

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



BOARD MEETING

**Friday 2 November 2018
at 1.15pm**

**St John
Water Walk Road
Greymouth**

**ALL INFORMATION CONTAINED IN THESE MEETING
PAPERS IS SUBJECT TO CHANGE**

WEST COAST DISTRICT HEALTH BOARD

BOARD MEMBERS

Jenny Black (Chair)
Chris Mackenzie (Deputy Chair)
Chris Auchinvole
Kevin Brown
Helen Gillespie
Michelle Lomax
Edie Moke
Peter Neame
Nigel Ogilvie
Elinor Stratford
Francois Tumahai

EXECUTIVE SUPPORT

David Meates (*Chief Executive*)
Karyn Bousfield (*Director of Nursing*)
Gary Coghlan (*General Manager, Maori Health*)
Mr Pradu Dayaram (*Medical Director, Facilities Development*)
Michael Frampton (*Chief People Officer*)
Carolyn Gullery (*Executive Director, Planning, Funding & Decision Support*)
Dr Cameron Lacey (*Medical Director, Medical Council, Legislative Compliance and National Representation*)
Dr Vicki Robertson (*Medical Director, Patient Safety and Outcomes*)
Karalyn van Deursen (*Executive Director, Communications*)
Stella Ward (*Chief Digital Officer*)
Philip Wheble (*General Manager, West Coast*)
Justine White (*Executive Director, Finance & Corporate Services*)
Kay Jenkins (*Board Secretary*)

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Water Walk Road, Greymouth
on Friday 2 November 2018 commencing at 1.00pm

KARAKIA**1.00pm****ADMINISTRATION**

Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
 - 28 September 2018
3. Carried Forward/Action List Items

REPORTS FOR DECISION**1.05pm**

- | | | | |
|----|---------------------------|-----------------------------|-----------------|
| 4. | 2019 Meeting Dates | Jenny Black
<i>Chair</i> | 1.05pm – 1.15pm |
| 5. | 2019 Electoral Procedures | Board Secretary | 1.15pm – 1.20pm |

REPORTS FOR NOTING**1.20pm**

- | | | | |
|----|----------------------------------|--|-----------------|
| 6. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 1.20pm – 1.35pm |
| 7. | Chair's Update – Verbal Update | Jenny Black
<i>Chair</i> | 1.35pm – 1.40pm |
| 8. | Finance Report | Justine White
<i>Executive Director, Finance & Corporate Services</i> | 1.40pm – 1.50pm |
| 9. | Resolution to Exclude the Public | Board Secretary | 1.50pm |

INFORMATION ITEMS

- 2018 Meeting Dates

ESTIMATED FINISH TIME**1.50pm****NEXT MEETING:** Friday 14 December 2018

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 Karamaea tae noa
atu ki Awarua.

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER



Disclosure of Interests	
Jenny Black Chair	<ul style="list-style-type: none"> Chair, Nelson Marlborough District Health Board Life Member of Diabetes NZ Chair, South Island Alliance Board Chair, National DHB Chairs
Chris Auchinvole	<ul style="list-style-type: none"> Director Auchinvole & Associates Ltd Trustee, Westland Wilderness Trust Trustee, Moana Holdings Heritage Trust Justice of the Peace Daughter-in-law employed by Otago DHB
Kevin Brown	<ul style="list-style-type: none"> Trustee, West Coast Electric Power Trust Wife works part time at CAMHS Patron and Member of West Coast Diabetes Trustee, West Coast Juvenile Diabetes Association Member Greymouth Riverside Lions Club Justice of the Peace Hon Vice President West Coast Rugby League
Helen Gillespie	<ul style="list-style-type: none"> Employee, DOC – Healthy Nature, Healthy People Project Coordinator Husband works for New Zealand Police Member - Accessible West Coast Coalition Group Member - Kowhai Project Committee
Michelle Lomax	<ul style="list-style-type: none"> Daughter is a recipient of WCDHB Scholarship Community Law Canterbury - Part-time Advisor on Disability Issues Streetwise Charitable Trust - Trustee
Chris Mackenzie	<ul style="list-style-type: none"> Development West Coast – Chief Executive Horizontal Infrastructure Governance Group – Chair Mainline Steam Trust – Trustee Christchurch Mayors External Advisory Group - Member
Edie Moke	<ul style="list-style-type: none"> South Canterbury DHB – Appointed Board Member Nga Taonga Sound & Vision - Board Member (elected) Nga Taonga is the newly merged organisation that includes the following former organisations: The New Zealand Film Archive; Sounds Archives Nga Taonga Korero; Radio NZ Archive; The TVNZ Archive; Maori Television Service Archival footage; and Iwi Radio Sound Archives.
Peter Neame	<ul style="list-style-type: none"> White Wreath Action Against Suicide – Board Member and Research Officer Author and Publisher of “Suicide, Murder, Violence Assessment and Prevention” 2017 and four other books.
Nigel Ogilvie	<ul style="list-style-type: none"> Managing Director, Westland Medical Centre Shareholder/Director, Thornton Bruce Investments Ltd Shareholder, Hokitika Seaview Ltd

Nigel Ogilvie Cont'd	<ul style="list-style-type: none"> • Shareholder, Tasman View Ltd • White Ribbon Ambassador for New Zealand • Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre • Sister is employed by Waikato DHB • Board Member West Coast PHO • Wife is Board Member West Coast PHO
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 • Trustee, Canterbury Neonatal Trust • Member, Arthritis New Zealand, Southern Regional Liaison Group • President, New Zealand Federation of Disability Information Centres • Member, West Coast Coalition Group • Chair, Kowhai Project Committee • MS - Parkinsons New Zealand – West Coast Committee Member
Francois Tumahai	<ul style="list-style-type: none"> • Te Runanga o Ngati Waewae - Chair • Poutini Environmental - Director/Manager • Arahura Holdings Limited - Director • West Coast Regional Council Resource Management Committee - Member • Poutini Waiora Board - Co-Chair • Development West Coast – Trustee • West Coast Development Holdings Limited – Director • Putake West Coast – Director • Waewae Pounamu – General Manager • Westland Wilderness Trust – Chair • West Coast Conservation Board – Board Member

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Water Walk Road, Greymouth
on Friday 28 September 2018 commencing at 1.00pm

BOARD MEMBERS

Jenny Black (Chair); Chris Mackenzie (Deputy Chair); Kevin Brown; Chris Auchinvole; Helen Gillespie; Peter Neame; Nigel Ogilvie; Elinor Stratford and Francois Tumahai.

APOLOGIES

Apologies were received and accepted from Michelle Lomax and Edie Moke.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Karen Bousfield (Director of Nursing); Ginny Brailsford (Team Leader, Planning & Funding); Gary Coghlan (General Manager, Maori Health); Pradu Dayaram (Medical Director); Michael Frampton (Chief People Officer); Cameron Lacey (Medical Director); Carolyn Gullery (Executive Director, Planning & Funding and Decision Support); Philip Wheble (General Manager, West Coast); Karalyn van Deursen (Executive Director, Communications); Justine White (Executive Director, Finance & Corporate Services); and Kay Jenkins (Board Secretary).

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Kevin Brown asked that “President, Greymouth Riverside Lions Club” be amended to read “Member, Greymouth Riverside Lions Club

Declarations of Interest for Items on Today’s Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (17/18)

(Moved Chris Auchinvole/seconded Elinor Stratford – carried)

“That the minutes of the Meeting of the West Coast District Health Board held at St John, on Friday 10 August 2018 be confirmed as a true and correct record.”

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. CLINICAL LEADERS UPDATE – SUICIDE PREVENTION

Dr Cameron Lacey, Medical Director, introduced Claire Robertson who has recently been appointed to the Suicide Prevention Coordination Role. Dr Lacey and Ms Robertson provided the Board with a presentation updating the Board on Suicide Prevention.

The presentation provided the provisional suicide statistics for 2017/18 for the West Coast Region recently released by the Coroner which also separated those who had presented at the Specialist Mental Health Service.

It was noted that the National suicide prevention strategy is currently on hold with the Ministry of Health continuing to provide leadership and overall support for DHB coordinators. A revised Suicide Prevention Toolkit which provides a framework to work from is in draft and Le Va have been contracted to develop a national training programme, including an on-line component.

The Board also noted the key focus areas within the current draft plan and were provided with an update of recent activity on the West Coast.

The Chair thanked Dr Lacey and Ms Robertson for their presentation.

5. BANK ACCOUNT DELEGATIONS

Justine White, Executive Director, Finance & Corporate Services, presented this paper which was taken as read.

Resolution (18/18)

(Moved: Peter Neame/seconded: Nigel Ogilvie - carried)

That the West Coast DHB Board:

- i. approves delegations to authorise any changes to the structure of bank accounts for all bank accounts in the name of West Coast District Health Board. This delegation also covers any linked accounts including General Practice bank accounts.

Any changes to the structure of the accounts, including setting up new accounts, closing accounts, adding or removing signatories requires two signatories,

West Coast DHB positions with authority to approve changes are any two from the list below:

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

6. CHAIR'S UPDATE

Jenny Black, Chair, spoke to the late paper – Delegation of Authority to sign the 2018/19 Annual Plan on behalf of the Board.

Resolution (19/18)

(Moved: Helen Gillespie/seconded: Nigel Ogilvie - carried)

That the Board:

- i. Delegates authority to the Board Chair and Deputy Chair or Chair of the Quality, Finance, Audit & Risk Committee to sign the West Coast DHB Annual Plan on behalf of the Board once it has been approved by the Ministry of Health.

Ms Black, advised that it has been a very busy six weeks since the last meeting with several meetings with the Minister and Director General around a variety of topics and in particular the fiscal situation for the health sector. She also advised that David Meates had provided a great presentation about the West Coast to the National Chairs and CEOs meeting.

The Chair's update was noted

7. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, took his report as read. He advised that the new West Coast website will go live on Labour weekend.

A point was raised regarding the Alliance Leadership Team's (ALT) request to consider the extension of the Canterbury Disability Steering Group to include West Coast membership and Mr Meates advised that he would get some work done around this and bring it back to the next meeting.

Also included in the report from the ALT were comments regarding the audit of the new West Coast healthcare facilities from an accessibility lens, undertaken by consumers before the completion of the building and discussion took place regarding who the audit people would be. It was agreed that the landscaping should be part of this.

Discussion took place regarding comments regarding the Laundry and it was noted that some specific items are still laundered on site.

Discussion also took place regarding B4School check and it was noted that this whole area is under review and looking at Wellbeing & Child Health in its fullness.

A query was made regarding the provision of a multi-faith area in the new facilities and it was confirmed that this is provided and it will include the glass window from the current chapel.

The update was noted.

8. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the finance report. The report showed that the consolidated West Coast District Health Board financial result for the month of August 2018 was a deficit of \$318k, which was \$1k favourable to budget. The year to date position of a net deficit of \$557k is \$75k favourable to budget.

Ms White commented that whilst revenue was down there is an equal and corresponding reduction in costs. She added that in terms of real variances we are seeing some relief from vacancies and high cost services at the moment however this is not expected to continue.

Discussion took place regarding the equity and cash position of the DHB and it was noted that the deficit is still a risk and there has not yet been any information from the Ministry of Health regarding deficit support. It was highlighted that the West Coast DHB's cash position looks much stronger than it actually is due to the delayed capex spend resulting from the delay in the facilities project.

The finance report was noted.

9. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution 16/18)

(Moved Elinor Stratford/seconded Helen Gillespie – carried)

That the Board:

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 10 August 2018	For the reasons set out in the previous Board agenda.	
2.	Contract for Services	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
3.	Campus Realignment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	Emerging Issues Verbal Update Late paper – delegation to sign 2018/19 Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
5.	Clinical Leaders 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)
6.	Annual Plan Update - Verbal	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
7.	People Report	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)
8.	Capital Planning	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Health & Safety Risk Management	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)

- 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 2.00pm

The Public Excluded section of the meeting commenced at 2.00pm and concluded at 3.45pm

Jenny Black, Chair

Date

DRAFT

CARRIED FORWARD/ACTION ITEMS



WEST COAST DISTRICT BOARD – BOARD MEETING CARRIED FORWARD/ACTION ITEMS AS AT 2 NOVEMBER 2018

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	10 August 2018	Presentation re Digital Systems	It was determined that it would be useful for the Board to receive a presentation on Digital Systems on the West Coast.	Early 2019

PROPOSED MEETING SCHEDULE - 2019



TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 2 November 2018

Report Status – For:	Decision <input checked="" type="checkbox"/>	Noting <input type="checkbox"/>	Information <input type="checkbox"/>
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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 2019 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 2019 (refer Appendix 1 attached); and
- ii. Delegates authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this.

3. SUMMARY

The dates for Committee and Board meetings are to a large extent determined by the reporting cycle required to produce information and also the timing of Canterbury DHB and other significant national meetings. The suggested meeting dates for 2019 are based on the amended cycle of meetings as adopted by the Board for the latter part of 2018.

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 2019 contained in Appendix 1 are based on the current cycle of meetings with the Advisory Committee meetings before the Board meetings on Friday's and quarterly QFARC meetings.

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 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.

4. APPENDICES

Appendix 1: Proposed Schedule of Meetings - 2019

Report prepared by: Kay Jenkins, Board Secretariat

WEST COAST DHB – **DRAFT** MEETING SCHEDULE

FEBRUARY – DECEMBER 2019

DATE	MEETING	TIME	VENUE
Thursday 7 February 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 15 February 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 29 March 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 29 March 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 2 May 2019 (in place of ANZAC Day)	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 10 May 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 10 May 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 28 June 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 28 June 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 25 July 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 9 August 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 9 August 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 27 September 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 27 September 2019	BOARD MEETING	10.00am	St John, Water Walk Rd, Greymouth
Thursday 24 October 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 1 November 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 1 November 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 28 November 2019	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 13 December 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 13 December 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth

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

TO: Chair and Members
Canterbury District Health Board

SOURCE: Board Secretary

DATE: 2 November 2018

Report Status – For:	Decision <input checked="" type="checkbox"/>	Noting <input type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

The purpose of this report is to seek confirmation to the appointment of a West Coast DHB Electoral Officer (*EO*) and to outline a number of procedural matters relating to the 2019 District Health Board (*DHB*) elections that require Board approval.

Similar Board decisions were required by legislation prior to the 2016 elections and this paper's recommendations are consistent with those adopted by the Board in 2016.

2. RECOMMENDATION

That the Board:

- i. confirms the appointment of Anthony Morton as the West Coast DHB Electoral Officer, in accordance with the Local Electoral Act 2001; and
- ii. adopts “random” as the order of candidates’ names on West Coast DHB voting documents, as permitted under Clause 31(1) of the Local Electoral Regulations 2001.

3. SUMMARY

The West Coast DHB elections are required every three years at the same time as Territorial Local Authority (*TLA*) elections and will be held on 12 October 2019 (see Appendix 1 for the election timetable). Each DHB is to have seven elected members, with the Minister of Health being able to appoint up to four additional members to each Board.

As in 2016, the formal issues requiring Board approval are:

- the appointment of the Electoral Officer; and
- the determination of the order of candidate’s names on voting papers.

By legislation, the District Health Board’s *EO* continues in the role of *EO* unless he or she dies, resigns, is dismissed or becomes otherwise incapable of performing the role. The West Coast DHB’s *EO* in the 2016 triennial election was Anthony Morton of Electionz.com, whose contract has now expired. An appointment is therefore required for the 2019 year.

DHBs are able to decide what order candidates’ names will appear on the DHB voting documents. Candidates’ names are able to be listed in three ways: alphabetical order by surname, pseudo-random order, or random order.

The merits of each are discussed further in the paper, with a recommendation of “random” order, in alignment with the practice of most *TLAs* in the previous elections, and consistent with previous West Coast DHB elections.

4. **DISCUSSION**

Electoral Officer Appointment

The New Zealand Public Health and Disability Act 2000, Schedule 2, Clause 9B requires the West Coast District Health Board to appoint an Electoral Officer from among the Electoral Officers of the three Territorial Local Authorities (TLAs) within the West Coast DHB District (Westland District Council, Grey District Council, and Buller District Council).

The functions of that DHB EO are set out in the Local Electoral Act 2001 and the New Zealand Public Health and Disability Act 2000. In addition a Memorandum of Understanding for DHB Elections, between the Ministry of Health and the NZ Society of Local Government Managers (SOLGM), outlines the different responsibilities of the DHB, the DHB EO, and any remaining TLA EOs.

On the West Coast the DHB Electoral Officer will be dealing with the two other TLA Electoral Officers who will share responsibility for some aspects of the DHB election. Skills, experience and a good working relationship and communication links will be essential.

Order of Candidates Names

District Health Boards and TLAs are entitled to determine the order in which their candidates' names will appear.

The Board is required to pass a resolution to have candidates names arranged either:

- (a) Alphabetically by surname; or in
- (b) Pseudo-random order; or in
- (c) Random order.

In 2004, 2007, 2010 Alphabetical order was chosen and in 2013 random order was chosen.

Alphabetical has the candidates being listed in the same order as they are in the accompanying candidate profile booklet. However, it would most likely not be in the same order as most TLA voting documents. If the Board does not pass a resolution on the order of candidate names, then alphabetical is the default arrangement.

Pseudo-random means the same random order of candidates for each voting document i.e. the random order is determined prior to printing the voting documents and is the same on all documents.

Random means fully random order of candidates for every voting document; every single voting document could have a different order to it. This option is seen as avoiding the possibility of unfair advantage if electors choose to vote or rank candidates in descending order from the top of the list.

It is recommended that “random” be used for the candidate order on the West Coast DHB voting documents as being the option most likely to avoid any bias in voting.

Other Issues

The Memorandum of Understanding, between the Ministry of Health and SOLGM, (Society of Local Government Managers) details the roles and responsibilities of the DHB, DHB EO and TA EOs and also dictates the rate at which the DHBs will pay TAs for elections.

Schedule 2 of the New Zealand Public Health and Disability Act 2000 requires the cost of DHB elections to be borne by DHBs.

Guidelines for West Coast DHB staff and Board members will be presented in 2019, to ensure transparency and best practice is established before any campaigning for the 2019 DHB elections begins. An information pack for candidates is also being prepared.

5. CONCLUSION

It is recommended that Anthony Morton (the EO for Westland DC) who is employed by electionz.com be confirmed as the West Coast's DHB's Electoral Officer for the 2019 elections and that he begin working with the other TAs in the region with regard to protocols and requirements for the West Coast DHB voting documents.

As previously it is recommended that "random" order be used as the order of candidates' names on the voting documents. The Board should note that if no resolution is passed then under the regulations the default arrangement is alphabetical, by surname.

6. APPENDICES

Appendix 1: 2019 Local Government Election Timetable

Report prepared by: Kay Jenkins, Board Secretariat

2019 Local Government Election Timetable

After 1 February 2019	Declaration of Electoral Officer and Deputy Electoral Officer
1 March - 30 April	Ratepayer Roll Enrolment Confirmation Forms Sent to existing ratepayers
1 March - 3 July	Preparation of Ratepayer Roll
13 March	EEC questionnaire sent to EOs
10 April	Final representation review decisions by Local Government Commission
1 May - 31 May	National Public Notice of Ratepayer Roll Qualifications and Procedures
9 May (Thursday)	EEC test data sent to EOs
25 June (Monday) By 28 June	EEC Enrolment Update Campaign commences Order of Candidate Names Resolution (optional)
1 July	Check it Electoral Roll closes
5 July (Friday)	Receive Preliminary Electoral Rolls from EEC
Monday 8 July to Wednesday 17 July	Compile Preliminary Electoral Roll
10 July (Wednesday)	First public notice completed and booked with ad agency
15 July (Monday)	Nomination forms, Candidate Information Pack and Preliminary Rolls completed and all documents dispatched to Councils
17 July (Wednesday)	Public Notice of Election (First Public Notice of Election) Preliminary Electoral Roll Inspection, Nomination of Candidates, Closing Date of Electoral Roll
19 July (Friday)	Nominations open/Roll Open for Inspection
By 31 July	Appointment of JPs
16 August (Friday)	Nominations Close (12 noon), Electoral Roll Closes (2 nd public notice confirmed with ad agency)
21 August (Wednesday)	Public Notice of Candidates (Second Public Notice of Election)
By 23 August (Friday)	Receive final Electoral Roll from EEC
16 August to 16 September	Final Postal Sort Data to mailhouse Design and print voting papers, verify Candidate Profiles
By 30 August	Ratepayer Roll insert with rates notice
16 September (Monday)	EO certifies final roll – final rolls distributed by EO
20 September (Friday)	EEC letter sent to electors on Unpublished Roll
Prior to 16 September	Advertise Special Voting arrangements
20 September to 25 September 20 September to 12 October	Delivery of Voting Documents Voting Period Progressive Roll Scrutiny, Progressive Processing, Special Voting Period
12 October 2019 (Saturday)	Election Day - Voting Closes at Noon Provisional Results available as soon as practicable after close of voting
8 – 13 October	Official Count – process special votes
17 October (Thursday)	Official Result Declaration
17 October to 23 October (as soon as practicable)	Public Notice of Official Declaration of Election Results
November 2019	EO Forum
Mid December	Return of Election Expenses Forms

CHIEF EXECUTIVE'S UPDATE



TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 2 November 2018

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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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.

3. SUMMARY



A: West Coast Health Alliance

Alliance Leadership Team (ALT) Activity

At their last meeting in September the Alliance Leadership Team (ALT):

- Endorsed the new Mental Health Workstream Terms of Reference and Workplan.
- Noted the roll-out of the advanced care plan and their support of this process. ALT further notes that difficulties around IT systems not 'talking to each other' may exist. However it is encouraging that local workforce are receiving upskilling with a Train the Trainer model.
- Agreed to invite the new Executive Director of Allied Health and the Director of Midwifery to join ALT for their expertise in their respective areas.

B: Build Primary and Community Capacity and Capability

Primary

- **Integrated Health Services - Northern Region**
 - Work continues with the teams across the northern region to explore how to be patient / person centric rather than system and silo centric.
 - We are also investing in our workforce with our Clinical Nurse Manager completing a week long Enhancing Leadership course, the RNS's in Reefton are working on completing standing order requirements and a training for our administration team is underway.
- **South Westland Area Practice**
 - A project manager has been appointed to work on the new facility in Haast and plans have been sent to the architects.
 - The collaborative maternity service has been established, including 2 midwives, Dr Brendan Marshall and the South Westland RNS team. The RNSs have been upskilled in providing antenatal clinics and postnatal checks.
 - The satellite phones have been provided to all RNS clinics and all have received emergency locator beacons. There have been some minor issues with the satellite phones and the 0800 numbers, but this is being sorted.
 - The final submissions for Cornerstone Accreditation have been provided – now awaiting the outcome.
- **Greymouth Medical Centre**
 - Ongoing work is underway to recruit to vacant position with interviews undertaken for nursing replacements. The secondary services medical rostering team has been supporting the practice manager to cover gaps in the GP workforce over the last month, including looking to cover some unexpected gaps.
 - Preparation underway for EMERGO Exercise Paitini, something that is part of the DHB's ongoing training of its teams to prepare for emergency events.
 - Public Health Nurses will soon be joining the GMC team, providing opportunities for the teams to work more closely together.

Community

- **Public Health/B4School/Vision Hearing**
 - *Public Health Nursing* – The Grey PHN team is joining primary practice at Grey Medical Centre providing an opportunity for the teams to work more closely together. This will have these nurses working day to day from GP practice with professional oversight from community nursing services. Other members of the team are planning for the last school term and completing the remaining HEADDSSS in the high schools and alternative education facilities.
 - *B4School Service* – A review of documentation will be undertaken to condense the information requested from parents and streamline the process to meet health literacy needs with an aim to improve attendance and understanding of the requirements. Nutritional services have attended a clinic and this will be repeated regularly.
- **District Nursing**
 - A project to review caseloads across the DN service is well underway. This is to review all patients on the caseload that they are coded under the correct contract, appropriate referrals for service delivery and timely discharge. Hokitika and Grey caseloads have been completed. Discharge planning and review of meet and greet is also underway in conjunction with the education on IDEAL that is scheduled.

- Grey DNs are facilitating the newly established vascular clinics at Greymouth and the vision going forward is for upskilling DNs to provide nurse-led clinics.
- **Clinical Nurse Specialists**
 - On 10 October, the Grey Clinical Nurse Specialist team hosted Poutini Waiora staff to share kai and afterwards a korero about how we can work closer together for improving patient outcomes. In many cases there have been examples of collaboration between the two groups so this has helped to further develop their understanding of each other's roles and ways of better integrating what we all do. This event is not a one off and further formal and informal korero are planned.
 - Our Grey-based Diabetes Nurse Specialist has achieved Nurse Prescribing rights through the Nursing Council. This nurse has had good support and collaboration with our SMOs and the General Practice. She will work under the supervision of one of our medical specialists for the first year.
- **Dental Service**
 - Work is underway to establish the mechanisms and process for introducing TITANIUM (a patient management system for dental services) to West Coast Dental. This will be an extension of the CDHB implementation that has been in place for a number of years. The first phase will be replacing the laptops with wall mounted monitors, installing the software and using this to replace paper notes and sharing in Canterbury's electronic booking system.
- **Home Based Support Services**
 - Positive support worker meetings are being run regularly Coast-wide.
 - The FIRST service has now started in Buller with its first two clients both having positive results. New clients are being identified and put into the service.
 - Training delivery for support workers is increasing with Learning and Development and HBSS working together to revise and enhance staff knowledge as required.

C: Implement the Maori Health Plan

Hauora Maori Update

- **South Island Alliance planning day – October 8th** - The South Island Alliance Programme Office have responded to the Government's renewed focus on equity by working alongside Te Herenga Hauora (South Island GM's Maori) to facilitate a planning day with the aim of focusing on five top areas of inequity in the South Island and applying an equity tool. The aim of the session was to engage with leaders across the South Island to challenge their thinking and processes used when planning for measurable improvement in achieving health equity. In a (very) brief summary, the group tables delivered the following discussion and action points that range from specific, exemplar services targeted to a sharply defined inequity, to longer term pieces of work aimed at improving the cultural understanding, behaviours and competencies in the South Island health system.

Child Health:	Proposed the implementation of Kaupapa Māori led service to address smoking rates for young Māori mothers
Mental Health:	Identified an inequity in that Māori in mental health services are subject to restrictive practice more than others, and that a review of specific pathways is required
Older People:	Identified that we do not understand the nature and challenges facing older Māori very well at all, and will look to improve our use and leverage of the InterRAI dataset in this area

Social Determinants:	Acknowledged that the current service presentation models may not be relevant to Māori – better engagement with Māori in a range of communities (i.e. not just targeting Iwi)
Acute Demand:	Identified concern that Māori do not follow ‘regular’ pathways in accessing acute services, and that this is actually not well understood, nor have we set up processes to address it.

As we begin to summarise the more detailed notes from the groups, we will ensure that the overall direction covers the range, as identified above, from specific service programmes to broader workforce development in cultural competency, and further past the current horizons and limits to expand the discussion to other sectors, agencies and communities.

As mentioned, this is a very brief summary. The SIAPO team will put together a range of next steps, and work through the Alliance leadership processes, with the participant group, to ensure that the day’s efforts deliver actions that we can all sign up to.

- **Takarangi Cultural Competencies** - We are starting to see a steady number of portfolios come through for assessment and it is very pleasing to see that they are of an extremely high standard. The team has worked very hard with the group in supporting them through the portfolio process which has been very rewarding resulting in learning and innovation that has enriched and added to the experience. We are beginning to see a slow but steady change in practice from those Managers who are participating through to frontline practitioners. Moe will be on the Coast on 23 October to undertake the assessment and feedback phase for the students who have completed the first stage of their portfolios. Although the demand to hold another Wananga is high we have made the decision to hold off until we have received more completed portfolios, this will ensure that we have a robust Tuakana/Teina process to support the next group of participants. Furthermore we have submitted an abstract to the National Rural Health Conference being held in Blenheim in 2019. The focus of this will be to share early experiences of introducing the Takarangi competency framework.
- **Maori Mental Health Review** - The report and subsequent recommendations from the review work are currently being developed to be distributed for further consultation and feedback. Three workshops have been held in Hokitika, Greymouth and Buller and the analysis of the workshop material and other feedback has identified two clear recommendations for a future model for Maori Mental Health service development. We are eagerly awaiting the recommendations of the National Mental Health Inquiry which will also be taken into consideration when deciding on the best direction of travel for future service development.
- **Te Reo Classes** - We have initiated weekly Te Reo training for those who have participated in the Takarangi framework. These are being jointly delivered by Eileen Royal and Gary Coghlan and have been well attended. We will continue to work together to build an environment where DHB staff can continue to learn and become more confident and familiar with Te Reo and Tikanga.

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES
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A: Facilities Maintenance Report

- Grey District Council have granted a Resource Consent for five years to prune the damaged Heritage tree at Grey Hospital.
- The main structure of the Grey Hospital Pedestrian Bridge has been constructed off site and is due to be installed in November.

- Work is underway for the Buller complex to receive its annual Building Warrant of Fitness in November.
- An application has been lodged to the Grey District Council for a 45 year extension on the now permanent container housing the main switchboard.
- The relocation of the laundry and medical records to the old garage area has affected our ability to comply with Hazardous Substances and New Organisms regulations for the diesel tank due to its proximity to the building. An application for an exemption has been lodged with Worksafe.
- Preparations for the final Annual Survey, due in December, on Steam boiler No. 1 have begun and repairs to the main water feed are complete.

B: Partnership Group Update




Grey

- Fletcher is currently projecting a project completion date for the end of the first quarter of 2019.
- The external cladding on the building is taking shape and is progressing well with Nu wall and tile installation continuing to be installed. Note, these external cladding materials are part of a façade build-up that includes a rain screen, which has already been installed meaning the building is weather tight.
- The IFHC is one of the more advanced areas of the facility with the majority of the internal walls having been painted as well as doors and ceiling grid installed. Fletcher has advised that the IFHC area will be close to completion at the end of November.
- The maternity area and the general ward are also well progressed with vinyl having been laid, doors installed, ceiling grid installed and walls painted. Additionally, the ensuite fixtures have been installed.
- The framing and preparation of internal walls in the radiology and pharmacy areas have now progressed and services are starting to be installed.
- Significant work on site continues with the installation of electrical and mechanical services and this is most evident with progress in the operating theatres.
- DHB procurement of furniture, fixtures and equipment is very well advanced and remains on track. All high risk items have been purchased and are in storage awaiting installation. The fixtures are also in storage and the final furniture selections for the facility have been completed.
- Fletcher is forecasting the boiler house completion for the end of November and preparation has commenced for the installation of the VIE tank adjacent to the bridge overpass accessing the main hospital campus.
- Migration commissioning strategy work continues with all parties progressing interface planning with existing services, such as the hospital generator, at the time of the move. Robust plans are being developed for the move. This work is inextricably linked with the migration planning for the move from the existing hospital to the new facility and migration planning meetings with all clinical and support services are underway.
- With increasing personnel on site daily, traffic can be busy, so please take care driving in the area. Staff and visitors are also reminded to please follow all traffic management and parking closures on the hospital campus, which will be well sign posted.

Buller

- The West Coast DHB facilities redevelopment team and the architect from Warren and Mahoney met on 16 October in Westport with the clinical user groups affected by the recent change to the concept plans by the addition of two beds and the adult dental service. The updated concept plan was well received by the clinicians.
- Please also check the West Coast Facebook page and the West Coast DHB website for regular updates on this project.

	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES
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A: Hospital Services includes Secondary Mental Health Services

Nursing

- Culture and Communication – Hospital Services are looking at a number of initiatives at improving communication not only with patients but also between teams. Having researched gold standards in handovers for patients, the surgical ward is rolling out a trial from 1 November – handover at the patient bedside. This will replace the historical way of handing over a patient in the office. Bedside handover ensures patients and their significant others get to participate in accounts of their health journey through the service. It gives the patient and significant other the chance to ask questions or make corrections to what is being said. This works well with IDEAL and once staff are feeling happy with this in the surgical ward, the medical ward will follow. The other initiative we are looking at is documentation and giving staff who would like to type up patient notes the ability to do so. One of our senior nurses in the surgical ward is going to research this and work on how it can be achieved.
- Enabling Workforce – As reported last month, CCU and CDHB ICU are working together to come up with a strategy on progressing training and the use of telemedicine when a ventilated patient stays at Grey Base. This type of model was very successful in Townsville Australia and can be cloned here on the Coast. The team from CDHB have been in touch and a meeting date is to be confirmed when ICU Christchurch is not at full capacity. Dates will be out shortly for 3 month updates for ventilator trained nurses. Scenario based education sessions around patient arrests in both the wards and the ED departments have been rolled out in the last couple of days; the staff are finding them very helpful.
- Clinical – Hospital Services has in the last two weeks settled with capacity being around 60-70% occupancy. The decrease in capacity has allowed training opportunities and catch-ups on auditing. Staff are enjoying the break and being back to normal FTE.

Medical

- There has been little interest in General Surgery or Physician vacancies but some interest in RHM vacancies and we are working with several candidates for start dates in 2019.
- The RMO recruitment has been successful for 2019 and continues to remain strong with continued interest from RMOs.

Allied Health

- Audiology held their first Paediatric Clinic in Greymouth this month, which was a first step in establishing a regular visiting service for the district.
- The recent new graduate recruitment process for Physiotherapy has been very successful with three candidates appointable. Contracts are currently out for the two who will commence in Greymouth, and ongoing discussions are being held about a new graduate position in Westport.
- Recruitment remains ongoing for Radiology, Psychology and Occupational Therapy across

Hospital Services, Mental Health and Primary & Community teams.

- The transalpine Allied Health leaders continue to develop our RUFUS (rurally focused urban specialist) model of service delivery for all of our Child Development Services. This means that experienced clinicians, both from CDHB and from WCDHB, can support their transalpine colleagues to deliver the specialist care required for this high needs client group.
- The transalpine Allied Health leaders are also reviewing proposals for new graduate programmes that provide opportunities for therapists to work across the various campuses at CDHB and the WCDHB. The aim is to have these rotational programmes defined and ready for implementation at the beginning of 2020.
- Work is progressing on the ePharmacy programme that will align the electronic medication management systems with the SI regional plan. This piece of work is crucial due to the current system Windose no longer being supported technically.

Mental Health

- **Operational Excellence**
 - A Clinical Psychologist commenced work on 23 October and will be providing full psychometric testing for those requiring it from the CAMHS service. This will improve the access and quality of clinical care being offered; the outcomes of which will underpin future treatment direction for those assessed.
 - CAMHS service relocation is complete and to date the feedback from staff and clients alike has been positive regarding the new location and service provided. From a service prospective, it is clear already that being onsite with the rest of the mental health service that there is an increased sharing of knowledge and experience of support between all teams, which is positive.
 - Recruitment of clinical staff to the CAMHS service is still problematic with no expressions of interest being received for the advertised roles during the last month. People & Capability, CAMHS and senior management are working closely together to explore and utilise every avenue to address this.
 - We have a new member of staff in the split role of Nurse Consultant/Clinical Nurse Specialist. They will work closely with the Director of Nursing focussing on quality improvement and working in conjunction with the CAMHS Team Manager to develop treatment pathways, service protocols, policies and procedures.
 - Our new Nurse Practitioner has commenced in the role within Mental Health Services. This is an exciting new role that will support primary care teams across the Coast.

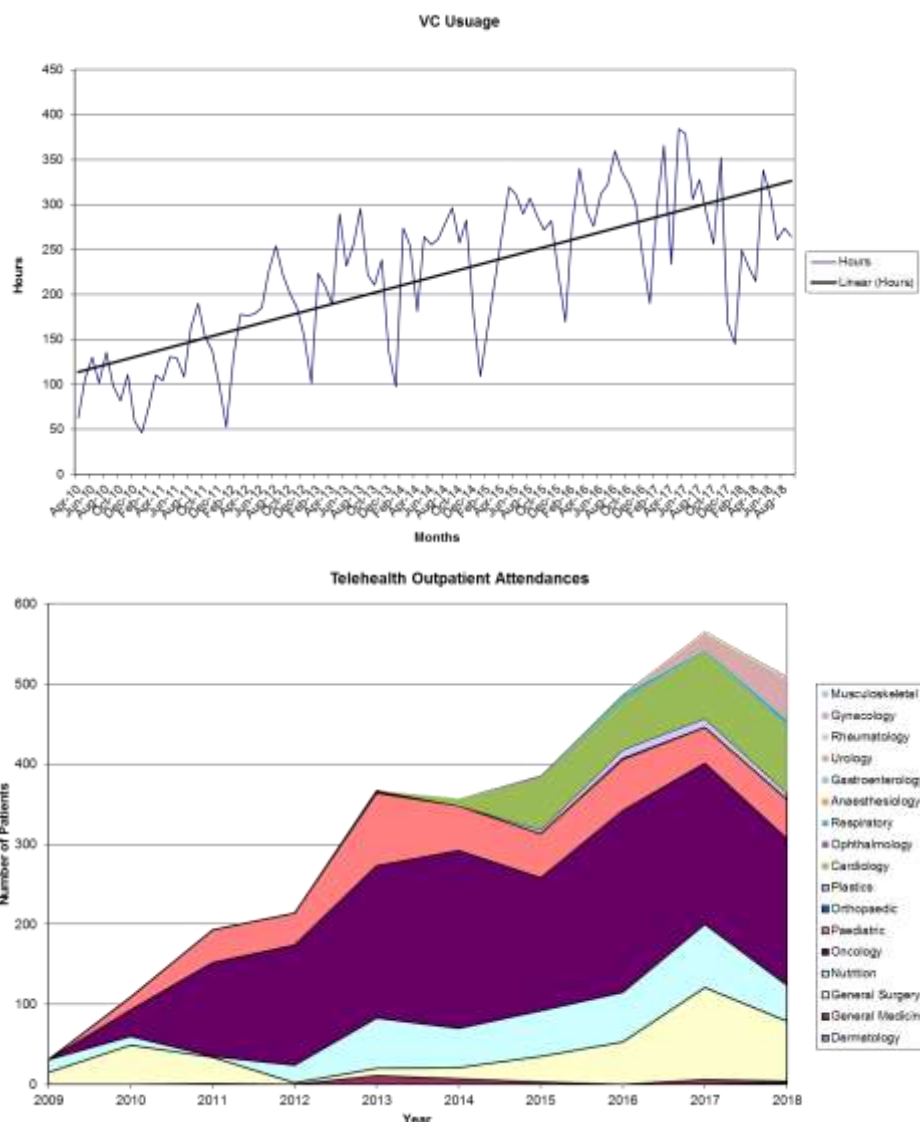
	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES
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A: Improve Transport Options for Patient Transfers

- The following transport initiatives are embedded:
 - Non-acute patient transport to Christchurch through ambulance transfer.
 - St John community health shuttle to assist people who are struggling to get to health appointments in Greymouth.
 - Extension of the Buller Red Cross contract, to provide a community health shuttle transport service between Westport and Grey Base Hospital, through to August 2020.

B: Champion the Expanded use of Telemedicine Technology

- WCDHB has expanded its video conferencing capacity considerably within the last several years; see below graph for monthly usage details.



INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Older Persons Health Services

- Director of Nursing, Karyn Bousfield and Associate Director of Allied Health, Jane George are bringing together health professionals from across the system next month to workshop what restorative and rehabilitative care should look like on the West Coast. Facilitated by Professor Brian Dolan, this workshop will set out to develop a shared understanding of rehabilitation. The workshop will help evaluate how each profession contributes to the rehabilitation journey and invite participants to step into the patient experience by using tools such as the #Last1000days and #endPJPparalysis campaigns. With increased demand on acute hospital beds and a strong desire to deliver rehabilitation in the places that are most meaningful for our patients, this day will set the scene for the various schedules of work on the West Coast health systems workplan for the coming years.



BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of September 2018 was a deficit of \$433k, which was \$71k favourable to draft budget. The year to date net deficit of \$990k is \$146k favourable to draft budget.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(160)	(143)	(17)	(437)	(450)	13
Funder Arm	22	118	(96)	849	1,071	(222)
Provider Arm	(295)	(479)	184	(1,402)	(1,757)	355
Consolidated Result	(433)	(504)	71	(990)	(1,136)	146

B: Effective Clinical Information Systems

- eReferrals:** Stage 3 – electronic triage: eReferrals Stage 3, eTriage has gone live for ten services including Plastics, Gynaecology, General Surgery, General Medicine, Diabetes, Nutrition, Podiatry, Cardiology and Neurology, with Dermatology going live in September. Sacoma is scheduled for December. Planning underway for Neurosurgery and Urology.
- New Facility Work:** A procurement process involving a Request for Proposal (RFP) for a telephony system for the new facility has been completed. The new system has been implemented in Reefton, Hokitika, Greymouth and Buller campuses. The contract for a move to telephony over internet (SIP) has been approved and implementation is completed with all sites within the West Coast from Karamea to Haast moved to the new solution. Next focus area is completing the fibre optic network install within the new facility, and ordering of new computer infrastructure to enable transition.
- Telehealth RFQ:** A Telehealth Request for Quotation (RFQ) was submitted in July, closing in August. The capabilities this will introduce to WCDHB will allow increased mobility and expansion at a more sustainable price point. Business case and feasibility paper has been completed and approved.
- IT Infrastructure update:** WCDHB has undergone a request for proposal (RFP) for its Wide Area Network (WAN). This is a joint RFP with CDHB to leverage greater buying power. All sites are now live with the new provider providing significant financial savings to WCDHB and greatly improved network capacity and reliability.
- Patient Trak:** The electronic nursing observation tool, Patient Trak, widely deployed within the CDHB is now also being deployed into WCDHB. Lessons learned from the CDHB implementation have been applied to the West Coast implementation. This has resulted in a change in scope with a final list of equipment recently approved by project sponsor. Implementation is still underway but focus has been on the Wider Area Network, eSign off for Radiology and Telephony system. From late October focus will be turned back to the Patient Trak implementation.
- eSign off for Radiology:** The project for enabling electronic sign off of results for radiology has gone live. This has improved safety of results sign off, more efficient clinical process and will produce a reduction in printed paper.

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

Media interest

- The Buller Health X-Ray service
- Buller Health staff affected by MRSA
- West Coast District Health Board management of OIA requests
- Greymouth Hospital CAMHS service
- Update on the proposed Buller Health Facility
- Greymouth Hospital laundry services
- Pressure Injury Nurses
- South Westland Baby Boom

	PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES
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Key Achievements/Issues of Note

- **Nutrition:** Nutrition Bites are continuing to be produced and disseminated weekly. These consist of a key nutrition message and a low-cost, seasonal recipe. They are sent out to community newsletters, schools and healthcare professionals to include in newsletters, emails, intranet publications, in clinic and on social media.
- An Appetite for Life course is planned to start in Greymouth in October, with 15 participants enrolled who were primarily referred through a local personal trainer and primary care. Two cooking skills programmes will begin in Westport with Kō Wai Ahau programme and Alternative Education. There are also many early childhood workshops taking place, including Reefton, Fox Glacier and Franz Josef. The focus of these will be oral health, healthy lunchboxes and fussy eating.
- **Physical Activity:** CPH arranged and supported four community Tai Chi instructors to attend a workshop focussing on Tai Chi and falls Prevention. The instructors also completed their 2 yearly instructor certificate revalidation.
- **Alcohol Licensing:** Over the past few months, CPH's West Coast Alcohol Licensing Officer has been assisting our South Canterbury office with licensing work, initially covering the role there until a new Licensing Officer was appointed. He has since mentored and supported the new officer in their role. CPH's Alcohol Licensing Officer and the Police carried out controlled purchase operations at licensed premises in the Grey and Buller Districts last month. A total of 16 premises were visited by the two underage volunteers. We are pleased to report that all these premises complied with the Sale and Supply of Alcohol Act 2012 and none sold alcohol to our volunteers.
- **Healthy Public Policy:** CPH attended and provided input into the Wellbeing Indicators Aotearoa hui and the Welfare Advisory Group hui held in Greymouth. CPH also coordinated and sent in an Active West Coast submission to the Wellbeing Indicators Aotearoa consultation run by Statistics New Zealand. CPH has been involved in the development of the draft Accessible Te Tai Poutini West Coast Strategic Plan 2018 – 2021. We are in the process of seeking endorsement from the four councils and two runanga. Currently, Grey and Westland District Councils and Te Rūnanga o Makaawhio have endorsed it. Members of the Strategy Coalition, including CPH, are presenting to the Buller District Council on 24 October.

- **Oranga Hā Tai Poutini Stop Smoking Service:** Oranga Hā has worked hard in the community to encourage and support smokers to quit this year. 294 clients have been referred to the service from 1 January – 30 September this year. 283 (96%) have enrolled in the service, 115 (41%) of whom identified as Māori. 171 (60%) set a target quit date and 67 (39%) were smokefree at 4 weeks after their target quit date (as validated by carbon monoxide testing). The service offers personalised Smokefree support to help West Coasters stop smoking, including face-to-face meetings, texting and group sessions. We have a stop smoking practitioner based at Poutini Waiora in Westport. The service also works closely with Coast Quit and WCDHB stop smoking practitioners.

Report prepared by: Philip Wheble, General Manager West Coast

Approved for release by: David Meates, Chief Executive

West Coast DHB health target report

Quarter 4 2017/18: April - June 2018



What are the health targets?

The health targets are a set of national performance measures specifically designed to improve performance of the health sector in areas that reflect significant public and government priorities. They provide a focus for action. Three of the six health targets focus on patient access, and three focus on prevention. Health targets are reviewed annually to ensure they align with health priorities and targets are set nationally for all DHBs.

DHBs report progress to the Ministry quarterly, who in turn publish the targets online and in newspapers via a national league table.

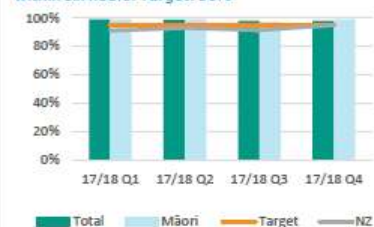


Shorter stays in ED

98%



Patients admitted, discharged or transferred ED within six hours. Target: 90%



The West Coast continues to achieve the ED health target, with 98% of patients admitted, discharged or transferred from ED within 6 hours during quarter four.

Improved access to elective surgery

103%



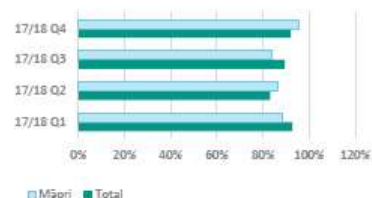
Patients receiving planned surgery Year-end target: 1,905



The West Coast DHB finished the year having provided 1,962 elective surgical discharges, delivering 104% of planned discharges for 2017/18.

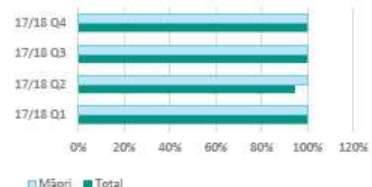
Supplementary indicators

Better help for smokers to quit: secondary smoking



This was previously the health target: better help for smokers to quit in public hospitals

Better help for smokers to quit: maternity smoking



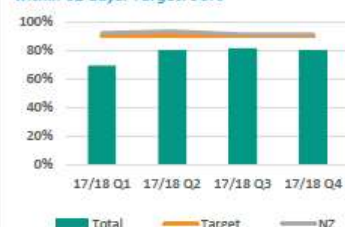
The Ministry sources this data for DHBs from the national Maternity Data Set. It should be noted that the source of the data only represents around 80% of all pregnancies nationally and the measure is still considered developmental, the results are provided

Faster cancer treatment

80%



Patients getting their first cancer treatment within 62 days. Target: 90%



This quarter 80% of patients received treatment on time. Small numbers are challenging with this result reflecting only three patients who were not seen within the 62 day period. A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, or diagnostically challenging.

Increased immunisation

85%



Eight-month-olds fully immunised Target: 95%



Two children were missed this quarter and 98% of eligible (consenting) 8-month-olds were fully immunised. This is an increase on the previous quarter. Strong results were achieved for Asian (100%) tamariki.

Better help for smokers to quit

88%



Patients in the community who smoke are offered help to quit. Target: 90%



The DHB is disappointed to have not met the target this quarter. At an individual practice level, three of the seven practices have achieved the target with a fourth achieving 89%, missing the target by just two patients. The DHB notes the positive trend in the proportion of smokers who are recorded as having accessed cessation support.

Raising healthy kids

100%



Children with obesity referred for support Target: 95%



100% of children identified as obese at their Before School Check (B4SC) were offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions for quarter four.

FINANCE REPORT



TO: Chair and Members
West Coast District Health Board

SOURCE: Executive Director, Finance & Corporate Services

DATE: 2 November 2018

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters of the Board of the West Coast District Health Board.

2. RECOMMENDATION

That the Board notes the financial results for the period ended 30 September 2018.

3. DISCUSSION

Overview of September 2018 Financial Result

The consolidated West Coast District Health Board financial result for the month of September 2018 was a deficit of \$433k, which was \$71k favourable to draft budget. The year to date net deficit of \$990k is \$146k favourable to draft budget.

	Monthly Reporting				Year to Date				Full Year 18/19
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	12,009	11,829	180	1.5%	35,944	36,266	(322)	(0.9%)	143,889
Inter DHB Revenue	0	0	0	0.0%	1	0	1	0.0%	0
Inter District Flows Revenue	145	143	2	1.7%	435	438	(4)	(0.9%)	1,735
Patient Related Revenue	591	576	15	2.6%	1,704	1,766	(62)	(3.5%)	6,860
Other Revenue	48	59	(11)	(19.1%)	159	181	(22)	(12.1%)	741
Total Operating Revenue	12,793	12,607	186	1.5%	38,243	38,651	(408)	(1.1%)	153,225
Operating Expenditure									
Personnel costs	5,871	5,695	(176)	(3.1%)	17,423	17,410	(13)	(0.1%)	70,140
Outsourced Services	0	0	0	0.0%	0	0	0	0.0%	0
Treatment Related Costs	391	752	361	48.0%	1,771	2,306	535	23.2%	9,152
External Providers	3,530	3,249	(282)	(8.7%)	9,809	9,805	(4)	(0.0%)	39,125
Inter District Flows Expense	1,877	1,872	(5)	(0.3%)	5,619	5,613	(6)	(0.1%)	22,455
Outsourced Services - non clinical	111	111	0	0.1%	331	334	2	0.7%	1,334
Infrastructure and Non treatment related costs	987	962	(25)	(2.6%)	2,979	2,908	(72)	(2.5%)	12,587
Total Operating Expenditure	12,767	12,640	(127)	(1.0%)	37,933	38,376	443	1.2%	154,793
Result before Interest, Depn & Cap Charge	26	(33)	59	(178.1%)	310	275	(35)	(12.7%)	(1,568)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	334	342	8	2.2%	925	1,025	100	9.8%	3,400
Capital Charge Expenditure	125	129	4	3.1%	375	387	12	3.1%	1,488
Total Interest, Depreciation & Capital Charge	459	471	12	2.5%	1,300	1,412	112	7.9%	4,888
Net Surplus/(deficit)	(433)	(504)	71	14.1%	(990)	(1,136)	146	12.9%	(6,456)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(433)	(504)	71	14.1%	(990)	(1,136)	146	12.9%	(6,456)

in thousands of New Zealand dollars

4. APPENDICES

Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cashflow

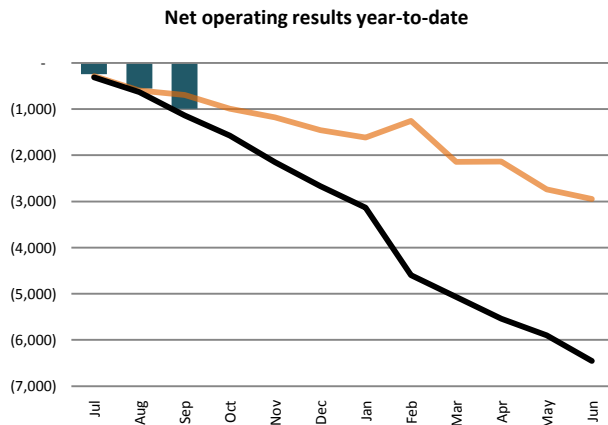
Report prepared by: Justine White, Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – SEPTEMBER 2018

Net operating results

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(433)	(504)	71	-14% ✓	(990)	(1,136)	146	-13% ✓

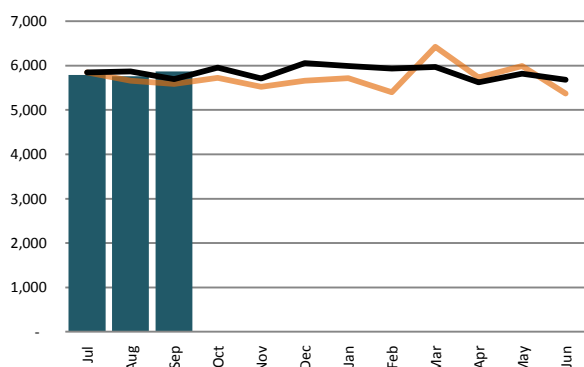


Over the last few financial years West Coast DHB has been in the process of implementing our new model of care in readiness for our new Grey Health Hospital/IFHC. Full implementation needs to be co-ordinated with the completion of the new facility. New ways of working need to be embedded before we move into the new facility. Our draft plan has been submitted based on the building being completed in the 1st quarter of 2019, delays in the rebuild not only increase the cost of the build (influencing out-years capital charge and depreciation costs), but will impact operational expenditure where we have either factored savings; or increased costs of embedding new models of care in our old facility in our draft plan. These efficiencies are at risk as the facilities delays continue, and will impact detrimentally on our planned financial results.

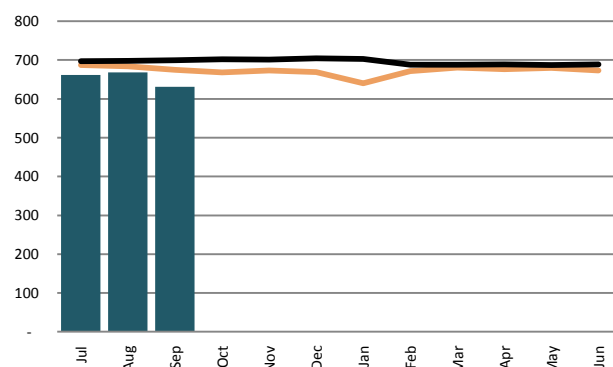
Personnel costs & FTE

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Medical	1,534	1,513	(21)	-1%	✗	4,625	4,575	(51)	-1%	✗
Nursing	2,520	2,505	(15)	-1%	✗	7,596	7,673	78	1%	✓
Allied Health	984	940	(44)	-5%	✗	2,867	2,908	41	1%	✓
Support	105	95	(10)	-11%	✗	299	291	(8)	-3%	✗
Management & Admin	728	641	(87)	-14%	✗	2,036	1,963	(73)	-4%	✗
Total	5,871	5,695	(176)	-3%	✗	17,423	17,410	(13)	0%	✗

Personnel costs (incl Locums)



Personnel FTE (accrued)



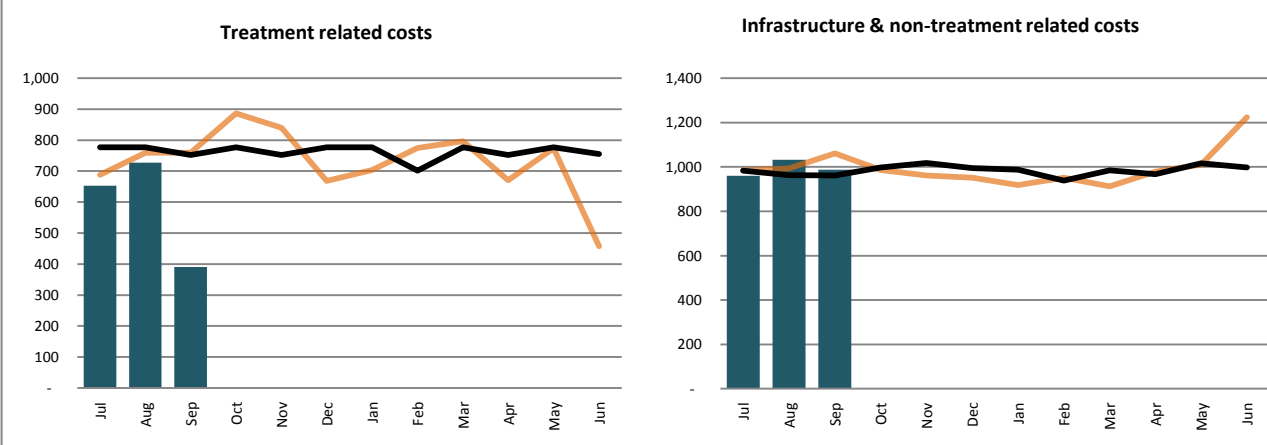
KEY RISKS AND ISSUES:

Although better use of stabilised rosters and leave planning has been embedded within the business, there remains reliance on short term placements, which are more expensive than permanent staff.

The Ministry of Health has a keen focus on ensuring DHBs do not exceed their management and administration staff FTE numbers. There are many ways FTE can be calculated, depending on the purpose. Using Ministry of Health calculations we remain under our overall management and administration staff cap. Expectations from the Ministry of Health are that we should be reducing management and administration FTE each year. This is an area we continue to monitor intensively to ensure that we remain under the cap, especially with the anticipated facilities development programme.

Treatment and non-treatment related costs

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Treatment related costs	391	752	361	48%	✓	1,771	2,306	535	23%	✓
Non Treatment related costs	1,061	954	(107)	-11%	✗	3,038	2,918	(120)	-4%	✗

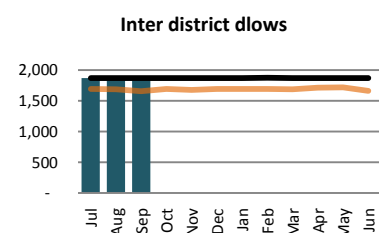
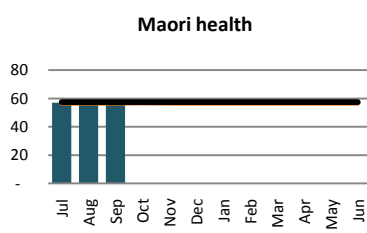
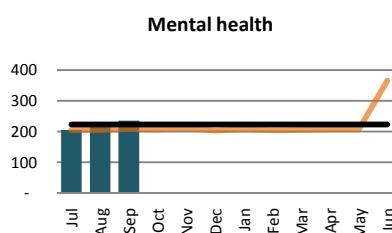
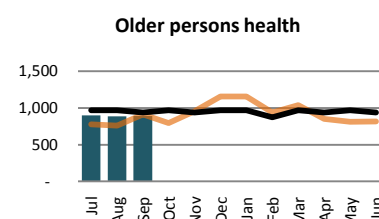
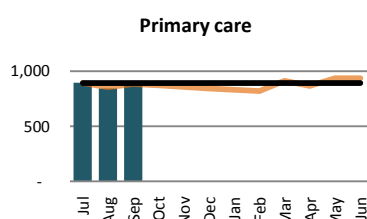
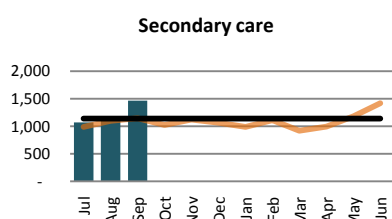


KEY RISKS AND ISSUES:

Expenditure has reported a YTD favourable variance of \$415K. This is driven by \$350K Pharmac hospital payment received in September 2019, lower dispensing volumes in High cost pharmaceuticals, PCTs and lower volume of air-transfers over the last 3 months. The trend in lower volumes in Pharmaceuticals and Air transfers is not expected to continue for the remainder of the year as timing influences this category significantly. Overall we are continuing to monitor to ensure overspend in non-treatment related costs is limited where possible.

External provider & inter district flows costs

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Secondary Care	1,468	1,141	(327)	-29%	✗	3,670	3,419	(251)	-7%	✗
Primary Care	882	891	10	1%	✓	2,622	2,674	51	2%	✓
Older Person's Health	891	936	46	5%	✓	2,676	2,871	195	7%	✓
Mental Health	236	223	(13)	-6%	✗	670	668	(2)	0%	✗
Maori Health	57	57	0	1%	✓	171	172	2	1%	✓
IDF	1,874	1,872	(2)	0%	✗	5,619	5,613	(6)	0%	✗
Outsourced Clinical	111	111	0	0%	✓	331	334	2	1%	✓
Total	5,518	5,231	(287)	-5%	✗	15,759	15,752	(8)	0%	✗



KEY RISKS AND ISSUES:

YTD Provider payments are showing an unfavourable result to draft plan of \$8K. In September 2018 WCDHB received a payment from PHARMAC for hospital pharmaceuticals (reported in Treatment supplies above). This payment was funded from the community pharmaceuticals rebate and our accrual for PHARMAC rebate estimation has been adjusted accordingly. The YTD favourable variance of \$195K in older person's health is driven by lower bed occupancy in ARC facilities. This may turn around depending on a change in occupancy in ARC.

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

Financial position

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			Annual Budget \$'000
Equity	24,718	24,553	165	1%	✓	99,913
Cash	12,187	9,801	2,386	24%	✓	6,463

KEY RISKS AND ISSUES:

The equity and cash position compared to budget reflect the delay in commencing the Grey Base rebuild. Our available cash is reflecting the artificial inflation due to the delayed capex spend due to the delay in the Grey rebuild.

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

For period ending

30 September 2018

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 18/19
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	12,009	11,829	180	1.5%	35,944	36,266	(322)	(0.9%)	143,889
Inter DHB Revenue	0	0	0	0.0%	1	0	1	0.0%	0
Inter District Flows Revenue	145	143	2	1.7%	435	438	(4)	(0.9%)	1,735
Patient Related Revenue	591	576	15	2.6%	1,704	1,766	(62)	(3.5%)	6,860
Other Revenue	48	59	(11)	(19.1%)	159	181	(22)	(12.1%)	741
Total Operating Revenue	12,793	12,607	186	1.5%	38,243	38,651	(408)	(1.1%)	153,225
Operating Expenditure									
Personnel costs	5,871	5,695	(176)	(3.1%)	17,423	17,410	(13)	(0.1%)	70,140
Outsourced Services	0	0	0	0.0%	0	0	0	0.0%	0
Treatment Related Costs	391	752	361	48.0%	1,771	2,306	535	23.2%	9,152
External Providers	3,530	3,249	(282)	(8.7%)	9,809	9,805	(4)	(0.0%)	39,125
Inter District Flows Expense	1,877	1,872	(5)	(0.3%)	5,619	5,613	(6)	(0.1%)	22,455
Outsourced Services - non clinical	111	111	0	0.1%	331	334	2	0.7%	1,334
Infrastructure and Non treatment related costs	987	962	(25)	(2.6%)	2,979	2,908	(72)	(2.5%)	12,587
Total Operating Expenditure	12,767	12,640	(127)	(1.0%)	37,933	38,376	443	1.2%	154,793
Result before Interest, Depn & Cap Charge	26	(33)	59	(178.1%)	310	275	(35)	(12.7%)	(1,568)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	334	342	8	2.2%	925	1,025	100	9.8%	3,400
Capital Charge Expenditure	125	129	4	3.1%	375	387	12	3.1%	1,488
Total Interest, Depreciation & Capital Charge	459	471	12	2.5%	1,300	1,412	112	7.9%	4,888
Net Surplus/(deficit)	(433)	(504)	71	14.1%	(990)	(1,136)	146	12.9%	(6,456)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(433)	(504)	71	14.1%	(990)	(1,136)	146	12.9%	(6,456)

in thousands of New Zealand dollars

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at	30 September 2018				
in thousands of New Zealand dollars					
	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	24,803	26,041	(1,238)	(4.8%)	25,341
Intangible assets	599	533	66	12.4%	446
Work in Progress	4,958	4,796	162	3.4%	4,796
Other investments	519	519	(0)	(0.0%)	519
Total non-current assets	30,879	31,889	(1,010)	(3.2%)	31,102
Current assets					
Cash and cash equivalents	11,000	9,801	1,199	12.2%	11,724
Patient and restricted funds	54	54	(0)	(0.4%)	54
Inventories	1,045	1,200	(155)	(12.9%)	1,058
Debtors and other receivables	4,856	3,643	1,213	33.3%	3,725
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	16,955	14,698	2,257	15.4%	16,561
Total assets	47,834	46,587	1,247	2.7%	47,663
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,491	2,446	(45)	(1.8%)	2,443
Other	71	71	(0)	(0.2%)	71
Total non-current liabilities	2,562	2,517	(45)	(1.8%)	2,514
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	8,869	8,957	88	1.0%	8,503
Employee entitlements and benefits	11,252	10,559	(693)	(6.6%)	10,939
Total current liabilities	20,121	19,517	(604)	(3.1%)	19,442
Total liabilities	22,683	22,034	(649)	(2.9%)	21,956
Equity					
Crown equity	85,994	85,993	(1)	(0.0%)	85,994
Other reserves	25,681	25,680	(1)	(0.0%)	25,681
Retained earnings/(losses)	(86,524)	(87,121)	(597)	(0.7%)	(85,968)
Trust funds	0	0	0	0.0%	0
Total equity	25,151	24,553	(598)	(2.4%)	25,707
Total equity and liabilities	47,834	46,587	1,247	2.7%	47,663
in thousands of New Zealand dollars					

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending
in thousands of New Zealand dollars

30 September 2018

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	12,481	12,577	(96)	(0.8%)	38,087	38,561	(474)	(1.2%)
Cash paid to employees	(5,308)	(5,695)	387	6.8%	(16,008)	(17,411)	1,403	8.1%
Cash paid to suppliers	(386)	(1,824)	1,438	78.8%	(5,224)	(5,546)	321	5.8%
Cash paid to external providers	(3,393)	(3,249)	(145)	(4.5%)	(9,669)	(9,805)	136	1.4%
Cash paid to other District Health Boards	(2,014)	(1,872)	(142)	(7.6%)	(6,216)	(5,613)	(603)	(10.7%)
Cash generated from operations	1,380	(62)	1,441	(2340.9%)	970	186	784	422.2%
Interest paid	0	(0)	0	100.0%	0	(0)	0	100.0%
Capital charge paid	0	(129)	129	100.0%	0	(387)	387	100.0%
Net cash flows from operating activities	1,380	(191)	1,570	(823.7%)	970	(202)	1,172	(581.4%)
Cash flows from investing activities								
Interest received	27	30	(3)	(8.8%)	83	91	(8)	(8.5%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(216)	(608)	392	64.4%	(399)	(1,811)	1,412	(78.0%)
Acquisition of intangible assets	2	0	2	0.0%	(192)	0	(192)	
Net cash flows from investing activities	(193)	(578)	385	(66.6%)	(508)	(1,720)	1,212	70.5%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0	0.0%	0	0	0	0.0%
Repayment of equity	0	0	0	0.0%	0	0	0	0.0%
Cash generated from equity transactions	0	0	0	0.0%	0	0	0	0.0%
Borrowings raised								
Repayment of borrowings	0	0	0	0.0%	0	0	0	0.0%
Payment of finance lease liabilities	0	0	0	0.0%	0	0	0	0.0%
Net cash flows from financing activities	0	0	0	0.0%	0	0	0	0.0%
Net increase in cash and cash equivalents	1,187	(769)	1,955	(254.4%)	463	(1,923)	2,387	(124.1%)
Cash and cash equivalents at beginning of period	11,000	10,569	431	4.1%	11,724	11,724	0	0.0%
Cash and cash equivalents at end of period	12,187	9,800	2,386	24.3%	12,187	9,800	2,387	24.4%

in thousands of New Zealand dollars

RESOLUTION TO EXCLUDE THE PUBLIC



TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretary

DATE: 2 November 2018

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 & Info 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 September 2018	For the reasons set out in the previous Board agenda.	
2.	New Facility Wayfinding & Naming	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	2018/19 IEA Remuneration Strategy	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	Emerging Issues Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
5.	Clinical Leaders 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)
6.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	People Report	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)
8.	Report from QFARC Committee	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
Inf	Final Draft Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

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

3. **SUMMARY**

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

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

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

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

Clause 33 of the Act also further provides:

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

- (a) the general subject of each matter to be considered while the public is excluded; and*
(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and
(c) the grounds on which that resolution is based (being one or more of the grounds stated in Clause 32)
(2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and from part of the minutes of the Board”.

Report Prepared by:

Board Secretary

REVISED FEBRUARY 2018**WEST COAST DHB – MEETING SCHEDULE****FEBRUARY – DECEMBER 2018**

DATE	MEETING	TIME	VENUE
Friday 9 February 2018	BOARD MEETING	10.15am	St John, Water Walk Rd, Greymouth
Friday 23 March 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 23 March 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 26 April 2018	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 11 May 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 11 May 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 7 June 2018	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 29 June 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 29 June 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 26 July 2018	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 10 August 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 10 August 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 13 September	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 28 September	Workshop	10.30am	St John, Water Walk Rd, Greymouth
Friday 28 September 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 25 October 2018	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 2 November 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 2 November 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 6 December 2018	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 14 December 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth

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

REVISED FEBRUARY 2018