300,000.

Karen Poutasi joined the meeting at 9:38am
and was introduced to the Committee by the Chair

Moved: Barbara Beckford, Seconded: Margaret Moir

It was RESOLVED to accept the Finance report.

9. OPERATIONAL INDICATORS

The Chair noted that there is a discrepancy in maternity figures and was advised by the Research and Planning Officer that the first graph is correct with late statistics causing the apparent discrepancy in the second.

The Chair noted for the Committee the meaning of Active Review on page 73 being a patient referred back to a GP for monitoring.

The Chair queried the nursing hours for Reefton on page 72 in that there seem to be a lot of hours despite low occupancy. The General Manager Primary Services/Director of Nursing advised there has been a change in the working tool for measurement of these figures. The nurses still have to be tested on accuracy of input and this could effect reporting.

A Committee member queried the waiting time figures on page 77 for people waiting over 18 months for general surgery. The Chief Executive advised he will follow this up with the General Manager Operations and report back to the Committee.

10. KEY ISSUES / ITEMS OF INTEREST TO REPORT TO THE BOARD

10.1 Recommendations to the Board

No recommendations.

10.2 Reporting Back on Board Referred Items

Meeting Between SCDHB and WCDHB
HAC has been advised of the combined meeting between SCDHB and WCDHB and that mainly management issues, not governance, emerged and are being addressed.

South Island Advocacy Service
The South Island Advocacy Service is to be contacted for further clarification of statistics provided to HAC at the last meeting. HAC will review this information and will make recommendations to the Board if any issues are identified.

Sexual Health Services
HAC discussed an item on the Agenda on sexual health in the Buller region and on the basis of discussions and information from management, HAC believes this is an item for CPHAC to consider. If issues are identified implications for the provider arm they should be reported back to HAC for consideration.

Nurse Practitioners
HAC discussed the vision for the effective utilisation of Nurse Practitioners. Work has been done locally and on national framework. A paper will be presented to HAC in six months time.

GP Liaison Officer
HAC is pleased with the paper provided on the GP Liaison role in terms of meeting position objectives and a further update will be given in March 2005. The GP Liaison is talking to the Medical Council and exploring issues with the Ministry of Health around oversight, supervision registration, etc.

Other
- HAC is aware of the challenge of meeting MECAs on the DHB's budget.
- HAC valued the detail of the Finance Report including the detail provided in anticipation of questions from Committee members.

10.3 Seeking Board Approval for Further Advisory Committee Consideration of an Item

No approval sought.

11. NEXT MEETING DATE

3 December 2004 at 10:00am. Venue, Corporate Office Boardroom, Greymouth

Gregor Coster noted the new Board was to meet on 3 December however this meeting has now been moved to 10 December to ensure Ministerial appointments have been made. The Chair advised HAC would retain its meeting date of 3 December.

12. ATTENDANCE AND ADMINISTRATION FORMS

Actioned.

There being no further business to discuss the meeting concluded at 9:57am

4. ACTION & RESPONSIBILITY LIST

Task	Who Involved/Responsible	Completion Date	Action
ACTION & RESPONSIBILITIES FROM THE 4TH JUNE 2004 MEETING			
Discuss a morning tea or lunch with clinicians, Board, HAC and EMT members with EMT.	Chief Executive	December 2004	
Seek further clarification from the South Island Advocacy Service on the figures provided to HAC at the Service's presentation at the August meeting.	Chief Executive	December 2004	
Provide an update on progress with Nurse Practitioners locally and on a national level.	General Manager Primary Services/Director of Nursing	April 2005	
Provide an update on the role of the GP Liaison Officer prior to the position's March review.	Chief Executive	March 2005	

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.

INFORMATION PAPERS

WEST COAST DISTRICT HEALTH BOARD ADVISORY COMMITTEE MEMBERS TERMS OF APPOINTMENT

HOSPITAL ADVISORY COMMITTEE

Member	Date of Appointment	Length of Term	Expiry Date
Dr Christine Robertson	7 February 2002	For the period served as an appointed Board member.	December 2004
Tamai Sinclair	May 2002	For the period served as an appointed Board member.	December 2004
June Robinson	7 February 2002	For the period served as an appointed Board member.	December 2004
Richard Wallace	1 May 2002	3 years	1 May 2005
Margaret Moir	1 May 2002	3 years	1 May 2005
Kathryn Cannan	1 May 2002	3 years	1 May 2005
Barbara Beckford	25 June 2003		1 May 2005

DISABILITY SERVICES ADVISORY COMMITTEE

Member	Date of Appointment	Length of Term	Expiry Date
John Vaile	7 February 2002	For the period served as an elected Board member.	December 2004
Marguerite Moore	7 February 2002	For the period served as an elected Board member.	December 2004
June Robinson	7 February 2002	For the period served as an appointed Board member.	December 2004
Gloria Hammond	1 May 2002	3 years	1 May 2005
Maureen Frankpitt	1 May 2002	3 years	1 May 2005
Elinor Stratford	1 May 2002	3 years	1 May 2005
Dianne Lewis	September 2004	3 years	September 2007

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Member	Date of Appointment	Length of Term	Expiry Date
Julie Kilkelly	7 February 2002	For the period served as an elected Board member.	December 2004
Tamai Sinclair	7 February 2002	For the period served as an appointed Board member.	December 2004
Robyne Bryant	7 February 2002	For the period served as an elected Board member.	December 2004
Lindy Mason	1 May 2002	3 years	1 May 2005
Barbara Greer	12 November 2003		1 May 2005
Greville Wood	Awaiting information		
Cheryl Brunton	Ex officio		
Sharon Ransom	September 2004	3 years	September 2007
Barbara Beckford	September 2004	Co opted appointee	Ongoing

MENTAL HEALTH ADVISORY COMMITTEE

Member	Date of Appointment	Length of Term	Expiry Date
June Robinson	7 February 2002	For the period served as an elected Board member.	December 2004
Marguerite Moore	7 February 2002	For the period served as an elected Board member.	December 2004
Robyne Bryant	7 February 2002	For the period served as an elected Board member.	December 2004
Elizabeth Rock	1 May 2002	3 years	1 May 2005
Judith Maloney	6 May 2002	Ex officio	
Pauline Southorn	6 May 2002	Ex officio	
Roger Berwick	2 May 2002	3 years	30 April 2005