

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



BOARD MEETING

**Friday 2 August 2013
10.00am**

**ST JOHN
WATERWALK ROAD
GREYMOUTH**

ALL INFORMATION CONTAINED IN THESE MEETING
PAPERS IS SUBJECT TO CHANGE

KARAKIA

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

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

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
Friday 2 August 2013 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		
	▪ 28 June 2013	
3. Carried Forward/Action List Items		
REPORTS		10.15am
4. Chair's Update – Verbal	Dr Paul McCormack <i>Chairman</i>	<i>10.15am – 10.25am</i>
5. Chief Executive's Update	Michael Frampton <i>Programme Director</i>	<i>10.25am – 10.40am</i>
6. Clinical Leader's Report	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>	<i>10.40am – 10.50am</i>
7. Finance Report	Justine White <i>General Manager, Finance</i>	<i>10.50am – 11.00am</i>
8. Presentation & Meeting with Chair of Clinical Board	Stella Ward <i>Chair, Clinical Board</i>	<i>11.00am – 11.30am</i>
9. Report from Committee Meetings		
- CPH&DSAC <i>6 June 2013</i>	Elinor Stratford <i>Chairperson, CPH&DSAC Committee</i>	<i>11.30am – 11.40am</i>
- Hospital Advisory Committee <i>6 June 2013</i>	Sharon Pugh <i>Chairperson, Hospital Advisory Committee</i>	<i>11.40am – 11.50am</i>
- Tatau Pomanau <i>6 June 2013</i>	Elinor Stratford <i>Board Delegate to Tatau Ponnamu</i>	<i>11.50am – 12noon</i>
10. Resolution to Exclude the Public	<i>Board Secretariat</i>	<i>12noon</i>

INFORMATION ITEMS

- Confirmed Minutes
 - CPH&DSAC Meeting – 6 June 2013
 - HAC Meeting – 6 June 2013
 - Tatau Pounamu Meeting – 6 June 2013
- 2013 Meeting Schedule

ESTIMATED FINISH TIME

12noon

NEXT MEETING

Friday 13 September 2013 commencing at 10.00am

WEST COAST DISTRICT HEALTH BOARD MEMBERS

Paul McCormack (Chair)
Peter Ballantyne (Deputy Chair)
Kevin Brown
Warren Gilbertson
Helen Gillespie
Mary Molloy
Sharon Pugh
Elinor Stratford
Doug Truman
John Vaile
Susan Wallace

Executive Support

David Meates (*Chief Executive*)
Michael Frampton (*Programme Director*)
Dr Carol Atmore (*Chief Medical Officer*)
Gary Coghlan (*General Manager, Maori Health*)
Kathleen Gavigan (*General Manager, Buller*)
Carolyn Gullery (*General Manager, Planning & Funding*)
Karyn Kelly (*Director of Nursing & Midwifery & Acting GM Primary & Community Services*)
Stella Ward (*Executive Director, Allied Health*)
Karalyn van Deursen (*Strategic Communications Manager, Canterbury & West Coast*)
Justine White (*General Manager, Finance*)
Kay Jenkins (*Minutes*)

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER



Member	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"> • Appointed Board Member, Canterbury District Health Board • Chair, 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 is a Pharmacy Assistant at Grey Base Hospital • Member of CCS • Co Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association
Warren Gilbertson	<ul style="list-style-type: none"> • Chief Operational Officer, Development West Coast • Member, Regional Transport Committee • Director, Development West Coast Subsidiary Companies • Trustee, West Coast Community Trust
Helen Gillespie	<ul style="list-style-type: none"> • Peer Support Counsellor, Mum 4 Mum • Employee, DOC
Sharon Pugh	<ul style="list-style-type: none"> • Shareholder, New River Bluegums Bed & Breakfast • Deputy Chair, Grey 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, Greymouth • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Committee Member of C.A.R.E. • Advisor MS/Parkinson West Coast • Member of sub committee for Stroke Conference • Disability Resource Trust - contracted to wind up this Organisation

John Vaile	<ul style="list-style-type: none"> • Director, Vaile Hardware Ltd
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 • Father Member of Tatau Pounamu • Father employee of West Coast District Health Board • Director, Kōhatu Makaawhio Ltd • Appointed member of Canterbury District Health Board • Chair, Rata Te Awhina Trust • Area Representative-Te Waipounamu Maori Womens' Welfare League
Mary Molloy	<ul style="list-style-type: none"> • Spokesperson for Farmers Against 1080 • Director, Molloy Farms South Westland Ltd • Trustee, L.B. & M.E. Molloy Family Trust • Executive Member, Wildlands Biodiversity Management Group Inc. • Deputy Chair of the West Coast Community Trust
Doug Truman	<ul style="list-style-type: none"> • Deputy Mayor, Grey District Council • Director Truman Ltd • Owner/Operator Paper Plus, Greymouth

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held in the Board Room, Corporate Office, Grey Base Hospital, Greymouth
on Friday 28 June 2013 commencing at 10.00am

BOARD MEMBERS

Dr Paul McCormack (Chair); Peter Ballantyne (Deputy Chair); Kevin Brown; Warren Gilbertson; Helen Gillespie; Mary Molloy; Sharon Pugh; Elinor Stratford; Doug Truman; and Susan Wallace.

APOLOGIES

An apology for absence was received and accepted from John Vaile

EXECUTIVE SUPPORT

David Meates (Chief Executive); Michael Frampton (Programme Director); Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan (General Manager, Buller Health Services); Carolyn Gullery (General Manager, Planning & Funding); Karyn Kelly (Director of Nursing & Midwifery); Karalyn van Deursen (Strategic Communications Manager); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

The Chair asked Susan Wallace to lead the Karakia. She made particular mention of some young members of the community who have recently passed away.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

- Elinor Stratford asked that “member of sub-committee for stroke conference” be removed.
- Kevin Brown advised that his wife no longer works for the hospital pharmacy but works part time for CAMHS.
- Dr Paul McCormack clarified that he has no conflict of interest with Better Health.

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 (22/13)

(Moved Susan Wallace/seconded Doug Truman - carried):

“That the minutes of the Meeting of the West Coast District Health Board held in the Board Room, Corporate Office, Grey Base Hospital, Greymouth on Friday 10 May 2013 be confirmed as a true and correct record.”

3. CARRIED FORWARD/ACTION LIST ITEMS

The Board noted that a presentation from the Chair of the Clinical Board is to be scheduled for a future Board meeting.

4. CHAIR'S UPDATE

The Chair commented on the following:

Meeting with Minister of Health

The Chair advised that he, along with the CEO & Deputy Chair, had met with the Minister of Health and others from the Ministry of Health.

Capital Investment Committee

He advised that he and the CEO had attended a Capital Investment Committee meeting to present the Indicative Business Case for Grey & Buller.

South Island Alliance Meeting

In regard to the South Island Alliance, the Chair commented that he believed this organisation is growing in maturity and clarity and is working well on a Regional basis.

National Leadership Meeting

The Chair asked Deputy Chair, Peter Ballantyne, to provide an update from the National Leadership Meeting.

Resolution (23/13)

(Moved Helen Gillespie/seconded Elinor Stratford - carried)

- i. That the Board notes the Chair's verbal Update.

5. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, presented his report which was taken as read. He advised the Board as that as we reach the end of the financial year we can look back with pride in what has been achieved. He commented in particular on the following:

- His report contains numerous components where management are trying to capture what is taking place across the whole of the health system on the West Coast. We are rebuilding the whole system and there will be some things that will remain uncomfortable for a while as we endeavour to ensure that we are building a safe reliable health system.
- The DHB is tracking to the budgeted deficit this year, and it is also pleasing that we are meeting the 5 month ESPI compliance targets for First Specialist Assessment and Surgery which has been a massive achievement. The DHB is also on track for the delivery of the overall volume for elective services which has not been an easy journey.
- A lot of new systems and processes have been put in place in Primary Care which for most people is the first point of contact in the health system.

Discussion took place regarding orthopaedic services and the Chief Executive advised that this will remain work in progress for some time. He commented however that it is encouraging that this area is ESPI compliant.

Discussion also took place regarding the on line learning suite led by HR which will be made available to West Coast employees in the near future.

Mention was made of the Tobacco controlled Purchase Operations where fifteen tobacco retailers were visited and none of the premises visited sold cigarettes to the underage volunteers.

Resolution (24/13)

(Moved Helen Gillespie/seconded Elinor Stratford – carried)

That the Board:

- i. notes the Chief Executive's update.

6. CLINICAL LEADERS REPORT

Karyn Kelly, Director of Nursing & Midwifery, spoke to this report, which was taken as read. She highlighted the work being undertaken in Primary Care by Better Health and advised that there is a great deal of support from the practices around this.

She also commented on the Model of Care development for District Nursing which she advised is working well.

Resolution (25/13)

(Moved Sharon Pugh/seconded Kevin Brown – 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 April 2013 which was taken as read. The consolidated result for the year to date ending April 2013 was a deficit of \$3,186k which is an unfavourable variance of \$218k against budget (\$2,968k deficit). The result for the month of April 2013 was a surplus of \$23k which is \$9k favourable to budget.

The Board noted that the DHB is on track to meet its forecasted \$3.6m deficit.

Ms White advised that the DHB is seeing the same trends and a continued influence of the changes made earlier in the year. She also advised that today the deficit funding of \$3.6m was received and we are yet to have the \$2 earthquake funding credited.

The Chair commented that it is a pleasing result this year and reminded the meeting that we have a \$1.1m deficit to meet in the 2013/14 financial year.

Resolution (26/13)

(Moved Susan Wallace/seconded Warren Gilbertson – carried)

That the Board:

- i. notes the financial result for the period ended 30 April 2013 and the verbal update on the May 2013 results.

8. HEALTH TARGET REPORT – QUARTER 3

David Meates, Chief Executive presented this report, which was taken as read. He commented that this is a summary of performance against health targets and highlights where we sit nationally.

He advised that particular focus is on diabetes checks and immunisation.

Resolution (27/13)

(Moved Helen Gillespie/seconded Doug Truman – carried)

That the Board:

- i. Notes the West Coast's performance against the Health Targets.

9. REVISED PHO SERVICES AGREEMENT

David Meates, Chief Executive, also spoke to this report. He advised that the PHO agreements has been going through a major repositioning, particularly in terms of PHO & DHB alignment and creating the right enabling framework will allow this to take place.

Resolution (28/13)

(Moved Mary Molloy/seconded Elinor Stratford – carried)

That the Board, as recommended by the Community and Public Health & Disability Support Advisory Committee:

- i. Note a Revised PHO Services Agreement, has been developed as a result of negotiations between the mandated representatives of the 20 DHBs, 32 PHOs and the Ministry of Health; and that a District / Regional Alliance Agreement underpins the new PHO Services Agreement.
- ii. Note the new PHO Services Agreement will take effect on 1 July 2013.
- iii. Note many of the provisions of the PHO Agreement remain unchanged, however key changes include:
 - a. A modular contract structure.
 - b. Increased clarity on the roles and responsibilities of DHBs and PHOs.
 - c. Updated Minimum Requirements of PHOs.
 - d. New clauses to assist PHOs in their ('back-to-back') Agreements with providers, for example clarification of aspects of after hours and holiday cover responsibilities.
 - e. Increased transparency with respect to service information and the use of public funds.
- iv. Note that the West Coast DHB and West Coast PHO are in the process of identifying local content that needs to be included in the Revised PHO Services Agreement and varied District Alliance Agreement.

10. REPORTS FROM COMMITTEE MEETINGS

- a. Elinor Stratford, Chair, Community & Public Health & Disability Support Advisory Committee provided an update from the Committee meeting held on 6 June 2013.

The update was noted

- b. Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 6 June 2013. She commented in particular on the recruitment of General Managers.

The update was noted.

- c. Elinor Stratford, Board Representative to Tatau Pounamu, provided an update from the Tatau Pounamu Advisory Group Meeting held on 6 June 2013.

The update was noted.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (29/13)

(Moved Paul McCormack/seconded Helen Gillespie – carried)

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9 & 10 and the information items contained in the report.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the “Act”) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 10 May 2013	For the reasons set out in the previous Board agenda.	
2	Chief Executive and Chair - 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 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.	Repayment of Equity for Depreciation Funding	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5	Certification Reporting	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7	South Island Regional Health Services Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8	Maternity Review Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9	Resolution to Support Facilities Indicative Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10	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 11.05am.

The Public Excluded section of the meeting commenced at 11.15am and adjourned for lunch between 12.15pm & 12.55pm.

The Public Excluded part of the meeting finished at 1.40pm

Dr Paul McCormack, Chair

Date

CARRIED FORWARD ITEMS – PUBLIC



WEST COAST DISTRICT HEALTH BOARD CARRIED FORWARD ITEMS AS AT 2 August 2013

	DATE	ACTION	COMMENTARY	STATUS
2013				
1.	10 May 2013	Clinical Board presentation	Chair of Clinical Board to present to Board meeting	Presentation on today's agenda

TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 02 August 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

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

Its format has been reorganised around the key organisational priorities that drive the Board and Executive Management Team's work programmes. Its content has been refocused on reporting recent performance, together with current and upcoming activity.

2. RECOMMENDATION

That the Board:

- i. notes the Chief Executive's update.



A: Reinvigorate the West Coast Alliance

- Alliance Leadership Team Membership – Pam O'Hara was welcomed as a new member of the Alliance Leadership Team at the June meeting. Pam provides a primary mental health perspective on the Alliance Leadership Team.
- Alliance Support Group – Kathleen Gavigan, the GM of Buller Health, was welcomed as a member of the management group of the Alliance, the Alliance Support Group. The role of this group is to operationalise ALT priorities, allocate resources and provide advice to workstreams and the Alliance Leadership Team.
- The West Coast Health Alliance Agreement has been renewed as it expired on 30 June 2013. This process is aligned with the new national PHO Service Agreement. The changes made to the Agreement are as follows:
 - The National Alliance Agreement has been amended to incorporate our updated local content in Schedule 1 - Scope of our Alliance, Alliance Activities & Alliance Objectives.
 - The Term of the Agreement is Evergreen.
 - The ALT members have been updated to reflect current membership.

The current parties to the West Coast Health Alliance Agreement are the West Coast DHB and the West Coast PHO. The agreement has been finalised and signed by the

West Coast PHO and is sitting with the WCDHB.

- Members of the Alliance Leadership Team will participate in research on the impact of the Better, Sooner, More Convenient [BSMC] programme on the West Coast. This research is being conducted by the University of Otago to explore what can be learned from the roll-out of the BSMC business case initiatives, how the programme has affected health service provision and integration of services on the West Coast.

B: Build Primary and Community Capacity and Capability

Primary

Practice Management - DHB-Owned Practices: Better Health Limited Partnership

- As has been previously reported, a substantive agreement to support the management of West Coast DHB-owned general practices has been reached with Better Health Limited. This management contract provides an opportunity to build viable and vibrant DHB owned general practices on the West Coast. The partnership with Better Health Limited will lead to the establishment of a stable GP workforce, improved clinical, administration and recruitment systems and a heightened focus on the financial sustainability of practices. All of this is about better supporting primary care teams to deliver improved continuity of care for patients in general practice.
- Areas that Better Health Limited are focussing on include:
 - Recruitment of General Practitioners and Practice Managers [in partnership with West Coast and Canterbury DHBs' recruitment centre]. A recruitment and HR team member has been appointed by Better Health Limited. This role will work across Better Health, with a focus on recruitment for the West Coast.
 - Ongoing training and development of seconded Practice Managers [seconded West Coast DHB staff] until permanent Practice Managers are recruited.
 - Accounting and bookkeeping for the practices [with support from the West Coast DHB finance team]. Better Health have also appointed an Accounts Administrator to support this function and who will have a focus on the West Coast.
 - Process documentation and improvement.
 - Reviewing all existing contracts and position descriptions, gaining an understanding of the organisational structure and understanding roles, in order to identify gaps and remediate.
 - Setting a three month target to achieve improved practice performance by October 1.
- It is pleasing to report that Better Health Limited have become very active very quickly inside DHB-owned practices. There is a growing body of evidence that issues are being rapidly identified and solutions brought to life, and the team are proving to be responsive to the needs of the practices.

Buller

- Excellent progress has been made in securing locums for the Buller Health Medical Centre to meet demand over the July to September quarter and to replace the two long-term locums who will be leaving in early August. While the current focus is on recruiting doctors for the short to medium term, in the future the Better Health Limited team will focus on recruiting permanent doctors alongside the WCDHB / CDHB recruitment team.
- Staff are positive about Better Health Limited's involvement in practice management and

they are actively exploring ways in which services for Buller residents can be improved.

Reefton

- GP cover remains a concern between 8 July and 12 August. A plan is in place and the Acting GM Primary and Community and Better Health Limited have been briefed. From 12 August, cover is adequate through to the end of year. This will give Better Health Limited time to recruit GPs with Reefton Health needs in mind
- Advertising for a fourth Rural Nurse Specialist [RNS] at Reefton Health has commenced. Once an appropriate nurse has been employed and orientated, the RNSs will cover all after hours calls. This will reduce the need to have locum GP cover for one weekend in four, and make Reefton a more attractive option for GPs. It will also give the RNSs time to focus on long term condition management, cervical smears, smoking cessation, HEEDS assessments for Year 9 pupils at Reefton Area School [Decile 3], and focus on better health outcomes for the community.

Community

8 Marlborough St [The corner house]

- This facility is working well for the clinical nurse specialist team, with them being able to consult with patients in a quiet environment.
- The Cancer Nurse Coordinator is established in her position and is working with GPs, the Central Booking Unit and consultants on Patient Pathways as a significant start to the role. The nurse attended "Beginning the Journey" Cancer Nurse Coordinators Forum at the Ministry of Health at the end of June.
- The Palliative Nurses will be attending the South Island Palliative Care forum in Christchurch. This will enhance the transalpine relationships among other aspects to the day.

Nancarrow Street

- The Nancarrow-based team is expressing the value of working from a community base for their respective community services.

District Nursing Greymouth

- This team is currently struggling with staff shortages. A recruitment process has been undertaken, but applicants are not available to take up positions until the end of August.
- The emerging Model of Care means a greater demand on the district nursing team, with their patient numbers growing each month. The team care for most palliative patients at home and also have a number of patients on intravenous antibiotics treated at home, thus removing the need for admission to hospital.
- One of our nurses has recently taken up the Greymouth Kaupapa Maori Nurse position at Rata Te Awhina. It is planned that she will work closely with the CNS group and District Nursing team as she will be dealing with chronic conditions primarily.

Reefton

- Advertising has begun for two Registered Nurses [RN] for the hospital wing. Unfortunately, two RNs resigned at the same time, both to positions in the North Island.
- Annual leave balances are generally low. The staff with high leave balances have plans in place to take leave.
- Standing Orders training for Rural Nurse Specialists is currently in progress, with the third session held in Westport on 26 June for the RNSs from Reefton, Ngakawau and Karamea.

C: Implement the Maori Health Plan

Kaupapa Maori Nurse Appointments

- Rata te Awhina Trust, in partnership with the West Coast DHB, has successfully recruited into the Kaupapa Maori positions. The Kaupapa Maori Nurses will have a long-term conditions focus and will become part of the Integrated Family Health Services based in Westport, Greymouth and Hokitika. Each of the Kaupapa Maori Nurses are supported by a non-clinical Kairarataki position.

Health Pathways

- We have been reviewing a number of Health Pathways and are currently working in particular with the Oncology Nurses, Diabetes Nurse Specialists, Public Health Nurses, Complex Clinical Care Network, and Rata Te Awhina.
- Work continues between Te Rauawa o te Waka Oranga Hinengaro [Maori Mental Health WCDHB] and Te Korowai Attawhai, Canterbury DHB. This is essentially looking at stronger working collaboration between both groups. Some very positive work is occurring in this area.

Whanau Ora Model of Governance Announced

- On 16 July it was announced that the Government working with the Maori party has established a Crown-Iwi Whanau Ora Partnership Group comprising senior ministers, iwi chairs and experts on Whanau Ora. Three Non-Government Organisation [NGOs] commissioning agencies will be established, one based in the North Island, one in the South Island and a Pacific agency. These agencies will be required to have their own regional networks and capabilities to support their commissioning plans and decision-making.
- This new commissioning model signals the wind down of the Regional Leadership Groups at the end of December. The governance group will also be wound down with its final task being the overseeing of the RFP process for the three NGO commissioning agencies. Te Puni Kokiri will remain the administering department for Whanau Ora at this point.

Ethnicity Data Audit Tool

- The accuracy of collecting and reporting ethnicity data is an important tool to assist service planning, individual patient care planning and treatment, service quality improvement, the measurement and monitoring of population health, policy design, service performance, effectiveness and equity, and the allocation of scarce resources. The Ministry of Health issued a Request for Proposal, 'Financial Assistance to Implement the Primary Care Ethnicity Data Audit Tool' on 20 June 2013 with a deadline of 19 August 2013. The West Coast PHO and Planning and Funding and Maori Health have met and have a full commitment to submitting an RFP.

Consumer Council

- The GM Maori Health has been nominated by EMT to be the sponsor for the West Coast Consumer Council.
- The West Coast DHB Consumer Council is a group that works in partnership with the DHB as an advisory body providing a collective perspective of those who use services, into health services planning, delivery and evaluation at all levels of the organisation.

Maori Provider Development Scheme Funding

- The Ministry of Health have released regional applications for the 2013/16 Maori Provider Development Scheme on 1 July 2013 and is inviting funding applications from

Maori health and disability providers. This is a good opportunity for Rata Te Awhina Trust to access funding for their various developmental purposes.

Maori Health Planning

- The recently released PHO Service Agreement requires PHOs to work closely with DHBs to develop Maori Health Plans. What this means is there will no longer be a need for a separate PHO plan between the DHB and PHO.



DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Report

Grey Hospital

- Building Act 2004 Section 124 Notices were recently placed at the entrance to all earthquake-prone buildings on the Grey campus at the instruction of the Grey District Council.
- Work is underway on the electrical reticulation upgrade at Grey Hospital. Design is complete and the tender for the switchboard replacement has been awarded to TLJ Switchgear from Christchurch, the delivery period being 14 weeks. The tenders for the cable replacement and installation are due out by 18 July. Overall this project is on target for completion mid November 2013.
- Work is almost completed on clearing up the last remaining issues related to the recent urgent facilities reconfiguration at the Grey Hospital site in order to ensure the immediate term continuity of health services on the Coast pending a decision from government about future facilities. Meetings are taking place with the West Coast District Council and the Project Managers who were appointed to oversee the works.
- Work is being carried out on the infrastructure to allow demolition of the laundry building.
- Representatives from OPUS International Consultants are carrying out some invasive concrete testing works on behalf of the Ministry of Health. This is related to the Crown's assessment of the Detailed Business case for facilities redevelopment.

Buller

- The site generator is now off-line due to age-related issues and is uneconomical to repair. Stand-by back-up power is being provided by a hire machine until a decision is made on the future requirements as part of the Detailed Business Case.
- Numerous sprinkler heads have had to be replaced due to age, and there will also be the need to carry out more of this work prior to the end of this financial year.

Areas of Focus:

- The electrical upgrade at Grey Hospital is a highly important project and will require meticulous planning to ensure minimum disruption to an operational site.
- Planning work is occurring in relation to strengthening solutions for the boilerhouse and chimney. DEE reports have identified the boilerhouse as being 9% of IL3, and therefore earthquake prone. The chimney stack in particular needs to be replaced and the Site Redevelopment team is currently working on options in this regard. Work is required on the existing boiler plant prior to end December 2013 to ensure on-going operational capacity.
- 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 be spent in formulating an asset management plan, which will be reconciled with the facilities master plan for West Coast sites when this is available.

B: Facilities Case Update

- The Detailed Business Case remains under consideration by the National Health Board. There is no further information to report.



RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services [including Secondary Mental Health Services]

Hospital Services

Health Targets

- *Reference the Health Targets section of this report*, noting that secondary system targets for the quarter have been achieved.

Elective Surgery Target [1592 discharges]

- WCDHB achieved and surpassed its 1592 discharge target. Final numbers will become available on 06 August after all clinical coding is complete. At the time of writing, the DHB delivered at least 59 discharges over target.

Elective Services Patient Flow Indicators [ESPI] Compliance

- The District Health Board was compliant at the end of June 2013 in ESPI 2 [150 days for First Specialist Assessment].
- The District Health Board was compliant at the end of June 2013 in ESPI 5 [150 days for inpatient treatment].

Staffing

- Congratulations to Nick Leach, Pharmacy Manager, on becoming the country's first Mental Health Prescribing Pharmacist. This is the culmination of considerable work and study from Nick and is welcomed by the mental health service.
- Kay Bone, our new Orthopaedic Coordinator has commenced in her role. The role will help strengthen delivery of the transalpine orthopaedic service.
- Christine Davey has been appointed as Clinical Midwife Manager. She begins in this role on 22 July and takes over from Anne Atkins who has been on secondment from CDHB.

Maternity Services

- Recommendations from the very recently completed maternity review continue to be stepped through.
- The maternity service in Buller continues to be staffed by a single LMC midwife so it is not possible for labouring women to have a planned delivery at Kawatiri Unit.

Mental Health Services

Mental Health and Addiction Service Review

- The Mental Health and Addiction Service Review team convened on the Coast for the week 10-14 June and conducted interviews with approximately 180 stakeholders. Over

the next few weeks, the draft report will be reviewed by clinical leads and finalised before being submitted for consideration to the Executive Management Team and Board.

Developments in Maori Mental Health

- Recent conversations with the Service Manager in CDHB have resulted in closer links being planned for the WCDHB Maori Mental Health Service and the CDHB Maori Mental Health Service. The Kaiarahi Matua from Te Korowai Atawhai travelled to the West Coast this week to participate in an interview to appoint a Pukenga Tiaki in Westport, and to discuss arrangements for ongoing peer support and training for the staff of Te Rauwa o te Waka Oranga Hinengaro.

Allied Health Appointments

- Preparations are underway for the appointment of an Occupational Therapist into the allied health team to support the Adult Mental Health and Addiction teams. This vacancy has proven difficult to recruit to and retain staff in over the past few years. The service is paving the way for the implementation of the Allied Health Leadership framework by working with Senior Allied Health personnel on the Coast and in Canterbury to appoint to this role, and also to a Social Work vacancy.



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

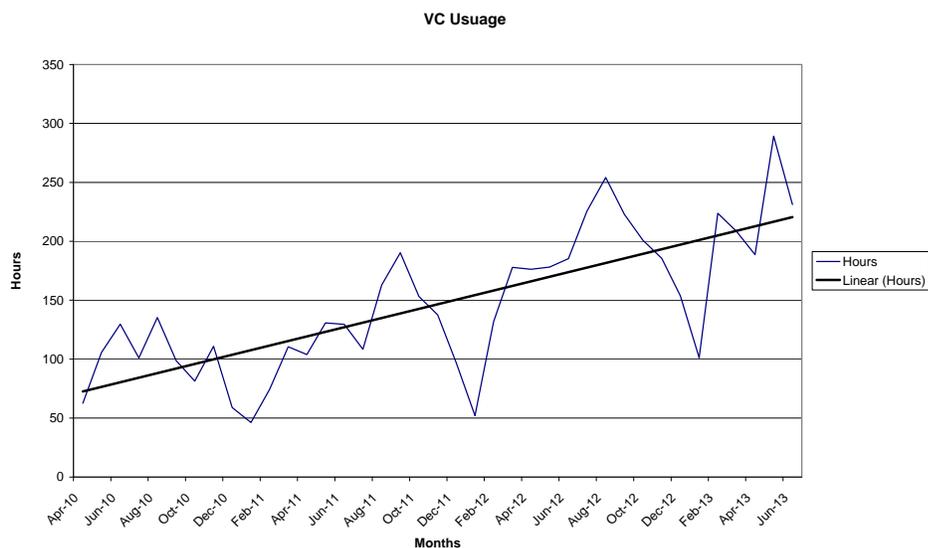
- Through the support of its volunteer drivers and coordinators at Buller REAP, Red Cross are running the Buller Community Minivan service, run on an “as demand requires” basis, Monday to Friday, with Saturdays added when required. The West Coast DHB is continuing to work with the Red Cross to explore options to help continue to support the longer-term sustainability of the service.
- Volunteers from the Greymouth-based community group CARE [Community Alternative Resources for the Elderly] are also providing assistance to a number of elderly patients who have difficulty in travelling to services in Christchurch. The CARE volunteers use their own private vehicles and time to transport people; providing an invaluable service to those who are unable to drive themselves or have family members drive for them.
- Negotiations are still continuing with St John as part of a South Island wide joint DHB approach for the provision of an unplanned patient transport service. These discussions are reviewing key points of acute transportation, including proposed scheduling, volumes, costs, and coordination of transfers.
- An Expression of Interest process is underway to assess the viability of chartered flights between Greymouth and Christchurch to support clinical and patient transport within the Transalpine framework.

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.
- The current focus is a clinically-led project by Dr John Garret to expand the use of

Telehealth from ‘pockets of excellence’ to being part of the culture within the organisation. To enable this, a robust and safe process is being trialled to expand the use to a range of specialties, more than just the regular Telehealth clinics of oncology and paediatrics. The first patients within general medicine were seen using the new process in June with favourable feedback. Further expansion is pending new staff starting within the Central Booking Unit in late July to provide the capacity to deal with the increased volume of Telehealth appointments.

- Transalpine Paediatric Dietician clinics have started following appointment to that role.



▪



A: Implement the Complex Clinical Care Network [CCCN]

- The restorative homecare model continues to be on track as part of the Complex Clinical Care Network [CCCN] project.
- The single point of referral is an important mechanism for supporting the delivery of cohesive services in a community setting. It will help the Health Care Home to develop effective links with a wider range of health and social services, and it will help people with high levels of need to navigate their way through a complex array of professionals and organisations.
- A number of initiatives are being developed as part of the Health Care Home including a West Coast Community Rehabilitation, Enablement & Support Team [CREST] Service and Acute Demand Management Services [ADMS] with the CCCN being the single point of access and coordination.
- The Cognitive Impairment Pathway was launched on 2 July 2013.

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

- Reviving the Buller workstream was delayed due to the view it was a necessity to stabilise general practice first, as this is essential in gaining the community’s confidence and necessary for the success of the IFHS.

- Progress has been made with the engagement of Better Health Limited on the West Coast and the appointment of two full-time receptionists within the Medical Centre. A Practice Manager has been seconded from Planning & Funding Greymouth while we work with Better Health to improve the processes and implement change to establish sustainable general practice in Buller.
- With the General Manager of Buller, Kathleen Gavigan, now onboard and the IFHS Buller clinical lead Amber Solanoa supported with project management assistance, this workstream has been reinvigorated.

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

- The Grey | Westland Integrated Family Health Services 2013-15 workplan was endorsed by the Alliance Leadership Team on 19 June 2013. This work plan outlines key deliverables that support service integration and improvement priorities identified in the 2013/14 Annual Plan and through the Grey Alliance Workshop [held in May 2013], including:
 - The development and implementation of community-based responses for patients at risk of deteriorating health;
 - Improving Maori patient and whanau experience of health care and support services across the West Coast;
 - The redesign of models of care within DHB owned general practices that support the health care home approach and lean thinking models;
 - The development of Integrated Family Health Centres/Services that support a sustainable and quality health system for the West Coast;
 - The development of models of care that support sustainable after-hours services;
 - The integration of community nursing across district nursing, long-term conditions nursing with primary care;
 - The integration of allied health to a single service that is networked to allied health professionals in the community and primary care;
 - The integration of mental health services across primary, community and secondary care;
 - Localised HealthPathways that enable timely clinical decision making and seamless transition between services for patients; and
 - The development of an integrated model of pharmacy on the West Coast.
- The work plan allocates roles and responsibilities for clinical leaders and project managers. Planning is underway for the development of a Grey/Westland workstream to support and facilitate the implementation of the work plan.



A: Live Within our Financial Means

The consolidated result for the year to date ending May 2013 is a deficit of \$3,550k which is an unfavourable variance of \$210k to budget [\$3,340k deficit]. The result for the month of May 2013 is a surplus of \$364k which is \$8k favourable to budget.

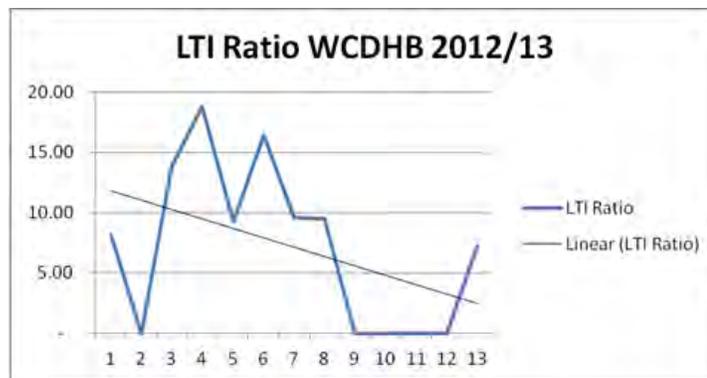
The breakdown of the result for the month is as follows:

Result for each Arm - May 2013	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	82	0	82	605	0	605
Funder Arm	1,436	873	563	11,490	9,330	2,160
Provider Arm	(1,882)	(1,245)	(637)	(15,645)	(12,670)	(2,975)
Consolidated Result	(364)	(372)	8	(3,550)	(3,340)	(210)

B: Implement Employee Engagement and Performance Management Processes

Health, Safety, Occupational Health and Wellness

- Rolling LTI [Lost time ratio] is 7.25 lost time injuries per million hours. This outcome is pleasing as we are seeing a downward trend and the ratio is also below the Australasian health sector average of 9.7.



- No work-related injuries have been recorded for June. Safe handling remains a focus; development is taking place for a proactive and workable program that will be implemented on a transalpine basis. Main work related injury causations are patient and manual handling 44%, and slips, trips and falls 21%. Safety advisors are continuing to provide one on one coaching with health and safety workplace representatives. 430 staff have been vaccinated against influenza to June 2013. This is approximately 41% of all staff.
- In recognition of the need to support our workforce post the traumatic events on the Coast, a range of wellness activities are being developed as part of our *Health, Safety and Wellness Strategy*. These include the development of manager wellbeing toolkits, getting people fitter, focusing on nutrition and exercise, as well as maintaining a focus on mental wellbeing by providing the appropriate support and flexibility. Ongoing usage of EAP Services and Workplace Support services is being monitored for effectiveness and cost efficiency.

Talent Acquisition and Retention

- The first draft of the next stage Recruitment Strategy is being worked through. When finalised through EMT, it will be presented to the Board for information. This strategy is largely driven by social media and takes an integrated health system approach. The

practice management contract between the WCDHB and Better Health commenced in July which is inclusive of the recruitment and management of fixed term General Practitioners.

- There are currently 28 open vacancies, the majority of which are Medical and Nursing [as to be expected]. Despite receiving a reasonable number of applicants for recent SMO vacancies, a number of these candidates have proved to be ineligible for registration, or are newly qualified and lacking the level of experience required. Our ability to offer supervision continues to be a challenge.
- Many of the Nursing vacancies have closed and interviews are currently underway with offers expected to be made in the coming weeks.
- A programme for managing scholarships and studentships on the West Coast has been developed and is with the University and Polytechnic sector for promulgation. Under this programme 20 scholarships valued at \$500 will be offered annually to support individuals undertaking a health related programme who wish to return to the Coast; and 4 studentships will be offered annually for paid work in research, primary, Maori health, and general practice for students in their second to last year of a tertiary health programme. It is intended to offer 25% of these scholarships and studentships to Maori.

HR Operations

- Consultation and implementation support is occurring in relation to numerous change management and engagement approaches.
- Changes associated with planned HBL initiatives are having an impact on staff as well as bringing about risks associated with morale for affected groups as well as potential staff losses.
- The ASMS MECA for SMOs has been ratified and implementation is now underway. Collective bargaining for RMOs will get underway in August.

Learning and Development

- 161 people undertook training and education associated with the development calendar. The first online learning module for the Coast has now been made available through the intranet with uptake being monitored; other programs will be progressively added, for example, an online safe patient handling module which is under development as a transalpine initiative. Scoping for the introduction of an integrated learner and content management system has commenced, it is planned to make the Totara system that is being implemented in CDHB available to the WCDHB managers and employees. All implemented programmes are being quality assessed by participants using the globally recognized Kirkpatrick model. Learning agreements are also being introduced to ensure clarity as to why the participant is attending the training, what the participant will do differently and how they will implement the new skills, knowledge and behaviors into the workplace post the learning intervention.

HR Shared Services

- Payroll audits have been completed; no major issues were identified in draft report; the direction of ReVision PsE project will address most of the issues identified. All payroll and HR administration KPIs remain within business agreed levels.

Organisation Effectiveness

- Moderation outcomes from the IEA job evaluation are being validated by EMT members prior to implementation. It is expected that recommendations for 2013/14 IEA salary reviews will be finalised by August 2013.
- Work associated with the employee engagement survey program is being monitored. EMT have agreed to have performance appraisals completed by the end of October and

are leading this.

C: Effective Clinical Information Systems

Clinical Information System Business Case - Mental Health Component

- The WCDHB Mental Health solution developed as part of the Health Connect South Clinical Workstation is due to go live on 29 July 2013. Training on the solution for teams begins on 22 July.

eReferrals Project

- An eReferrals project has begun roll out across the region by the South Island IT Alliance. The eReferrals project, ERMS has gone live for phase one [electronic at GP end] to all practices on Medtech32 on the Coast. There are routinely 20-30 referrals across the system per weekday. The current focus is shifting to phase two of the project [electronic into the hospital].

Maternity Systems

- CDHB and WCDHB are jointly working on the implementation of the CDHB Caresys maternity system on the Coast as the short-term information system for maternity. This will be an interim solution until the National Maternity system is fit for purpose. Detailed planning on the implementation is currently underway, and dates and timeframes will be available within the next few weeks.

Primary Care

- The ability to submit electronic insurance claiming has now been completed.
- IT engagement with the Better Health group has begun.
- Rata Te Awhina Trust has been engaging closely with IT on various IT related activities it wishes to undertake.

CDHB/WCDHB IT Alignment

- WCDHB CIO now regularly attends CDHB IT team meetings.
- Changes to WCDHB IT procurement have begun with preparation of the hardware replacement capex being a catalyst to align models of devices, deployment/building, and procurement process with CDHB IT.
- Planning is underway on a number of fronts to align capex, vendors and back-end infrastructure and systems.

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

Implementing a Grassroots Strategy

- One of the priorities identified in the West Coast DHB's strategic communications plan is building partnerships and re-connecting with a wide range of stakeholders. To fulfil this we have recently implemented a grassroots communications strategy.
- The objective behind the grassroots strategy is to build effective two-way relationships with community organisations and ensure the exchange of information that assists the community understand the direction of travel for the West Coast health system as we continue to improve the safety and sustainability of services.
- To date grassroots meetings have occurred with representatives from:
 - Grey Power [Greymouth, Hokitika, Westport]

- CARE
- Range of non-government organisations at an NGO forum
- Upcoming meetings include:
 - Maternity and early childhood providers
 - Resident and ratepayer groups
 - Greymouth PROBUS
 - Greymouth District Uniting Parish Women’s Fellowship
- Similar meetings will occur up and down the Coast. One of the positive outcomes of the meetings to date has been the establishment of relationships and two-way communications. For example a final draft of the DHB’s Travel Assistance Brochure will be sent to representatives of these groups for their feedback and comments prior to going to print.

Proactive Media Relations

- Four proactive stories were released this month, with all stories being positively reported in West Coast media and one story being picked up by the Christchurch Press and National Radio.

Reactive Media Relations

- The communications team responded to media queries around a range of issues. Increased support from the Canterbury communications team in dealing with some of the media issues has been well received.

Internal Communications

- An emphasis on implementing strong internal communications initiatives is a major priority for the next 12 months.

Establishing an Internal Communications Advisory Panel [ICAP]

- There has been some positive feedback regarding some of the internal initiatives already underway – staff briefings – and staff are keen to know what is happening.
- An Internal Communications Advisory Panel [ICAP] made up of staff from all sectors and geographic areas will be established. This will be an important forum to test messages, collateral and assist with distribution channels. Establishing this panel is another major focus for the communications team.



Key Achievements/Issues of Note

Health Impact and the Public Health Response to Major Job Losses in Small Communities

- CPH West Coast requested a literature review from our Christchurch-based CPH Information Team in the wake of the announcement of the closure of Solid Energy’s Spring Creek mine. We sought information about potential health and wellbeing impacts on the local community and any evidence about what public health and community responses might serve to mitigate adverse impacts. The literature review has recently been completed. As well as reviewing the international literature, it also identifies a number of New Zealand case studies, including the effects of freezing works and mine closures. The review identifies some key themes:

-
- The health and wellbeing of individuals and the wider community will suffer from large scale job losses
 - Co-ordination of services across sectors is critical
 - Each community is unique
 - Community-driven response is a success factor in terms of mitigating adverse impacts
 - Each community draws on its human, natural and organisational capital to respond to adversity and innate resilience can be supported and enhanced.
- The literature review has already been provided to the current West Coast Mental Health Services Review, and will also be used to inform the Grey District Economic Development Strategy and other public health and community wellbeing responses.

Annual Drinking Water Survey

- CPH drinking water staff are about to embark on the Annual Drinking Water Survey for the West Coast. The survey is carried out each year and assesses the microbiological and chemical quality of water in drinking-water supplies serving populations of more than 100 people, and progress towards meeting the requirements of drinking water legislation. The West Coast has a high proportion of small water supplies and these are less likely to be microbiologically compliant. CPH's drinking water staff continue to work with West Coast drinking water suppliers towards improving compliance and facilitate access to Ministry of Health capital assistance to do so where possible.

Local Alcohol Policy Development

- A meeting was held at the Grey District Council on 10 July to progress development of a draft LAP for the three West Coast districts. This meeting was attended by District Licensing Agency Inspectors and Council Managers, Police, the Medical Officer of Health and CPH staff who work in alcohol regulatory and health promotion roles. Police presented local data about alcohol-related offending and the Medical Officer of Health presented the available West Coast data on the health impacts of alcohol and the information obtained from the West Coast Community Alcohol survey commissioned by CPH which had 1200 respondents. This data will help inform the development of the draft LAP conditions. Police and health data on alcohol harm will also be made publicly available as reports at a later date.

Alcohol Controlled Purchase Operation [CPO]

- A CPO was carried out early in July to test the off-licenses [bottle stores, dairies and supermarkets] in Greymouth regarding their compliance with the legal purchase age restriction for alcohol [18 and over]. We are pleased to report that our 17 year old volunteer was not able to purchase alcohol at any of these outlets. These CPOs are a joint exercise between the Police and the liquor licensing staff of CPH. We also carry out CPOs in bars and clubs and our aims are to find that servers routinely ask anyone who looks under 25 for their proof of age identification and that no sales occur.

	DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES
	The West Coast continues to deliver on the Shorter Stays in Emergency Department Health Target of over 95% of people admitted, discharged or transferred within 6 hours. Results for the year to 30 June 2013 show that 99.67% of patients were admitted, discharged or transferred within 6 hours; and 96.52% within 4 hours.
	Electives Health Target Quarter 4 data is not yet available.
	The Cancer Treatment Health Target was achieved for year to 30 June 2013 with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
	Provisional Quarter 4 results indicate the Immunisation Health Target was met by the West Coast with 93.3% of 8 month-olds fully immunised and 5% opt-off or declined. This is a particularly pleasing quarterly result compared to Quarter 3 where the opt-off or decline rate was 16%.
	Primary Smokefree Health Target Quarter 4 data is not yet available. Work is continuing with Medtech, to solve IT issues so that the Clinical Audit Tool can be installed in the DHB-owned primary practices. The ABC call-up project has continued and is now near completion after working in four practices with good results in recording of brief advice as documented in patient notes, plus telephone interventions as indicated. Secondary Smokefree Health Target Quarter 4 data is not yet available. However, the health target was met for both April [95%] and May [95%]. Key actions undertaken in gaining the last few percentage points in reaching the smokefree health target included developing an on-site mandatory training option trialled in ED, with a strong focus on the clinical relevance of the health target.
	CVD Health Target Quarter 4 data is not yet available.

Report prepared by:

David Meates, Chief Executive

TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 2 August 2013

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

Work is continuing on expanding the range of transalpine health services, with West Coast and Canterbury clinicians being involved in planning and implementing service improvements. The Clinical leaders continue to be heavily involved in the activities of the Alliance Leadership team and the Clinical Board.

The Chief Medical Officer attended the recent Royal New Zealand College of General Practitioners Conference, where the conference theme was ‘Generalism: the heart of health care’. She presented papers on the role of generalism in provincial New Zealand, and the integration of the West Coast’s primary care based Long Term Conditions Management programmes with the Complex Care Clinical Network’s workplan.

The Director of Nursing & Midwifery is working with the South Island Nurse Executive team to organise The South Island Nursing Information Technology Symposium to be held on 29 October. A comprehensive programme is being developed with the purpose of increasing nursing engagement in this important aspect of health care and support systems. The West Coast will be presenting on the use of Telehealth, with a particular focus on nursing, roles, impact on care and improved patient outcomes.

The Executive Director of Allied Health as a member of the HQSC Campaign Advisory Group attended the joint meeting with the HQSC Board members in July. The discussion focused on how we measure the success of the “Open for Better Care” Campaign areas; the improvement methodologies and the role of consumers in the activities of the campaign.

Future Workforce Development

The Nursing Workstream of the South Island Regional Training Hub (SIRTH) continue their work on the Sustainable Nursing Workforce project. The group met recently in Christchurch and Carolyn Reed Chief Executive of the NZ Nursing Council, presented to the group on the most recent nursing workforce data and future projections for the supply of nurses. In the South Island we know that 67.5% of the nursing workforce is aged 45 or above—this equates to 8151 nurses, with 4000 of these nurses aged 55 or over. The group is seeking to find new ways of working to encourage the “third age

nurse” to remain active in the workplace. This work includes a review of rostering practice and the development of alternate roles within the workplace. The West Coast is actively involved in this project, with representation on the Workstream.

The South Island Allied Health Assistant project is progressing well and the West Coast will be one of the lead sites for the Rehab Assistant qualification.

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: 2 August 2013

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.

2. RECOMMENDATION

That the Board:

- i. notes the financial results for the period ended 30 June 2013.

DISCUSSION

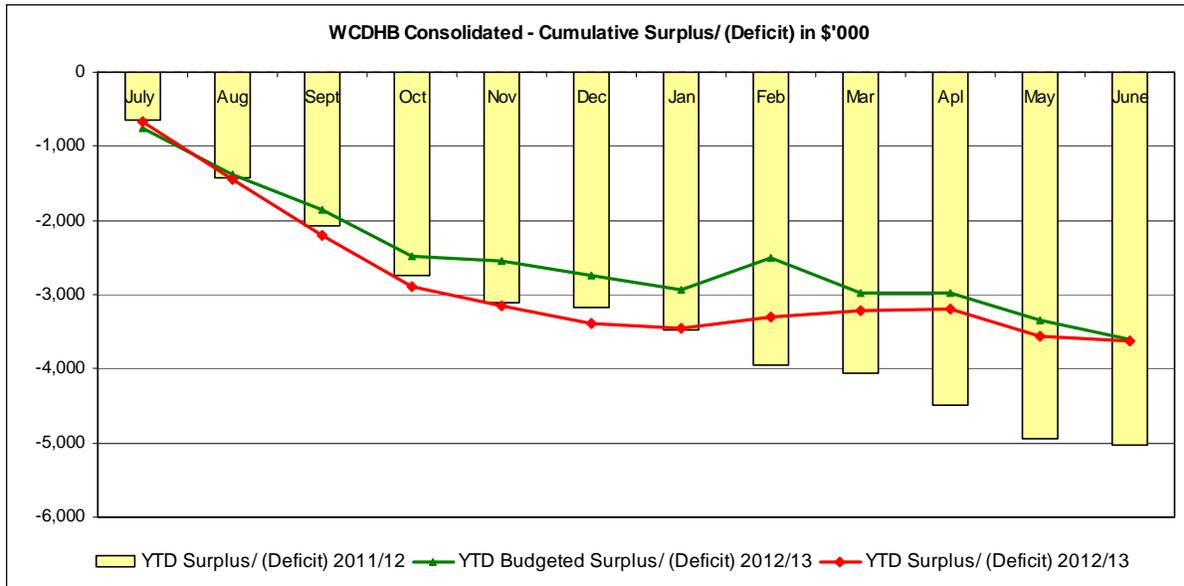
Financial Overview for the period ending

30 June 2013

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	5,998	6,337	(339)	x	74,476	76,486	(2,010)	x
Governance & Administration	179	183	(4)	x	2,214	2,199	15	√
Funds & Internal Eliminations	4,883	4,781	101	√	58,198	57,359	840	√
	11,060	11,301	(242)	x	134,888	136,044	(1,156)	x
EXPENSES								
Provider								
Personnel	4,645	4,704	59	√	55,025	55,878	854	√
Outsourced Services	826	731	(95)	x	10,196	9,593	(603)	x
Clinical Supplies	481	691	211	√	7,279	7,675	396	√
Infrastructure	1,235	898	(337)	x	13,657	11,087	(2,570)	x
	7,187	7,024	(163)	x	86,157	84,233	(1,923)	x
Governance & Administration	99	183	84	√	1,529	2,199	670	√
Funds & Internal Eliminations	3,511	3,843	333	√	45,337	47,092	1,754	√
Total Operating Expenditure	10,796	11,051	254	√	133,024	133,525	501	√
Surplus / (Deficit) before Interest, Depn & Cap Charge	263	250	13	√	1,866	2,519	(653)	x
Interest, Depreciation & Capital Charge	328	511	183	√	5,480	6,119	639	√
Net surplus/(deficit)	(65)	(261)	196	√	(3,616)	(3,600)	(16)	x

CONSOLIDATED RESULTS

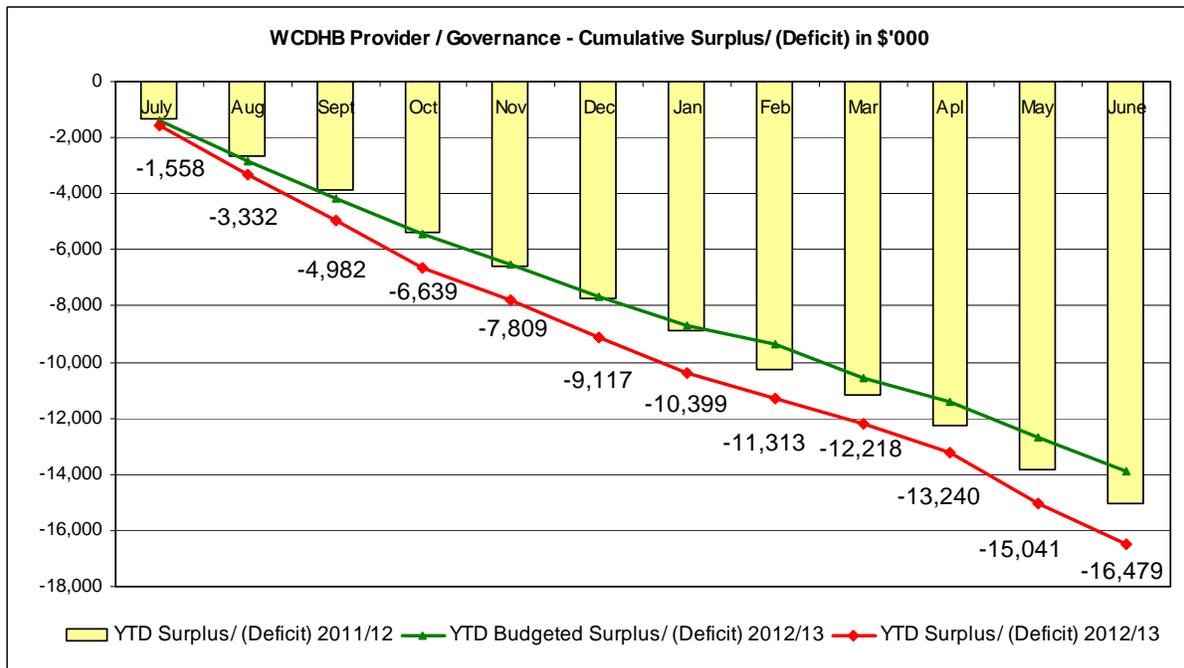
The consolidated result for the year to date ending June 2013 is a deficit of \$3,616 which is an unfavourable variance of \$16k to budget (\$3,600k deficit). The result for the month of June 2013 is a deficit of \$65k which is \$194k favourable to budget.



Result for each Arm – June 2013	Actual	Budget	Variance	Comment
	\$000	\$000	\$000	
Provider Arm surplus / (deficit)	(17,162)	(13,866)	(3,296)	Unfavourable
Funder Arm surplus / (deficit)	12,861	10,266	2,595	Favourable
Governance Arm surplus / (deficit)	685	0	685	Favourable
Consolidated result surplus / (deficit)	(3,616)	(3,600)	(16)	Unfavourable

The variance to budget is explained in the narrative for the separate arms below.

PROVIDER ARM



Revenue

Provider Arm

YTD Provider Arm revenue received from external sources is \$1,988k unfavourable to budget. Revenue from Government sources makes up \$1,211k of this variance

- ACC revenue for the year is \$404k unfavourable to budget; \$199k of the year variance relates to the ACC elective services contract. The balance of the unfavourable variance is mainly spread over radiology, physiotherapy, community services and assessment, treatment and rehabilitation (AT&R) of older persons. Community nursing contracts with ACC changed in September with revenue now billed as a package of care when services are completed instead of on individual visit basis, this will affect the timing of revenue recognition. To date this revenue is unfavourable to budget. We are forecasting that annual ACC revenue will continue to be unfavourable to budget for the remainder of the year.
- Revenue for clinical training from Health Workforce New Zealand is \$135k unfavourable to annual budget as several programmes had lower or no trainees last semester. Costs for training are also reduced and favourable to annual budget.
- Revenue from home based support services is \$147k unfavourable to annual budget. Monthly revenue has been in line with the revenue received over the latter months of 2012/13 year. Budgets were set for external revenue from the Ministry of Health for immunisation services and community youth alcohol and other drug services – this funding has since been devolved to the Funder arm and is now paid as internal funding to the Provider arm, thus making up part of the unfavourable variance to date for Ministry of Health side contracts.
- Patient and consumer sourced revenue from Primary Care Practices is \$205k unfavourable for the year. Although unfavourable, revenue is in line with last years revenue. Sales of audiology aids are unfavourable to budget-this is partially offset by lower costs.

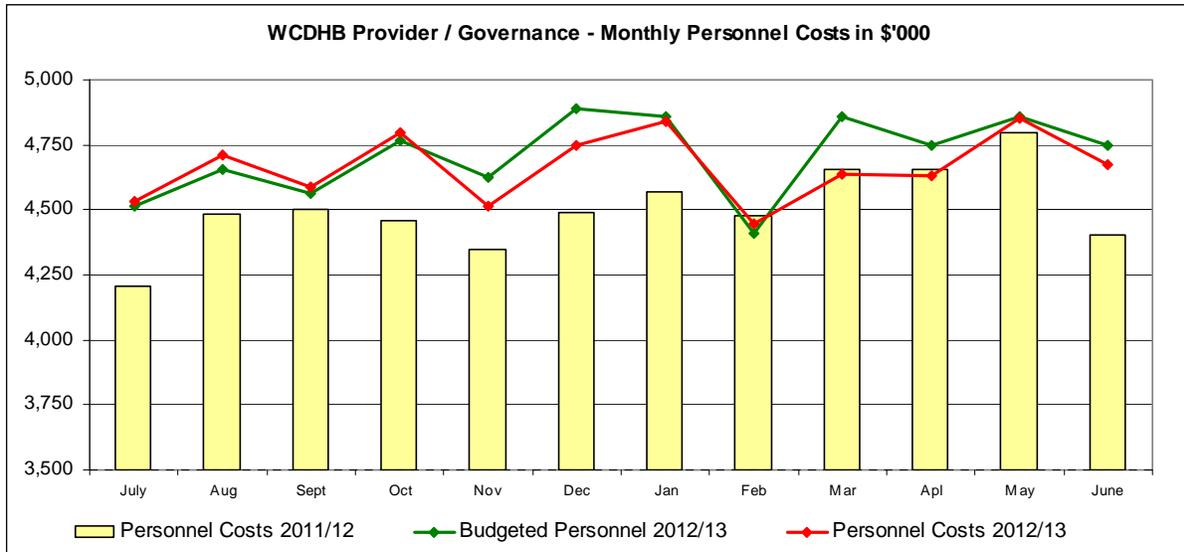
Total other income is \$498k unfavourable to annual budget; this is mainly derived from laundry services revenue which is \$362k unfavourable as we no longer supply linen to commercial customers. Interest received by the Provider arm is \$68k unfavourable to budget; this is offset by interest received by the Funder arm which is \$99k favourable to budget.

EXPENSES

Personnel costs

Personal cost for the year is \$55,025k, \$854k favourable to budget (\$55,878k).

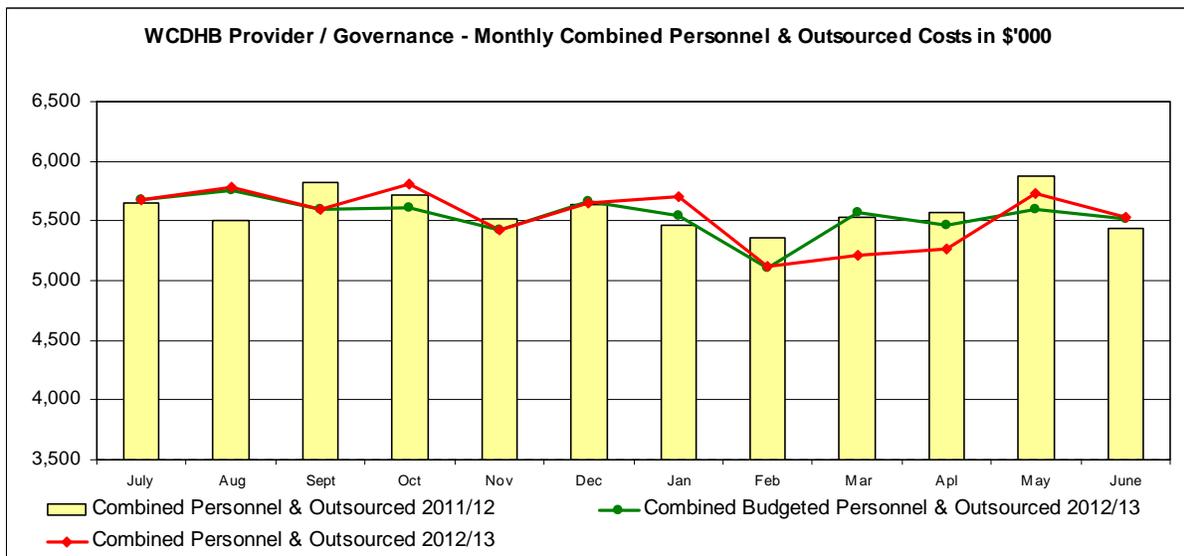
- Medical Personnel costs are \$524k favourable to budget to date.
 - Salary costs for Senior Medical Officer (SMO) are \$101k favourable to budget. Resident Medical Officer (RMO) costs are \$221k favourable to budget; this is offset by outsourced locum costs for RMO's which are \$118k unfavourable to budget.
 - General Practitioner (GP) personnel costs are \$757k favourable to budget due to vacancies. Outsourced locum costs for GP's are \$1,513k unfavourable to budget (includes all travel, accommodation, fees etc).
- Nursing Personnel costs are unfavourable to budget by \$903k to date.
 - Costs for Caregivers and enrolled nurses working in residential care are unfavourable to budget to date; these are partially offset by increased revenue from subsidies (internal revenue from the Funder arm) and resident's contributions. District nursing costs are also unfavourable to budget to date.
- Allied Health Personnel costs are \$837k favourable to budget.
 - This is due to a number of vacancies within allied services.



Outsourced Services Costs

Overall are \$9,370k YTD; \$508k unfavourable to budget (\$8,862k).

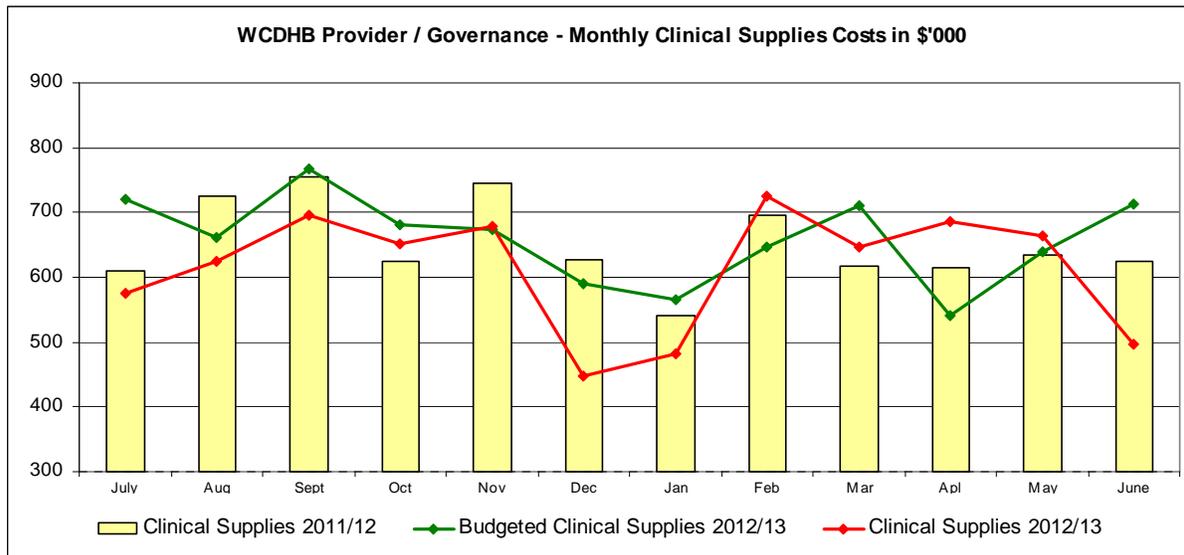
- Outsourced Senior Medical Costs (locums) are \$5,681k for the YTD; an unfavourable variance of \$1,093k to budget. SMO locum costs within hospital services are favourable to budget, particularly for orthopaedic services where service changes have been implemented and locum services within primary services are unfavourable to budget due to covering vacancies and leave.
- Outsourced clinical services are \$741k favourable to budget. We have been working towards and agreement with CDHB for the services that they perform which has resulted in some adjustments to costs to date. Although costs for Ophthalmology services are unfavourable to budget YTD, this variance has reduced over the last seven months with costs over this period \$135k favourable to budget.



Clinical Supplies

Overall treatment related costs are \$396k favourable to annual budget.

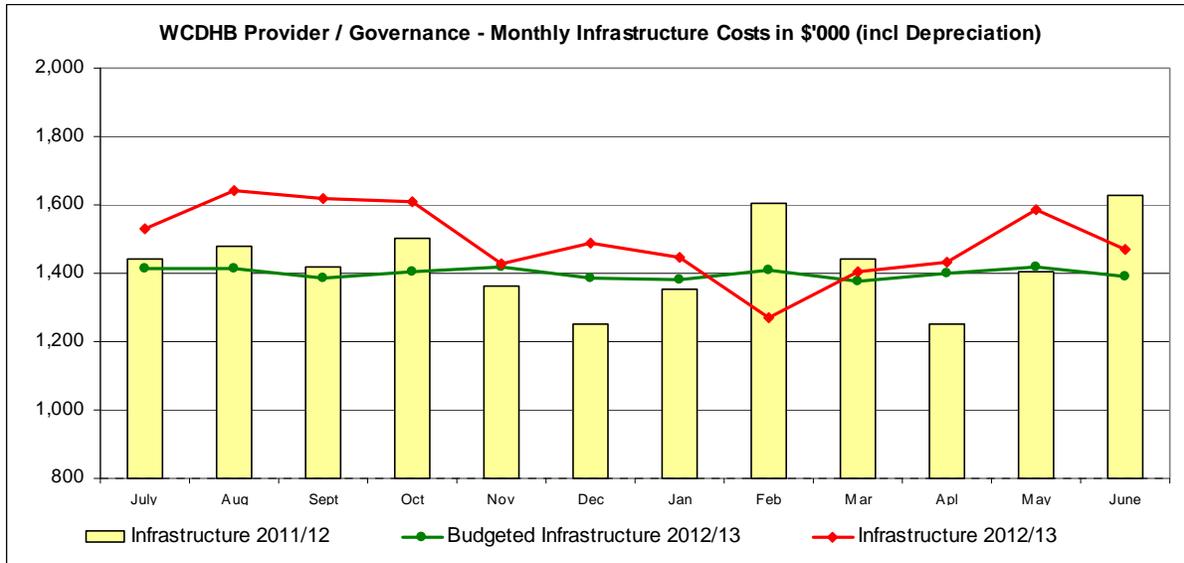
- As reflected in reduced revenue, purchases of audiology aids, implants and prostheses and medical gases are also less than budget. Air ambulance costs are \$395k favourable to budget. The budget for air transfers was increased from 2011/12 based on new models of service provision for Orthopaedics and Paediatrics in 2012/13 and was set before changes were made regarding the criteria for air transfers (particularly relating to cardiac patients) which reduced actual costs in the latter part of last year.



Infrastructure and non clinical Cost

Overall infrastructure and non clinical cost for the Provider arm are \$13,657k, \$2,570k unfavourable to budget. Within this variance are the following specific variances:

- Facilities costs are \$688k unfavourable to budget. The cost of insurance premiums on building and plant is \$556k. Insurance premiums are much higher than budget as a result of the New Zealand seismic activity causing pressure on premiums, which were only confirmed in August 2012 (after the budget was set). Reconfiguration of laundry services resulted in a YTD cost for gas –for which there was no budget and electricity costs are \$85k unfavourable to budget to date (increase in unit costs when the contract was renewed in the last quarter of last year). Rents are \$67k unfavourable to date; this includes the cost of relocating Hannan ward patients to Granger House while remedial work was carried out in the hospital. To date the total cost of relocating services, both outside of the hospital and internally (excluding costs recorded in capital work in progress) is \$106k.
- Transport costs are \$160k unfavourable to annual budget.
 - Staff travel costs are \$56k unfavourable to budget to date- mileage reimbursements to staff.
 - Vehicle repairs and registration are \$78k unfavourable to budget. Lease costs are \$9k unfavourable to budget with additional costs incurred for vehicles retained past the lease expiry date as the purchase of these vehicles was delayed; current lease costs are now favourable to budget. Fuel costs are \$14k unfavourable.
- Hotel services, laundry and cleaning costs are \$920k unfavourable to budget.
 - Outsourced laundry costs are \$872k unfavourable to annual budget due to the closure of the laundry on site, now necessitating that all laundry processing is outsourced. This cost is now offset by savings in personnel costs as laundry staff were made redundant in January and savings in laundry supplies.



FUNDER ARM

Revenue

Total Funder arm revenue year to date is \$123,101k, \$583k favourable to budget.

Funder revenue from the Ministry of Health is \$121,166k, \$486k favourable to budget (\$120,680k).

- Funding for the HEHA programme was withdrawn after the budget was set, but offsetting this is additional revenue (received since the budget was set) including funding for immunisation services and community youth alcohol and other drug services (budgeted as external Ministry of Health funding in the Provider arm budget as above) and vaccine funding. Deductions from monthly Ministry of Health funding are now being made for savings in pharmaceutical costs resulting from the increase in co-payments to \$5 and our reduced capital charge cost as a result of June 2012 revaluations of land and buildings.

Expenses

Funder payments to external providers (excluding Inter District Flows) are \$29,837k, \$1,116k favourable to budget (\$30,954k).

- As predicted Personal Health expenditure continued to be favourable with a variance this month of \$559k. Payments for community pharmaceuticals had a YTD variance of \$386 favourable to budget despite an unfavourable variance this month of \$122k.
- Due to the increasing collaboration between West Coast and Canterbury for trans alpine defined services, a capacity contract is being negotiated. An adjustment for this has been recognised in the current month.
- Aged Residential Care, home base support services and hospital level care continue to be overspent to budget for the month, contributing to an unfavourable month result of \$124k, however YTD Rest home care is favourable by \$354k.

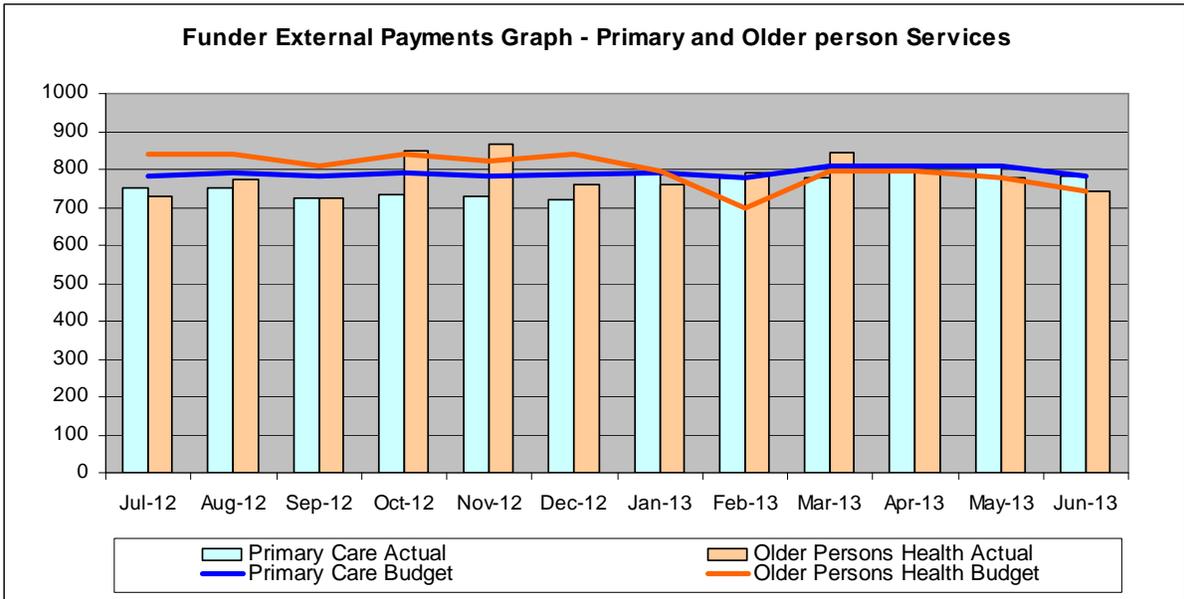
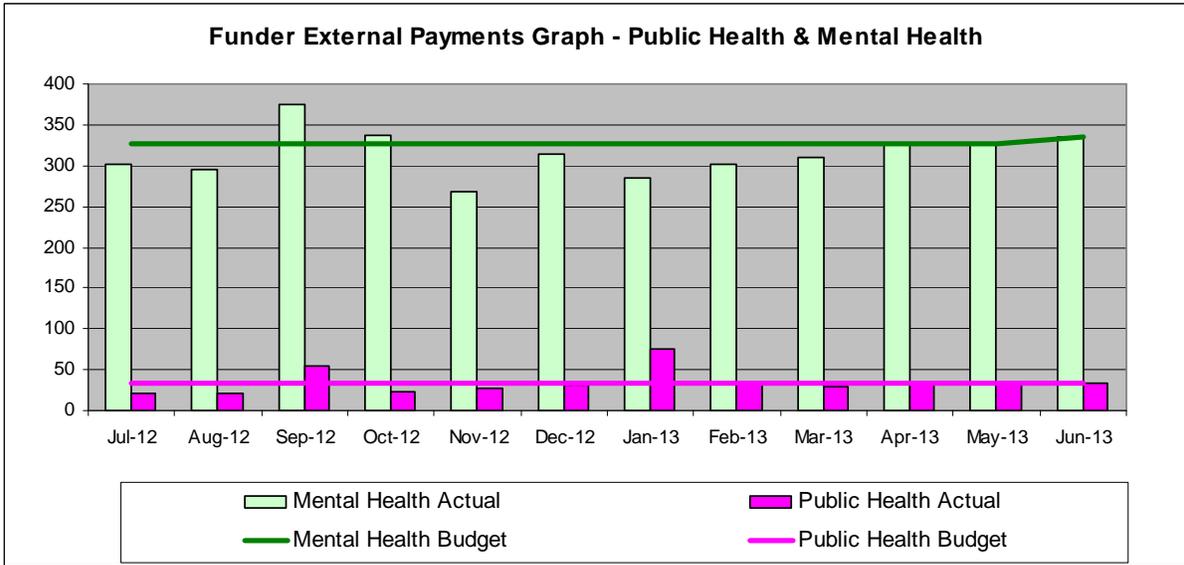
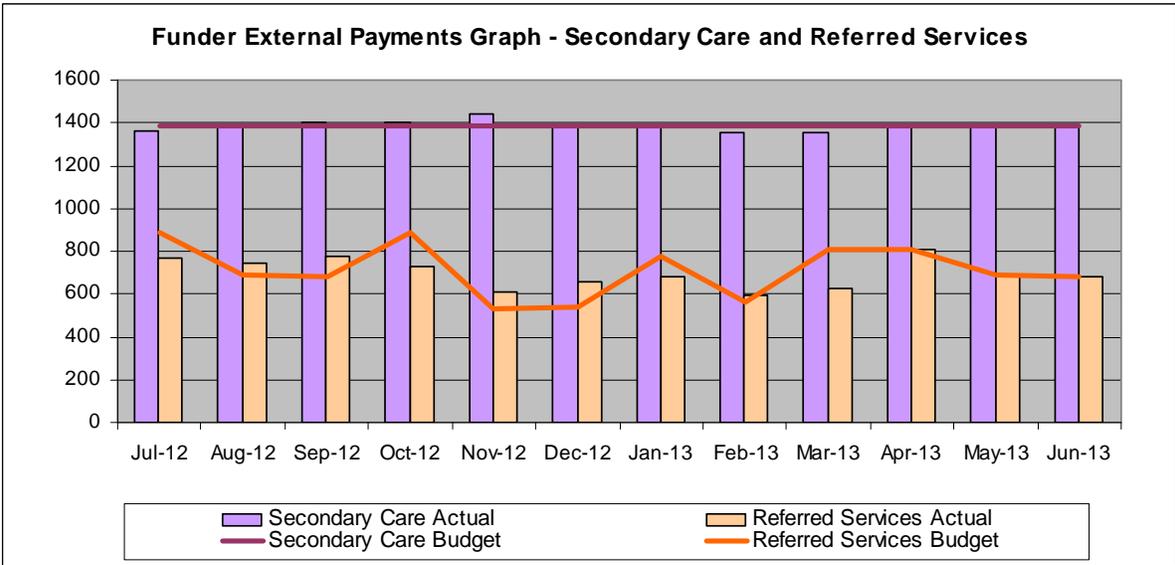
Funder Arm - Payments to External Providers
Month ended June 2013

Current Month				SERVICES	Year to Date				2012/13 Annual Budget
Actual	Budget	Variance			Actual	Budget	Variance		
\$000	\$000	\$000 %			\$000	\$000	\$000 %		
				Primary Care					
36	39	4	9% ✓	Dental-school and adolescent	410	470	60	13% ✓	470
-2	-7	-5	76% ✗	Maternity	-1	20	21	106% ✓	20
0	0	0	✓	Pregnancy & Parent	0	8	8	99% ✓	8
2	2	0	16% ✓	Sexual Health	11	33	22	67% ✓	33
5	4	-1	-34% ✗	General Medical Subsidy	32	46	14	30% ✓	46
577	538	-39	-7% ✗	Primary Practice Capitation	6,523	6,458	-65	-1% ✗	6,458
3	12	9	72% ✓	Primary Health Care Strategy	82	144	62	43% ✓	144
78	79	1	2% ✓	Rural Bonus	946	950	4	0% ✓	950
-2	6	8	135% ✓	Child and Youth	30	69	39	56% ✓	69
12	9	-4	-31% ✗	Immunisation	190	96	-94	-98% ✗	96
12	44	32	73% ✓	Maori Service Development	206	551	346	63% ✓	551
44	9	-35	-381% ✗	Whanua Ora Services	283	110	-173	-157% ✗	110
31	20	-11	-59% ✗	Palliative Care	156	214	58	27% ✓	214
14	17	3	17% ✓	Chronic Disease	95	204	109	53% ✓	204
9	11	3	23% ✓	Minor Expenses	138	134	-4	-3% ✗	134
820	783	-36	-5% ✗		9,101	9,507	406	4% ✓	9,507
				Referred Services					
22	17	-4	-25% ✗	Laboratory	203	269	66	24% ✓	269
868	662	-205	-31% ✗	Pharmaceuticals	7,989	8,129	140	2% ✓	8,129
889	680	-210	-32% ✗		8,193	8,398	205	3% ✓	8,398
				Secondary Care					
-17	22	40	179% ✓	Inpatients	72	266	194	73% ✓	266
103	97	-6	-6% ✗	Travel & Accommodation	1,230	1,168	-62	-5% ✗	1,168
608	1,269	661	52% ✓	IDF Payments Personal Health	14,599	15,226	628	4% ✓	15,226
693	1,388	695	50% ✓		15,900	16,660	759	5% ✓	16,660
2,403	2,851	449	16% ✓	Primary & Secondary Care Total	33,194	34,565	1,370	4% ✓	34,565
				Public Health					
14	16	2	13% ✓	Nutrition & Physical Activity	219	194	-25	-13% ✗	194
7	6	-1	-15% ✗	Public Health Infrastructure	66	73	7	9% ✓	73
12	11	-1	-6% ✗	Tobacco control	133	136	3	2% ✓	136
36	34	-2	-7% ✗	Public Health Total	421	403	-19	-5% ✗	403
				Mental Health					
0	2	2	100% ✓	Eating Disorders	23	23	0	-1% ✗	23
54	72	19	26% ✓	Community MH	640	773	134	17% ✓	773
0	1	1	0% ✓	Mental Health Work force	-4	8	12	148% ✓	8
49	48	-1	-3% ✗	Day Activity & Rehab	569	574	5	1% ✓	574
11	14	3	22% ✓	Advocacy Consumer	94	173	79	46% ✓	173
10	5	-5	-85% ✗	Advocacy Family	130	65	-65	-99% ✗	65
0	0	0	✓	Minor Expenses	0	0	0	✓	0
123	124	1	1% ✓	Community Residential Beds	1,445	1,493	48	3% ✓	1,493
66	68	2	3% ✓	IDF Payments Mental Health	813	811	-2	1% ✗	811
313	335	22	7% ✓		3,709	3,920	211	5% ✓	3,920
				Older Persons Health					
-3	3	6	240% ✓	Information and Advisory	-9.5	30	41	135% ✓	30
0	0	0	✓	Needs Assessment	0.16	0	0	✓	0
141	56	-85	-153% ✗	Home Based Support	788	671	-117	-17% ✗	671
4	9	4	49% ✓	Caregiver Support	101	115	14	12% ✓	115
286	182	-104	-57% ✗	Residential Care-Rest Homes	2,472	2,739	267	10% ✓	2,739
-3	-2	1	✓	Residential Care Loans	-50	-24	26	109% ✓	-24
8	26	18	69% ✓	Residential Care-Community	126	312	186	60% ✓	312
314	313	-1	0% ✗	Residential Care-Hospital	4,203	3,828	-376	-10% ✗	3,828
0	3	3	100% ✓	Ageing in place	7	50	43	87% ✓	50
11	12	1	7% ✓	Environmental Support Mobility	76	132	55	42% ✓	132
13	8	-5	-62% ✗	Day programmes	108	97	-12	-12% ✗	97
4	13	9	70% ✓	Respite Care	102	154	52	34% ✓	154
94	119	25	21% ✓	IDF Payments-DSS	1,403	1,430	27	2% ✓	1,430
869	742	-130	-17% ✗		9,328	9,533	205	2% ✓	9,533
1,182	1,077	-108	-10% ✗	Mental Health & OPH Total	13,037	13,453	417	3% ✓	13,453
3,621	3,963	341	9% ✓	Total Expenditure	46,652	48,421	1,769	4% ✓	48,421
2,853	2,506	-347	-14% ✗	Total Expenditure (excluding IDF's)	29,837	30,954	1,116	4% ✓	30,954

Underspend 342 YTD Underspend 1,769

Please note that payments made to WCAHUB via Healthpac are excluded from the above figures

2 August 2013



STATEMENT OF FINANCIAL POSITION

➤ Cash and cash equivalents

As at 30 June 2013, the Board had \$7.417 m in cash and cash equivalents (\$1.751 m favourable to budget). The cash on hand position was improved with the receipt of \$3.6M of deficit funding as an equity injection.

➤ Non-current assets

Property, plant and equipment including work in progress is \$3.857 m lower than budget, reflecting lower cash spent on capital expenditure to date offset by seismic related expenditure (not budgeted) of \$1.505 m and the revaluation and impairment of land and buildings last financial year. We have Ministerial approval to access up to \$2m of funding to cover this work.

➤ Current liabilities

Employee entitlements and benefits are \$0.17 m more than annual budget.

4. APPENDICES

Appendix 1:

Financial Results for the period ending 30 June 2013

Report prepared by:

Justine White, General Manager: Finance

West Coast District Health Board
Statement of comprehensive income

For period ending

30 June 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	2011/12
Operating Revenue										
Crown and Government sourced	10,664	10,779	(115)	(1.1%)	128,994	129,383	(389)	(0.3%)	129,383	127,209
Inter DHB Revenue	0	10	(10)	(100.0%)	36	124	(88)	(71.0%)	124	106
Inter District Flows Revenue	138	138	(0)	(0.1%)	1,656	1,657	(1)	(0.1%)	1,657	1,884
Patient Related Revenue	218	273	(55)	(20.1%)	3,113	3,391	(278)	(8.2%)	3,391	3,096
Other Revenue	40	101	(61)	(60.8%)	1,089	1,488	(399)	(26.8%)	1,488	1,765
Total Operating Revenue	11,060	11,301	(242)	(2.1%)	134,888	136,044	(1,156)	(0.8%)	136,044	134,060
Operating Expenditure										
Employee benefit costs	4,674	4,755	81	1.7%	55,556	56,499	943	1.7%	56,499	54,036
Outsourced Clinical Services	780	653	(127)	(19.5%)	9,121	8,638	(483)	(5.6%)	8,638	12,243
Treatment Related Costs	490	711	221	31.1%	7,369	7,911	542	6.9%	7,911	7,488
External Providers	2,853	2,496	(357)	(14.3%)	29,842	30,952	1,110	3.6%	30,952	29,503
Inter District Flows Expense	768	1,456	688	47.2%	16,815	17,467	652	3.7%	17,467	17,504
Outsourced Services - non clinical	79	115	36	31.5%	1,445	1,388	(57)	(4.1%)	1,388	854
Infrastructure Costs and Non Clinical Supplies	1,153	865	(288)	(33.3%)	12,876	10,669	(2,207)	(20.7%)	10,669	11,354
Total Operating Expenditure	10,796	11,051	254	2.3%	133,024	133,524	501	0.4%	133,524	132,982
Result before Interest, Depn & Cap Charge	263	250	13	(5.0%)	1,866	2,519	(653)	25.9%	2,519	1,078
Interest, Depreciation & Capital Charge										
Interest Expense	53	61	8	13.5%	650	735	86	11.6%	735	732
Depreciation	344	389	45	11.6%	4,154	4,661	507	10.9%	4,661	4,757
Capital Charge Expenditure	(69)	60	129	214.5%	677	723	46	6.4%	723	613
Total Interest, Depreciation & Capital Charge	328	511	183	35.8%	5,480	6,119	639	10.4%	6,119	6,102
Net Surplus/(deficit)	(65)	(261)	196	75.1%	(3,616)	(3,600)	(16)	(0.4%)	(3,600)	(5,024)
Other comprehensive income										
Gain/(losses) on revaluation of property										(1,741)
Total comprehensive income	(65)	(261)	196	75.1%	(3,616)	(3,600)	(16)	(0.4%)	(3,600)	(6,765)

West Coast District Health Board
Statement of financial position
As at
in thousands of New Zealand dollars

30 June 2013

Assets

Non-current assets

Property, plant and equipment
Intangible assets
Work in Progress
Other investments

Total non-current assets

Current assets

Cash and cash equivalents
Patient and restricted funds
Inventories
Debtors and other receivables
Assets classified as held for sale

Total current assets

Total assets

Liabilities

Non-current liabilities

Interest-bearing loans and borrowings
Employee entitlements and benefits

Total non-current liabilities

Current liabilities

Interest-bearing loans and borrowings
Creditors and other payables
Employee entitlements and benefits

Total current liabilities

Total liabilities

Equity

Crown equity
Other reserves
Retained earnings/(losses)
Trust funds

Total equity

Total equity and liabilities

Actual	Budget	Variance	%Variance	Prior Year
26,613	30,469	(3,857)	(12.7%)	31,657
790	2,844	(2,054)	(72.2%)	854
3,296	0	3,296	#DIV/0!	807
0	2	(2)	(100.0%)	2
30,699	33,315	(2,616)	(7.9%)	33,320
7,417	5,666	1,751	30.9%	4,557
60	56	4	7.1%	56
1,022	831	191	23.0%	880
3,114	4,452	(1,338)	(30.1%)	4,187
136	136	0	0.00%	136
11,749	11,141	608	5.5%	9,816
42,448	44,457	(2,009)	(2.4%)	43,136
12,195	11,945	250	2.1%	11,195
3,475	3,304	171	5.2%	3,041
15,670	15,249	421	2.8%	14,236
250	250	0	0.00%	1,500
8,144	9,014	(870)	(9.7%)	9,367
8,273	8,162	111	1.4%	8,255
16,667	17,426	(759)	(4.4%)	19,122
32,337	32,675	(338)	(1.0%)	33,358
66,197	66,185	12	0.0%	61,753
19,569	21,310	(1,741)	(8.2%)	21,310
(79,224)	(79,285)	61	(0.1%)	(73,324)
39	39	0	0.00%	39
6,581	8,249	(1,668)	(20.2%)	9,778
38,918	40,924	(2,007)	(4.9%)	43,136

West Coast District Health Board
Statement of cash flows
For period ending

30 June 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				2012/13	2011/12
	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	10,807	11,279	(473)	(4.2%)	135,671	135,739	(68)	(0.1%)	135,739	133,962
Cash paid to employees	(4,806)	(4,755)	(51)	1.1%	(55,340)	(56,498)	1158	(2.1%)	(56,498)	(53,657)
Cash paid to suppliers	(514)	(2,343)	1829	(78.1%)	(31,080)	(28,672)	(2,408)	8.4%	(28,672)	(32,438)
Cash paid to external providers	(2,991)	(2,496)	(495)	19.8%	(31,498)	(30,953)	(545)	1.8%	(30,953)	(29,548)
Cash paid to other District Health Boards	(630)	(1,456)	826	(56.7%)	(15,159)	(17,467)	2308	(13.2%)	(17,467)	(17,481)
<i>Cash generated from operations</i>	1866	230	1636	712.0%	2593	2148	445	20.7%	2,148	838
Interest paid	(182)	(61)	(121)	197.1%	(693)	(735)	42	(5.7%)	(735)	(735)
Capital charge paid	(270)	(360)	90	(0)	(677)	(723)	46	(0)	(723)	(712)
Net cash flows from operating activities	1414	(192)	1606	(837.6%)	1223	690	533	77.2%	690	(609)
Cash flows from investing activities										
Interest received	(4)	22	(25)	(116.2%)	230	260	(30)	(11.7%)	260	319
(Increase) / Decrease in investments	0	0	0		0	0	0		0	3,500
Acquisition of property, plant and equipment	(555)	(200)	(355)	177.5%	(4,282)	(3,745)	(537)	14.3%	(3,745)	(2,665)
Acquisition of intangible assets	(6)	0	(6)	0.0%	(684)	(1,405)	721	(51.3%)	(1,405)	(265)
Net cash flows from investing activities	(565)	(178)	(386)	216.5%	(4,737)	(4,890)	154	(3.1%)	(4,890)	889
Cash flows from financing activities										
Proceeds from equity injections	3600	3600	0		3600	3600	0		3,600	4,512
Repayment of equity	(68)	(68)	0		(68)	(68)	0		(68)	(68)
<i>Cash generated from equity transactions</i>	3532	3532	0		3532	3532	0		3,532	4,444
Borrowings raised	0	0	0		0	0	0			
Repayment of borrowings	0	(250)	250		0	(250)	250		(250)	(250)
Net cash flows from financing activities	0	(250)	250		0	(250)	250		(250)	(250)
Net increase in cash and cash equivalents	4,382	2,912	1470	50.5%	19	(918)	936	(102.1%)	(918)	4,476
Cash and cash equivalents at beginning of period	3,035	2,754	281	10.2%	7,398	6,584	814	12.4%	6,584	2,922
Cash and cash equivalents at end of year	7,417	5,666	1,751	30.9%	7,417	5,666	1751	30.9%	5,666	7,398

West Coast District Health Board
 Provider Operating Statement for period ending
 in thousands of New Zealand dollars

30 June 2013

	Monthly Reporting				Year to Date				Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	2011/12
Income										
Internal revenue-Funder to Provider	5,137	5,250	(113)	(2.2%)	62,755	63,005	(250)	(0.4%)	63,005	62,872
Ministry of Health side contracts	98	143	(45)	(31.4%)	1,359	1,862	(503)	(27.0%)	1,862	1,824
Other Government	502	579	(77)	(13.3%)	6,469	6,841	(372)	(5.4%)	6,841	6,483
InterProvider Revenue (Other DHBs)	0	10	(10)	(100.0%)	36	124	(88)	(71.0%)	124	106
Patient and consumer sourced	218	273	(55)	(20.1%)	3,113	3,396	(283)	(8.3%)	3,396	3,096
Other income	43	82	(39)	(47.3%)	744	1,258	(514)	(40.9%)	1,258	1,424
Total income	5,998	6,337	(340)	(5.4%)	74,476	76,486	(2,010)	(2.6%)	76,486	75,805
Expenditure										
Employee benefit costs										
Medical Personnel	1,257	1,117	(140)	(12.5%)	12,792	13,316	524	3.9%	13,316	10,673
Nursing Personnel	2,121	2,024	(97)	(4.8%)	24,989	24,086	(903)	(3.7%)	24,086	24,654
Allied Health Personnel	636	826	190	23.0%	8,810	9,647	837	8.7%	9,647	8,956
Support Personnel	121	167	46	27.5%	1,885	1,988	103	5.2%	1,988	2,163
Management/Administration Personnel	510	570	60	10.6%	6,550	6,842	292	4.3%	6,842	6,488
	4,645	4,704	59	1.2%	55,025	55,878	854	1.5%	55,878	52,934
Outsourced Services										
Contracted Locum Services	518	343	(175)	(50.8%)	6,199	4,931	(1,268)	(25.7%)	4,931	8,202
Outsourced Clinical Services	262	309	47	15.3%	2,922	3,710	788	21.3%	3,710	4,041
Outsourced Services - non clinical	46	79	33	42.0%	1,075	952	(123)	(12.9%)	952	521
	826	731	(95)	(13.0%)	10,196	9,593	(603)	(6.3%)	9,593	12,764
Treatment Related Costs										
Disposables, Diagnostic & Other Clinical Supplies	116	115	(1)	(0.9%)	1,393	1,323	(70)	(5.3%)	1,323	1,388
Instruments & Equipment	107	155	48	31.2%	1,759	1,733	(26)	(1.5%)	1,733	1,613
Patient Appliances	26	31	5	16.1%	311	354	43	12.2%	354	347
Implants and Prostheses	11	70	59	84.3%	563	817	254	31.0%	817	877
Pharmaceuticals	120	173	53	30.8%	2,112	1,923	(189)	(9.8%)	1,923	2,033
Other Clinical & Client Costs	101	147	46	31.3%	1,141	1,525	384	25.2%	1,525	1,294
	481	691	211	30.5%	7,279	7,675	396	5.2%	7,675	7,552
Infrastructure Costs and Non Clinical Supplies										
Hotel Services, Laundry & Cleaning	355	302	(53)	(17.6%)	4,591	3,671	(920)	(25.1%)	3,671	3,773
Facilities	314	207	(107)	(51.5%)	3,242	2,554	(688)	(26.9%)	2,554	2,554
Transport	99	73	(26)	(36.2%)	1,010	850	(160)	(18.8%)	850	1,034
IT Systems & Telecommunications	134	127	(7)	(5.6%)	1,593	1,527	(66)	(4.3%)	1,527	1,375
Professional Fees & Expenses	89	14	(75)	(547.3%)	600	209	(391)	(187.1%)	209	557
Other Operating Expenses	134	65	(69)	(105.6%)	1,301	954	(347)	(36.4%)	954	1,245
Internal allocation to Governance Arm	110	110	0	0.2%	1,320	1,322	2	0.2%	1,322	1,320
	1,235	898	(337)	(37.6%)	13,657	11,087	(2,570)	(23.2%)	11,087	11,858
Total Operating Expenditure	7,187	7,024	(163)	(2.3%)	86,157	84,233	(1,923)	(2.3%)	84,233	85,108
Deficit before Interest, Depn & Cap Charge	(1,189)	(687)	501	(73.0%)	(11,681)	(7,747)	3,934	(50.8%)	(7,747)	(9,303)
Interest, Depreciation & Capital Charge										
Interest Expense	53	61	8	13.5%	650	735	86	11.6%	735	732
Depreciation	344	389	45	11.6%	4,154	4,661	507	10.9%	4,661	4,757
Capital Charge Expenditure	(69)	60	129	214.5%	677	723	46	6.4%	723	613
Total Interest, Depreciation & Capital Charge	328	511	183	35.8%	5,481	6,119	638	10.4%	6,119	6,102
Net surplus/(deficit)	(1,517)	(1,198)	319	(26.6%)	(17,162)	(13,866)	3,296	(23.8%)	(13,866)	(15,405)

West Coast District Health Board

Funder Operating Statement for the period ending 30 June 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	2012/13 Budget	2011/12
Income										
PBF Vote Health-funding package (excluding Mental Health)	8,697	8,742	(45)	(0.5%)	104,975	104,900	75	0.1%	104,900	102,999
PBF Vote Health-Mental Health Ring fence	1,157	1,157	0	0.0%	13,884	13,884	0	0.0%	13,884	13,884
MOH-funding side contracts	210	158	52	32.9%	2,308	1,896	411	21.7%	1,896	2,018
Inter District Flow's	138	138	(0)	(0.1%)	1,656	1,657	(1)	(0.1%)	1,657	1,884
Other income	(4)	15	(19)	(123.3%)	279	180	99	54.9%	180	232
Total income	10,199	10,210	(11)	(0.1%)	123,101	122,518	583	0.5%	122,518	121,017
Expenditure										
Personal Health	5,899	6,458	559	8.7%	76,316	77,829	1,513	1.9%	77,829	77,472
Mental Health	1,161	1,172	11	0.9%	13,885	14,039	155	1.1%	14,039	13,790
Disability Support	1,571	1,447	(124)	(8.6%)	17,865	18,004	139	0.8%	18,004	17,342
Public Health	61	63	2	2.9%	738	765	27	3.5%	765	748
Maori Health	66	64	(2)	(3.5%)	609	787	179	22.7%	787	527
Governance	68	69	1	1.3%	827	827	0	0.0%	827	1,176
Total expenses	8,827	9,273	447	4.8%	110,240	112,252	2,012	1.8%	112,252	111,055
Net Surplus / (Deficit)	1,372	937	435	46.4%	12,861	10,266	2,595	25.3%	10,266	9,962

West Coast District Health Board

Governance Operating Statement for the period ending 30 June 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	2011/12
Income										
Internal Revenue	69	69	0	0.1%	828	827	1	0.1%	827	1,176
Other income	0	4	(4)	(100.0%)	66	50	16	32.0%	50	109
Internal allocation from Provider Arm	110	110	(0)	(0.2%)	1,320	1,322	(2)	(0.2%)	1,322	1,320
Total income	179	183	(4)	(2.3%)	2,214	2,199	15	0.7%	2,199	2,605
Expenditure										
Employee benefit costs	29	52	23	43.9%	531	620	89	14.3%	620	1,102
Outsourced services	33	36	3	8.1%	369	431	62	14.3%	431	333
Other operating expenses	37	70	33	47.5%	435	845	410	48.5%	845	461
Democracy	0	25	25	100.0%	194	303	109	36.0%	303	291
Total expenses	99	183	84	46.0%	1,529	2,199	670	30.5%	2,199	2,187
Net Surplus / (Deficit)	80	0	80		685	0	685		0	418

**COMMUNITY & PUBLIC HEALTH & DISABILITY
SUPPORT ADVISORY COMMITTEE MEETING
UPDATE 11 JULY 2013**



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

SOURCE: Chair, Community & Public Health & Disability Support Advisory Committee

DATE: 2 August 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 11 July 2013. Following confirmation of the minutes of that meeting at the 22 August 2013 meeting, confirmed minutes of the 11 July 2013 meeting will be provided to the Board at its 13 September 2013 meeting.

For the Board’s information the functions of CPH&DSAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000:

“With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population, and*
- *the priorities for the use of the health funding available*

With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the disability support needs of the resident population of the West Coast District Health Board, and*
- *the priorities for the use of the disability support funding provided.”*

The aim of the Committee's advice must be:

- *to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximise the overall health gain for the resident population of the West Coast District Health Board, and*
- *to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board.”*

The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board.”

2. RECOMMENDATION

That the Board:

- i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update – 11 July 2013.

3. **SUMMARY**

ITEMS OF INTEREST FOR THE BOARD

- **Community & Public Health Update**

This report from Community & Public Health provided information as follows:

Health Impact and the Public Health Response to Major Job Losses in Small Communities

The West Coast Community & Public Health team were motivated to obtain a literature review on this topic in the wake of the announcement of the closure of Solid Energy's Spring Creek Mine. They were seeking information about what might be expected in terms of health and wellbeing impacts on the local community and any evidence about what public health and community responses might serve to mitigate the adverse impacts.

The Literature Review has recently been completed and the Executive Summary of the review will be provided to Committee members.

Annual Drinking Water Survey

Community & Public Health are about to embark on the Annual Drinking Water Survey for the West Coast. This survey is carried out each year and assesses the microbiological and chemical quality of drinking water supplies serving populations of more the 100 people, and progress towards meeting the requirements of drinking water legislation.

Local Alcohol Policy Development

Community & Public Health have met with the 3 Councils and police to get an understanding of the common ground between the areas. The general feeling is that they would like to develop one document with slight variations of local input.

Alcohol Controlled Purchase Operation (CPO)

A CPO was carried out recently to test the off-licenses in Greymouth regarding their compliance with the legal purchase restriction for alcohol. It was pleasing that the 17 year old volunteer was unable to purchase alcohol at any of these outlets.

- **Planning & Funding Update**

The Committee noted the achievements in relation to the health targets for the year where the electives target was exceeded and there were no patients waiting longer than 5 months. They also noted that in regard to the HPV vaccination 98% of those who have consented have received this.

The Committee also noted that the DHB is moving into a new funding model where the cost of actual delivery is funded (not CWD).

Discussion also took place regarding District Nursing Services. The Committee noted that this is seen as a key service and the DHB is very fortunate to also have Rural Nurse Specialists.

- **Primary & Community Services Update**

This report provided an update of activities in the Primary and Community Services area of the DHB.

Discussion took place regarding the partnership with Better Health Limited and some background was provided around how this is working.

- **Alliance Update**

This report provided an update of progress around DHB owned General Practice Management; the Grey/Westland Integrated Family Health Services; Kaupapa Maori Nurse Appointments; Complex Clinical Care Network and the Alliance Leadership Team Membership.

The Board Chair asked that a presentation to the Board on the Alliance Leadership Team be scheduled to provide some visibility around membership and show this links with the Annual Plan.

- **Disability Resource Centre Presentation**

Debbie Webster, General Manager, Queenstown & Southland Disability Resource Centre, spoke to the Committee regarding the provision of resources on the West Coast.

The Centre is a voluntary not-for-profit organisation and provides information to disabled members of the community to enable access to resources they require, to be able to participate in their communities. They also provide adaptive equipment and products to make day to day life easier.

With the closure of the local resource centre it is intended to provide services to the West Coast via a mobile unit.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 11 July 2013.

Report prepared by: Elinor Stratford,
Chair
Community & Public Health & Disability Support Advisory Committee

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 11 July 2013 commencing at 9.00am

ADMINISTRATION 9.00am

- Karakia
- Apologies
- 1. **Interest Register**
Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.
- 2. **Confirmation of the Minutes of the Previous Meeting & Matters Arising**
6 June 2013
- 3. **Carried Forward/ Action Items**
(There are no carried forward items)

REPORTS/PRESENTATIONS 9.10am

- | | | | |
|----|--|--|-------------------|
| 4. | Community and Public Health Update | Jem Pupich
<i>Team Leader, Community and Public Health</i> | 9.10am - 9.25am |
| 5. | Planning & Funding Update | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | 9.25am - 9.40am |
| 6. | Primary & Community Services Update | Karyn Kelly
<i>Acting General Manager
Primary & Community Services</i> | 9.40am – 9.55am |
| 7. | Alliance Update | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | 9.55am - 10.10am |
| 8. | Presentation – Disability Resource Centre | Debbie Webster
<i>General Manger, Southland & Queenstown
Disability Resource Centre</i> | 10.10am – 10.35am |
| 9. | General Business | Elinor Stratford
<i>Chair</i> | 10.35am - 10.50am |

ESTIMATED FINISH TIME 10.50am

INFORMATION ITEMS

- Chair’s Report to last Board meeting
- Board Agenda – 28 June 2013
- West Coast CPHAC/DSAC Workplan 2013
- West Coast DHB 2013 Meeting Schedule

NEXT MEETING

Date of Next Meeting: 22 August 2013 Corporate Office, Board Room at Grey Base Hospital.

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 11 JULY 2013



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 2 August 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 11 July 2013. Following confirmation of the minutes of that meeting at the 22 August 2013 HAC meeting, full minutes of the 11 July 2013 meeting will be provided to the Board at its 13 September 2013 meeting.

For the Board's information the functions of HAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are to:

- *monitor the financial and operational performance of the hospital and specialist services of the West Coast DHB;*
- and*
- *assess strategic issues relating to the provision of hospital and specialist services by the West Coast DHB; and*
- *give the Board advice and recommendations on that monitoring and that assessment.*

The Hospital Advisory Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy and with the Strategic Plan of the West Coast DHB."

2. RECOMMENDATION

That the Board:

- i. notes the Hospital Advisory Committee Meeting Update – 11 July 2013.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 11 July 2013. Papers presented to the Committee meeting are available on the West Coast DHB website. A copy of the agenda for this meeting is attached as Appendix 1.

ADVICE TO THE BOARD

The Committee noted the following key points which it wished to draw to the attention of the Board:

▪ **MANAGEMENT REPORT**

Michael Frampton, Acting General Manager, Hospital Services and Ralph La Salle, Acting Operations Manager, presented this report. Mr Frampton drew the Committees attention to the ESPI compliance as at 30 June 2013 which was a very significant achievement for the DHB. He advised that the elective target had also been met but there is still further coding to be done in this area.

The Committee noted some pleasing traction in stabilising orthopaedic services after almost 12 months since the introduction of the new model of care.

Discussion took place regarding agreements with Heads of Departments and Clinical Leaders and the Clinical Booking Unit and how this will lead to good decision making processes.

The Committee continues to take an interest in the recruitment processes taking place, and management continue to highlight any areas which the Committee need to be aware of.

▪ **FINANCE REPORT**

The Committee noted that essentially we are seeing a continuation of previous results and that the year end result is where we expected it to be.

They congratulated management on this achievement.

▪ **CLINICAL LEADERS UPDATE**

This report contained updates on:

- The Partnership Group
- Future Workforce Development
- Model of Care Development
- Quality & Safety and
- Allied Health

▪ **TELEMEDICINE**

The Committee discussed telemedicine on the West Coast and the intention to look for opportunities to extending this. There are currently 26 units in use across the West Coast.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 11 July 2013.

Report prepared by: Doug Truman, Deputy Chair, Hospital Advisory Committee

AGENDA



WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING

To be held in the Board Room at Corporate Office, Grey Base Hospital,
High Street, Greymouth

Thursday 11 July 2013 commencing at 11.00am

ADMINISTRATION

11.00am

Karakia

1. **Interest Register**

Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.

2. **Confirmation of the Minutes of the Previous Meeting & Matters Arising**

6 June 2013

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS

11.10am

4. **Management Report**

Ralph La Salle

11.10am - 11.30am

Acting Operations Manager, Hospital Services

5. **Finance Report**

Justine White

11.30am - 11.45am

General Manager, Finance

6. **Clinical Leaders Report**

Karyn Kelly

11.45am – 12noon

Director of Nursing & Midwifery

7. **General Business**

12noon

ESTIMATED FINISH TIME

12.20pm

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 28 June 2013
- West Coast DHB 2013 Meeting Schedule
- 2013 Workplan

NEXT MEETING

Date of Next Meeting: 22 August 2013

Corporate Office, Board Room at Grey Base Hospital.

RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 2 August 2013

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 28 June 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.	Delegation for Annual Accounts	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	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

**MINUTES OF THE COMMUNITY AND PUBLIC HEALTH
AND DISABILITY SUPPORT ADVISORY COMMITTEE**
held in the Board Room, Corporate Office, Grey Base Hospital
on Thursday, 6 June 2013 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); John Ayling; Lynette Beirne; Kevin Brown; Dr Cheryl Brunton; Marie Mahuika-Forsyth; Jenny McGill; Mary Molloy; Robyn Moore; Peter Ballantyne (ex-officio) and Dr Paul McCormack (ex-officio)

APOLOGIES

An apology for absence was received and accepted from John Vaile.

EXECUTIVE SUPPORT

Michael Frampton (Programme Director); Dr Carol Atmore (Chief Medical Officer); Gary Coghlan (General Manager, Maori Health); Carolyn Gullery (General Manager, Planning & Funding); and Kay Jenkins (Minutes).

WELCOME

The Chair welcomed everyone and asked Marie Mahuika-Forsyth to lead the Karakia.

The Committee extended congratulations to Board Chair, Dr Paul McCormack, for his Queens Birthday Honour.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

There were no additions or alterations to the Interest Register

Declarations of Interest for Items on Today's Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (5/13)

(Moved: Jenny McGill; Seconded: Robyn Moore - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 2 May 2013 be confirmed as a true and correct record”

3. CARRIED FORWARD/ACTION ITEMS

There were no carried forward items.

4. COMMUNITY & PUBLIC HEALTH UPDATE

Dr Cheryl Brunton, Community & Public Health, presented the Community & Public Health Update.

The update detailed the promotions organised for “Smokefree May”.

It also provided information regarding a recent controlled tobacco purchase operation to monitor compliance by tobacco retailers. Fifteen tobacco retailers were visited during this operation. None of the retailers visited sold cigarettes to any of the underage volunteers. The Committee agreed that this was a great result.

Discussion took place regarding retail outlets and the sale of synthetic cannabis. The Committee noted that there are only a small number of outlets on the West Coast. Anything banned is off the shelves however the risk is still there until the products are completely banned with new legislation which will be considered later this year.

5. PLANNING & FUNDING UPDATE

Carolyn Gullery, General Manager, Planning & Funding, presented this report which was taken as read.

A query was made regarding the HPV vaccine and it was confirmed that while over 58% of eligible girls have received dose one the rest will also receive this.

The Committee noted that work on a new restorative homecare model continues to be on track as part of the Complex Clinical Care Network (CCCN) project, with a variety of activities underway.

They also noted that a panel with local and national expertise has been formed to review the West Coast Mental Health System and help to define a model of service delivery for the future.

A request was made of management to re-introduce the trend graphs previously provided in regard to the financials. The General Manager, Planning & Funding commented that it is intended to do this commencing with reporting for the new financial year.

The report was noted

6. MAORI HEALTH ACTIVITY UPDATE

Gary Coghlan, General Manager, Maori Health, presented the Maori Health Activity Update.

This update provided information regarding Te Ara Whakawaiora which will be tabled at the next National CEO forum. The paper sets out key opportunities and processes to advance performance against the annual Maori Health Plan indicators.

Information was also provided regarding the May 2013 Te Herenga Hauora Meeting which discussed how South Island DHBs could support Whanau Ora more effectively. This work will be progressed further at the next meeting in June.

The General Manager, Maori Health, advised that he had presented the Kaizan Maori Health

Workshop outcomes to the Alliance Leadership Team. The presentation was received positively and as a result some focused work is now taking place within the Complex Clinical Care Network and Diabetes pathways.

He also advised that the Maori Health Annual Plan has been updated in line with feedback from the Ministry of Health and resubmitted as per deadlines. The final version of this plan is due to the Ministry on 29 June 2013.

Discussion took place regarding Whanau Ora and the Committee noted that government seem to be sending very strong signals that they wish us to progress this. The General Manager, Maori Health commented that it is important to note that the Whanau Ora concept applies to everyone. Because it came from a Maori paradigm it is seen as Maori but it can be applied to all.

A query was made regarding whether some of these principles are imbedded in our Annual Plan and the General Manager, Maori Health confirmed that this is the case.

The Committee requested management to provide a one page summary of what Whanau Ora is actually about.

The report was noted

7. ALLIANCE UPDATE

Carolyn Gullery, General Manager, Planning & Funding, and Dr Carol Atmore, Chief Medical Officer, presented this update which was taken as read.

Discussion took place regarding governance issues around the Alliance process and whether this gives a lot of responsibility to those making decisions within the Alliance framework. The Committee noted the importance of ensuring that governance is kept fully informed and that governance arrangements support this framework. The Board Chair commented that the Alliance process has been a challenging one and it is important to note that this is not about representation but about relationships.

The update was noted.

8. HEALTH TARGET RESULTS – QUARTER 3

Carolyn Gullery, General Manager, Planning & Funding, presented these results.

The Committee noted that whilst it is anticipated that the Health Targets will be met, the elective service target will be really tight.

The results were noted.

9. DRAFT PHO AGREEMENT

This paper was also presented by Carolyn Gullery, General Manager, Planning & Funding and

advised the Committee that a process has taken place after a decision by Cabinet that an Alliance framework will be used between DHBs and PHOs. The committee noted that a process has taken place resetting the PHO Services Agreement in accordance with an Alliance Framework.

Discussion took place regarding the sustainability of the Primary Care workforce to make this work and it was agreed that we need to build sustainability into this area.

Resolution (6/13)

(Moved: Lynette Beirne; Seconded: Kevin Brown - carried)

That the Community and Public Health & Disability Support Advisory Committee recommend to the West Coast DHB Board that they :

- i. note that a Revised PHO Services Agreement, has been developed as a result of negotiations between the mandated representatives of the 20 DHBs, 32 PHOs and the Ministry of Health; and that a District / Regional Alliance Agreement underpins the new PHO Services Agreement.
- ii. note the new PHO Services Agreement will take effect on 1 July 2013.
- iii. note many of the provisions of the PHO Agreement remain unchanged, however key changes include:
 - a. A modular contract structure.
 - b. Increased clarity on the roles and responsibilities of DHBs and PHOs.
 - c. Updated Minimum Requirements of PHOs.
 - d. New clauses to assist PHOs in their ('back-to-back') Agreements with providers, for example clarification of aspects of after hours and holiday cover responsibilities.
 - e. Increased transparency with respect to service information and the use of public funds; and
- iv. note that the West Coast DHB and West Coast PHO are in the process of identifying local content that needs to be included in the Revised PHO Services Agreement and varied District Alliance Agreement.

10. GENERAL BUSINESS

Discussion took place regarding waiting times for GP appointments. The Committee noted that there are plans to address the recruitment issues in General Practice across the West Coast.

Elinor Stratford provided the Committee with an update on the National Disability Conference which she had attended.

The Committee noted that management intend to bring a plan to the Committee as to how disability can be addressed at this committee.

The Committee also noted that it is Bowel Cancer awareness week.

INFORMATION ITEMS

- Chair's report to last Board meeting
- Board Agenda 10 May 2013
- CPH&DSAC 2013 Work Plan
- West Coast DHB 2013 Meeting Schedule

There being no further business the meeting concluded at 10.20am.

Confirmed as a true and correct record:

Elinor Stratford
Chair

Date

MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Thursday 6 June 2013, commencing at 11.00am

PRESENT

Sharon Pugh (Chair); Paula Cutbush; Karen Hamilton; Doug Truman; Dr Paul McCormack (ex-officio); and Peter Ballantyne (ex-officio).

MANAGEMENT SUPPORT

Michael Frampton (Programme Director & Acting General Manager, Greymouth & Westland); Carolyn Gullery (General Manager, Planning & Funding); Karyn Kelly (Director of Nursing and Midwifery); Ralph La Salle (Acting Operations Manager, Hospital Services) Justine White (General Manager, Finance) and Kay Jenkins (Minutes).

WELCOME

The meeting with opened with the Karakia.

APOLOGIES

Apologies for absence were received and accepted from Richard Wallace & Gail Howard.

1. INTEREST REGISTER

There were no additions or alterations to the interest register or conflicts of interest declared.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (10/13)

(Moved: Doug Truman/Seconded: Paula Cutbush – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 2 May 2013 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

The General Manager, Planning & Funding provided an update on carried forward item 1 - Patient Ambulance Transport – she commented that this is a Regional process which is taking an extraordinarily long time. A query was made as to whether St John would not provide the service and she assured the Committee that this is not the case.

The Committee noted the carried forward items.

4. HOSPITAL AND SPECIALIST SERVICE (H&SS) MANAGEMENT REPORT

Michael Frampton, Programme Director and Acting General Manager, Greymouth & Westland spoke to the Management Report, which was taken as read. He advised the Committee that Garth Bateup has now returned to his role in Ashburton and that he (Michael) has assumed the role of Acting General Manager, Greymouth & Westland in the interim. The Committee noted that we will now await the outcome of the Facilities Business Case to determine where we go next in filling

this position. Mr Frampton also advised that Ralph La Salle will now assume the role of Acting Operations Manager and will also continue to work with the CBU and be responsible for RMOs, visiting specialists and ESPIs.

Mr Frampton advised that it is his intention to revise the structure of the Committee reports to ensure the committee is receiving the most relevant information to meet their terms of reference.

Discussion by the Committee related to:

- **Recruitment**

The Committee continues to take an interest in the recruitment processes taking place, and management continue to highlight any areas which the Committee need to be aware of.

- **Transfers**

The Committee noted the intention to reframe this template to relate to the new Models of Care.

The Committee also noted that over the upcoming months Mr Frampton will be speaking to various community groups to report progress, the new direction of travel and to ensure the community are included in and aware of the new direction.

- **ESPI Compliance**

The Committee noted that the West Coast DHB was non-compliant by 35 cases in ESPI 2 at the end of March and 12 cases in ESPI 5. It is likely we will also be non-compliant in April. A recovery plan has already commenced to ensure compliance by May for ESPI 2 and by June for ESPI 5 to avoid any financial penalty.

- **Did Not Attend (DNA)**

The committee noted that the DNA policy has been revised to make it clearer exactly what a DNA is. Discussion took place regarding this policy

- **Primary & Community Workshops**

The Committee noted that some 35 clinicians from across the West Coast health system attended the first of two workshops on 16 May to determine the key deliverables for integrating health care over the next 2 years.

Discussion took place regarding better help for smokers to quit and the comment was made that this is the best result the DHB has seen.

Discussion also took place regarding the DHBs complaints process and how decisions were made regarding publicity around these complaints. The Committee noted that this process is different in Primary Care.

Resolution (11/13)

(Moved: Doug Truman/Seconded: Karen Hamilton – carried)

That the Hospital Advisory Committee notes the Management Report.

5. FINANCE REPORT

Justine White, General Manager, Finance, spoke to the Finance Report for the month of April 2013. The report was taken as read. She commented that essentially we are seeing a continuation of previous results and we are starting to see the results of not having to pay double laundry costs.

She also commented that it is pleasing to see more stable rosters and balancing of permanent staff against locums.

ACC revenue is down and we are ensuring that we are claiming everything we should in this regard.

Discussion took place regarding Aged Care and the Committee noted that the DHB is obliged to pay MECA rates which means our labour costs are more than private facilities.

The Committee also noted that the DHB is on target to meet its budgeted deficit by the end of June.

Resolution (12/13)

(Moved: Peter Ballantyne/Seconded: Sharon Pugh – carried)

That the Committee notes the financial report for the period ending 30 April 2013.

6. CLINICAL LEADERS REPORT

Karyn Kelly, Director of Nursing & Midwifery presented the Clinical Leaders Report which was taken as read.

Paula Cutbush departed at 12.25pm

Discussion took place regarding the budget setting process for 2013/14. The Committee noted that clinical teams have been involved in the budget setting process through a series of workshops to align clinical expectation and need with allocated budgets.

7. MODEL OF CARE IMPLEMENTATION - PRESENTATION

Michael Frampton, Programme Director, provided the Committee with a presentation regarding the implementation of the Model of Care.

The Chair thanked Mr Frampton for his presentation.

GENERAL BUSINESS

The Committee asked that their appreciation be passed to Garth Bateup for his work with the Hospital Advisory Committee during his time on the West Coast.

There being no further business the meeting closed at 1.10pm

Confirmed as a true and correct record.

Sharon Pugh
Chair

Date

**MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING
held in the Board Room Corporate Office, Grey Base Hospital, on
Thursday 6 June 2013 held at Corporate Office at 3.45pm**

- PRESENT:** Lisa Tumahai, Te Rūnanga O Ngāti Waewae (Chair)
Marie Mahuika-Forsyth, Te Rūnanga O Makaawhio (Deputy Chair)
Sharon Marsh, Maori Community Westport
Elinor Stratford, West Coast DHB Representative on Tatau Pounamu
Francois Tumahai, Te Rūnanga O Ngāti Waewae
Wayne Secker, Maori Community
- IN ATTENDANCE:** Gary Coghlan, General Manager Māori Health, West Coast DHB
Dr Paul McCormack, Chair of West Coast DHB
Kylie Parkin, Portfolio Manager Māori Health, West Coast DHB
Carolyn Gullery, GM Planning & Funding CDHB / WCDHB
Nigel Ogilvie, Board Member of Rata Te Awhina Trust
Paul Madgwick, Board Member of Rata Te Awhina Trust
Susan Wallace, Board Member of Rata Te Awhina Trust
Mere Wallace
Michael Frampton, Programme Director, West Coast DHB (joined at 4.23pm)
- MINUTE TAKER:** George Atfield, Administrator Māori Health
- APOLOGIES:** Richard Wallace, Te Rūnanga O Makaawhio

WELCOME / KARAKIA

Due to the meeting being delayed because of the previous meeting going over time the Chair advised that the meeting would commence with the discussion documents as noted on the agenda.

1. AGENDA / APOLOGIES

Apologies were received from Richard Wallace.

Motion: THAT the apologies are accepted.

Moved: Elinor Stratford **Seconded:** Marie Mahuika-Forsyth
Carried.

2. DISCLOSURES OF INTEREST

Amend Sharon Marsh

- Remove Secretary Kawatiri Women's Welfare League and change to President and Community Representative.

- Add Husband is a Buller District Council member.

Amend Francois Tumahai

- Add Chair is his wife

Motion: THAT Disclosures of Interest were a true and accurate record subject to the above amendments and inclusions.

Moved: Elinor Stratford **Second:** Sharon Marsh
Carried.

3. MINUTES OF THE LAST MEETING - THURSDAY 2 MAY 2013

Motion: THAT the Minutes of Thursday 2 May 2013 were accepted as a true and accurate record.

Moved: Wayne Secker **Second:** Francois Tumahai
Carried.

4. MATTERS ARISING

4.1 Present Kaizen Workshop Presentation

To be discussed under discussion documents.

5. DISCUSSION DOCUMENTS

5.1 Kaizen Report

The General Manager briefed the committee on the Kaizen workshop and progress to date. The GM was questioned how many participants were involved and how many were Ngai Tahu representatives. He advised that there were not many Poutini Ngai Tahu representatives due to other commitments. He advised that he could provide the list of participants, if requested. The Chair acknowledged that the Kaizen work is great but the only new issue identified is the cultural aspects such as cultural assessment. Further discussion occurred. A member who attended the Kaizen workshop advised that the biggest impact to participants at the workshop was the patient's pathway. The intention of the case studies that were presented at the meeting was to review duplications and identify improvements particularly for Maori patients.

The Kaizen workshop highlighted that we do need a Maori voice in all work streams.

The Vision for West Coast Health Services information discussed at Tatau Pounamu's last meeting identified that there is the need for being an incorporated voice; Maori should be placed in every work stream and work closer with the West Coast alliance. The General Manager Planning & Funding Manager supported these comments and advised that if we design services well for Maori this will meet everybody's needs and should be the approach and the way forward.

The GM Planning & Funding and Dr Paul McCormack left the meeting at 4.16 pm

5.2 Maori Health Plan 2013-2014

The report was taken as read and opened for discussion. A committee member acknowledged the opportunity to provide input into the local indicators and queried how the obesity will be measured? The

committee were advised once the plan has been finalised, the DHB will start to report against the indicators.

The Programme Director, West Coast DHB arrived 4.23 pm.

The committee were advised that Whare Oranga Pai's involvement will be important in achieving outcomes for Maori. An important way forward is Tatau Pounamu being involved with the development of the first draft of the MHP 2014/15

The Chair welcomed the Programme Director to the meeting.

Further discussion occurred and suggestion was made to look at work streams and how Maori representation can become far more integrated across the board. The consensus of attendees at the meeting was that everyone has the same desire to achieve better outcomes for Maori health and to address Whanau ora.

The Business case document detailing the way forward for delivering future health care for the West Coast community focuses on care delivered in the community, providing care close to homes much as possible, clinicians share information between primary/secondary sectors, to have a focus on the whole of the health system. The untangling of contractual barriers between services will be addressed as services transform and ensuring that local indicators can be achieved within current resources available.

5.3 Work plan for Tatau Pounamu

The committee were asked to forward ideas for including on the work plan for the period July – June through to the Minute Secretary. Some ideas put forward were:

- Review of Mental Health Services
- The Suicide Action plan
- Update on Vision for West Coast Health Services – Programme Director
- Whanau Ora
- Family Violence Intervention Programme

The Chair advised that this Tatau Pounamu work plan will ensure a more strategic approach and to focus on the future.

5.4 Memorandum of Understanding / Terms of Reference – Tatau Pounamu

The Chair advised that the Terms of Reference did not reflect the Memorandum of Understanding well and placed this item on the agenda for discussion. The committee / attendees reviewed the document page by page.

Suggested changes:

Clause 4.1 Membership

4.1.2 – amend wording, look at changing Nga Maata Waka people

The Programme Director provided his views on the Terms of Reference. He felt that it is important to be clear on the composition and substance of the committee before the structure is finalised. It is important to review what are we here to do and how do we monitor. It is best to answer these first before setting the TOR. It is important to improve the health of all West Coasters. The Chair advised that the two chairs of Runanga and Chair of Rata Te Awhina know we have to step up and take leadership and for change and are committed to this.

Clause 4.1.4 – It was felt that it is important to invite people and build on input for the committee.

Clause 5.1 – The term of office is noted as 6 years. A member commented that this should be longer to ensure good succession and growth. It will provide members an opportunity to potentially see a project to its completion.

Action: Members were asked to provide further feedback to the Minute Secretary for inclusion in the Terms of Reference.

Paul Madgwick left the meeting at 5.19pm

The Programme Director, West Coast DHB left the meeting at 5.20pm

6. GM Report

The General Manager briefed the meeting participants on the quarterly report results. PHO enrolment rates were discussed in more detail.

Whilst reviewing this report, further discussion took place regarding the representation of various work streams. It was reiterated that there needs to be strong Maori participation within these work streams. There are few Maori representatives available and this is the opportunity to broaden more representation for these committees. The representation is currently left to a low number of participants who currently have fulltime commitments.

The Chair asked the participants if they could identify potential Maori representatives for a number of work streams. This will provide a pool of people to call on who will be able to provide assistance when required who potentially can provide another perspective differing from the same representatives.

Action: Members submit names to build a pool of people for Maori representation within various work streams.

7. HEHA Report

The report was not written by the HEHA Manager. A further verbal update was provided. There is a new Smokefree initiative for pregnant woman where they are provided support to quit smoking. Further discussion occurred about the uptake of cessation advice and how this is achieved within work streams.

8. GENERAL BUSINESS

8.1 Tatau Paper Distribution of Committee Papers

The Chair discussed the option of receiving the Tatau Pounamu papers in electronic form only. Tatau Pounamu members to advise the Minute Secretary of their preference.

Action: Tatau Pounamu members

8.2 I.T Strategy – Rata Te Awhina Access

Discussion occurred about I.T access issues being experienced between West Coast DHB and Rata Te Awhina. The GM Maori Health will investigate further.

Action: GM Maori Health

8.3 Grey Integration Workshop Draft Meeting Notes – 16 May 2013

The draft workshop notes were distributed and the Chair advised to feedback any comments via email to her. The committee were advised that the 12 June 2013 meeting has been cancelled.

8.4 Farewell

The Chair and committee acknowledged Marie Mahuika-Forsyth's contribution to the Tatau Pounamu committee and to Poutini Ngai Tahu and wished her well for her new endeavours in life.

There being no further business the GM Maori Health closed the meeting at 5.49 pm

WEST COAST DHB – MEETING SCHEDULE FOR 2013

DATE	MEETING	TIME	VENUE
Thursday 24 January 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 24 January 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 24 January 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 24 January 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 8 February 2013	BOARD	10.00am	Board Room, Corporate Office
Thursday 7 March 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 7 March 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 7 March 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 7 March 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 22 March 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 2 May 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 2 May 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 2 May 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 2 May 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 10 May 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 6 June 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 6 June 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 6 June 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 6 June 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 28 June 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 11 July 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 11 July 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 11 July 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 11 July 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 2 August 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 22 August 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 22 August 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 22 August 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 22 August 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 13 September 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 10 October 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 October 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 October 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 10 October 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 25 October 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 28 November 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 November 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 November 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 28 November 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 13 December 2013	BOARD	10.00am	Board Room, Corporate Office

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