

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



BOARD MEETING

**Friday 25 October 2013
10.00am**

**ST JOHN
WATERWALK ROAD
GREYMOUTH**

ALL INFORMATION CONTAINED IN THESE MEETING
PAPERS IS SUBJECT TO CHANGE

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
Friday 25 October 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 ▪ <i>13 September 2013</i>	
3.	Carried Forward/Action List Items	
REPORTS		10.15am
4.	Acting Chair's Update (Verbal Update)	Peter Ballantyne <i>Acting Chairman</i> 10.15am – 10.25am
5.	Chief Executive's Update	David Meates <i>Chief Executive</i> 10.25am – 10.40am
6.	Clinical Leader's 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> 10.40am – 10.50am
7.	Finance Report	Justine White <i>General Manager, Finance</i> 10.50am – 11.00am
8.	Proposed 2014 Meeting Schedule	<i>Board Secretariat</i> 11.00am – 11.10am
9.	Report from Committee Meetings	
-	CPH&DSAC <i>10 October 2013</i>	Elinor Stratford <i>Chair, CPH&DSAC Committee</i> 11.10am – 11.20am
-	Hospital Advisory Committee <i>10 October 2013</i>	Sharon Pugh <i>Chair, Hospital Advisory Committee</i> 11.20am – 11.30am
-	Tatau Pomanau <i>No Meeting</i>	
10.	Resolution to Exclude the Public	<i>Board Secretariat</i> 11.30am

INFORMATION ITEMS

- Confirmed Minutes
 - CPH&DSAC Meeting – 22 August 2013
 - HAC Meeting – 22 August 2013
- 2013 Meeting Schedule

ESTIMATED FINISH TIME

11.30am

NEXT MEETING

Friday 13 December 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*)

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.

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 works part time at CAMHS • Member of CCS • 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
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
Sharon Pugh	<ul style="list-style-type: none"> • Shareholder, New River Bluegums Bed & Breakfast

Elinor Stratford	<ul style="list-style-type: none"> • Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Deputy Chair of Victim Support, Grey/Westland district • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Advisor MS/Parkinson West Coast • Disability Resource Trust - contracted to wind up this Organisation • Trustee, Disability Research Centre, Queenstown/West Coast
Doug Truman	<ul style="list-style-type: none"> • Director Truman Ltd • Owner/Operator Paper Plus, Greymouth
John Vaile	<ul style="list-style-type: none"> • Director, Vaile Hardware Ltd • Member of Community Patrols New Zealand
Susan Wallace	<ul style="list-style-type: none"> • Tumuaki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board • Father member of Hospital Advisory Committee • Member of Tatau Pounamu • Father employee of West Coast District Health Board • Director, Kōhatu Makaawhio Ltd • Appointed member of Canterbury District Health Board • Chair, Rata Te Awhina Trust • Area Representative-Te Waipounamu Maori Womens' Welfare League

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held in the Board Room, Corporate Office, Grey Base Hospital, Greymouth
on Friday 13 September 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 John Vaile.

APOLOGIES

An apology was received and accepted from Susan Wallace.

An apology for early departure was received and accepted from Warren Gilbertson (11.40am)

EXECUTIVE SUPPORT

David Meates (Chief Executive); Michael Frampton (Programme Director); Carol Atmore (Chief Medical Officer); Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan (General Manager, Buller Health Services); Karyn Kelly (Director of Nursing & Midwifery); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

Gary Coghlan led the Karakia.

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

- Elinor Stratford asked that the following amendments be made to the wording of her interests:
 - Deputy Chair of Victim Support “*Grey Westland District*” and
 - Trustee, Disability “*Resource*” Centre, Queenstown/“*West Coast*”.

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 (35/13)**

(Moved Paul McCormack/seconded John Vaile - 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 2 August 2013 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.

4. CHAIR'S UPDATE

The Chair commented that there is a lot taking in place at the moment.

South Island Alliance Meeting

This meeting took place on 26 August 2013. The Chair's met with Michael Hundleby who commented that he believed the South Island is performing exceptionally well.

A number of HBL Directors attended the meeting and it is evident that they seem to be engaging better with DHBs.

National Leadership Meeting

The Chair commented that it was evident to him that the South Island is working together better than elsewhere in the country.

There was discussion regarding children's health and it is evident that the statistics around this are not good. The Prime Minister has a children's action plan which is a priority for him.

Facilities Business Case

This is still working its way through the process in Wellington. It is not yet with the Minister, but has gone through the Capital Investment Committee.

Resolution (36/13)

(Moved Helen Gillespie/seconded Elinor Stratford – carried)

That the Board:
notes the Chair's verbal update.

5. CHIEF EXECUTIVE'S UPDATE

The Chief Executive presented his report which was taken as read. He commented in particular that it is worth reflecting back over the last 12 months which has in many cases been a major transformational year. It was a year also that the West Coast has delivered on its commitments and this was achieved through a major effort by many people.

He added that a huge amount of progress has been made in stabilising the clinical systems and in Primary Care there is a new practice system being developed and as a DHB most of the health targets have been met. He also added that this has been a year we can be proud of and also recognise that the West Coast met its fiscal commitment.

The Chief Executive advised that the West Coast Annual Plan has now been signed by the Minister of Health and the Minister of Finance.

Discussion took place regarding the Grass Roots Strategy and the Board commented that feedback they have received indicates that there has been a reasonably positive response to this. The Chief Executive commented that this engagement is part of the process of building relationships and keeping the community informed which should gradually lead to having more trust in the health system. In regard to Reefton he commented that whilst this poses some challenges we need to better understand they type of care required here and engage with the community to determine their needs.

Discussion also took place regarding orthopaedic services, particularly in Buller, and the Board noted that it is important to ensure a stable service in place in Greymouth first and then look at

alternatives. In regard to physiotherapy services in Buller the Board noted that this remains a significant challenge and recruitment efforts continue.

Resolution (37/13)

(Moved Warren Gilbertson/seconded Sharon Pugh – carried)

That the Board:

- i. notes the Chief Executive's update.

6. CLINICAL LEADERS REPORT

Dr Carol Atmore, Chief Medical Officer, & Karyn Kelly, Director of Nursing & Midwifery spoke to this report, which was taken as read. Dr Atmore commented that there has been a good uptake of the Elective Referral System and GPs are enjoying using this. In terms of workforce development she advised that the Rural Learning Centre presentation has been very well received

Ms Kelly commented in particular about the 2014 Nursing Entry Programme and the intended recruitment of 13 new graduate nurses into the West Coast Health System.

Resolution (38/13)

(Moved Sharon Pugh/seconded John Vaile – 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 July 2013 which was taken as read. She commented on the new format of the report which should make it easier for any trends to be identified. She welcomed any feedback from Board members on the new format.

The Board noted that the August result was a deficit of \$0.323m, which was \$0.029m favourable against the budgeted deficit of \$0.352m. The year to date result is \$0.12m unfavourable against budget.

The Board noted that Oracle is now online and the i-proc system is also now online.

Resolution (39/13)

(Moved Helen Gillespie/seconded Elinor Stratford – carried)

That the Board:

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

8. HEALTH TARGET REPORT – QUARTER 4

Michael Frampton, Programme Director presented this report which was taken as read. He highlighted in particular the achievement in the immunisation health target where for the first time 93% of all eight-month-olds were fully immunised, including all Maori children. The national target is 85%.

Resolution (40/13)

(Moved Peter Ballantyne/seconded Elinor Stratford – carried)

That the Board:

- i. notes the West Coast DHBs performance against health targets.

9. REPORTS FROM COMMITTEE MEETINGS

- a. Elinor Stratford, Chair, Community & Public Health & Disability Support Advisory Committee provided an update from the Committee meeting held on 22 August 2013.

The Board noted the recommendation from the Committee regarding fluoridation and noted that a paper would come to the Board in due course.

The update was noted

- b. Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 22 August 2013. She highlighted in particular the achievement in elective discharges and also the achievement of one year without a Central Line Associated Bacterium (CLAB) incident.

The update was noted.

- c. Elinor Stratford, Board Representative to Tatau Pounamu, provided an update from the Tatau Pounamu Advisory Group Meeting held on 22 August 2013.

The update was noted.

10. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (41/13)

(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 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 - 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.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Advisory Committee – Public Excluded Updates	For the reasons given in the Committee agendas	

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

There being no further business the public open section of the meeting closed at 11.05am.

The Public Excluded section of the meeting commenced at 11.15am and concluded at 12.30pm

Dr Paul McCormack, Chair

Date

TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 25 October 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.

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

- **Alliance Capability** - Members of the West Coast Health Alliance participated in a joint Canterbury/West Coast workshop, designed to enhance productivity across alliance workstreams. The workshop also highlighted the need for Rural, Maori & Pacific health equity to be clearly considered in the individual workplans. The workshop is to be repeated on the Coast for those who could not attend the Christchurch day.
- **Alliance Support** – Recruitment is underway to appoint more resource to Planning & Funding. This will further support activity at both workstream and Leadership Team level. There have been a number of high quality applicants and interviews are being scheduled.
- **Project support** has been assigned to both the Grey/Westland and the Buller IFHS workstreams and the work plans for both have undergone a reprioritisation process with progress being made against specific activities.

B: Build Primary and Community Capacity and Capability

DHB / Better Health Partnership

- Fortnightly meetings are now occurring between the DHB and Better Health, with the

intention of ensuring strong alignment.

- The Better Health recruitment specialist has commenced and is working in partnership with the DHB recruitment team, with a current focus on medium term GPs [3 month to 1 year contracts]. The DHB recruitment team continues to seek long term GPs. GP staffing requirements are being ascertained from a service perspective for all practices to inform recruitment efforts.
- Practice managers have been appointed to DHB-owned practices; details are below.
- Better Health financial systems are in place, and this will enable a greater understanding of the financial activity in each practice.

Primary

South Westland

- A new receptionist has been appointed with approved funding of \$5,000.00 from WINZ for orientation and education to train her to this position.
- The South Westland Roving RNS position becomes vacant November 15th. Recruiting is well underway for a replacement to this position.
- A Practice Manager has been appointed to the South Westland Practice as part of the Better Health workplan.

Greymouth

- The recruitment process has finished for the Practice Manager Greymouth with the successful applicant accepting the position.

Buller

- The Acting Practice Manager at Buller Medical has been permanently appointed to the position.
- To progress the goal of developing rural medicine specialists, Buller Health has begun to provide placements for rural hospital doctors in training.

Community

Greymouth

- District Nursing staffing gaps in Buller and Hokitika are currently being managed with casual staff working across the district. This solution is working well and is developing a Coast wide flexible staffing model.
- With new staff orientated into the Grey District Nursing unit we are now able to re-develop champions across the service as we have done for the ACC and stoma /continence services. We have found these roles work well as they support team members, meet workflow demand in areas of higher acuity, increase the resources to manage specific care requirements with a team approach and improve patient health outcomes. The champions will be established in palliative care, IV therapy, health of the older person and wound care.
- We have employed our first Enrolled Nurse to the Grey District Nursing team and this has been received very favourably with the team members and patients.
- Replacement computers for Community Nursing teams have been approved and IT solutions are being investigated for improved data entry. A pilot run in Gore with iPads for mobile nurses to access and input data at the bedside is being considered for trial on the Coast.
- The Clinical Nurse Manager for community nursing has joined the Canterbury West Coast DHBs Tamariki Ora/Well Child Providers Network, and is working closely with Plunket to redevelop the shared care model. This will ensure that the DHB and Plunket

work collaboratively to ensure all children receive this service, and that data capture for the MOH meets requirements.

- We have met the target again for B4 School Checks in September which is the result of the planning and work done in regard to this service over the last few months. A one off discretionary payment of approximately \$22,000.00 for meeting 2012/13 targets has been achieved and Planning & Funding will work with the clinical team to plan further ways of improving the service with this money.
- The Health and Disability Auditing New Zealand [HDANZ] audit for home based services occurred on 23 & 24 September. Feedback at the conclusion of the audit indicated a positive result, including comments from the auditors that the WCDHB is seen to be leading the way with this service and that many other DHBs were watching our progress.
- Public health nurses, district nurses and clinical nurse specialists have almost all completed Medtech training which is a positive step towards integration of community and primary based care.

Reefton

- Reefton's fourth Rural Nurse Specialist commenced 14 October. This is an exciting time for Reefton as we continue to develop a quality service for the community.
- One of the Rural Nurse Specialists will complete the Post Graduate Certificate Tamariki Ora/Well Child at the end of the year, which will also enhance the quality of this service and improve health outcomes.
- The Reefton District Nursing service will have a Nurse Entry to Practice [NETP] nurse next year. The nurse will spend six months with the DNs and six months in the general practice. This is important as we continue to develop a robust and sustainable community based nursing service.
- Recruitment continues for the vacancies in the hospital wing. With the large number of applicants it is anticipated that the current vacancies will be successfully filled. The roster has also been covered until the end of the year.

Buller

- Rata Te Awhina is shifting into Buller Health premises in the coming month.

C: Implement the Maori Health Plan

Primary Care Ethnicity Data Audit

- A joint proposal was put together with the PHO for \$4,480.00 to implement the specification milestones – still awaiting approval from the Ministry. This will be implemented and monitored jointly.

Te Whare Oranga Pai

- The transition of this service from Te Runanga o Makaawhio to Poutini Waiora allows opportunities for participants to engage in additional services that the organisation provides, taking the whanau ora approach further, including a long-term conditions focus and a more intensive one-to-one goal orientated service for participants.

Te Ao Auahatanga Hauora Maori - Maori Health Innovation Fund 2013-2017

- A proposal was jointly developed between the DHB and the Maori Provider. The proposal is called Mana Tamariki Mana Mokopuna o Te Tai O Poutini and is largely focused on Hapu Ora and the development of a whanau ora programme to support young Maori mothers and their whanau.
- We have been invited to Wellington on 4 November to present our proposal for Mana

Tamariki, Mana Mokopuna o Te Tai O Poutini.

Poutini Waiora

- On 16 November there will be a rebrand launch of Poutini Waiora (formally Rata Te Awhina Trust) in Hokitika. There will be a full programme for the day; this is a very exciting development for Maori health and social services on Te Tai O Poutini.

InterRAI

- A hui was held on 19 September in Christchurch to further discuss the use of InterRAI within the Maori community. The hui explored the InterRAI training from a Maori perspective and agreed the first step was to establish a ‘collective belief’ about trainer’s confidence in assessing Maori. A small reference group was established to progress the work. The GM Maori Health from West Coast DHB is part of this group along with Brigette Meehan, InterRAI Programme Manager, Populations Policy Ministry of Health. The work is intended to relate to InterRAI assessors in both DHBs and ARC.
- InterRAI is an international collaborative to improve the quality of life of vulnerable persons through a comprehensive assessment system. It is designed to help staff assess the medical, rehabilitation and support requirements of the older person so they can stay at home for as long as possible. This tool will improve the assessment experience and outcomes for older people by identifying what help and support they require against a number of factors including vision, continence, and nutrition and health prevention. While InterRAI is an internationally recognised tool it does not specifically take into account the needs of Maori. The question remains what more can be done to ensure Maori have access to assessment that is not only clinically appropriate but culturally appropriate also.

Whanau Ora

- The major shift within the Whanau Ora work is the winding down by the end of the year of the Regional Leadership Groups and the subsequent establishment of three non-government commissioning agencies – one in the South Island, one in the North Island and a Pacific agency. The commissioning agencies will be tasked with shifting the focus from building the capacity of providers to building whanau capacity.
- The model represents a new phase in the development of Whanau Ora which will have a community focus. The funds will continue to be administered through Te Puni Kokiri.



DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Report

Grey Hospital

- The works for the cable replacement and installation have now been tendered and awarded to Aotea Westland. Work has commenced to install the new cabling network and some urgent work has been carried out to bypass a deteriorating cable. A communications plan is being prepared to liaise with departments on the site regarding necessary electrical shutdowns to facilitate the work.
- Work is ongoing in clearing up the last remaining issues related to the recent ward upgrades at the Grey Hospital site. A final certificate of practical completion for the works has been obtained and close out procedures for both financial and remedial issues are underway.
- The laundry demolition works are now virtually completed with some outstanding

remedial works underway.

- Medical records have had to be moved from the basement areas following receipt of a fire report. Records have been moved to temporary containers on the site of the old laundry building.
- The existing steam boiler certification runs out early next year and planning has commenced for the work required to re-certify the boilers.

Buller Hospital

- Work is ongoing around fire separation to ensure the site complies with its ongoing Building Warrant of Fitness requirements.

Reefton

- Repairs are underway to the kitchen floor area and modifications are underway to the site generator to convert it to automatic start on mains failure.

General

- The Facilities Manager has resigned and his role is currently being re-evaluated. Actions have been taken to rationalise work flow via the onsite maintenance management system (BEIMS). Weekly reports are now in place showing performance levels for individual trades.

Areas of Focus

- The electrical upgrade at Grey Hospital is an important project and is requiring meticulous planning to ensure minimum disruption to an operational site. There is a lot of time and effort being devoted to ensuring this project runs smoothly.
- Work is required to take place on the existing boiler plant prior to Christmas this year to ensure ongoing operational capacity.
- Additionally, time is being spent formulating a viable asset management plan which is consistent with facilities master planning for the West Coast sites when this is available.
- The CDHB Energy Manager is now actively involved in obtaining energy related information in order that we can run this through our existing monitoring and targeting database. He is also developing energy related target KPI's for each site.
- We are also aligning contracts for service where possible, as contracts come out of agreement to ensure one overall system is in place for both DHBs.

B: Facilities Case Update

- Concept design work for the new \$60 million Greymouth Hospital and adjoining Integrated Family Health Centre (IFHC), as well as the design of an \$8 million IFHC in Buller, has commenced.
- Staff from CCM Architects and SKM Planners will be meeting with our staff over the next seven weeks to come up with initial concept design plans. The first round of workshops commences in the week beginning Monday 21 October. For this initial phase we are looking to hold small workshops with the design teams across six work streams. These workshops provide a critical opportunity for the collection and dissemination of information with clinicians to ensure that new facilities meet our needs.



RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services [including Secondary Mental Health Services]

Elective Services Patient Indicators [ESPI Compliance]

- Four patients exceeded the new maximum 150 days' wait time target for ESPI 2 (3 general medical patients and 1 respiratory patient); and four orthopaedic patients exceeded the 150 days maximum wait for ESPI 5 at the end of July 2013. We anticipate being green for both ESPI 2 and 5 in September.
- All DHBs are expected to maintain waiting times for both ESPI 2 and ESPI 5 to a maximum of 5 months (150 days) throughout the 2013/14 year.

Workforce Update

Nursing recruitment and retention at Grey Hospital

- **Paediatrics:** a new staff member is currently orientating to the team. She follows on from an earlier appointment last month.
- **Surgical:** three new appointments have recently been made to Barclay Ward, that will enable the Close Observation Room to be appropriately staffed 24/7. The new staff will be orientating to Grey Hospital in October and November.
- **Emergency Department:** vacancies are still being recruited into.
- **Critical Care:** a new staff member will be orientating to Morice Ward in October and then onto critical care.
- **Rehabilitation:** two new staff will be commencing employment in October.
- **Duty Nurse Manager:** two of our senior staff are currently on leave. Their positions have been filled by two other seconded staff. Two new casual appointments have been made.
- **New Graduate Nurses:** the second rotations continue. As staff are nearing the end of their programme, the process to place staff into permanent positions will commence in October. It is anticipated that up to 8 positions will be available for a January intake.
- **Trendcare Coordinator:** the recruitment process continues to fill this new position.

Patient Safety and Quality

- Jan Nicholson, a very experienced senior quality practitioner and leader, has agreed to provide leadership to the patient safety and quality team until a new permanent person is recruited to the role.

Maternity Services

- The summary Maternity Services report was released to staff and the community.
- Regular discussions continue with the Buller staff, in collaboration with the General Manager Buller Health, around the evolving model of care.
- A very productive meeting was held with the Kawatiri Action Group (KAG) on Monday 23 September that was attended by David Meates, Michael Frampton and Kathleen Gavigan. Further meetings with KAG are occurring.
- A transport subsidy programme has been developed for Buller women who are planning to birth in Greymouth.

Oncology Service

- Chemotherapy is now being delivered from a dual purpose inpatient/outpatient room in Morice Ward. The room was refitted with shelving, cupboards and a bench space that enables Clinical Nurse Specialists to work efficiently. A new phone and cabling for a laptop has also been installed. The new location provides greater privacy and space for

patients and their families, while undergoing treatment. Patient feedback has been positive.

Mental Health Services

Mental Health Service Review

- A second draft of the review report is being prepared, following review of an initial draft by clinical leads and the Acting GM Mental Health Services. The full review panel was reconvened in Christchurch on 08 October, and a revised draft of the review report is expected in the coming month.

Visit from Director and Deputy Director of Mental Health

- Dr John Crawshaw and Dr Aaron Culver visited the West Coast in September and met with a range of personnel throughout the day. An overview of the wider WCDHB strategy provided a platform for good discussion. It was reaffirming that the direction of travel being pursued by the wider West Coast health system, and more specifically for mental health services, is - in their opinion - consistent with bringing to life the priorities contained within the *Rising to the Challenge* national strategy for mental health services.

Introduction of New Mental Health Solution in the Health Connect South System

- The roll-out of the WCDHB Mental Health Solution occurred in mid August with no major issues. West Coast clinical and IT staff have been working closely with Orion Health to develop the new system. The inpatient unit staff were excited by the functionality of the MDT task document which produced immediate and significant time savings, as the unit holds daily multidisciplinary team meetings. Weekly workshops are provided to discuss, prioritise and address problems as part of the roll out.
- A post-implementation review meeting was held at CDHB on 26 September 2013 with the responsibility for tracking issues and ongoing support being handed over to the WCDHB on 3 October 2013.
- As the WCDHB is the first DHB within the South Island to use this new solution, an ongoing process of identifying improvements will be handed over to the next DHB which use the Mental Health Solution.



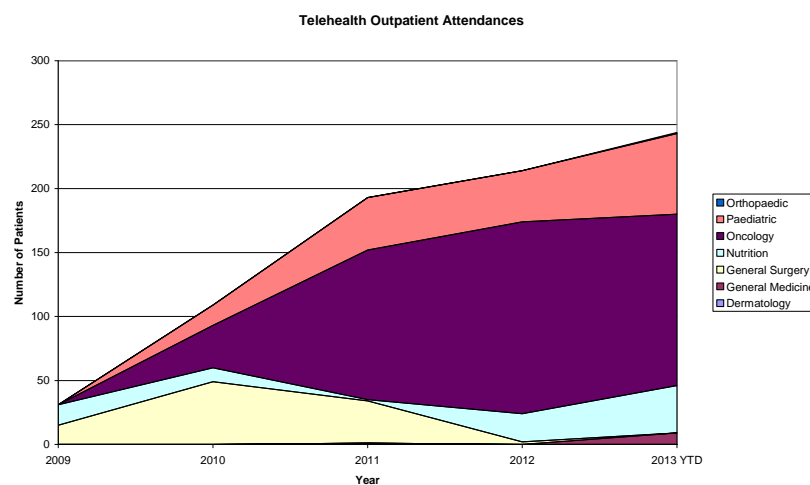
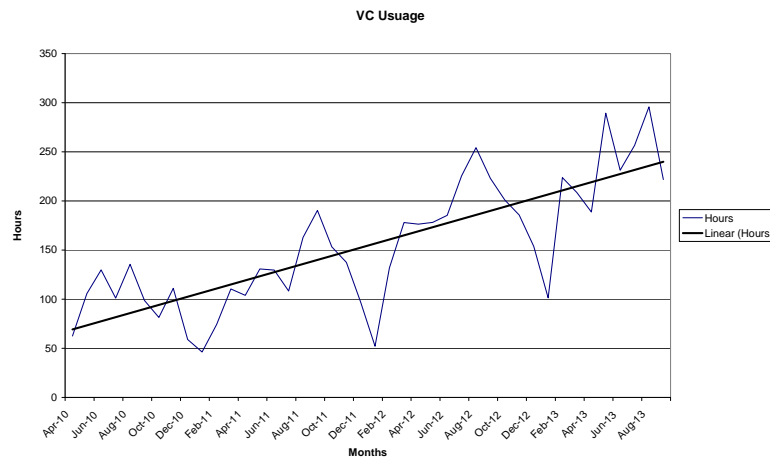
DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

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

- The voluntary Red Cross Buller Community Transport service is continuing to run on a regular basis, Monday to Friday with Saturdays added when required, with 17 trips made in September. West Coast DHB is currently exploring options to extend the current support of contributing to the running costs of this service through a longer-term contract.
- Short-listing of the Expressions of Interest submitted for the supply of chartered flights between Greymouth and Christchurch, to support patient and staff transport within the Transalpine framework, has been completed. The short-listed Expressions are now being evaluated for value for money as part of the overall evaluation and due diligence process.

B: Champion the Expanded use of Telemedicine Technology

- WCDHB has expanded its video conferencing capacity considerably within the last several years.
- John Garret, WCDHB IT Clinical Governance Group, and SMOs are in the process of reviewing and updating the Telemedicine Procedure.
- General Medicine is now using Telemedicine for some consultations with suitable patients. General Surgery will shortly be following. The process to engage with setting up new Telehealth clinics with the Central Booking Unit [CBU] is more defined.



A: Implement the Complex Clinical Care Network [CCCN]

- Since the last report, the implementation of the restorative home-based support model continues to be on track as part of the Complex Clinical Care Network (CCCN) project. In late August and early September 2013, further training, including goal setting, on restorative home based support was provided to Coasters, Access Home Health Care and CCCN staff.
- The CCCN project has completed the draft Community Services Operations Manual for the West Coast services. The separation of responsibility for complex and non-complex assessments is scheduled for 14 October. After the split, the CCCN will be responsible for assessments of clients with complex needs and the home based support providers will

take responsibility for the assessments of people with non-complex needs.

Aged Residential Care

- Planning and Funding worked with the Associate Director of Nursing and the Canterbury DHB Older Persons Health Specialist Service in arranging for an experienced Gerontology Nurse Specialist to lead reassessments of the 11 Reefton ARC residents to confirm the levels of care they currently need. This work, done in conjunction with one of the West Coast DHB Clinical Nurse Specialists, was arranged to ensure residents' needs were known, given that significant nursing turnover was about to occur. Actions were also taken to ensure nursing cover for the Reefton ARC service. An action plan is being developed and a further update will be given in the next report.

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

- Progress in the development of this workstream has been significantly impacted by project facilitation resource constraints. The General Manager of Buller Health Services has agreed to undertake some of the project work under this workstream and work has begun on prioritising activity.
- A permanent appointment has now been made to the Practice Manager role at Buller Health Medical Centre. This will allow the continuation of the work being done to stabilise General Practice, which in turn will allow further integration work to move forward.

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

- This workstream is progressing again with new project support. Following a recent review of the workplan, and in light of resource constraint around project management, the development of an Acute Demand style of service has been identified as a priority. A proposal is before the Alliance Leadership Team detailing the structure and format for a potential gradual roll-out of this. Following endorsement, a working party will be set-up for development to implement the service.

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

- No update for this report.



A: Live Within our Financial Means

- The consolidated result for the year to date ending August 2013 is a deficit of \$0.323m which is \$0.029m favourable against the budgeted deficit of \$0.352m. The year to date position is now \$0.012m unfavourable.

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	\$'000	\$'000	\$'000	
Provider Arm surplus/(deficit)	(468)	(291)	(181)	Unfavourable
Funder Arm surplus/(deficit)	145	(60)	205	Favourable
Governance Arm surplus/(deficit)	-	(1)	1	Favourable
Consolidated result surplus/(deficit)	(323)	(352)	29	Favourable

B: Implement Employee Engagement and Performance Management Processes

- Our Employee Wellness Coordinator has conducted a review of requirements on the Coast in conjunction with staff and management. His report will be considered by EMT in October for adoption. Amongst the recommendations provided is the need to understand where the DHB stands from a Wellness perspective, as well as improved communication and cost effective initiatives that can be put in place for our staff. The trend line for lost time injuries is continuing downwards with a 36% improvement on a year on year basis. Preparation is continuing for the upcoming ACC audit, a pre audit review will be undertaken during October.
- Recruitment levels and candidate interest remains positive; the arrangement involving Better Health to support recruitment in our general practices is bedding down with no apparent issues. Focus is now shifting to the planning and identifying of skills that will be required on an ongoing basis. Advertising associated with the scholarships and studentships program is showing positive outcomes.
- The partial strike action taken by a number of our IT staff as part of current bargaining has resulted in some staff being suspended over a number of days. This has caused some low business interruption and has been well managed. We have been notified of further strike action.

C: Effective Clinical Information Systems

eReferrals Project

- The contract for Phase 2 of the eReferrals solution has been signed. Planning is ramping up for phase 2. A project plan with go live dates is expected within the next month.

Maternity Systems

- CDHB is looking to implement the National Maternity system sooner than anticipated. This should be implemented before end of calendar year.

Primary Care

- WCDHB is providing a one off training session to Rata Te Awhina staff, as well as super user training for one of their key staff members so they can be self sufficient.

eSign Off

- A business case has been prepared to implement electronic sign off of laboratory test results within secondary care systems at WCDHB. Final sign offs are currently in progress.

Finance System Replacement

- WCDHB IT has been providing some support for the implementation of the new Oracle financial system, which has gone live 2nd September.

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

Implementing a Grassroots Strategy

- The grassroots strategy is proving to be very successful. The idea of this strategy is to share information with community organisations from the ground up. The strategy has targeted key groups across the West Coast with the goal of the DHB's messages spreading to larger audiences. This is happening as evidenced by organisations now seeking out DHB representatives to speak at local meetings, and positive feedback on the delivery and content of the presentations.
- Last month meetings were held with:
 - Probus, Greymouth
 - A South Westland Community representative
 - Rotary, Greymouth
 - Grey Power, Greymouth
 - Mental Health Consumers Forum
 - Inangahua Community Board meeting
- Upcoming meetings include:
 - Franz Josef Community Association
 - Whataroa Community Association
 - Focus on Buller, Hokitika and Karamea (meetings to be organised)
- All those who have attended the internal grassroots meetings and those organisations that have had presentations from the DHB are now receiving the CE Update.

Other External Communications

- A brochure and communications plan around the National Travel Assistance programme has been finalised and will be communicated this month.

Internal Communications

- The Internal Communications Advisory Panel has met three times. These meetings are providing the communications team with valuable 'grassroots' information which is shaping current internal communications initiatives.
- Internal grassroots staff meetings have been held in:
 - South Westland
 - Buller
 - Reefton
 - Greymouth
- A meeting is being organised for staff based in Hokitika.
- The weekly CE update continues to be a strategic document, giving staff and other stakeholders first hand information about initiatives and change occurring across the West Coast health system.

Proactive Media Relations

- Sharing proactive positive stories with the media continues, with West Coast and other media reporting the stories. This is a valuable way for the community to learn about the positive initiatives going on across the health sector on the Coast.
- Proactive stories released to the media and reported this month include:
 - **Connecting For Mental Health** - a media release about the West Coast's biggest ever community event focusing on Mental Health Awareness Week.
 - **Maternity Services Review** - a communications strategy was developed around the

release of the maternity services review report to the community. This included providing a summary report and ensuring a wide range of stakeholders had access to the media release and summary report.

- **WCDHB Chair & Chief Executive Delighted With New Health Facilities Announcement** – a media release alerting the community to the new facility announcements
- **Generalist doctor appointed to West Coast DHB** – media release and picture about the West Coast DHB's new generalist doctor, Brendan Marshall.
- **Reefton Hospital continuing to provide safe and effective care** – a media release informing the community of the importance of Reefton Hospital in response to community concerns over the hospital closing.
- **West Coast DHB introduces new electronic client record** – media release about the new electronic record tool specifically designed for mental health clinical care which recently went live at the West Coast District Health Board. It is a pioneer programme that will be implemented by the South Island Alliance into all of the South Island DHBs.
- **Stroke Awareness Week Runs This Week** – a media release highlighting Stroke Awareness Week and informing the community of how to recognise the symptoms of a stroke. Due to the publicity this release received, the West Coast patient featured was asked to be the face of a national campaign for the Stroke Foundation; the patient has agreed to do this.

Reactive Media Relations

- Issues commented on this month included comments on:
 - **Westport News:** Bed numbers in the proposed Buller IFHC and maternity questions

Report to the Community

- The Spring issue of Report to the Community has been finalised and will be delivered into more than 15,000 homes across the Coast via The Messenger this month.



PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

Key Achievements/Issues of Note

Liquor Licensing

- An application to open a new bottle store in Westport has been withdrawn recently as a result of community action. The Buller District Licensing Authority received 181 submissions objecting to the issuing of a liquor license for a new business, Buller Liquor Centre, at 96 Palmerston Street, Westport. CPH staff had spoken to members of the local community and provided several of them with a guide to making a valid submission. Both the Police and the Medical Officer of Health objected to the granting of an off-licence. The applicant withdrew their application following the large number of objections.

Psychoactive Substances Act (PSA) 2013

- The purpose of this Act is to regulate the availability of psychoactive substances to protect the health of, and minimise harm to, individuals who use psychoactive substances. At present the Police are the key enforcement agency of the Act. Public Health Units have been asked to liaise with Police and assist where required. CPH has assisted the Police to

identify stores selling these substances and to carry out controlled purchase operations. We have already carried out joint visits to the two Greymouth premises with interim licences to check on compliance. While one store complied with the requirements of the Act it had tobacco products visible to the public which is in breach of the Smokefree Environments Act. CPH staff were also investigating a similar breach at a second store that was open briefly in Greymouth, however, this premise closed as a result of community action after being open for approximately a week. A third premise in Westport which was selling psychoactive substances has also since closed. There is now only one retailer licensed to sell these products located on the West Coast. Any new retailer now has to register with the Ministry of Health and obtain a license to sell approved psychoactive products. The Act makes provision for local authorities to develop Local Approved Product Policies which can regulate where stores selling these products can be located. CPH has offered to assist West Coast Councils in doing this.

Smokefree WERO Challenge







- The WERO challenge (Whānau End Smoking Regional Whānau Ora challenge) is a national quit smoking competition. Teams of 10 smokers (verified by a cessation practitioner) aged 16+ years can enter from anywhere in New Zealand. The teams identify a kaihautu (coach) and are assigned a kaiwhakatere (smoking cessation worker). The WERO competition runs from 1 September-30 November. The West Coast Tobacco Free Coalition encouraged local participation and as a result one team from Hokitika are rowing their virtual waka named 'Te Waka o Poutini' by logging their progress online. The Te Waka o Poutini crew are meeting regularly with their coach and Aukati Kai Paipa practitioner and are being encouraged to support each other by sharing their experiences.

Drinking Water Assistance Funding

- It was announced recently that all the applications from the West Coast Drinking Water Subsidy Programme 2012/13 were successful. Karamea in Buller District, Haast in Westland District, Runanga, Dobson, Taylorville and Stillwater in the Grey District all received funding for drinking water improvements. The next round of applications for drinking-water subsidies closes at the end of February 2014. At this stage CPH anticipates at least one application may be expected from each council for communities in their district and that the Inangahua Junction community water supply which ran out of water during last summer's drought is likely to be included.

The Wellbeing Game

- The Wellbeing Game is an online activity where people record the things that enhance their wellbeing on a day-to-day basis under the following categories: Connect, Give, Take Notice, Learn and Be Active. Evaluation of last year's game has shown that playing the Wellbeing Game is associated with improved wellbeing, particularly in those players who played for the whole month and who played as part of a team. The game is being played nationally in celebration of Mental Health Awareness Week and runs from 7 October to 3 November. (www.thewellbeinggame.org.nz).

	DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES
	<p>The West Coast DHB has once again achieved the Shorter Stays in Emergency Department Health Target, with 99.8% of people admitted or discharged within six hours during Quarter 1 – July to September 2013 – well above the target of 95%. Furthermore, 96.5% were seen, treated and discharged within 4 hours.</p>
	<p>West Coast DHB is 11 discharges behind our year-to-date Electives Health Target for July 2013, delivering 129 discharges for the month. This shortfall is not considered material and is expected to be remedied in future months. The West Coast DHB target to deliver 1,592 elective procedures remains unchanged for 2013/14.</p>
	<p>The West Coast continues to achieve the Shorter Waits for Cancer Treatment Health Target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.</p>
	<p>The West Coast DHB did not achieve the Increased Immunisation Health Target for Quarter 1 2013/14. This target increased from 85% in the 2012/13 year to 90% in the 2013/14 year. West Coast DHB achieved 85% fully immunised eight-month-olds with 92% NZ European, 86% Maori and 75% Pacific children fully vaccinated. This quarter also had an 8.8% opt-off and declined rate; therefore 93.8% of children were reached this quarter.</p>
	<p>Monthly results show that the West Coast DHB continues to perform well against the Secondary Care Smokefree Health Target, reaching the 95% target for both July and August. Smokefree staff continue to drive clinical focus and promote the rationale for the smokefree health target. Work has begun on a Nicotine Replacement Therapy (NRT) charting audit report, with the support of senior management and clinicians. The DHB is keen to encourage more charting of NRT for inpatients who smoke, both for the benefit of the patients and as a means of linking clinical relevance to the health target.</p> <p>A small, one-off pool of funding has been received for 2013/14 to provide better help in primary care for support for smokers to quit.</p> <p>An action plan is currently being developed between the DHB and the PHO on how we plan to build on the work already being done to take a more integrated approach to the delivery of the two primary care health targets: <i>Better Help for Smokers to Quit</i> and <i>More Heart and Diabetes Checks</i>.</p>
	<p>Performance against the More Heart and Diabetes Checks Health Target is measured quarterly. The next update is expected in mid to late October 2013.</p>

3. OTHER EMERGING ISSUES

Since the last report, WCDHB have completed their audit for certification of their services. The initial audit feedback was positive and we will report on the audit outcome once known.

Report prepared by:

David Meates, Chief Executive

TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 25 October 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 are working alongside local clinicians and contracted architects and health service planners, to actively participate in the facility development and design following on from the recent facility announcement. The Clinical leaders also continue to be heavily involved in the activities of the Alliance Leadership team and the Clinical Board.

Future Workforce Development

Recruitment is underway for the 2014 Nursing Entry to Practice Programme, with 55 graduates selecting the West Coast as a preferred option via the ACE process, with 13 positions available. The combined CDHB/WCDHB assessment centre took place last week with a high calibre of graduates participating.

Applications have closed for HWNZ funded nursing Post Graduate study for 2014. There has been a decrease in applications due to a large number of nurses completing qualifications this year, including PG Diplomas and Clinical Masters. Funding that is not allocated on the West Coast will be distributed across the South Island, working collaboratively with the South Island Directors of Nursing to ensure effective utilisation of collective funds across the region. It is anticipated that uptake will improve in the following year, particularly for hospital based nurses.

The CNM from ED is presenting at the South Island Nursing IT Symposium next week. The topic is Telehealth, nursing opportunities and barriers on the West Coast. This CNM has recently completed a Master of Nursing with a Thesis looking at the use of Telehealth in the emergency setting. The purpose of the IT Symposium is to lift the nursing interest and participation in IT innovations and solutions.

The Allied Health leadership discovery project is almost complete with a likely proposal for change to be developed before Christmas. The focus on providing excellent student placements continues with a plan to present a Rural Placement Coordination proposal going to the South Island Regional Training Hub. The Allied Health Assistant training programme has begun with West Coast being one of the lead sites for the rehabilitation assistant qualification.

The Executive Director Allied Health has been appointed to the Health Workforce New Zealand Board.

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: 25 October 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, a more detailed report is presented and received by the Quality, Finance, Audit and Risk Committee (QFARC) prior to this report being prepared.

2. RECOMMENDATION

That the Board:

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

3. DISCUSSION

Overview of August 2013 Financial Result

The financial information in this report represents a summary and update of the financial statements forwarded to the Ministry of Health and presented to and reviewed by QFARC. The consolidated West Coast DHB financial result for the month of August 2013 was a deficit of \$323k, which was \$29k favourable against the budgeted deficit of \$352k. The year to date position is now \$0.012m unfavourable.

The breakdown of August's result is as follows.

Financial Overview for the period ending 31 August 2013

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,968	6,875	93	v	13,827	13,750	77	v
Governance & Administration	181	149	32	v	362	289	73	v
Funds & Internal Eliminations	4,318	4,387	(69)	x	8,761	8,783	(22)	x
	11,467	11,411	56	v	22,950	22,822	128	v
EXPENSES								
Provider	6,894	6,619	(275)	x	13,551	12,951	(600)	x
Governance & Administration	181	150	(31)	x	362	293	(69)	x
Funds & Internal Eliminations	4,173	4,448	275	v	8,471	8,905	434	v
Total Operating Expenditure	11,248	11,217	(31)	x	22,384	22,149	(235)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	219	194	24	v	566	673	(107)	x
Interest, Depreciation & Capital Charge	542	546	4	v	997	1,092	95	v
Net surplus/(deficit)	(323)	(352)	29	v	(431)	(419)	(12)	x

4. APPENDICES

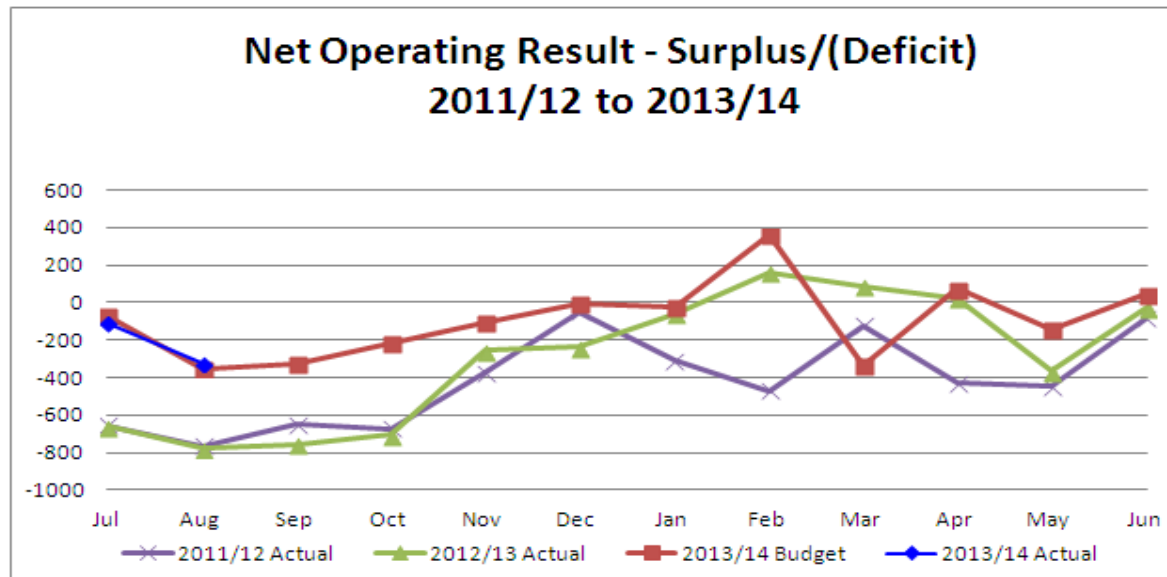
Appendix 1:	Financial Results for the period ending 31 August 2013
Appendix 2:	Statement of Financial Performance – August 2013
Appendix 3:	Statement of Financial Position – August 2013
Appendix 4:	Cashflow– August 2013

Report prepared by: Justine White, General Manager: Finance

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – YTD AUGUST 2013

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(323)	(352)	29	-8% ✓	(431)	(419)	(12)	3% ✗

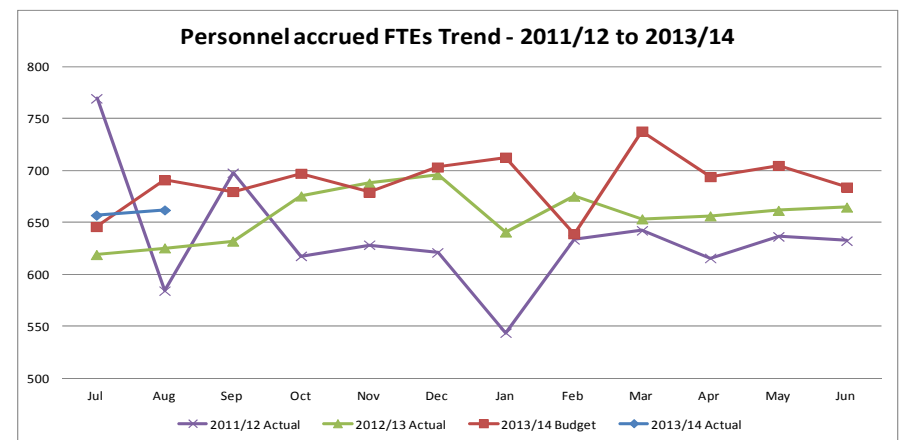
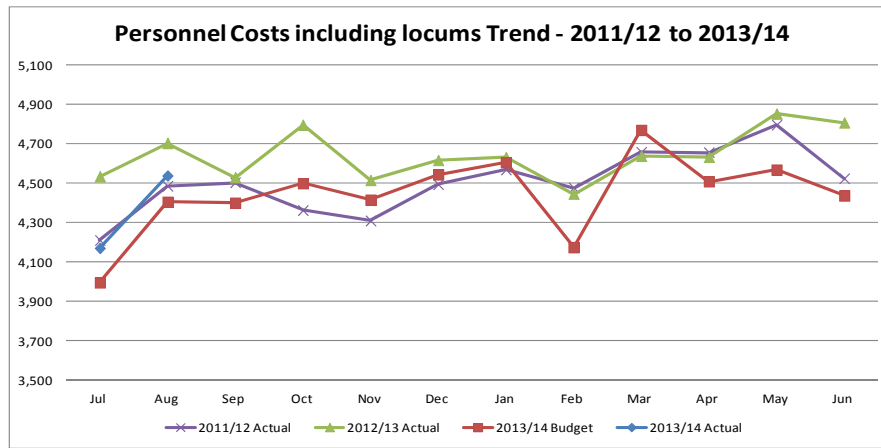


We have submitted an Annual Plan with a net deficit of \$1.1m, which is entirely consistent with the previously outlined reduced deficit track and is also consistent with the Detailed Business Case as compiled for the draft Facilities Development Plan.

KEY RISKS AND ISSUES

Active monitoring of expected revenue and cost trends is continuing to ensure that achievement of plan can be maintained. Risk remains in relation to a number of cost categories, including personnel and locum costs.

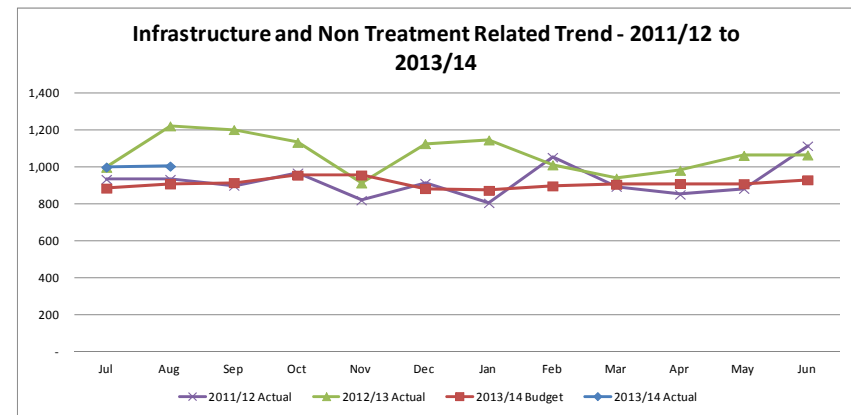
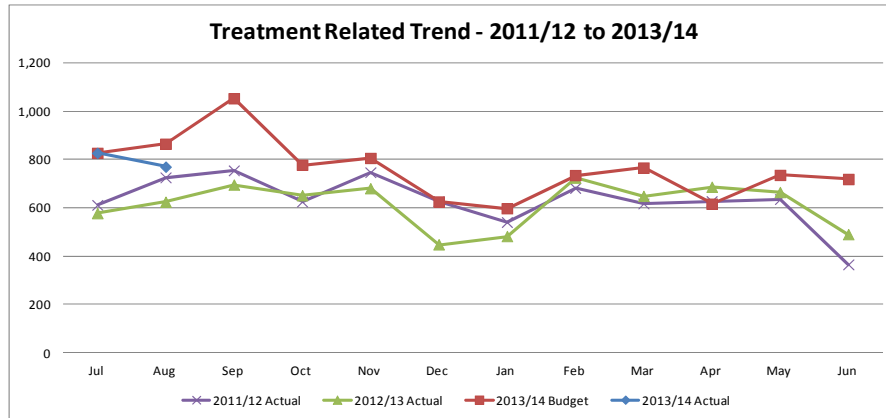
PERSONNEL COSTS/PERSONNEL ACCRUED FTE



KEY RISKS AND ISSUES

From July 2013, Locum costs related to backfill are being included in Personnel costs rather than outsourced clinical costs. Significant reporting has been introduced to mitigate deterioration against budget through better use of stabilised rosters and leave planning, although these costs are significantly below last year, they are still tracking ahead of budget. .

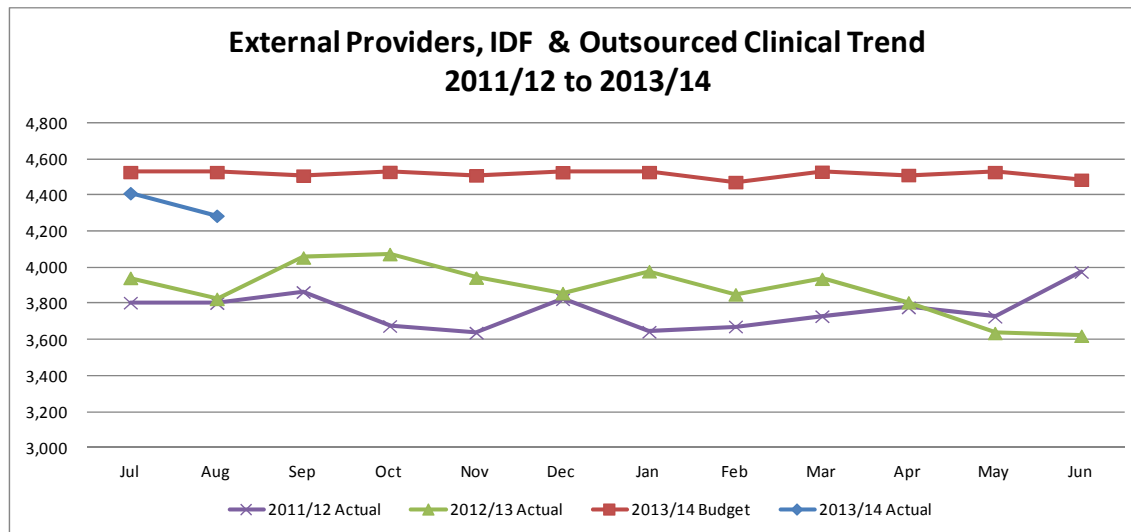
TREATMENT & NON TREATMENT RELATED COSTS



KEY RISKS AND ISSUES

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

EXTERNAL PROVIDER COSTS



KEY RISKS AND ISSUES

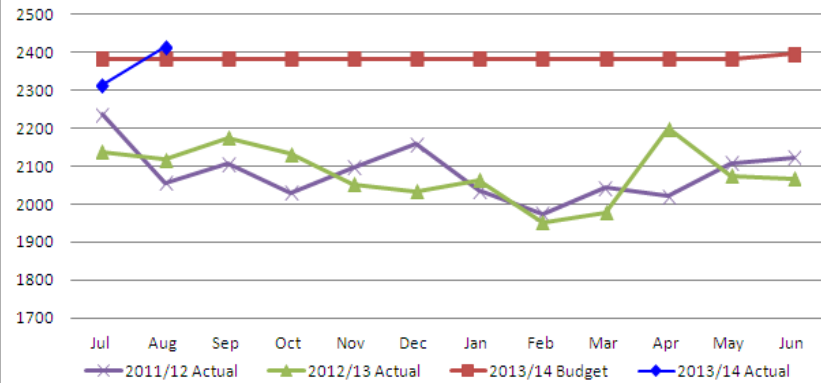
Capacity constraints within the system require continued monitoring of trends and demand for services.

Planning and Funding Division
Month Ended Aug 2013

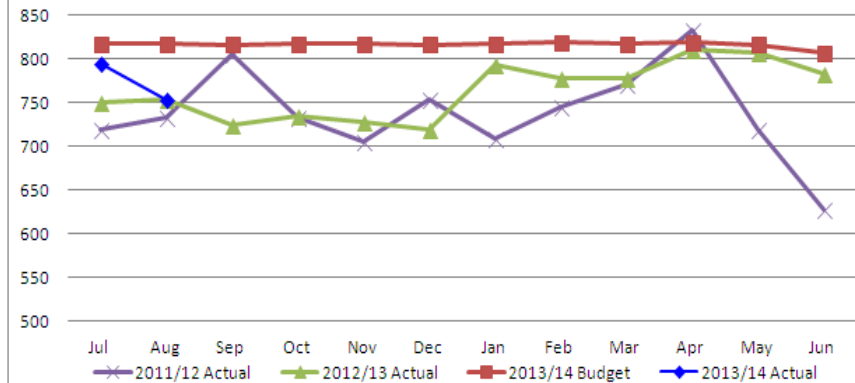
Current Month				SERVICES	Year to Date				2013/14 Annual Budget
Actual	Budget	Variance			Actual	Budget	Variance		
\$000	\$000	\$000	%		\$000	\$000	\$000	%	
				Primary Care					
40	43	3	7% ✓	Dental-school and adolescent	79	86	7	8% ✓	512
0	2	2	100% ✓	Meternity	0	4	4	100% ✓	20
0	1	1	100% ✓	Pregnancy & Parent	0	2	2	100% ✓	8
0	3	3	100% ✓	Sexual Health	0	6	6	100% ✓	33
2	2	0	0% ✓	General Medical Subsidy	5	4	-1	-25% ✗	28
549	578	29	5% ✓	Primary Practice Capitation	1,098	1,156	58	5% ✓	6,930
0	0	0	✓	Primary Health Care Strategy	-4	0	4	✓	0
80	79	-1	-1% ✗	Rural Bonus	159	158	-1	-1% ✗	952
2	5	3	60% ✓	Child and Youth	3	10	7	70% ✓	55
7	4	-3	-66% ✗	Immunisation	7	8	1	13% ✓	53
13	12	-1	-8% ✗	Maori Service Development	27	24	-3	-13% ✗	148
46	45	-1	-2% ✗	Whanua Ora Services	126	90	-36	-40% ✗	536
8	17	9	53% ✓	Palliative Care	18	34	16	47% ✓	215
8	8	0	0% ✓	Chronic Disease	9	16	7	44% ✓	87
-3	18	21	117% ✓	Minor Expenses	19	36	17	47% ✓	215
752	817	65	8% ✓		1,546	1,634	88	5% ✓	9,792
				Referred Services					
98	56	-42	-75% ✗	Laboratory	99	112	13	12% ✓	675
638	687	49	7% ✓	Pharmaceuticals	1,250	1,374	124	9% ✓	8,238
736	743	7	1% ✓		1,349	1,486	137	10% ✓	8,913
				Secondary Care					
66	96	30	31% ✓	Inpatients	204	192	-12	-6% ✗	1,161
105	66	-39	-59% ✗	Radiology services	188	132	-56	-42% ✗	795
51	112	61	54% ✓	Travel & Accommodation	166	224	58	26% ✓	1,344
1,456	1,366	-90	-7% ✗	IDF Payments Personal Health	2,821	2,732	-89	-3% ✗	16,396
1,678	1,640	-38	-2% ✗		3,379	3,280	-99	-3% ✗	19,696
3,166	3,200	34	1% ✓	Primary & Secondary Care Total	6,274	6,400	126	2% ✓	38,401
				Public Health					
26	11	-15	-136% ✗	Nutrition & Physical Activity	44	22	-22	-100% ✗	126
0	6	6	100% ✓	Public Health Infrastructure	0	12	12	100% ✓	73
0	0	0	✓	Social Environments	0	0	0	✓	0
5	12	7	58% ✓	Tobacco control	24	24	0	0% ✓	137
-1	0	1	✓	Screening programmes	-2	0	2	✓	6
30	29	-1	-3% ✗	Public Health Total	66	58	-8	-14% ✗	342
				Mental Health					
0	2	2	100% ✓	Eating Disorders	0	4	4	100% ✓	23
0	0	0	✓	Community MH	0	0	0	✓	0
2	0	-2	✗	Mental Health Work force	2	0	-2	✗	0
48	47	-1	-2% ✗	Day Activity & Rehab	103	94	-9	-10% ✗	569
10	10	0	0% ✓	Advocacy Consumer	19	20	1	5% ✓	115
22	11	-11	-100% ✗	Advocacy Family	25	22	-3	-14% ✗	132
0	3	3	100% ✓	Minor Expenses	0	6	6	100% ✓	30
114	117	3	3% ✓	Community Residential Beds	229	234	5	2% ✓	1,408
69	69	0	0% ✓	IDF Payments Mental Health	138	138	0	0% ✓	823
265	259	-6	8% ✗		516	518	2	5% ✓	3,100
				Older Persons Health					
0	0	0	✓	Information and Advisory	0	0	0	✓	0
0	0	0	✓	Needs Assessment	0	0	0	✓	-1
83	56	-27	-48% ✗	Home Based Support	141	112	-29	-26% ✗	665
8	9	1	11% ✓	Caregiver Support	7	18	11	61% ✓	111
164	214	50	23% ✓	Residential Care-Rest Homes	378	427	49	11% ✓	2,520
-2	-4	-2	50% ✗	Residential Care Loans	-6	-8	-2	25% ✗	-51
11	26	15	58% ✓	Residential Care-Community	27	52	25	48% ✓	314
265	372	107	29% ✓	Residential Care-Hospital	644	743	99	13% ✓	4,371
0	0	0	✓	Ageing in place	-3	0	3	✓	0
0	0	0	✓	Environmental Support Mobility	0	0	0	✓	0
13	8	-5	-63% ✗	Day programmes	27	16	-11	-69% ✗	96
7	8	1	13% ✓	Respite Care	18	16	-2	-13% ✗	99
1	4	3	75% ✓	Community Health	5	8	3	38% ✓	42
92	91	-1	-1% ✗	IDF Payments-DSS	184	182	-2	-1% ✗	1,089
642	783	141	18% ✓		1,422	1,566	144	9% ✓	9,255
907	1,042	135	13% ✓	Mental Health & OPH Total	1,938	2,084	146	7% ✓	12,355
4,103	4,271	168	4% ✓	Total Expenditure	8,278	8,542	264	3% ✓	51,098

EXTERNAL PROVIDER COSTS

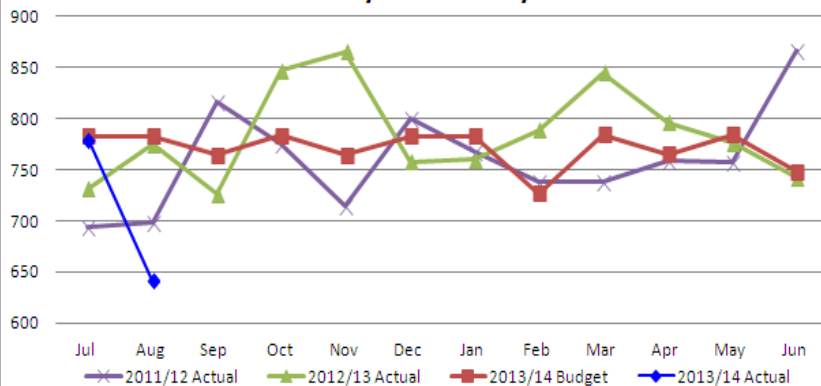
Secondary and Referred Services Trend 2011/12 to 2013/14



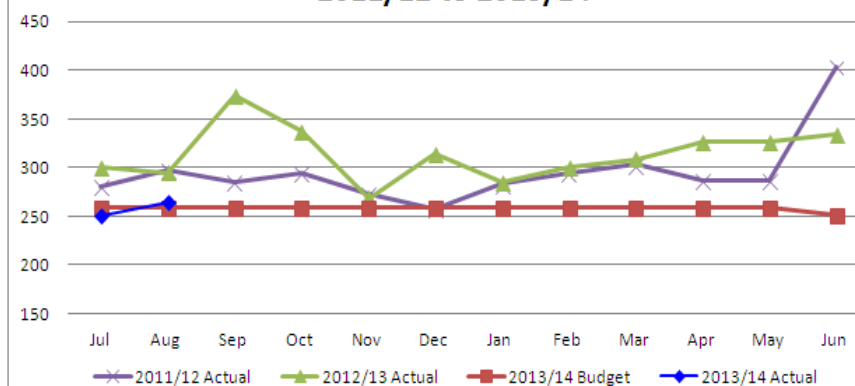
Primary Care Trend 2011/12 to 2013/14



Older Persons Health Trend 2011/12 to 2013/14



Mental Health Trend 2011/12 to 2013/14



FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			Annual Budget \$'000
Equity	9,721	11,709	(1,988)	-17%	×	12,060
Cash	3,887	5,970	(2,083)	-35%	×	7,723

KEY RISKS AND ISSUES

The cash on hand position reflects that the costs of building and seismic strengthening have been incurred, yet funding which has previously been approved has not yet been received.

APPENDIX 2: STATEMENT OF FINANCIAL PERFORMANCE

West Coast District Health Board
Statement of comprehensive income

For period ending 31 August 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 2013/14	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	10,973	10,930	43	0.4%	21,867	21,860	7	0.0%	131,156	128,940
Inter DHB Revenue	0	3	(3)	(100.0%)	3	6	(3)	(50.0%)	36	36
Inter District Flows Revenue	135	134	1	0.7%	270	268	2	0.7%	1,622	1,656
Patient Related Revenue	234	281	(47)	(16.7%)	471	562	(91)	(16.2%)	3,371	3,112
Other Revenue	125	63	62	98.4%	339	126	213	169.0%	759	1,088
Total Operating Revenue	11,467	11,411	56	0.5%	22,950	22,822	128	0.6%	136,944	134,833
Operating Expenditure										
Personnel costs	5,068	4,809	(259)	(5.4%)	9,862	9,394	(468)	(5.0%)	53,310	55,688
Outsourced Services	123	110	(13)	(11.8%)	231	220	(11)	(5.0%)	1,460	1,445
Treatment Related Costs	769	864	95	11.0%	1,595	1,690	95	5.6%	9,114	7,369
External Providers	2,668	3,001	333	11.1%	5,552	6,002	450	7.5%	35,866	29,843
Inter District Flows Expense	1,617	1,526	(91)	(6.0%)	3,143	3,052	(91)	(3.0%)	18,308	16,675
Infrastructure and Non treatment related costs	1,003	907	(96)	(10.6%)	2,001	1,791	(210)	(11.7%)	10,915	12,787
Total Operating Expenditure	11,248	11,217	(31)	(0.3%)	22,384	22,149	(235)	(1.1%)	128,973	132,927
Result before Interest, Depn & Cap Charge	219	194	25	(13.0%)	566	673	(107)	15.9%	7,971	1,907
Interest, Depreciation & Capital Charge										
Interest Expense	55	54	(1)	(1.9%)	110	108	(2)	(1.9%)	642	650
Depreciation	419	424	5	1.2%	751	848	97	11.4%	5,085	4,156
Capital Charge Expenditure	68	68	0	0.0	136	136	0	0.0	812	677
Total Interest, Depreciation & Capital Charge	542	546	4	0.7%	997	1,092	95	8.7%	6,539	5,482
Net Surplus/(deficit)	(323)	(352)	29	8.3%	(431)	(419)	(12)	(2.8%)	1,432	(3,576)

APPENDIX 3: STATEMENT OF FINANCIAL POSITION

West Coast District Health Board

Statement of financial position

As at

31 August 2013

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	26,144	30,363	(4,219)	(13.9%)	56,617
Intangible assets	1,790	1,402	388	27.7%	1,803
Work in Progress	2,383	528	1,855	351.3%	1,125
Other investments	22	2	20	1000.0%	4
Total non-current assets	30,339	32,295	(1,956)	(6.1%)	59,549
Current assets					
Cash and cash equivalents	3,887	5,970	(2,083)	(34.9%)	13,493
Patient and restricted funds	60	58	2	3.4%	116
Inventories	1,127	1,040	87	8.4%	2,079
Debtors and other receivables	4,942	4,614	328	7.1%	9,184
Assets classified as held for sale	136	136	0	0.00%	272
Total current assets	10,152	11,818	(1,666)	(14.1%)	25,144
Total assets	40,491	44,113	(3,622)	(20.2%)	84,693
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	12,195	12,195	0	0.00%	24,390
Employee entitlements and benefits	3,040	3,461	(421)	(12.2%)	6,331
Total non-current liabilities	15,235	15,656	(421)	(2.7%)	30,721
Current liabilities					
Interest-bearing loans and borrowings	250	250	0	0.00%	500
Creditors and other payables	6,173	8,374	(2,201)	(26.3%)	18,683
Employee entitlements and benefits	9,112	8,124	988	12.2%	16,495
Total current liabilities	15,535	16,748	(1,213)	(7.2%)	35,678
Total liabilities	30,770	32,404	(1,634)	(5.0%)	66,399
Equity					
Crown equity	69,729	71,729	(2,000)	(2.8%)	132,394
Other reserves	19,569	19,569	0	0.00%	39,138
Retained earnings/(losses)	(79,616)	(79,628)	12	(0.0%)	(153,316)
Trust funds	39	39	0	0.00%	39
Total equity	9,721	11,709	(1,988)	(17.0%)	18,255
Total equity and liabilities	40,491	44,113	(3,622)	(8.2%)	84,654

APPENDIX 4: CASHFLOW

West Coast District Health Board
Statement of cash flows
For period ending
in thousands of New Zealand dollars

31 August 2013

	Monthly Reporting				Year to Date				2013/14	2012/13
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Cash flows from operating activities										
Cash receipts from Ministry of Health, patients and other revenue	11,492	11,391	101	0.9%	23,126	22,782	344	1.5%	136,704	135,453
Cash paid to employees	(4,156)	(4,809)	653	(13.6%)	(9,930)	(9,347)	(583)	6.2%	(55,948)	(55,710)
Cash paid to suppliers	(4,903)	(1,881)	(3,022)	160.7%	(6,406)	(3,701)	(2,705)	73.1%	(21,335)	(31,744)
Cash paid to external providers	(2,803)	(3,001)	198	(6.6%)	(5,822)	(6,002)	180	(3.0%)	(35,866)	(31,499)
Cash paid to other District Health Boards	(1,482)	(1,526)	44	(2.9%)	(2,873)	(3,052)	179	(5.9%)	(18,308)	(15,019)
<i>Cash generated from operations</i>	<i>(1,852)</i>	<i>174</i>	<i>(2,026)</i>	<i>(1165.2%)</i>	<i>(1,905)</i>	<i>680</i>	<i>(2,585)</i>	<i>(380.3%)</i>	<i>5,247</i>	<i>1,480</i>
Interest paid	(55)	(54)	(1)	1.9%	(110)	(108)	(2)	1.9%	(642)	(648)
Capital charge paid	0	(68)	68	(100.0%)	0	(136)	136	(100.0%)	(812)	(677)
Net cash flows from operating activities	(1,907)	52	(1,959)	(3776.4%)	(2,015)	436	(2,451)	(562.4%)	3,793	155
Cash flows from investing activities										
Interest received	37	20	17	85.0%	107	40	67	167.5%	240	229
(Increase) / Decrease in investments	0	0	0		0	0	0		0	0
Acquisition of property, plant and equipment	(189)	(258)	69	(26.7%)	(400)	(516)	116	(22.5%)	(3,300)	(3,436)
Acquisition of intangible assets	(24)	(17)	(7)	41.2%	(30)	(34)	4	(11.8%)	0	(1,706)
Net cash flows from investing activities	(176)	(255)	79	(31.0%)	(323)	(510)	187	(36.7%)	(3,060)	(4,913)
Cash flows from financing activities										
Proceeds from equity injections	0	0	0		0	0	0		0	3,600
Repayment of equity	0	0	0		0	0	0		0	(68)
<i>Cash generated from equity transactions</i>	<i>0</i>	<i>0</i>	<i>0</i>		<i>0</i>	<i>0</i>	<i>0</i>		<i>0</i>	<i>3,532</i>
Borrowings raised	0	0	0		0	0	0		0	0
Repayment of borrowings	0	0	0		0	0	0		0	0
Payment of finance lease liabilities	0	0	0		0	0	0		0	0
Net cash flows from financing activities	0	0	0		0	0	0		0	0
Net increase in cash and cash equivalents	(2,083)	(203)	(1,880)	925.5%	(2,338)	(74)	(2,264)	3048.5%	1,765	(1,226)
Cash and cash equivalents at beginning of period	5,970	6,173	(203)	(3.3%)	6,172	6,044	128	2.1%	6,044	7,398
Cash and cash equivalents at end of year	3,887	5,970	(2,083)	(34.9%)	3,834	5,970	(2,136)	(35.8%)	7,809	6,172

TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 25 October 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

The purpose of this report is to seek the Board's confirmation and support to a schedule of meetings for the Board and its Committees, both statutory and non-statutory, for the 2014 calendar year as required by the NZ Health and Public Disability Act 2000.

2. RECOMMENDATION

That the Board:

- i. Confirms support for the proposed schedule of meetings for 2014 (refer Appendix 1 attached);
- ii. Notes that in terms of the West Coast DHB Standing Orders (Clause 1.6.4) a formal resolution will be required from the incoming Board in December 2013 to adopt a meeting schedule for 2014.
- iii. Delegates authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this.

3. SUMMARY

The date for Committee and Board meetings are to a large extent determined by the reporting cycle required to produce information for the Quality, Finance, Audit and Risk Committee (QFARC) and the Hospital Advisory Committee (HAC) in particular and also the timing of Canterbury DHB meetings. The suggested meeting dates for 2014 are based on the current cycle of meetings as adopted by the Board in 2013.

Background

If a DHB does not adopt an annual schedule of meetings then, in terms of the New Zealand Public Health and Disability Act 2000 (the Act) and in accordance with Standing Orders (Clause 1.14.2), members are instead required to be given written notice of the time and place of each individual meeting, not less than ten working days before each meeting.

The adoption of a meeting schedule allows for more orderly planning for the forthcoming year for the Board, Committees and staff. The proposed schedule also serves as advice to members that the meetings set out on the schedule are to be held.

The suggested meeting dates for 2014 contained in Appendix 1 are based on the current cycle of meetings with Committee meetings on Thursday's and Board meetings on Friday's.

In situations where additional meetings of the Board and its Committees are required, these will, in terms of the Act, be treated as special meetings. Notice of these meetings will be given to members in each case prior to the meeting. In addition, where workshops are required, which are not part of the regular meeting cycle, notice of these meetings will also be given to members prior to the workshop.

On rare occasions it may be necessary to alter the date, time or venue of a meeting or to cancel a meeting. It is recommended that the authority to do this be delegated to the Chief Executive in consultation with the Chair of the Board or the Committee Chairperson.

Meetings of the Board and its Statutory Committees will be publicly notified in accordance with Section 16 of Schedule 3 of the New Zealand Health and Disability Act 2000.

In terms of standing orders it will be necessary for the incoming Board at its first meeting in December 2013 to formally adopt the schedule of meetings for 2014. A draft schedule of meetings has, however, been submitted at this stage to allow for members to have early discussion on this issue and to allow for planning to commence for the 2014 year.

4. APPENDICES

Appendix 1: Proposed Schedule of Meetings - 2014

Report prepared by: Kay Jenkins, Board Secretariat

Report Approved for Release by: Michael Frampton, Programme Director

DRAFT - VERSION 1

WEST COAST DHB – MEETING SCHEDULE FOR 2014

DATE	MEETING	TIME	VENUE
Thursday 30 January 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 30 January 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 30 January 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 30 January 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 21 February 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 20 March 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 20 March 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 20 March 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 20 March 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 4 April 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 1 May 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 1 May 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 1 May 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 1 May 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 9 May 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 12 June 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 12 June 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 12 June 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 12 June 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 27 June 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 24 July 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 24 July 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 24 July 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 24 July 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 8 August 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 11 September 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 11 September 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 11 September 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 11 September 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 26 September 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 23 October 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 October 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 October 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 23 October 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 31 October 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 27 November 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 November 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 November 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 27 November 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 12 December 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth

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

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 10 OCTOBER 2013



TO: Chair and Members
West Coast District Health Board

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

DATE: 25 October 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 10 October 2013. Following confirmation of the minutes of that meeting at the 28 November 2013 meeting, confirmed minutes of the 10 October 2013 meeting will be provided to the Board at its 13 December 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 – 10 October 2013.

3. **SUMMARY**

ITEMS OF INTEREST FOR THE BOARD

- **Community & Public Health Update.**

This report provided the Committee with updates on: Liquor Licensing; Psychoactive Substances Act; Smokefree WERO Challenge; Drinking Water Assistance Funding and the Wellbeing Game.

The Community & Public Health six monthly report to the Ministry of Health was included in the information items.

Discussion took place regarding the Hepatitis A outbreak in Ashburton and the ability to contain this to Ashburton and also the readiness capacity on the West Coast should there be an outbreak here. In this regard, the Committee noted that Community & Public Health believe they have the capacity to manage this issue on the West Coast if necessary.

- **Planning & Funding Update**

This report provided the Committee with an update on progress made on the Minister of Health's health and disability priorities and the West Coast DHBs Annual Plan key priority areas.

Discussion took place regarding waiting times at DHB owned General Practices and the Committee noted that there is a high focus with Better Health to ensure the best processes are in place to manage this. The Committee also noted that there are also a range of other things taking place as well with the key being to improve and stabilise the GP workforce.

The Complex Clinical Care Network (CCCN) project continues to make progress. The Community Services Operations Manual has been prepared for the West Coast services, and a date of 14 October 2013 has been set for the separation of responsibility for complex and non-complex assessments to take place. After the split, the CCCN will be responsible for assessments of clients with complex needs and the home-based support providers will take responsibility for the assessments of people with non-complex needs.

- **Alliance Update**

This report provided an update of progress made on the implementation of "Better Sooner More Convenient".

The Committee noted that the West Coast Alliance Agreement has now been signed by both Alliance partners, the West Coast DHB and the West Coast PHO.

A review has been completed of Allied Health services and reporting structure with a view to improving integration locally and connections with Canterbury. A Report with recommendations for the future is underway.

- **General Business**

The Chair reminded members about the Disability Network meetings held each month and provided some information regarding the rationalisation of PACT and how this organisation is moving from a funding model based on beds to an FTE model.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 10 October 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 10 October 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**
22 August 2013.
- 3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS 9.10am

- | | | | |
|----|---|---|--------------------------|
| 4 | Community and Public Health Update | Jem Pupich
<i>Team Leader, Community and Public Health</i> | <i>9.10am - 9.25am</i> |
| 5. | Planning & Funding Update | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | <i>9.25am -9.40am</i> |
| 6. | Alliance Update – Quarterly Report | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | <i>9.40am – 9.55am</i> |
| 7. | General Business | Elinor Stratford
<i>Chair</i> | <i>10.35am - 10.50am</i> |

ESTIMATED FINISH TIME 10.50am

INFORMATION ITEMS

- Chair’s Report to last Board meeting
- Board Agenda – 13 September 2013
- West Coast CPHAC/DSAC Workplan 2013
- Health Target Results – Quarter 4
- C&PH 6 Monthly report to Ministry of Health
- West Coast DHB 2013 Meeting Schedule

NEXT MEETING

Date of Next Meeting: 28 November 2013 Corporate Office, Board Room at Grey Base Hospital.

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 10 OCTOBER 2013



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 25 October 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 10 October 2013. Following confirmation of the minutes of that meeting at the 28 November 2013 HAC meeting, full minutes of the 10 October 2013 meeting will be provided to the Board at its 13 December 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 – 10 October 2013.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 10 October 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.

MANAGEMENT REPORT

The Committee received a “new look” management report which will be progressively rolled out over the next few meetings.

The new report contained a series of flow charts depicting the Elective Patient Journey, the Acute Patient Journey and the Allied Health & Diagnostic Patient Journey. The Elective Patient Journey showed the throughput numbers and these will also be added to the Acute, Allied Health & Diagnostic for the next meeting.

Discussion took place regarding the work being undertaken by the Central Booking Unit (CBU) and the Committee noted that it is important to understand that there are many things that the CBU cannot control which affect the booking process.

Discussion also took place regarding inappropriate ED attendances and the Committee noted that

this will probably not improve until GP access is improved.

FINANCE REPORT.

The Committee noted the favourable result against budget for the month of August 2013. It was also noted that the year to date position is tracking very closely to the Annual Plan budget.

Discussion took place regarding the facilities approval by the Government and the Committee Chair asked that the Committee note the amount of work put in by staff towards getting this approval.

CLINICAL LEADERS UPDATE

Karyn Kelly, Director of Nursing & Midwifery, presented this report which provided information regarding: Future Workforce Development; Better Sooner More Convenient Implementation; Mum4Mum Peer Support Programme and Health pathways.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 10 October 2013.

Report prepared by: Sharon Pugh 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 10 October 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**

22 August 2013

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS

11.10am

4. **Management Report**

Michael Frampton

11.10am - 11.30am

Acting General Manager, Hospital Services

Ralph La Salle

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 – 13 September 2013
- West Coast DHB 2013 Meeting Schedule
- 2013 Work Plan

NEXT MEETING

Date of Next Meeting: 28 November 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: 25 October 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, 7, 8 & 9 and the information items contained in the report.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the “Act”) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 13 September 2013	For the reasons set out in the previous Board agenda.	
2.	Facilities Briefing	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
3.	Discussions with Health & Disability Commissioner	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)
4.	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)
5.	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)
6.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	IEA Salary Review 2013/14	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)
8.	Supply of Consumable Products	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, 22 August 2013 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); John Ayling; Lynette Beirne; Kevin Brown; Dr Cheryl Brunton; Mary Molloy; Jenny McGill; Robyn Moore; John Vaile; and Peter Ballantyne (ex-officio).

APOLOGIES

An apology for absence was received and accepted from Dr Paul McCormack.

EXECUTIVE SUPPORT

Carolyn Gullery (General Manager, Planning & Funding) via video conference; Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan (General Manager, Buller Health Services) (via video conference); Ralph La Salle (Acting Programme Director); Karyn Kelly (Director of Nursing & Midwifery & Acting General Manager, Primary & Community Services); and Kay Jenkins (Minutes).

WELCOME

The Chair welcomed everyone and asked Gary Coghlan to lead the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

John Vaile – add Member of Community Patrols New Zealand

Kevin Brown – wife works part time at CAHMS & delete “co” in “co-patron” of West Coast Diabetes

Elinor Stratford – add: Disability Resource Trust – contracted to wind up this organisation and Trustee Disability Resource Centre, Queenstown.

Declarations of Interest for Items on Today’s Agenda

There were no interests declared for items on today’s agenda.

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (8/13)

(Moved: John Ayling; Seconded: John Vaile - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 11 July 2013 be confirmed as a true and correct record subject to John Vaile being added to the list of attendees.

3. CARRIED FORWARD/ACTION ITEMS

Presentation regarding Alliance Leadership Team to be added to Carried forward List. Information regarding article about car accidents on the West Coast also to be added.

4. COMMUNITY & PUBLIC HEALTH UPDATE

Jem Pupich, Team Leader, Community & Public Health, presented the Community & Public Health Update.

This report provided the Committee with updates on: Grey District Council Economic Development Strategy; Grey High School Careers Expo; and the Youth Health Action Group.

Discussion also took place regarding the fluoridation of West Coast water supplies and the Committee asked that a recommendation be made to the Board that this be revisited with the local Councils.

The Report was noted.

5. PLANNING & FUNDING UPDATE

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

Ms Gullery provided the Committee with an update on progress made on the Minister of Health's health and disability priorities and the West Coast DHBs Annual Plan priorities.

The Committee noted that trends show a reduction in the amount of people moving into rest homes. This is the direction we have been trying to encourage with an outcome of keeping people well in their own homes. It was noted that specialist dementia care does not have this same trend. The growth in District Nursing workload was also noted.

Planning for the roll out of e-scrv has commenced and this will enable access to all interested parties.

Discussion took place regarding the wait times for non-urgent routine GP appointments still being 11 days. The Committee noted that the DHB is refocusing its investment into Primary Care to improve this.

Discussion also took place regarding the results around the immunisation target with 93% of eight-month-olds fully immunised, including 100% of Maori children which is a substantial increase on previous quarters.

The report was noted

6. MAORI HEALTH ACTIVITY UPDATE

Gary Goghlan, General Manager, Maori Health, presented this report which provided an update on Maori Health for Q4 2012/13.

Using the 2006 census figures 100% of Maori were enrolled with the PHO as at the end of June 2013. Enrolments for Maori and Pacific people continue to increase at a faster rate than other ethnicities and have for the first time exceeded that of other ethnicities.

Discussion took place regarding the CVD Health Target and although nationally the West Coast sits in 6th place out of 20 DHBs for this target for Maori at 59%, all DHBs sit more than 20% away from the national target of 90%. The West Coast DHB, West Coast PHO and Poutini Waiora are implementing a targeted approach to increase the number of Maori having their cardiovascular risk assessment done.

The report was noted

7. ALLIANCE UPDATE – QUARTERLY REPORT

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

This report provided an update of progress made on the implementation of “Better Sooner More Convenient” for Q4 2012/13.

Discussion took place regarding the Health Needs Analysis and whether this means that the Health Needs Assessment is underway. The Committee noted that is the case and that some of this work will inform the 14/15 planning process together with work undertaken around the Facilities Business Case.

The Committee noted that in regard to transport options there is still a Regional process being undertaken which is almost completed.

The update was noted.

8. GENERAL BUSINESS

Discussion took place regarding Disability issues and the Committee noted that the Ministry of Social Development have a programme called “think differently”. It was agreed that this would be placed on the agenda for the next meeting.

The General Manager, Planning & Funding suggested that a disability plan be put together to focus on what is taking place in the area on the West Coast.

INFORMATION ITEMS

- Chair’s report to last Board meeting
- Board Agenda 2 August 2013
- CPH&DSAC 2013 Work Plan
- West Coast DHB 2013 Meeting Schedule
- PHO Quarterly Report

There being no further business the meeting concluded at 10.25am.

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 22 August 2013, commencing at 11.00am**

PRESENT

Sharon Pugh (Chair); Doug Truman (Deputy Chair); Paula Cutbush; Karen Hamilton; Richard Wallace; and Peter Ballantyne (ex-officio).

MANAGEMENT SUPPORT

Ralph La Salle (Acting Programme Director & Acting General Manager, Greymouth & Westland); Karyn Kelly (Director of Nursing & Midwifery); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

WELCOME

The Chair asked Richard Wallace to open the meeting with the Karakia.

APOLOGIES

Apologies for absence were received and accepted from Gail Howard & Dr Paul McCormack.

1. INTEREST REGISTER

Richard Wallace requested that bullet point 7 under his interests be amended to read “Kaumatua, Tatau Pounamu.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (15/13)

(Moved: Richard Wallace/Seconded: Doug Truman – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 11 July 2013 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

Patient Ambulance Transport – the Committee noted that meetings are still taking place regionally regarding this.

Exit Interviews – an update is to be provided at the next meeting.

The Committee noted the carried forward items.

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

Ralph La Salle, Acting Programme Director and Acting General Manager, Greymouth & Westland spoke to the Management Report, which was taken as read.

Mr La Salle commented that this being the first month of the new financial year there were not a lot of new things to report however worth mentioning is that the West Coast DHB has achieved one year without a Central Line Associated Bacterium (CLAB) incident.

Also achieved were 1,686 elective discharges in 2012/13 with the final ESPI reports showing achievement to green status for both ESPI 2 and ESPI 5.

In regard to general surgery, the Committee noted that there has been an excessive amount of illness and leave taken over the last few months.

Discussion took place regarding recruitment reporting and management agreed to provide the Committee with some more information in this regard. Discussion also took place regarding expectations and the processes around short term employment (2 – 3 years).

Mr La Salle also spoke about the reporting to this Committee going forward and the Committee noted that there will be a change in the format of the report.

The Committee noted that whilst there are still some historic issues to be addressed, the transalpine orthopaedic service is improving with the new SMO taking an active role.

The Committee also noted the focus of the Central Booking Unit on getting bookings out to six weeks.

The Committee discussed the waiting list process and how patients who do not qualify for surgery are managed.

Discussion also took place regarding: maternity services in Buller; vehicle booking systems; and emergency planning.

Resolution (16/13)

(Moved: Peter Ballantyne/Seconded Richard Wallace – 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 June 2013. The report was taken as read.

The Committee noted that the unaudited result for the 2012/13 financial year is just under \$3.6m.

Discussion took place regarding the budgeted deficit of \$1.1m for 2013/14 and the challenges around achieving this.

Discussion also took place regarding the work taking place in general practice with Better Health West Coast.

Resolution (17/13)

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

That the Hospital Advisory Committee notes the financial report for the period ending 30 June 2013.

6. CLINICAL LEADERS REPORT

Karyn Kelly, Director of Nursing & Midwifery, presented this report. The Committee noted in particular the “Open for Better Care” campaign.

Discussion took place regarding: the ageing workforce in nursing; the uptake on transport from Buller which has now changed to an “on demand” service; the training of midwives with CPIT and their placements after training; and the membership of the Clinical Board.

The update was noted.

There being no further business the meeting closed at 12.15pm.

Confirmed as a true and correct record.

Sharon Pugh, Chair
Chair

Date

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	TBC	Specific Details to be Confirmed
Friday 13 December 2013	BOARD	10.00am	Council Chambers, Regional Council

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