

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



BOARD MEETING

**Friday 21 February 2014
10.00am**

**St John
Waterwalk Road
GREYMOUTH**

ALL INFORMATION CONTAINED IN THESE MEETING
PAPERS IS SUBJECT TO CHANGE

WEST COAST DISTRICT HEALTH BOARD MEMBERS

Paul McCormack (Chair)
Peter Ballantyne (Deputy Chair)
Kevin Brown
Helen Gillespie
Michelle Lomax
Peter Neame
Sharon Pugh
Elinor Stratford
Joseph Thomas
John Vaile
Susan Wallace

Executive Support

David Meates (*Chief Executive*)
Michael Frampton (*Programme Director*)
Dr Carol Atmore (*Chief Medical Officer*)
Karyn Bousfield (*Director of Nursing & Midwifery*)
Gary Coghlan (*General Manager, Maori Health*)
Kathleen Gavigan (*General Manager, Buller*)
Carolyn Gullery (*General Manager, Planning & Funding*)
Mark Newsome (*General Manager, Grey & Westland*)
Stella Ward (*Executive Director, Allied Health*)
Karalyn van Deursen (*Strategic Communications Manager*)
Justine White (*General Manager, Finance*)
Kay Jenkins (*Minutes*)

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held St John, Waterwalk Road, Greymouth
Friday 21 February 2014 commencing at 10.00am

KARAKIA		10.00am
ADMINISTRATION		10.05am
Apologies		
1.	Interest Register <i>Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.</i>	
2.	Confirmation of the Minutes of the Previous Meeting <ul style="list-style-type: none"> ▪ <i>13 December 2013</i> 	
3.	Carried Forward/Action List Items	
REPORTS		10.15am
4.	Chair's Update (Verbal Update)	Dr Paul McCormack <i>Chairman</i> 10.15am – 10.25am
5.	Chief Executive's Update	David Meates <i>Chief Executive</i> 10.25am – 10.40am
6.	Clinical Leader's Update	Dr Carol Atmore <i>Chief Medical Officer</i> Karyn Kelly <i>Director of Nursing and Midwifery</i> Stella Ward <i>Executive Director, Allied Health</i> 10.40am – 10.50am
7.	Finance Report	Justine White <i>General Manager, Finance</i> 10.50am – 11.00am
8.	Notice of Motion <ul style="list-style-type: none"> i. Birthing Facilities Buller ii. Greymouth Laundry 	Peter Neame <i>Board Member</i> 11.00am – 11.20am
9.	Health Benefits Shared Banking & Treasury Services Authorised Signatories	Justine White <i>General Manager, Finance</i> 11.20am – 11.30am
10.	Proposed Committee Membership	Dr Paul McCormack <i>Chairman</i> 11.30am – 11.45am
11.	Report from Committee Meetings <ul style="list-style-type: none"> - Tatau Pomanau Advisory Group <i>20 February 2014</i> Verbal Update 	Elinor Stratford <i>Board Representative to Tatau Pounamu</i> 11.45am – 11.50am

12. Resolution to Exclude the Public

Board Secretariat

11.50am

INFORMATION ITEMS

- 2014 Meeting Schedule

ESTIMATED FINISH TIME

11.50am

NEXT MEETING

Friday 4 April 2014

KARAKIA

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

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER



Disclosure of Interest	
Dr Paul McCormack Chair	<ul style="list-style-type: none"> General Practitioner Member, Pegasus Health
Peter Ballantyne Deputy Chair	<ul style="list-style-type: none"> Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB Retired partner now in a consultancy role, Deloitte Member of Council, University of Canterbury Trust Board Member, Bishop Julius Hall of Residence Spouse, Canterbury DHB employee (Ophthalmology Department) Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board
Kevin Brown	<ul style="list-style-type: none"> Councillor, Grey District Council Trustee, West Coast Electric Power Trust Wife works part time at CAMHS Member of CCS Patron and Member of West Coast Diabetes Trustee, West Coast Juvenile Diabetes Association
Helen Gillespie	<ul style="list-style-type: none"> Peer Support Counsellor, Mum 4 Mum Employee, DOC
Michelle Lomax	<ul style="list-style-type: none"> Kawatiri Action Group – Member Autism New Zealand – Member West Coast Community Trust – Trustee Buller High School Board of Trustees - Trustee
Peter Neame	<ul style="list-style-type: none"> No Conflicts of Interest
Sharon Pugh	<ul style="list-style-type: none"> Shareholder, New River Bluegums Bed & Breakfast Chair, Greymouth Business & Promotions Association
Elinor Stratford	<ul style="list-style-type: none"> Clinical Governance Committee, West Coast Primary Health Organisation Committee Member, Active West Coast Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust Deputy Chair of Victim Support, Grey/Westland district Committee Member, Abbeyfield Greymouth Incorporated Trustee, Canterbury Neonatal Trust Advisor MS/Parkinson West Coast Disability Resource Trust - contracted to wind up this Organisation Trustee, Disability Resource Centre, Queenstown/West Coast Elected Member, Arthritis New Zealand, Southern Regional Liaison Group

Joseph Thomas	<ul style="list-style-type: none"> • New Zealand Institute of Management Inc – Chief Executive • The Canterbury Community Trust – Deputy Chair • Canterbury Direct Investments Limited – Director • The Canterbury Community Trust Charities Limited – Director • Canterbury Trust House Limited – Director • Ngati Mutunga o Wahrekauri Asset Holding Company Limited – Chair • Motuhara Fisheries Limited – Director • Management South Limited – Director • Ngati Mutunga o Wharekauri Iwi Trust – Trustee • New Zealand Institute of Management Inc – Member (Associate Fellow) • New Zealand Institute of Chartered Accountants – C A, Member
John Vaile	<ul style="list-style-type: none"> • Director, Vaile Hardware Ltd • Member of Community Patrols New Zealand
Susan Wallace	<ul style="list-style-type: none"> • Tumuaki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board • Father member of Hospital Advisory Committee • Member of Tatau Pounamu • Father employee of West Coast District Health Board • Director, Kōhatu Makaawhio Ltd • Appointed member of Canterbury District Health Board • Chair, <u>Poutini Waiora</u> • Area Representative-Te Waipounamu Maori Womens' Welfare League

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at the West Coast Regional Council, 388 Main South Road, Greymouth
on Friday 13 December 2013 commencing at 10.00am

BOARD MEMBERS

Dr Paul McCormack (Chair); Peter Ballantyne (Deputy Chair); Kevin Brown; Helen Gillespie; Michelle Lomax; Peter Neame; Sharon Pugh; Elinor Stratford; Joseph Thomas; John Vaile; and Susan Wallace.

APOLOGIES

There were no apologies.

EXECUTIVE SUPPORT

Mary Gordon (Acting Chief Executive); Michael Frampton (Programme Director); Dr Carol Atmore (Chief Medical Officer); Kathleen Gavigan (General Manager, Buller); Karyn Kelly (Director of Nursing & Midwifery); Mark Newsome (General Manager, Greymouth & Westland); Karalyn van Deursen (Communications Manager); Stella Ward (Executive Director, Allied Health); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

The Chair welcomed new Board members to their first meeting.

Susan Wallace led the Karakia.

Board member Peter Neame advised that he had sent some notices of motion forward for the meeting and asked why these were not on today's agenda. The Chair advised that these had not been received so they could not be discussed today. He asked Mr Neame to provide him with a copy and the matter could be addressed at the end of the meeting under General Business.

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

There were no additions or alterations to the Interest Register as circulated. New members to advise their interests for the next meeting.

Declarations of Interest for Items on Today's Agenda

There were no declarations of interest regarding items on today's agenda

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS**Resolution (49/13)**

(Moved Peter Ballantyne/seconded Sharon Pugh - carried):

“That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 25 October 2013 be confirmed as a true and correct record subject to an alteration in Item 5, bullet point 1 where “commented” should be changed to “commenced”..

3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.

4. CHAIR'S UPDATE

The Chair spoke about the Minister's Letter of Expectations which he had received overnight via e-mail. He advised that the Letter covered:

- Better Public Services: Results for New Zealanders
- National Health Targets
- Care Closer to Home
- Health of Older People
- Regional and National Collaboration and
- Living Within our Means

The Minister also thanked District Health Boards for the considerable effort we are making which makes a real difference to the quality of life of many thousands of New Zealanders.

This will be copied to Board members when the signed copy is received.

South Island Alliance Meeting

He commented that the South Island Alliance is alive and well and added that the Office of the Auditor General's Office and the Ministry of Health have come to understand that the South Island Alliance is a lot more successful than other Alliances.

Facilities Business Case

The Board noted that the Partnership Group continues to meet regularly and that there is still a lot of work to be done on the project.

Visit by South Island Chair's to Auckland

The Minister of Health had requested South Island Chairs to visit Auckland DHBs and a day was spent looking at the Auckland DHB and also Waitemata DHB.

Resolution (50/13)

(Moved Peter Ballantyne/seconded Elinor Stratford – carried)

That the Board:

- i. notes the Acting Chair's verbal update.

5. CHIEF EXECUTIVE'S UPDATE

In the absence of the Chief Executive, Michael Frampton, Programme Director, presented this report which was taken as read.

Mr Frampton highlighted the following:

- **Primary Care**
Work continues towards improving General Practice and services provided in the community and as Board members are aware the DHB is working with Better Health around Primary Care. GP recruitment continues to be the most significant focus in this area.
- **Facilities**
Significant progress is being made in relation to the Greymouth campus. As most Board

members will be aware, in 2012 the Grey campus suffered a significant power failure and following this a full investigation took place to consider the risks around this issue. Whilst the report states that the work for the cable replacement and switchboard installation are well underway and due for completion by 20 December 2013, this work has now been slightly delayed and will be completed by 13 January 2014.

- **Facilities Development Project**

In October the Partnership Group appointed Health Planners and Architects to work this through with DHB staff and whilst this is still in the early stages we continue to work hard in conjunction with the Partnership Group.

- **Model of Care**

The agreed model of care is very complex process that has been worked through with Clinicians over a number of years and it is important that we pursue this model of care.

- **ESPI Compliance**

This is important for the West Coast DHB and it is pleasing that we have been ESPI compliant for several months now. November results will be slightly different in that we will be non-compliant by 1 patient in orthopaedics who will not be seen within 5 months. We do expect to return to full compliance in December.

- **Quality**

We have seen some pleasing results in terms of Quality. There was a launch of the Health & Quality Safety Commission's National Patient Safety Project "Open for Better Care" at Grey Hospital on 7 November 2013.

The West Coast DHB will be preparing our first set of Quality Accounts this year and Board members will receive a copy of these when they are completed.

- **Telemedicine**

A lot of work is taking place around the system and we continue to implement the Complex Care Initiative. Some good progress has also been made in South Westland

Discussion took place regarding consultation around the Integrated Family Health Centre (IFHC) Service and the Board noted that the IFHC Service is the nature of the service and the IFHC itself is the building. It was also noted that currently there is no concept design to consult on and in terms of the service consultation, this is currently taking place in Greymouth and Westland and will be extended to Buller in the near future.

Resolution (51/13)

(Moved Paul McCormack/seconded Peter Ballantyne – carried)

That the Board:

- i. notes the Chief Executive's update.

6. CLINICAL LEADERS REPORT

Dr Carol Atmore, Chief Medical Officer; Stella Ward, Executive Director, Allied Health and Karyn Kelly, Director of Nursing & Midwifery spoke to this report, which was taken as read.

Dr Atmore commented that there is a focus on the Rural Learning Centre and a lot of activity is taking place in this area, particularly at student and post graduate level.

Stella Ward advised that an Allied Health Discovery Report was shared with staff this month. This report is the outcome of a review of the Allied Health Services and current leadership framework across the West Coast DHB

Resolution (52/13)

(Moved Helen Gillespie/seconded Elinor Stratford – carried)

That the Board:

- i. notes the Clinical Advisor's updates.

7. FINANCE REPORT

Justine White, General Manager, Finance, spoke to the Finance Report for October 2013 which was taken as read. The report advised that the consolidated West Coast DHB financial result for the month of October 2013 was a deficit of \$207k, which was \$11k favourable against the budgeted deficit of \$218k. The year to date position is now \$8k favourable.

The Board noted that whilst personnel costs are over budget there is less reliance on locums with a deliberate strategy to reduce the budget in this area with a view to increasing the number of clinicians who live and work on the West Coast.

Discussion took place regarding transitional funding and the Board noted that this is tied up with the Facilities Business Case.

Resolution (53/13)

(Moved Susan Wallace/seconded Elinor Stratford – carried)

That the Board:

- i. notes the financial result for the period ended 31 October 2013.

8. MAORI HEALTH QUARTERLY UPDATE

Gary Coghlan, General Manager, Maori Health presented this update. He commented that the DHB is generally tracking fairly well across all the data sets. He added that a lot of work is taking place across the whole sector with the DHB working more collaboratively.

Resolution (54/13)

(Moved Joseph Thomas/seconded Michelle Lomax – carried)

That the Board:

- i. notes the Maori Health Quarterly Update

9. 2013/14 HEALTH TARGETS – QUARTER 1

Michael Frampton, Programme Director, presented this report which was taken as read.

Discussion took place regarding oversight in the Emergency Department and Dr Carol Atmore outlined the structure in this Department.

Resolution (55/13)

(Moved Susan Wallace/seconded Sharon Pugh – carried)

That the Board:

- i. notes the West Coast's performance against the health targets; and

- ii. notes that due to the timing of the release of the report this will be provided to the Community & Public Health & Disability Support Advisory Committee as an information item at their next meeting.

10. PROPOSED 2014 MEETING SCHEDULE

There was no discussion regarding the meeting schedule.

Resolution (56/13)

(Moved Helen Gillespie/seconded Sharon Pugh – carried)

That the Board, as recommended by the outgoing Board, at its meeting on 25 October 2013::

- i. Confirms the proposed schedule of meetings for 2014 (refer Appendix 1 attached); and
- ii. Delegates authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this.

11. REPORTS FROM COMMITTEE MEETINGS

- a. Elinor Stratford, Chair, Community & Public Health & Disability Support Advisory Committee provided an update from the Committee meeting held on 28 November 2013.

The update was noted

- b. Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 28 November 2013.

Michael Frampton spoke to the attachment to the report “The Elective Patient Journey” and the Board noted its intention to show the flow of people through the system.

The update was noted.

- c. Elinor Stratford, Board representative on the Tatau Pounamu Advisory Group provided an update from the meeting held on 27 November 2013. It was noted that Tatau Pounamu have reviewed the Terms of Reference which are attached to the Memorandum of Understanding between Tatau Pounamu and the DHB. The Terms of Reference will come to a future Board meeting for discussion.

GENERAL BUSINESS

The Chair spoke regarding Mr Neame’s Notices of Motion and advised that if he still wished to go ahead with these he could do so at the next meeting.

He asked Mr Frampton, Programme Director, to provided the meeting with some background regarding the closure of the Laundry.

12. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (57/13)

(Moved Paul McCormack/seconded Peter Ballantyne – carried)

That the Board:

- i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, & 5 and the information items contained in the report.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the “Act”) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 25 October 2013	For the reasons set out in the previous Board agenda.	
2.	Chief Executive and Chair – Verbal update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) s9(2)(a)
3.	Clinical Leaders Verbal Update	Protect the privacy of natural persons To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
4.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Advisory Committee – Public Excluded Updates	For the reasons given in the Committee agendas	

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

There being no further business the public open section of the meeting closed at 11.25am.

The Public Excluded section of the meeting commenced at 11.35am and concluded at 1.45pm with a break for lunch between 12.30pm & 1.15pm

Paul McCormack, Chair

Date

TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 21 February 2014

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This report is a regular report and standing agenda item, providing the latest update and overview of key organisational activities and progress from the Chief Executive to the Board of the West Coast DHB.

Its format is organised around the key organisational priorities that drive the Board and Executive Management Team's [EMT] work programmes. Its content is focused on reporting recent performance, together with current and upcoming activity.

2. RECOMMENDATION

That the Board:

- i. notes the Chief Executive's update.

 	DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY
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A: Reinvigorate the West Coast Alliance

- **Alliance Leadership Team [ALT]:** The West Coast ALT [which governs the West Coast Health Alliance], continues to provide clinical leadership and governance across all six Alliance workstreams, being [1] *Health of Older Persons*; [2] *Child and Youth*; [3] *Healthy West Coast* [public health and nutrition]; [4] *Grey and Westland Integrated Family Health Service* [IFHS]; [5] *Buller Integrated Family Health Service* [IFHS]; and [6] *Pharmacy*. The ALT will next meet as a group on 26 February. This will be the first meeting in 2014.
- **2014 | 2015 Annual Planning:** Individual members of the ALT have been involved at workstream level in planning activity that contributes to the 2014/15 workstream plans, which in turn feed into the District Health Board's District Annual Plan [DAP].
- **Alliance Support:** The new West Coast-based Team Leader for Planning and Funding has now been appointed and will be supporting the work of the Alliance.

B: Build Primary and Community Capacity and Capability

Primary Care

- **Recruitment of clinicians into primary care is proving successful:**
 - *Buller Medical* will, within the next eight weeks, be fully staffed with permanent practice

nurses, and fully staffed with GPs until July [noting that further work continues to secure roster stability in the period from August]. This is a significant achievement and will improve timely access to routine appointments. It will also enable work to accelerate in relation to model of care implementation and the bringing to life of a single point of entry for Buller Health consumers.

- *Greymouth Medical and the Rural Academic General Practice [RAGP]* are currently advertising for a practice nurse. With this role filled, both practices will be fully resourced. The Greymouth Medical and RAGP teams continue to be engaged in planning for developing the Integrated Family Health Service [IFHS] in Greymouth.
- *South Westland Area Practice* is also recruiting for a second GP. There has been successful recruitment to the three RNS positions that became vacant at the end of last year.
- *Reefton* is in the process of appointing two GPs for the service. These two doctors will be connected to RAGP and will rotate between the two. Evening clinics have been introduced to improve access and have been fully booked.
- There has been two locum GPs recruited to the locum pool contracted by Better Health to provide GP cover for the West Coast.
- **Systems to support improved financial performance of the practices are being implemented:** We have made significant progress on establishing a full set of accounts for individual practices, and priority areas of focus in regard to allocation and collection of income have been identified. We expect a full set of profit and loss accounts to be available within the next quarter.

Community Care

- The district nursing team continues to assess need and develop services accordingly, with an increase in FTE for the Buller region. Hokitika and Reefton have employed a new graduate nurse into each of their teams. This is part of the workforce development plan to ensure sustainability of the community nursing team.
- A combined Home Based Support/District Nursing role has been developed as part of the workplan to integrate these services in Buller. In Greymouth, a registered nurse position has been introduced into the Home Based Support service and this position is being advertised. These roles will increase clinical expertise and is also in response to an expected increased demand for home based packages of care.
- The B4School Checks team has purchased a car for the service with funding from the Ministry of Health in recognition of a high level of achievement and engagement with the community. The team is working with the Gloriavale Christian Community to encourage participation in this wellness programme.
- The Well Child Tamariki Ora quality improvement framework was released late 2013. The providers of this service are developing a plan to improve performance against three quality indicators identified.

C: Implement the Maori Health Plan

- **Development of the Maori Health Plan, including incorporation with the Annual Plan, is underway:**
 - Planning work has started on the Maori Health Action Plan [MHAP] 2014/2015, with the first draft due to be submitted to the National Health Board by 14 March 2014.
 - A reference group has been established to develop the details within the plan. This includes Poutini Waiora, West Coast PHO, and DHB teams including Planning & Funding and Maori Health.

- A timetable for development of the plan and feedback will be presented to Tatau Pounamu at their 20 February meeting. The Alliance workstream plans will be submitted to the WCDHB on 27 February for approval with other Draft Annual Plan Sections due by 7 March, and this will then allow us to finalise National Indicators drawing from existing measures in the Annual Plan.
- While it is a requirement that we produce a separate Maori Health Action Plan [MHAP], it is our intention to ensure that integrated and connected planning occurs between the MHAP and District Annual Planning processes.
- **Whanau Ora Commissioning Agencies are being established:**
 - Earlier in 2013 the Minister announced the new model for the future delivery of Whanau Ora which will see the establishment of three non-government organisation [NGOs] commissioning agencies, one based in the North Island, one in the South Island and a Pacific focused agency. The Regional Leadership Groups and the Governance Group are now being wound down. The final task for the Governance Group has been the overseeing of the RFP process for the three NGO commissioning agencies. Te Puni Kokiri will remain the administering department for Whanau Ora.
- **Census 2013 points to a more ethnically diverse population:**
 - The latest Census update shows that our population is becoming more ethnically diverse. We now have greater proportions of Maori, Pacific and Asian ethnicities than in 2006. The percentage of Maori has increased from 9.7% to 10.5%. Our Maori population is younger, with 42.4% aged 0-19 years old [compared to 24.8% of the total West Coast population].
- **Maori health presentations continue to be made across the West Coast health system:**
 - To date there have been a number of presentations made to WCDHB staff and Poutini Waiora and to NETP graduate nurses regarding Maori health. This work is important because an essential objective of the Maori health plan strategy is to enhance mainstream responsiveness. In the case of Poutini Waiora it is important to engage Maori health providers in the development of the Maori health plan and to continue working together to develop better systems.



DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Report

Grey Hospital

- The works for the cable replacement and switchboard installation are now all but complete, with only the changeover of the mains cabling at the site 11kV transformer to complete and the variation to contract for the dual supply to the server room. There has been a slight delay due to availability of certified metering equipment from the electricity retailer; however this has been resolved and all work should be fully complete by the end of February. Communication is ongoing with the departmental staff, as much of the changeover work is invasive.
- Work is progressing on the boiler surveys with one now completed and the next one underway. This work will be completed prior to winter.

Buller Hospital

- Work is finished around fire separation to ensure the site complies with its ongoing Building Warrant of Fitness [BWOFF] requirements. New compliance schedules are currently being issued which means the site can then renew its BWOFF.

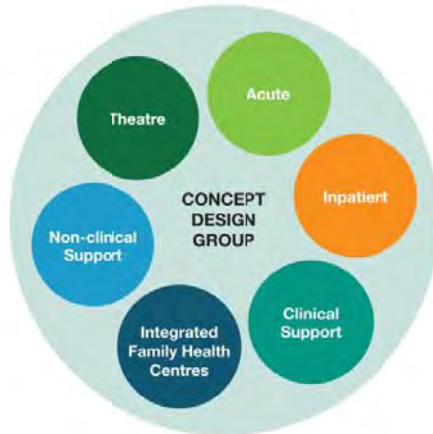
General

- The Facilities Manager has resigned, this role has been re-evaluated and consequently a new position of Site Maintenance Manager has been approved, interviews for which are currently taking place. This structure is now aligned with Canterbury in order to support the operation of a single Transalpine facilities and engineering team.
- As reported in December 2013, an initiative underway to improve team work and future working relationships both within the department and with other areas continues. Actions have been taken to rationalise work flow via the onsite maintenance management system [BEIMS]. Weekly reports are now in place showing performance levels for individual trades.

Areas of Focus

- The structural defects on the boilerhouse and chimney stack still present a risk for anyone entering the building. The building is only 9% of IL3 and has been identified as earthquake prone. The chimney stack in particular needs to come down as a high priority and Site Redevelopment is currently working on this project. A safety plan has been agreed regarding the necessary boiler survey work and this is now well underway.
- Focus is also on improving the WCDHB site maintenance department performance around service delivery, energy performance and aligning the policies and procedures with those used at the CDHB.
- Additionally, time will need to be spent in formulating an asset management plan, taking on board the intention of the facilities master planning for the West Coast sites when this is available.
- The CDHB Energy Manager is now actively involved in obtaining energy related information in order that we can run this through our existing monitoring and targeting database. He is also developing energy related target KPI's for each site. Following on from last years all of government tender for electricity we are arranging for the major sites to become part of the existing Genesis contract for electricity supply. On present and forecast throughputs this should realise savings of around \$23k over the contract term of three years.
- We are also aligning contracts for service where possible between the West Coast and Canterbury DHBs as contracts come out of fixed agreement periods. This better allows us to realise opportunities arising from economies of scale.
- The facilities and engineering team has had some input into the proposed new development at Greymouth and Buller, noting that these are still at initial concept planning stage.

B: Facilities Case Update



- The Ministerially-appointed Partnership Group has appointed a Design Team of architects and health planners to work through a process of functional brief / concept plan development [as above].
- Two rounds of preliminary workshops were held with clinicians in Grey and Westport over October and November 2013, split between the six workstreams identified to the left. The third round of meetings anticipated before Christmas did not take place at the request of the partnership Group.
- The Partnership Group have now requested that the DHB re-engages with clinicians to recommence the conversations that were ceased in November, and workshops are taking place between Wednesday 12 and Thursday 27 February.



RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services [including Secondary Mental Health Services]

Workforce Update

- Mark Newsome, General Manager Grey|Westland started on 9 December 2013. An orientation plan has been established for Mark which sees him assuming full operational accountability for health services in Grey and Westland by the end of April, 2014.
- With the appointment of the GM Grey|Westland, both locality based GMs are now in place. This, together with the recent resignations of the Nurse Manager Clinical Services and Allied Health Service Manager, offers the opportunity to determine an operational leadership structure that supports locality-based leadership. In the interim period, nursing and allied health services are reporting through to the Acting Operations Manager.
- Barbara Weckler, General Physician tendered her resignation effective 11 April 2014. We have secured locum cover beginning in April while we are in the recruitment process.

Elective Services Performance Indicators [ESPI] compliance

- ESPI compliance was met for December 2013. Preliminary results for January indicate compliance for this month as well.
- We have been notified that the West Coast District Health Board is currently ahead of all other DHBs for compliance with the 4 month maximum wait time for access to First

Mental Health Services

Kahurangi Dementia Outreach Service

- The Dementia outreach service has been reviewed over the last three months to align with other changes in *health of the older person* services on the West Coast. The change will include a more comprehensive assessment for patients who have been identified with dementia. This will also include training for carers to ensure that patients are receiving the appropriate care at the right time. The dementia care pathway will also be reviewed to ensure that it is aligned with national direction. The Consultant Psychiatrist and manager are working with Planning & Funding regarding service delivery needs for older persons with mental health needs - this includes working with the CCCN team to work collaboratively.
- The caseload of the Dementia Outreach nurse is being re-scoped. Work is being completed around structured process for admission, follow-up and discharge. Top up funding, liaison between services, data collection, files set-up, maintenance and administration process have been developed to streamline the processes. Next step is looking at focusing the clinical practice of the Outpatient Nurse, standardising assessment processes, accountability and MDT function, reporting data collection improvement, developing education programmes for rest homes and families, improving communication and inter-service interfacing as well as developing service delivery flow charts.

Update on Suicide Prevention Strategy

- In the last month, further developments have been made by West Coast health providers to address the increased number of suicides in the region in the past year. This includes the establishment of a Governance Group and an Action Group with Terms of Reference for the development of a suicide prevention strategy. The work of these groups is ongoing.
- Contact with a provider of Gatekeeper training [suicide awareness] has been made, with dates set for the Specialist MHS to receive the advanced level of training in early March.



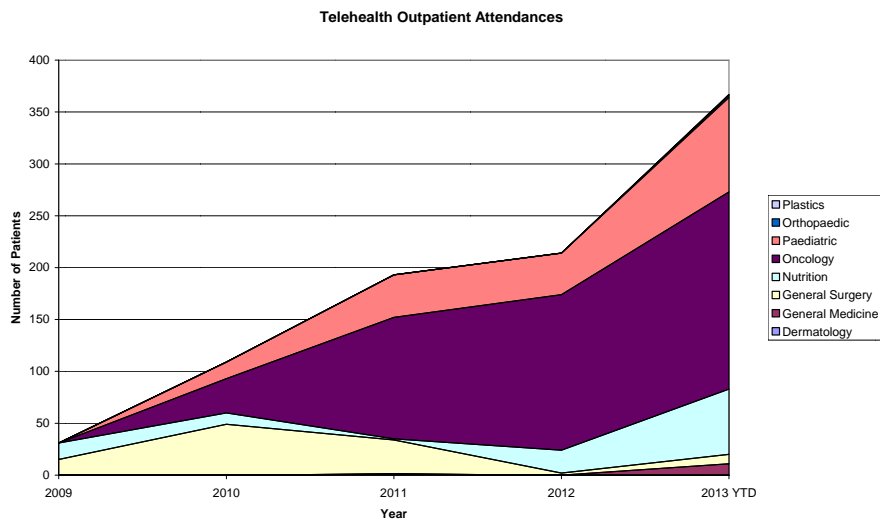
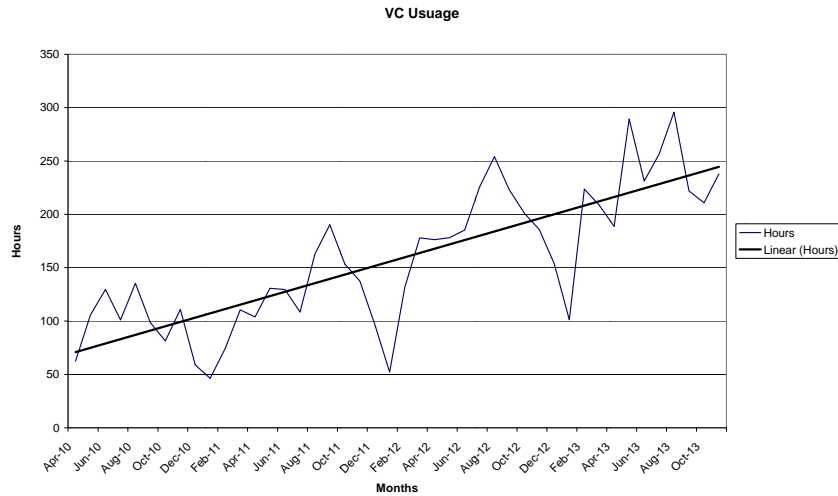
DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast

- The voluntary Red Cross Buller Community Transport service continues to run on a regular basis, Monday to Friday with Saturdays added when required. The West Coast DHB has concluded a contract to fund Red Cross to support and continue the current service.
- Further work is being undertaken on the proposed supply of chartered flights between Greymouth and Christchurch to support patient and staff transport within the Transalpine framework, following consideration of value for money as part of the overall evaluation and due diligence process.
- Negotiations are still continuing with St John as part of a South Island wide joint DHB approach for the provision of unplanned patient transport services.

B: Champion the Expanded use of Telemedicine Technology

- WCDHB has expanded its video conferencing capacity considerably within the last several years; see below graph for monthly usage details.
- Several new specialities are beginning to run Telehealth Clinics, including Plastics, General Surgery and Orthopaedics.
- The Telehealth procedure has been finalised.



A: Implement the Complex Clinical Care Network [CCCN]

- Development of the case mix criteria as set out in the December 2013 CE report continues with providers. The roll out of this new model of care is on track for Quarter 4 of the 2013 | 2014 financial year.
- Regular peer reviews and training sessions are being held with providers to ensure that this new direction of restorative home-based support services is in line with the model and that a collaborative delivery of service is rolled out to meet client need.

B: Establish an Integrated Family Health Service [IFHS] in the Buller Community

- Poutini Waioara staff are now located on site in the Buller facility. This co-location is working well and enabling closer integration with the services delivered out of Buller Medical.
- A new Clinical Nurse Manager has been appointed to the GP practice and the Clinical Nurse Manager position for Aged Residential Care has been re-advertised. Filling these vacancies will allow staff to focus on wider service improvements in addition to the day-to-day running of services.
- The Buller IFHS workstream has met to further develop the workplan as part of the Annual Planning process.
- A workshop to explore implementing a *Single Point of Entry* is being planned with involvement from staff in the GP practice, acute services, community mental health and the CCCN.

C: Establish an Integrated Family Health Service [IFHS] in the Grey | Westland Community

- The Grey|Westland IFHS workstream group met formally for the first time in mid-January to progress these discussions. Members are working to further define the process redesign needed in DHB-owned general practices that will support the *healthcare home* approach and privately owned practices have been invited to join these discussions.
- Work is also progressing to implement Standard Operating Procedures and Standing Order Delegation Systems within the DHB-owned practices.

D: Develop an Integrated Model of Pharmacy on the West Coast

- Pharmacists are now working regularly in three general practices to assist with the medicines-related care of complex patients and the input of pharmacists in the Complex Clinical Care Network is being formalised.
- Work on planned quality improvement processes is on hold pending release of the national community pharmacy quality framework.



A: Live Within our Financial Means

- The consolidated result for the year to date ending December 2013 is a deficit of \$0.027m, which was \$0.025m unfavourable against the budgeted deficit of \$0.002m. The year to date position is now \$0.035m unfavourable.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	0	(1)	1	0	(8)	8
Funder Arm	86	(60)	146	52	(328)	380
Provider Arm	(113)	59	(172)	(1,159)	(736)	(423)
Consolidated Result	(27)	(2)	(25)	(1,107)	(1,072)	(35)

B: Implement Employee Engagement and Performance Management Processes

Employee Health and Wellness

- A brief self-assessment of ACC audit standards in terms of the West Coast WSMP [Worksafe management programme] has been completed and areas for improvement identified are now being addressed. Maintaining secondary status under this programme realises significant ACC levy savings to the DHB.
- HSNO audits have been completed at Buller and Grey hospitals with a focus on improving medical gas storage and supply. Significant gains and efficiencies have been attained in partnership with BOC gases in Canterbury and we will look to scope improvements in Greymouth.
- Our safety advisor has been assisting staff with return to work following both non work incidents and ACC work related. Staff injuries remain static with an average of four work related ACC claims per month. This has been consistent over the last two years. The main injury causations are patient handling / manual handling; slips, trips or falls; body stress or strain; physical assaults. The most common injuries are musculoskeletal [body stress or strain] to lower back or shoulder.

Organisation Development

- Implementation of the online performance management tool is still scheduled for April/May 2014.

Recruitment

- Recruitment is underway for 38 vacancies evenly spread across all workgroups.
- Suitably experienced nurses for Buller and Reefton are our most challenging to source and a new campaign is currently being developed to address this. Application levels are high from CAP students and overseas trained nurses who are unable to work in a rural setting due to lack of experience.
- Interviews are currently being held for General Surgeon, Anaesthetist, O&G and Hospital Generalist vacancies

Employee Relations

- Negotiations with APEX, representing IT workers, have now concluded and have been ratified.

C: Effective Clinical Information Systems

eReferrals Project

- Stage Two for the Central Booking Unit went live as planned in December. The remaining departments will go live with Stage Two in 1st Quarter 2014.

Maternity Systems

- WCDHB doesn't currently have an electronic maternity information system. A temporary data capture system using a spreadsheet has been found to be the best option for reporting on the new maternity quality indicators. In 2014, WCDHB is planning to implement the National Maternity system which will enhance our ability to report on the new maternity quality indicators.

eSign Off

- The eSign off business case has been approved. This will allow electronic sign-off by clinicians of hospital-ordered pathology and radiology tests. Planning for implementing this system is in progress with Christchurch Health Laboratories.

Windows XP replacement

- All DHBs need to have replaced or provided risk mitigation strategies for any Windows XP desktops in their organisation by April 2014. IT currently has this as one of its highest priorities and is in the process of building the replacement equipment/software to achieve this.

Performance Issues

- Computer systems are not maintaining pace with demand, primarily due to the growth in the number of users using them, and more complicated systems requiring greater computing resources. A new system is being tested to alleviate this issue and is due to begin rolling out in February.

D: Effective Two-way Communication and Stakeholder Engagement Activity Supporting Health System Transformation

Recruitment of a Senior Communications Advisor

- This month we are advertising for a full-time senior communications advisor based in Greymouth. The role will report to the Strategic Communications Manager, who is based at the Canterbury DHB.

Implementing a Grassroots Strategy

- The grassroots strategy is proving to be very successful. The idea of this strategy is to share information with community organisations from the ground up. The strategy has targeted key groups across the West Coast with the goal of the DHB's messages spreading to larger audiences. This is happening as evidenced by organisations now seeking out DHB representatives to speak at local meetings, and positive feedback on the delivery and content of the presentations.
- Meetings with community groups across the Coast in the coming months are currently being organised. An open meeting in Reefton to update the community is currently scheduled for the evening of 05 March.
- In addition, meetings with the Greymouth and Buller mayors have occurred within the last fortnight. It is anticipated that these will be regular conversations intended to ensure that mayors are well informed about the transformation of health services underway on the Coast.

Internal Communications

- **Re-engagement with staff re facilities re-development:** Re-engagement with staff re facilities re-development will commence this month. The Partnership Group-appointed Design Team will support the DHB as we lead the last round of workshops in Buller and Greymouth to finalise the functional brief and concept plan for the Grey and Buller facilities redevelopment.

- **Internal Communications Advisory Panel:** The first meeting of the Internal Communications Advisory Panel for 2014 is scheduled for this month. These meetings are providing the communications team with valuable 'grass roots' information which is shaping current internal communications initiatives.
- **CE Update:** The weekly CE update continues to be a strategic document, giving staff and other stakeholders first-hand information about initiatives and change occurring across the West Coast health system.

Proactive Media Relations

- Proactive stories released to the media and reported this month include:
 - **West Coast DHB continues to invest in improving Buller residents' access to health care** – informing Buller residents about the Red Cross free transport to Grey Hospital
 - **West Coast DHB reminding people to keep safe while swimming these holidays**
 - **Full access to health care in Reefton over holiday period** – reassuring the Reefton community that access to health care in their own community was available
 - **West Coast DHB promoting Safe Sleep Awareness Day** – encouraging new parents to adopt safe sleeping practices for babies.

Reactive Media Relations

- Issues commented on this month included questions relating to the facilities redevelopment and information on the National Travel Assistance Scheme



Key Achievements/Issues of Note

Buller District Draft Local Alcohol Policy

- Submissions on the Buller District's Draft Local Alcohol Policy [LAP] closed on 31 January. The Medical Officer of Health has made a submission opposing the proposed opening hours for on and off-licence premises, as these are in excess of those recommended by Police and the MOH, and the Council's own Local Alcohol Policy Working Group. If passed in its present form the LAP would extend the opening hours of many premises beyond their current hours. The submission also summarises the findings of the MOH's earlier report to the Council on the health impacts of alcohol in the Buller District. Council is likely to hear submissions late in February.

Kumara Races

- The Kumara Races were attended by around 10,000 people, which is one of the largest crowds in the history of the meeting. Despite this, there was a good standard of behaviour and few instances of alcohol-related problems at the race venue. CPH distributed 1,200 water bottles with the Good Memories No Regrets [safe drinking, safe sex] message throughout the day and these were well received. Sponsorship from the Health Promotion Agency enabled this initiative. CPH will continue to work with race organisers to ensure that the event is one which can be enjoyed without alcohol-related harm.






***West Coast Regional Council [WCRC] Regional Policy Statement [RPS] Review
Discussion Document***

- CPH made a submission on the WCRC's Discussion Document which asked for feedback on the inclusion of two new regionally significant issues in the RPS: promoting positive effects of development and creating sustainable communities. CPH's submission supports the inclusion of these issues in the RPS. It recommends the use of health impact and social impact assessments as a mechanism for ensuring balanced consideration of the effects of resource use and development. It also emphasises the need to set, and monitor compliance with, resource consent conditions that will avoid, remedy or mitigate the negative effects of resource use and development.

Drinking Water Capital Assistance Programme [CAP]

- Buller District Council has advised CPH that they will be relinquishing the Ministry of Health CAP funding they were granted for drinking water improvements at Waimangaroa and Ngakawau/Hector. Council cannot proceed because the size of treatment plant they will need considerably exceeds the funding allocated. This means that Council will need to make new applications to the next CAP funding round. CPH's drinking water staff will work with them to do this.
- Despite the implementation of a new treatment plant for Punakaiki, built with the assistance of CAPS funding in 2012, microbial transgressions have continued to occur [most recently in January] in this supply and a Boil Water notice is still in force. CPH has expressed its concerns about this unsatisfactory situation to Council and the Ministry of Health. Further information has been requested from Council and CPH will work with Council and the Ministry to ensure that the CAP investment does result in a safer drinking water supply for Punakaiki.

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

	<p>The West Coast DHB continues to achieve the Shorter Stays in Emergency Department Health Target, with 99.8% of people admitted or discharged within six hours during the 2013 year to 31 January 2014 – well above the target of 95%.</p>
	<p>West Coast DHB is on track to meeting the Electives Health Target, delivering 795 confirmed elective discharges for the year to date to 31 December 2013 [just 7 cases behind year-to-date target for the six months]. The West Coast DHB target to deliver 1,592 elective procedures remains unchanged for 2013/14.</p>
	<p>The West Coast continues to achieve the Shorter Waits for Cancer Treatment Health Target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.</p>
	<p>The West Coast DHB did not achieve the Increased Immunisation Health Target for Quarter 2 2013/14. This target increased from 85% in the 2012/13 year to 90% in the 2013/14 year. The West Coast DHB achieved 84% fully immunised eight-month-olds, with 94% NZ European and 88% Maori children fully vaccinated.</p> <p>This quarter also had a 3.1% increased opt-off and declines rate at 11.9%. Only four children were overdue this quarter, one of which was vaccinated after the milestone age.</p>
	<p>In Quarter 2, West Coast DHB staff provided 86.2% of hospitalised smokers with smoking cessation advice and support – not meeting the targeted 95% for the Secondary Care Better Help for Smokers to Quit Health Target.</p> <p>WCDHB continues to focus on achieving the target with a number of initiatives taking place including Clinical Nurse Managers [CNMs] identifying ‘missed’ patients, increased visibility of the ABC initiative in the wards and raising awareness of Nicotine Replacement Therapy [NRT] with the Smokefree Services Coordinator presenting at an RMO teaching seminar and speaking at the Senior Nurses meeting.</p> <p>Progress continues with the Primary Care Better Help for Smokers to Quit Health Target with preliminary results showing an increase of 2.0%, with 59.9% of people who smoke attending primary care receiving advice and help to quit.</p>



Provisional performance against the **More Heart and Diabetes Checks Health Target** has shown an increase of 2.4% in the December quarter, with **66.4%** of the eligible enrolled West Coast population now having had a cardiovascular risk assessment in the last five years [not meeting the December progress target of 78%]. Rates for West Coast Maori are slightly lower than our overall total population, at 61%.

WCDHB continues to work on increasing the rates during the year and meet the 90% target by 1st July 2014. This includes integration of Kaupapa Maori nurses, implementing specific nurse led CVRA clinics at practices and providing extra nursing resources for CVRAs.

Additional funding received from the Ministry of Health to help support further uptake of More Heart and Diabetes Checks has resulted in a contract being concluded with the West Coast PHO and an after-hours clinic already being delivered in Reefton. Further recruitment of nurses to work at dedicated general practices after-hours clinics, marae, work places and other venues continues.

Report prepared by:

David Meates, Chief Executive

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

SOURCE: Clinical Leaders

DATE: 21 February 2014

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as a regular update.

2. RECOMMENDATION

That the Board:

- i. notes the Clinical Leaders Update

3. DISCUSSION

Facilities Planning

The Clinical Leaders have been participating fully in the Partnership-Group led process to develop the outline of an affordable facility solution. Throughout this process, we have remained absolutely committed to ensuring that the Model of Care that we have collectively developed over the last 4 years could be delivered in an appropriate facility.

We are confident that we will be able to develop a workable facility that we can afford, that enables our Model of Care to be delivered and that therefore meets the needs of our community.

Workforce

The Allied Health Leadership proposal for change consultation closed at the end of January 2014. We received a large number of submissions and will be reviewing these and agreeing next steps this month. We continue to work on how we can recruit allied health professionals to Buller and have plans in place to ensure accesses to services are maintained.

The Nursing Entry to Practice Programme (NETP) has commenced for 2014, with a full compliment of nurses on the funded programme. We have also employed additional new graduate nurses into the system and will be supporting them to complete the NETP programme. This is an important component of our workforce sustainability planning.

We are developing a workforce plan and staffing model within the maternity team, which will enable us to support more than one Midwifery First Year of Practice midwife (MFYP) midwife annually. With a West Coast Cohort graduating in 2015 it is important that we have this in place by the end of 2014.

There has been an increase in Health Workforce New Zealand (HWNZ) funding this year to support a larger number of nurses completing postgraduate qualifications. The focus remains on advanced health assessment, applied pharmacology and research. This ensures nurses are well supported and prepared to work to the full extent of their scope of practice, and for succession planning into advanced nursing roles.

Quality and Safety

The Clinical Credentialing Committee has been re-established at the West Coast DHB. Its role is to ensure that senior medical staff have the appropriate skills required to work at our facilities, and that the facilities we provide enable the doctors to do their work well. This is an important Quality Assurance activity for the organisation.

The Clinical Board, the Quality Team and Communications Team have submitted the West Coast DHB's Quality Accounts, and a copy will be provided to Board members as soon as minor adjustments have been made. Work continues on the various workstreams of the National Patient Safety Campaign Open for Better Care. We are also continuing the implementation of the recommendations from the Maternity and Review and service quality improvements in:

- maternity services
- mental health services (noting that we are working to finalise recommendations in relation to the mental health review)
- orthopaedics
- medical, surgical and emergency services.

The focus on falls risk reduction continues with a visit from Sandy Blake, Clinical Lead on falls for the Health Quality Safety Commission. Sandy worked with the clinical teams to acknowledge good systems in place and to further refine resources available to support risk reduction. This is an important focus for the whole of the West Coast Health System, with Sandy complimenting the whole of system approach implemented on the West Coast.

4. CONCLUSION

The Clinical Leaders will continue to work across a range of activities to promote a sustainable West Coast health care service.

Report prepared by:

Carol Atmore, Chief Medical Officer
Karyn Kelly, Director of Nursing & Midwifery
Stella Ward, Executive Director, Allied Health

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Finance

DATE: 21 February 2014

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters of the Board of the West Coast District Health Board, a more detailed report is presented and received by the Quality, Finance, Audit and Risk Committee (QFARC) prior to this report being prepared.

2. RECOMMENDATION

That the Board:

- i. notes the financial results for the period ended 31 December 2013.

3. DISCUSSION

Overview of December 2013 Financial Result

The financial information in this report represents a summary and update of the financial statements forwarded to the Ministry of Health and presented to and reviewed by QFARC. The consolidated West Coast DHB financial result for the month of December 2013 was a deficit of \$0.027m, which was \$0.025m unfavourable against the budgeted deficit of \$0.002m. The year to date position is now \$0.035m unfavourable. The breakdown of December's result is as follows.

Financial Overview for the period ending 31 December 2013

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,790	6,875	(85)	x	40,897	41,250	(353)	x
Governance & Administration	143	151	(8)	x	949	956	(7)	x
Funds & Internal Eliminations	4,474	4,385	89	√	26,534	26,260	274	√
	11,407	11,411	(4)	x	68,380	68,466	(86)	x
EXPENSES								
Provider								
Personnel	4,894	4,492	(402)	x	26,486	25,960	(526)	x
Outsourced Services	374	252	(122)	x	3,210	2,206	(1,004)	x
Clinical Supplies	442	625	183	√	4,218	4,949	731	√
Infrastructure	724	901	177	√	5,451	5,595	144	√
	6,434	6,270	(164)	x	39,365	38,710	(655)	x
Governance & Administration	143	152	9	√	949	964	15	√
Funds & Internal Eliminations	4,388	4,445	57	√	26,482	26,588	106	√
Total Operating Expenditure	10,965	10,867	(98)	x	66,796	66,262	(534)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	442	544	(102)	x	1,584	2,204	(620)	x
Interest, Depreciation & Capital Charge	469	546	77	√	2,691	3,276	585	√
Net surplus/(deficit)	(27)	(2)	(25)	x	(1,107)	(1,072)	(35)	x

4. **APPENDICES**

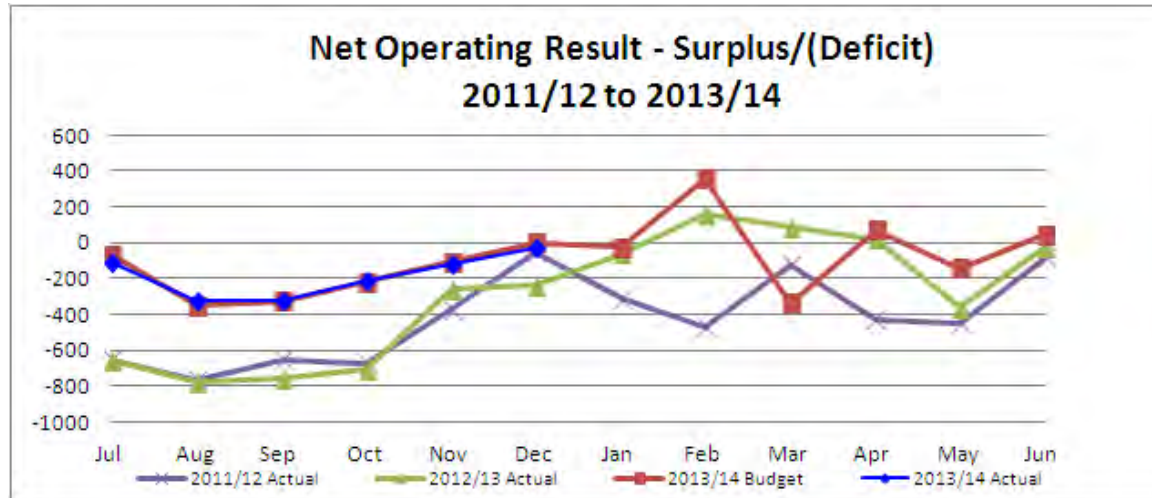
Appendix 1:	Financial Results for the period ending 31 December 2013
Appendix 2:	Statement of Financial Performance – December 2013
Appendix 3:	Statement of Financial Position – December 2013
Appendix 4:	Cashflow – December 2013

Report prepared by: Justine White, General Manager: Finance

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – YTD DECEMBER 2013

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(27)	(2)	(25)	1168% X	(1,107)	(1,072)	(35)	3% X

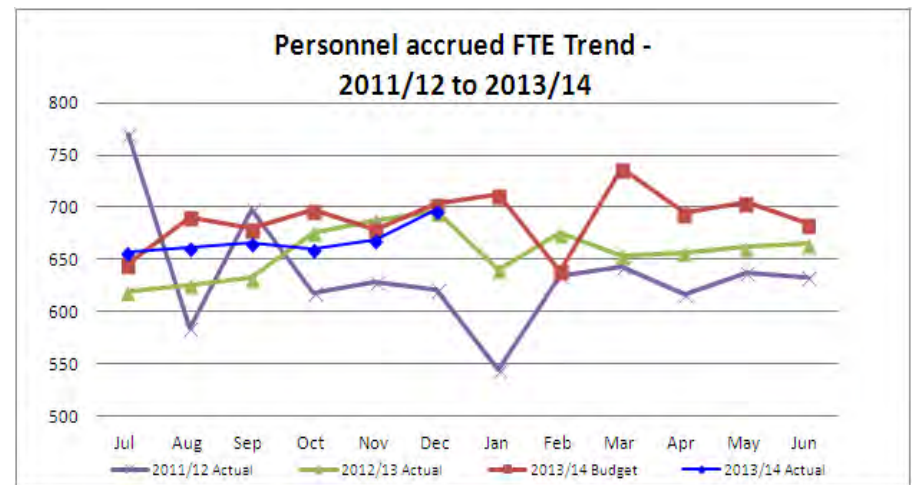
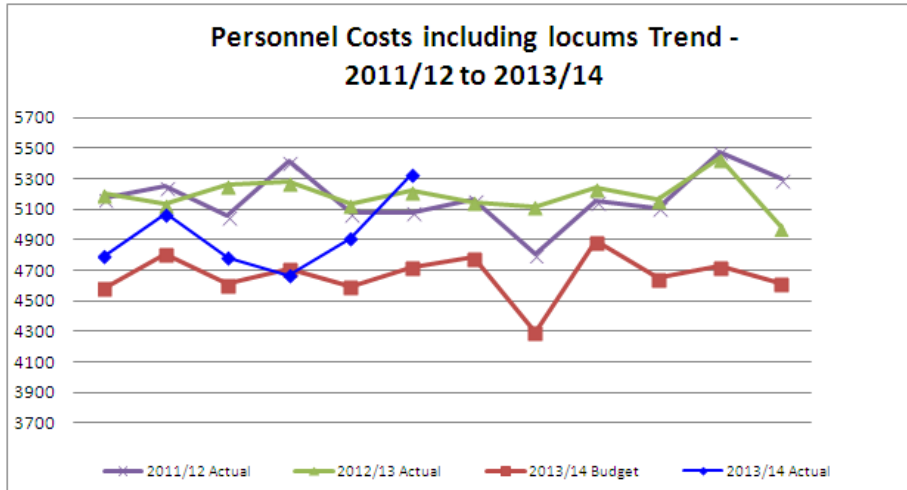


We have submitted an Annual Plan with a net deficit of \$1.1m, which is entirely consistent with the previously outlined reduced deficit track and is also consistent with the Detailed Business Case as compiled for the draft Facilities Development Plan.

KEY RISKS AND ISSUES

Although currently tracking on target, the achievement of the annual plan will continue to require a significant level of oversight and management in order to be achieved, we are confident that the forecast year end result will be on track with our annual plan.

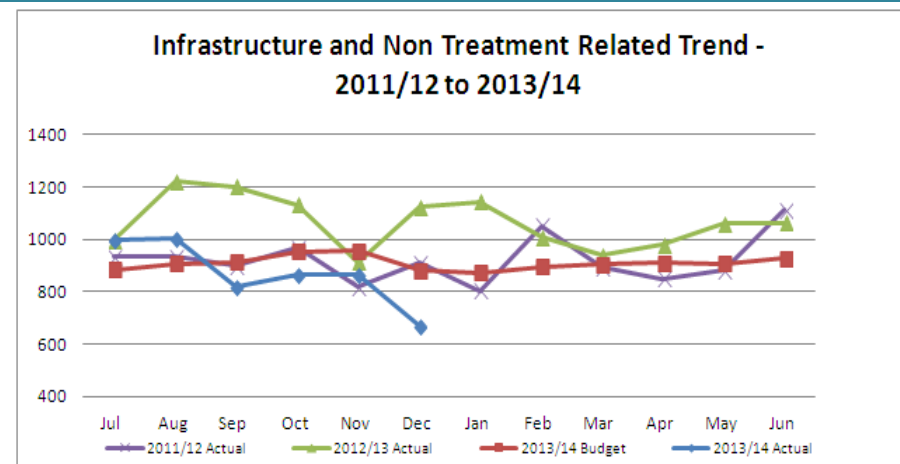
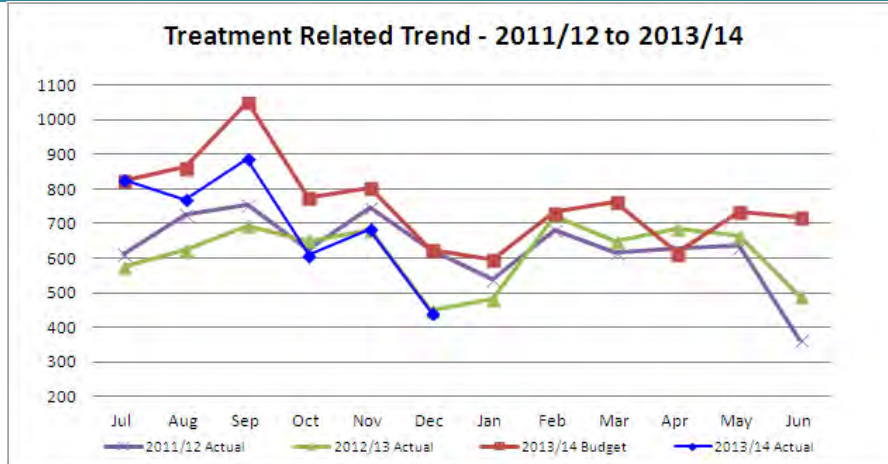
PERSONNEL COSTS/PERSONNEL ACCRUED FTE



KEY RISKS AND ISSUES

From July 2013, Locum costs related to backfill are being included in Personnel costs rather than outsourced clinical costs. Significant reporting has been introduced to mitigate deterioration against budget through better use of stabilised rosters and leave planning, these costs are ahead of budget from a YTD perspective.

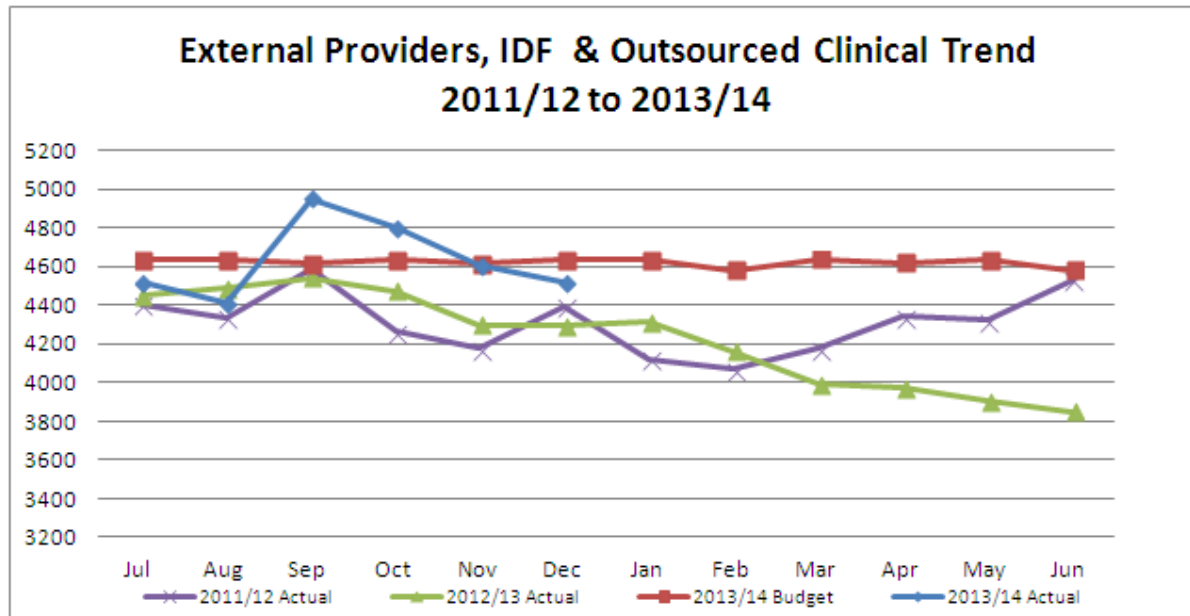
TREATMENT & NON TREATMENT RELATED COSTS



KEY RISKS AND ISSUES

Albeit with cyclical patterns these costs tend to be managed to predictions, key oversight should enable us to meet budget throughout the year.

EXTERNAL PROVIDER COSTS



KEY RISKS AND ISSUES

Capacity constraints within the system require continued monitoring of trends and demand for services.

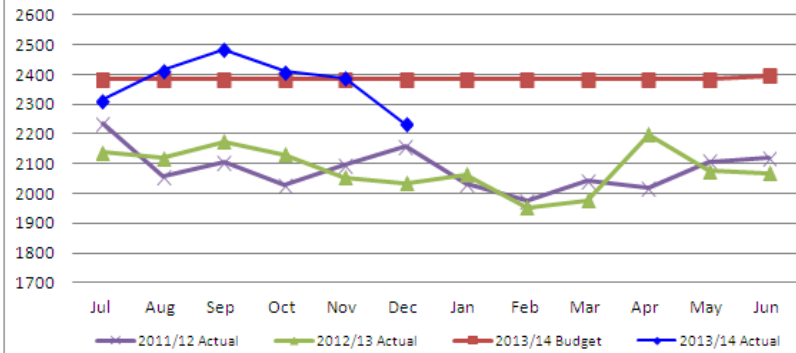
Funder Arm - Payments to External Providers

Month ended Dec 2013

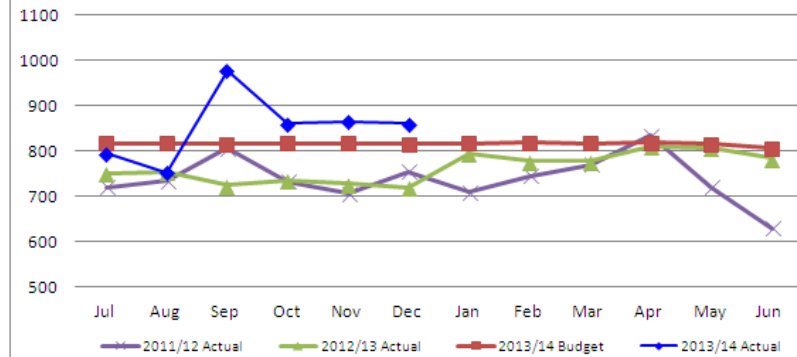
Current Month				SERVICES	Year to Date				2013/14 Annual Budget
Actual	Budget	Variance			Actual	Budget	Variance		
\$000	\$000	\$000	%		\$000	\$000	\$000	%	
				Primary Care					
39	43	4	9%	Dental-school and adolescent	211	258	47	18%	512
0	2	2	100%	Maternity	0	16	16	100%	28
115	84	-31	-37%	PHO non-Capitated Services & Combine	489	504	15	3%	1,013
584	578	-6	-1%	Primary Practice Capitation	3,541	3,468	-73	-2%	6,930
0	0	0	0%	Primary Health Care Strategy	46	0	-46	0%	0
10	5	-5	-100%	Child and Youth	19	30	11	37%	55
-2	4	6	159%	Immunisation	23	24	1	4%	53
-4	12	16	133%	Maori Service Development	58	72	14	19%	148
63	45	-18	-40%	Whanua Ora Services	319	270	-49	-18%	536
0	17	17	100%	Palliative Care	68	102	34	33%	215
8	8	0	0%	Chronic Disease	45	48	3	6%	87
47	18	-29	-161%	Other Primary	290	108	-182	-169%	215
860	816	-44	-5%		5,109	4,900	-209	-4%	9,792
				Referred Services					
20	56	36	64%	Laboratory	132	336	204	61%	675
695	687	-8	-1%	Pharmaceuticals	4,208	4,122	-86	-2%	8,238
715	743	28	4%		4,340	4,458	118	3%	8,913
				Secondary Care					
7	96	89	93%	Inpatients	342	576	234	41%	1,161
69	66	-3	-5%	Radiology services	620	396	-224	-57%	795
46	112	66	59%	Travel & Accommodation	512	672	160	24%	1,344
1,365	1,366	1	0%	IDF Payments Personal Health	8,206	8,196	-10	0%	16,396
1,487	1,640	153	9%		9,680	9,840	160	2%	19,696
3,062	3,199	137	4%	Primary & Secondary Care Total	19,129	19,198	69	0%	38,401
				Public Health					
19	11	-8	-73%	Nutrition & Physical Activity	128	66	-62	-94%	126
0	6	6	100%	Public Health Infrastructure	0	36	36	100%	73
0	0	0		Social Environments	0	0	0		0
12	12	0	0%	Tobacco control	81	72	-9	-13%	137
0	0	0	0%	Screening programmes	15	0	-15	0%	6
31	29	-2	-7%	Public Health Total	224	174	-50	-29%	342
				Mental Health					
61	47	-14	-31%	Day Activity & Rehab	298	282	-16	-6%	569
11	11	0	0%	Advocacy Family	55	66	11	17%	132
26	15	-11	-73%	Other Mental Health	119	90	-29	-32%	168
10	117	107	91%	Community Residential Beds	556	702	146	21%	1,408
69	69	0	1%	IDF Payments Mental Health	412	414	2	1%	823
177	259	82	32%		1,440	1,554	114	7%	3,100
				Older Persons Health					
0	0	0	0%	Information and Advisory	0	0	0	0%	0
0	0	0	0%	Needs Assessment	0	0	0	0%	-1
97	56	-41	-73%	Home Based Support	398	336	-62	-18%	665
-10	9	19	211%	Caregiver Support	33	54	21	39%	111
286	214	-72	-34%	Residential Care-Rest Homes	1,367	1,268	-99	-8%	2,520
0	-2	-2	100%	Residential Care Loans-Rest Homes	-7	-12	-5	-42%	-25
0	-2	-2	100%	Residential Care Loans-Hospital Level	-7	-12	-5	-42%	-26
10	26	16	62%	Residential Care-Community	64	156	92	59%	314
321	372	51	14%	Residential Care-Hospital	1,937	2,206	269	12%	4,371
0	0	0	0%	Ageing in place	-3	0	3	0%	0
0	0	0	0%	Environmental Support Mobility	0	0	0	0%	0
5	8	3	38%	Day programmes	57	48	-9	-19%	96
12	8	-4	-49%	Respite Care	61	48	-13	-27%	99
1	4	3	76%	Community Health	10	24	14	58%	42
93	91	-2	-2%	IDF Payments-DSS	555	546	-9	-2%	1,089
815	783	-32	-4%		4,465	4,662	197	4%	9,255
992	1,042	50	5%	Mental Health & OPH Total	5,905	6,216	311	5%	12,355
4,085	4,270	185	4%	Total Expenditure	25,258	25,588	330	1%	51,098

EXTERNAL PROVIDER COSTS

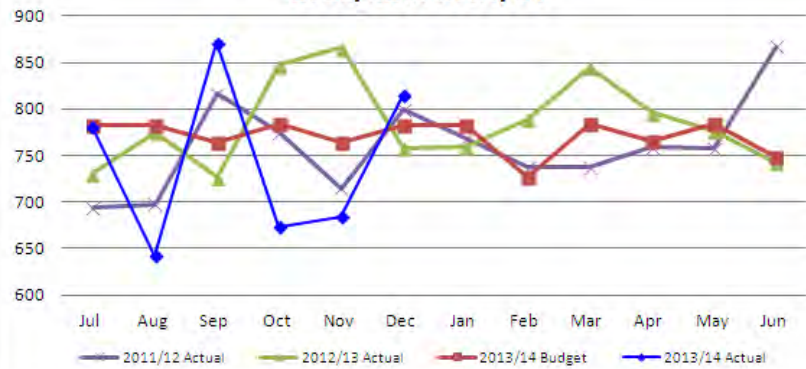
**Secondary and Referred Services Trend
2011/12 to 2013/14**



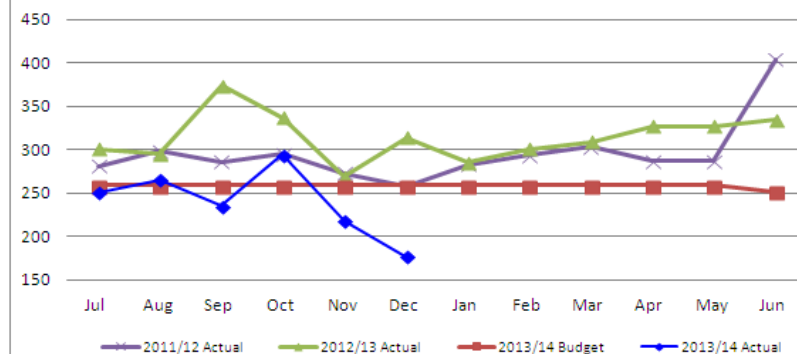
**Primary Care Trend
2011/12 to 2013/14**



**Older Persons Health Trend
2011/12 to 2013/14**



**Mental Health Trend
2011/12 to 2013/14**



FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			Annual Budget \$'000
Equity	9,045	11,056	(2,011)	-18%	✗	12,060
Cash	8,530	5,913	2,617	44%	✓	7,809

KEY RISKS AND ISSUES

The cash on hand position reflects that the funding to rectify the seismic strengthening has been received.

APPENDIX 2: STATEMENT OF FINANCIAL PERFORMANCE

Statement of comprehensive income

For period ending

31 December 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 2013/14	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	10,961	10,930	31	0.3%	65,475	65,580	(105)	(0.2%)	131,156	128,940
Inter DHB Revenue	0	3	(3)	(100.0%)	20	18	2	11.1%	36	36
Inter District Flows Revenue	135	134	1	0.7%	805	804	1	0.1%	1,622	1,656
Patient Related Revenue	293	281	12	4.3%	1,404	1,686	(282)	(16.7%)	3,371	3,112
Other Revenue	18	63	(45)	(71.4%)	676	378	298	78.8%	759	1,088
Total Operating Revenue	11,407	11,411	(4)	(0.0%)	68,380	68,466	(86)	(0.1%)	136,944	134,833
Operating Expenditure										
Personnel costs	4,969	4,543	(426)	(9.4%)	26,769	26,253	(516)	(2.0%)	53,310	55,688
Outsourced Services	267	168	(99)	(58.9%)	2,659	1,702	(957)	(56.2%)	2,532	9,120
Treatment Related Costs	442	625	183	29.3%	4,218	4,949	731	14.8%	9,114	7,369
External Providers	2,973	3,000	27	0.9%	17,981	17,968	(13)	(0.1%)	35,866	29,843
Inter District Flows Expense	1,527	1,526	(1)	(0.1%)	9,173	9,156	(17)	(0.2%)	18,308	16,675
Outsourced Services - non clinical	118	123	5	4.1%	778	738	(40)	(5.4%)	1,460	1,445
Infrastructure and Non treatment related costs	910	882	(28)	(3.2%)	6,571	5,496	(1,075)	(19.6%)	10,915	12,787
Total Operating Expenditure	11,206	10,867	(339)	(3.1%)	68,149	66,262	(1,887)	(2.8%)	131,505	132,927
Result before Interest, Depn & Cap Charge	201	544	(343)	63.0%	231	2,204	(1,973)	89.5%	5,439	1,907
Interest, Depreciation & Capital Charge										
Interest Expense	62	54	(8)	(14.8%)	339	324	(15)	(4.6%)	642	650
Depreciation	105	424	319	75.2%	600	2,544	1,944	76.4%	5,085	4,156
Capital Charge Expenditure	61	68	7	10.3%	399	408	9	2.2%	812	677
Total Interest, Depreciation & Capital Charge	228	546	318	58.2%	1,338	3,276	1,938	59.2%	6,539	5,482
Net Surplus/(deficit)	(27)	(2)	(25)	(1168.2%)	(1,107)	(1,072)	(35)	(3.3%)	(1,100)	(3,576)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(27)	(2)	(25)	(1168.2%)	(1,107)	(1,072)	(35)	(3.3%)	(1,100)	(3,576)

APPENDIX 3: STATEMENT OF FINANCIAL POSITION

Statement of financial position

As at

31 December 2013

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	26,188	29,927	(3,739)	(12.5%)	168,554
Intangible assets	1,528	1,242	286	23.0%	5,413
Work in Progress	2,129	528	1,601	303.2%	5,461
Other investments	0	2	(2)	(100.0%)	12
Total non-current assets	29,845	31,699	(1,854)	(5.8%)	179,440
Current assets					
Cash and cash equivalents	8,530	5,913	2,617	44.3%	29,970
Patient and restricted funds	60	58	2	3.4%	347
Inventories	998	1,040	(42)	(4.0%)	6,262
Debtors and other receivables	3,104	4,614	(1,510)	(32.7%)	28,196
Assets classified as held for sale	136	136	0	0.00%	816
Total current assets	12,828	11,761	1,067	9.1%	65,591
Total assets	42,673	43,460	(787)	3.2%	245,031
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	14,195	12,195	2,000	16.4%	73,170
Employee entitlements and benefits	3,080	3,461	(381)	(11.0%)	19,355
Total non-current liabilities	17,275	15,656	1,619	10.3%	92,525
Current liabilities					
Interest-bearing loans and borrowings	250	250	0	0.00%	1,500
Creditors and other payables	7,532	8,374	(842)	(10.1%)	55,172
Employee entitlements and benefits	8,571	8,124	447	5.5%	48,402
Total current liabilities	16,353	16,748	(395)	(2.4%)	105,074
Total liabilities	33,628	32,404	1,224	3.8%	197,599
Equity					
Crown equity	69,729	71,729	(2,000)	(2.8%)	397,182
Other reserves	19,569	19,569	0	0.00%	117,414
Retained earnings/(losses)	(80,292)	(80,281)	(11)	0.0%	(467,399)
Trust funds	39	39	0	0.00%	39
Total equity	9,045	11,056	(2,011)	(18.2%)	47,236
Total equity and liabilities	42,673	43,460	(787)	(1.8%)	244,835

APPENDIX 4: CASHFLOW

Statement of cash flows

For period ending

31 December 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				2013/14	2012/13
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Cash flows from operating activities										
Cash receipts from Ministry of Health, patients and other revenue	12,057	11,391	666	5.8%	67,605	68,346	(741)	(1.1%)	136,704	135,453
Cash paid to employees	(5,164)	(4,724)	(440)	9.3%	(30,078)	(27,986)	(2,092)	7.5%	(55,948)	(55,710)
Cash paid to suppliers	(1,128)	(1,617)	489	(30.2%)	(9,500)	(11,105)	1605	(14.5%)	(21,335)	(31,744)
Cash paid to external providers	(3,108)	(3,000)	(108)	3.6%	(18,786)	(17,968)	(818)	4.6%	(35,866)	(31,499)
Cash paid to other District Health Boards	(1,392)	(1,526)	134	(8.8%)	(8,368)	(9,156)	788	(8.6%)	(18,308)	(15,019)
<i>Cash generated from operations</i>	1265	524	741	141.5%	873	2131	(1,258)	(59.0%)	5,247	1,480
Interest paid	(62)	(54)	(8)	14.8%	(339)	(324)	(15)	4.6%	(642)	(648)
Capital charge paid	271	(68)	339	(498.5%)	543	(408)	951	(233.1%)	(812)	(677)
Net cash flows from operating activities	1474	402	1072	266.8%	1077	1399	(322)	(23.0%)	3,793	155
Cash flows from investing activities										
Interest received	43	20	23	115.0%	320	120	200	166.7%	240	229
(Increase) / Decrease in investments	0	0	0		0	0	0		0	0
Acquisition of property, plant and equipment	(81)	(258)	177	(68.6%)	(1,165)	(1,548)	383	(24.7%)	(3,300)	(3,436)
Acquisition of intangible assets	0	(17)	17	(100.0%)	5	(102)	107	(104.9%)	0	(1,706)
Net cash flows from investing activities	(38)	(255)	217	(85.1%)	(840)	(1,530)	690	(45.1%)	(3,060)	(4,913)
Cash flows from financing activities										
Proceeds from equity injections	0	0	0		0	0	0		0	3,600
Repayment of equity	0	0	0		68	0	68		0	(68)
<i>Cash generated from equity transactions</i>	0	0	0		68	0	68		0	3,532
Borrowings raised	0	0	0		2000	0	2000		0	0
Repayment of borrowings	0	0	0		0	0	0		0	0
Payment of finance lease liabilities	0	0	0		0	0	0		0	0
Net cash flows from financing activities	0	0	0		2000	0	2000		0	0
Net increase in cash and cash equivalents	1,436	147	1289	877.7%	2,305	(131)	2436	(1856.2%)	1,765	(1,226)
Cash and cash equivalents at beginning of period	7,094	5,766	1328	23.0%	6,172	6,044	128	2.1%	6,044	7,398
Cash and cash equivalents at end of year	8,530	5,913	2,617	44.3%	8,477	5,913	2564	43.4%	7,809	6,172

To:- Chairman and members West Coast District Health Board

I wish to give notice of motion of the two following motions....

1. That birthing facilities be reinstated at Buller Hospital.

2. That the Geymouth Laundry be reopened.

Peter Neame.

3/12/13

A handwritten signature in black ink, appearing to read 'Peter Neame', written in a cursive style.

**HEALTH BENEFITS LIMITED - SHARED
BANKING & TREASURY SERVICES -
AUTHORISED SIGNATORIES**



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

SOURCE: General Manager, Finance

DATE: 21 February 2014

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

West Coast DHB is part to Health Benefits Limited's DHB wide commercial banking and treasury collective contract. Changes to authorised signatories require Board approval.

2. RECOMMENDATION

That the Board resolves to:

- i. approves the changes to the authorised signatories for the Health Benefits Limited Master Services Agreement as detailed in Appendix 1.

3. DISCUSSION

The authorised signatories for the Health Benefits Limited (HBL) Master Services Agreement require updating. The process for changing signatories is:

- Board approves changes
- Chief Executive notifies HBL and Westpac of Board resolution

4. APPENDICES

Appendix 1: HBL Master Services Agreement Signatory Changes

Report prepared by: Justine White, General Manager: Finance

APPENDIX 1: HBL MASTER SERVICES AGREEMENT SIGNATORY CHANGES

Retain

David Meates Chief Executive

Add

Justine White General Manager, Finance
Michael Frampton Programme Director
Ashley South Financial Accounting Manager
David Green Financial Controller (CDHB)

Remove

Hecta Williams
Colin Weeks
Jennifer Hasson

COMMITTEE MEMBERSHIP

TO: Chair and Members
West Coast District Health Board

SOURCE: Chairman

DATE: 21 February 2014

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This paper has been prepared by the Chairman to outline proposed Committee membership for the term of the current Board (until November 2016).

It seeks to confirm the appointment of Board members and Chairs and Deputy Chairs to Committees.

2. RECOMMENDATION

That the Board:

- i. Confirms the appointment of Board members to the Quality, Finance Audit and Risk Committee, Hospital Advisory Committee, and the combined Community and Public Health Advisory & Disability Support Advisory Committee as per the schedule attached as Appendix 1; and
- ii. Confirms the appointment of Chair's and Deputy Chair's to the Committees as shown in Appendix 1; and
- iii. Confirms that the term of Committee appointments for Board members is for a three year term until the end of November 2016 (while they remain members of the Board) with a review to take place after the first year; and
- iv. Notes that a further report will come to the Board's March meeting regarding the external/community membership of the Quality, Finance Audit and Risk Committee, Hospital Advisory Committee, Community and Public Health and Disability Advisory Committee and Disability Support Advisory Committee; and
- v. Approves the rollover of the current external members of the Board's Committees (including the Retention of Warren Gilbertson on the QFARC Committee) until the 27 June 2014 Board meeting, to enable a review to be carried out, noting that appointments can be concluded earlier if necessary.
- vi. Notes that the Terms of Reference (TOR) for all Committees will be reviewed in 2014 and submitted to the Board for approval in due course.

3. SUMMARY

The West Coast District Health Board currently has 2 Statutory Committees (Hospital Advisory Committee and combined Community & Public Health and Disability Support Advisory Committee) and 1 non-statutory Committee (Quality, Finance, Audit & Risk Committee). These

Committees are comprised of a mixture of Board members and “community” members (ie. non-board members appointed to committees).

The recommendations for the appointment of external members will be worked through with the Committee Chairs and will be brought to the Board’s May 2014 meeting. An extension of term for the current external members to 27 June 2014 is sought to allow Committee Chair’s to work through the process. Whilst it is expected that the process will be completed in time to present to the May Board meeting the extension until June is sought to allow for any unforeseen delays.

It is timely that the current Terms of Reference for the Committees go through a review/development process for Board approval and this will be undertaken over the next few months.

4. APPENDICES

Schedule 1: Proposed Governance Structure and Committee Membership 2014

Report approved for release by: Paul McCormack, Chairman

PROPOSED COMMITTEE MEMBERSHIP

February 2014

<p>West Coast District Health Board (Governance)</p>	<p>Paul McCormack (Chair) Peter Ballantyne (Deputy Chair)</p> <p>Kevin Brown Helen Gillespie Michelle Lomax Peter Neame Sharon Pugh Elinor Stratford Joseph Thomas John Vaile Susan Wallace</p>	<p>Quality, Finance, Audit and Risk Committee (Governance Committee)</p> <p>QFARC</p>	<p>Helen Gillespie (Chair) Peter Ballantyne (Deputy Chair) Paul McCormack Elinor Stratford Susan Wallace</p> <p>Proposed external member: Warren Gilbertson</p>
<p>Community and Public Health and Disability Support Advisory Committee (Governance Committee)</p> <p>CPHAC & DSAC</p>	<p>Elinor Stratford (Chair) John Vaile (Deputy Chair) Michelle Lomax Joseph Thomas</p> <p>Appointed external members: John Ayling Jenny McGill Robyn Moore Lynnette Beirne Runanga Representative (TBA) Dr Cheryl Brunton (Medical Officer of Health)</p> <p>Paul McCormack (Ex-officio) Peter Ballantyne (Ex-officio)</p>	<p>Hospital Advisory Committee (Governance Committee)</p> <p>HAC</p>	<p>Sharon Pugh (Chair) Kevin Brown (Deputy Chair) Peter Neame</p> <p>Appointed external members: Paula Cutbush Gail Howard Richard Wallace</p> <p>Paul McCormack(ex-officio) Peter Ballantyne (ex-officio)</p>

RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 21 February 2014

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

The following agenda items for the meeting are to be held with the public excluded. This section contains items for discussion that require the public to be excluded for the reasons set out below. The New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 and 33, and the West Coast DHB Standing Orders (which replicate the Act) set out the requirements for excluding the public.

2. RECOMMENDATION

That the Board:

- i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5 & 6 and the information items contained in the report.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the “Act”) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 13 December 2013	For the reasons set out in the previous Board agenda.	
2.	Chief Executive and Chair – Verbal update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) s9(2)(a)
3.	Clinical Leaders Verbal Update	Protect the privacy of natural persons To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
4.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	South Island Patient Information Care System	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Advisory Committee – Public Excluded Updates	For the reasons given in the Committee agendas	

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

3. SUMMARY

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

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

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

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

Clause 33 of the Act also further provides:

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

(a) the general subject of each matter to be considered while the public is excluded; and

(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and

(c) the grounds on which that resolution is based (being one or more of the grounds stated in Clause 32)

(2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and from part of the minutes of the Board”.

Report Prepared by:

Board Secretariat

**WEST COAST DHB MEETING SCHEDULE
FEBRUARY – DECEMBER 2014**

DATE	MEETING	TIME	VENUE
Thursday 20 February 2014	TATAU POUNAMU	2.00pm	Board Room, DHB Corporate Office
Friday 21 February 2014	BOARD	10.00am	St John, Waterwalk Rd, Greymouth
Thursday 20 March 2014	CPHAC & DSAC	9.00am	Board Room, DHB Corporate Office
Thursday 20 March 2014	HAC	11.00am	Board Room, DHB Corporate Office
Thursday 20 March 2014	QFARC	1.30pm	Board Room, DHB Corporate Office
Friday 4 April 2014	BOARD	10.00am	St John, Waterwalk Rd, Greymouth
Thursday 1 May 2014	CPHAC & DSAC	9.00am	Board Room, DHB Corporate Office
Thursday 1 May 2014	HAC	11.00am	Board Room, DHB Corporate Office
Thursday 1 May 2014	QFARC	1.30pm	Board Room, DHB Corporate Office
Thursday 1 May 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 9 May 2014	BOARD	10.00am	St John, Waterwalk Rd, Greymouth
Thursday 12 June 2014	CPHAC & DSAC	9.00am	Board Room, DHB Corporate Office
Thursday 12 June 2014	HAC	11.00am	Board Room, DHB Corporate Office
Thursday 12 June 2014	QFARC	1.30pm	Board Room, DHB Corporate Office
Friday 27 June 2014	BOARD	10.00am	St John, Waterwalk Rd, Greymouth
Thursday 24 July 2014	CPHAC & DSAC	9.00am	Board Room, DHB Corporate Office
Thursday 24 July 2014	HAC	11.00am	Board Room, DHB Corporate Office
Thursday 24 July 2014	QFARC	1.30pm	Board Room, DHB Corporate Office
Thursday 24 July 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 8 August 2014	BOARD	10.00am	West Coast Regional Council
Thursday 11 September 2014	CPHAC & DSAC	9.00am	Board Room, DHB Corporate Office
Thursday 11 September 2014	HAC	11.00am	Board Room, DHB Corporate Office
Thursday 11 September 2014	QFARC	1.30pm	Board Room, DHB Corporate Office
Tuesday 23 September 2014	TATAU POUNAMU	2.00pm	Board Room, DHB Corporate Office
Friday 26 September 2014	BOARD	10.00am	St John, Waterwalk Rd, Greymouth
Thursday 23 October 2014	CPHAC & DSAC	9.00am	Board Room, DHB Corporate Office
Thursday 23 October 2014	HAC	11.00am	Board Room, DHB Corporate Office
Thursday 23 October 2014	QFARC	1.30pm	Board Room, DHB Corporate Office
Thursday 23 October 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 31 October 2014	BOARD	10.00am	West Coast Regional Council
Thursday 27 November 2014	CPHAC & DSAC	9.00am	Board Room, DHB Corporate Office
Thursday 27 November 2014	HAC	11.00am	Board Room, DHB Corporate Office
Thursday 27 November 2014	QFARC	1.30pm	Board Room, DHB Corporate Office
Thursday 4 December 2014	TATAU POUNAMU	2.00pm	Board Room, DHB Corporate Office
Friday 12 December 2014	BOARD	10.00am	St John, Waterwalk Rd, Greymouth

The above dates and venues are subject to change. Any changes will be publicly notified.