West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 8 February 2013
10.00am

Board Room, Grey Hospital,
Corporate Office
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

KARAKIA

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

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTEREST REGISTER

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

Member	Disclosure of Interest
Dr Paul McCormack Chair	• Consultant, Ministry of Health, Better, Sooner More Convenient Implementation • General Practitioner Member, Pegasus Health • Advisor, Mauri Ora Associates
Peter Ballantyne Deputy Chair	• 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	• Councillor, Grey District Council • Trustee, West Coast Electric Power Trust • Wife is a Pharmacy Assistant at Grey Base Hospital • Member of CCS • Co Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association
Warren Gilbertson	• Chief Operational Officer, Development West Coast • Member, Regional Transport Committee • Director, Development West Coast Subsidiary Companies
Helen Gillespie	• Chair, St Mary's Primary School, Hokitika, Board of Trustees • Peer Support Counsellor, Mum 4 Mum • Employee, DOC
Sharon Pugh	• Shareholder, New River Bluegums Bed & Breakfast • Deputy Chair, Grey Business Promotions Association
Elinor Stratford	• Clinical Governance Committee, West Coast Primary Health Organisation • Committee member, Active West Coast • Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust • Deputy Chair of Victim Support, Greymouth • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Committee Member of C.A.R.E. • Committee Member MS/Parkinson West Coast • Member of sub committee for Stroke Conference

John Vaile	• Director, Vaile Hardware Ltd
Susan Wallace	• Tumuaki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board • Father member of Hospital Advisory Committee • Father Member of Tatau Pounamu • Father employee of West Coast District Health Board • Secretary and Treasurer of Te Aiorangi Maori Women's Welfare League • Director, Kōhatu Makaawhio Ltd • Appointed member of Canterbury District Health Board • Chair, Rata Te Awhina Trust • Area Representative-Te Waipounamu Maori Womens' Welfare League
Mary Molloy	• Spokesperson for Farmers Against 1080 • Director, Molloy Farms South Westland Ltd • Trustee, L.B. & M.E. Molloy Family Trust • Executive Member, Wildlands Biodiversity Management Group Inc. • Deputy Chair of the West Coast Community Trust
Doug Truman	• Deputy Mayor, Grey District Council • Director Truman Ltd • Owner/Operator Paper Plus, Greymouth

MINUTES

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

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Waterwalk Road, Greymouth
on Friday 7 December 2012 commencing at 10.00am

BOARD MEMBERS

Peter Ballantyne (Acting Chair); Kevin Brown; Warren Gilbertson; Mary Molloy; Sharon Pugh; Elinor Stratford; Doug Truman; John Vaile; and Susan Wallace.

APOLOGIES

Apologies for absence were received and accepted from Helen Gillespie and Dr Paul McCormack.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Michael Frampton (Programme Director); Dr Carol Atmore (Chief Medical Officer); Garth Bateup (Acting General Manager, Hospital Services); Gary Coghlan (General Manager, Maori Health); Carolyn Gullery (General Manager, Planning & Funding); Brian Jamieson (Communications Officer); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

The Chair asked Gary Coghlan to lead the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Sharon Pugh advised that she is now Deputy Chair of the Grey Business Promotions Association

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 (78/12)
(Moved Susan Wallace/seconded Elinor Stratford - carried):

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 19 October 2012 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.

4. ACTING CHAIR'S UPDATE

The Acting Chair updated the Board on the following meeting he had attended:

- **South Island Alliance Meeting – 26 November 2012**
  A review is being undertaken of the South Island Alliance which will help to cement the direction

of the Alliance. It was considered by the South Island Chairs that while there were areas where improvements could be made, the Alliance is effective and supported by all the South Island Chairs.

- **National Chair's Meeting – 3 December 2012**
  The Minister of Health addressed the meeting and commented in particular regarding the seismic situation both on the West Coast and in Canterbury. He is very conscious of the funding that is required in Canterbury and his role is to ensure that money is well spent. He is also of the view that money spent in Canterbury is money that cannot be spent anywhere else.

- **National Chair's & CEO's Meeting – 3 December 2012**
  The Director General spoke on current issues and David Meates (as CEO, Canterbury DHB) gave a presentation on the situation in Canterbury and the issues being faced due to the earthquakes.

  Other presentations included shaping sector priorities; primary care development and future DHB & PHO relationships, National Health Committee, Aged Care – specifically use of InterRAI; and a presentation from Anthony Hill, Health & Disability Commissioner, on clinical review findings.

Resolution (79/12)
(Moved Elinor Stratford/seconded Kevin Brown - carried)
i. That the Board notes the Acting Chair's Update.

- **Committee Membership**
  The Acting Chair advised that Warren Gilbertson had stepped down as Chair of the HAC Committee and presented a paper recommending the appointment of Sharon Pugh (currently Deputy Chair) as Chair of that Committee.

Resolution (80/12)
(Moved Peter Ballantyne/seconded Doug Truman - carried)
That Sharon Pugh be appointed as Chair of the Hospital Advisory Committee.

It was also recommended that Warren Gilbertson be appointed to the QFARC Committee to replace Rex Williams on his resignation.

Resolution (81/12)
(Moved Doug Truman/seconded Elinor Stratford - carried)
That Warren Gilberston is appointed as a member of the QFARC Committee.

5. CHIEF EXECUTIVE'S UPDATE

The Chief Executive took his report as read. In commenting on the fiscal performance he advised that this is one of the core elements underpinning the challenges facing the West Coast DHB and the focus over the next period of time. He added that on a whole range of indicators the DHB is performing well and there are others where we have a way to go in delivering consistently every day of the week.

He spoke about the Central Booking Unit and how we accept referrals and deliver care; theatre utilisation and resourcing and how we deliver and schedule the use of theatres – in other words Production Planning; the need to have no-one waiting more than 5 months. The Board noted that this is also important due to fiscal penalties for non-compliance for 4 months continuously.

A query was made regarding services in Buller and the CEO commented that no matter where you live on the West Coast we should have the same system. He added that whilst he could not say that this is absolutely consistent currently, we are on this journey.

He commented that recruitment processes have made significant inroads in the hospital part of the system but General Practice is still proving to be a challenge.

In regard to Information Technology he advised that there have been significant advances in this area and made special mention of Miles Roper who has worked tirelessly with the Canterbury DHB to achieve these results. 3 weeks ago the West Coast moved onto Health Connect South along with Canterbury & South Canterbury and it is pleasing to note that these are the only areas in the country to achieve this. This system includes the laboratory information system and e-referrals is also part of this which will roll out to the West Coast in April/May 2013 although we are trying to bring this date forward.

The CEO advised that a lot is taking place around communications with particular emphasis on the role Michael Frampton is undertaking in making what we are doing more visible and getting the community to have trust in the health system.

He commented that our staff and patients are in a very disruptive environment with many builders on site. The focus is on how we sustain services and minimising the potential for harm to the community. He highlighted that the Board are carrying the risk around this while balancing a range of risks, profiles and issues.

Discussion took place around Text to Remind and the issue of texting services not being available in all rural areas. The CEO commented that this is just one of a range of tools used and that the other part of the equation is how we gather information from people about the best way to communicate with them.

A query was raised regarding the health of the organisation and the CEO responded that there is an absolute range. We are an organisation under stress grappling with some really confronting issues, however there is genuine recognition that there is a need to do things differently. Within the organisation there is also an incredible amount of resilience and the majority of people are in the middle and wanting to be part of the future.

Discussion took place regarding the Request for Proposal for management services for DHB owned Primary Practices. The Board noted that a meeting will take with providers in the next week or so.

Resolution (82/12)
(Moved Doug Truman/seconded Sharon Pugh – carried)
That the Board:

i. notes the Chief Executive's update.

6. CLINICAL LEADERS REPORT

Dr Carol Atmore, Chief Medical Officer, spoke to this report. She commented in particular regarding staff meeting with Mr Ian Civil, Trauma Surgeon regarding how the West Coast provides care to people who have experienced major trauma and how the West Coast ties into the South Island trauma network. Time was also spent discussing maintaining a good orthopaedic service.

Dr Atmore advised that the Clinical Board met recently for its third meeting and commented that the group is beginning to establish priority areas for focus and working towards developing a whole of system quality work plan for 2013.

The Board noted that the National Serious & Sentinel Events Report has been released and that this is available on the Health Quality & Safety Commission web site www.hqsc.govt.nz.

Resolution (83/12)
(Moved Mary Molloy/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 October 2012 which was taken as read.

Justine advised that management have been working through a bottom up budget process to better understand the financial position and the reasons behind the variances to budget. She commented that there are some inherent issues around: laundry; insurance; and other areas and our response to seismic challenges and with these in mind we will be looking to change the pattern to achieve some efficiencies. There is confidence that there are enough areas of focus which will address a lot of financial issues but we need to recognise that to achieve the Annual Plan deficit will be a challenge.

Discussion took place regarding the challenges in rebuilding the Primary Care system and the Board noted that there is some work to be done around process and systems that manage revenue and debt.

The Acting Chair thanked management for the work taking place in this area.

Resolution (84/12)
(Moved Elinor Stratford/seconded Doug Truman – carried)
That the Board:
i. notes the financial result for the period ended 30 October 2012.

8. BETTER SOONER MORE CONVENIENT AND ALLIANCE LEADERSHIP TEAM UPDATE

Dr Carol Atmore, Chief Medical Officer, spoke to this report. She advised that there would be an Alliance Leadership Team Meeting the following week and they would be discussing bringing the work of the team into line with the priorities of the DHB and also looking to support work streams with project management.

Resolution (85/12)
(Moved Susan Wallace/seconded Doug Truman – carried)
That the Board:
i. notes the Better Sooner More Convenient and Alliance Leadership team update.

9. SCHEDULE OF MEETINGS 2013

Discussion took place regarding venues for meetings and it was noted that these were subject to change. It was noted that consideration is still to be given to holding some Board meeting at other locations.

Resolution (86/12)
(Moved Doug Truman/seconded Susan Wallace – carried)
That the Board:
i. Adopts the schedule of meetings detailed in Appendix 1 for 2013; 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.

10. REPORTS FROM COMMITTEE MEETINGS

a. Elinor Stratford, Chair, Community & Public Health & Disability Support Advisory Committee provided an update from the Committee meeting held on 22 November 2012.

The update was noted

b. Warren Gilbertson, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 22 November 2012.

He reiterated that the Central Booking Unit is a priority and the Hospital Advisory Committee is looking forward to seeing the new 2013 work plans.

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 November 2012.

She commented on: the Kaizan workshops held recently; the cancellation of the Minister's visit and rescheduling to 5 March 2013; the concern regarding cervical screening and the need to undertake some more work in this area; the presentation on the school dental service which seems to be much improved; and the need for some discussion around the role of the General Manager, Maori Health on this Advisory Group.

Discussion also took place regarding the Waka Ama Festival which will take place on 10 December 2012 at Kaniere.

The update was noted.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (87/12)
(Moved /seconded– 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, 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 19 October 2012	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.	Advisory Committee – Public Excluded Updates	For the reasons given in the Committee agendas	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 11.45am.

The Public Excluded section of the meeting adjourned for lunch between 11.50am & 12.50pm.

The Public Excluded part of the meeting finished at 2.25pm

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Peter Ballantyne, Acting Chair Date

CHIEF EXECUTIVE'S UPDATE

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

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

SOURCE: **Chief Executive**

DATE: **08 February 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.

2. RECOMMENDATION

That the Board:

i. Notes the Chief Executive's update.

3. FINANCIAL AND OPERATIONAL PERFORMANCE OVERVIEW

The consolidated West Coast DHB financial result for the month of November 2012 was a deficit of $255k which was $181k unfavourable against the budgeted deficit of $74k. The year to date result is a deficit of $3,155k which is $604k unfavourable to the DAP budgeted deficit.

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

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	$'000	$'000	$'000	$'000	$'000	$'000
Governance Arm	18	0	18	140	0	140
Funder Arm	915	1,010	(95)	4,654	3,965	689
Provider Arm	(1,188)	(1,084)	(104)	(7,949)	(6,516)	(1,433)
Consolidated Result	**(255)**	**(74)**	**(181)**	**(3,155)**	**(2,551)**	**(604)**

Planning & Funding

Key Achievements

- West Coast continues to achieve the Cancer Treatment Health Target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- The latest available finalised data for the period to October 2012 shows delivery against the Electives Health Target is ahead of target by 9 cases.
- The ED Health Target continues to be met, with 99.6% of people admitted or discharged within 6 hours in the financial year-to-date 31 December 2012. The longer-term aim for this measure is also being met, with 96% of people admitted or discharged within 4 hours.
- The new Gateway Assessment Service, linking the West Coast DHB, Child Youth and Family (CYFS), and Ministry of Education for the provision of care to vulnerable children and young people, has now commenced.

Key Issues & Associated Remedies

- The B4 School Check (B4SC) November 2012 result is lower than the percentage of the year gone. Plans to increase the coverage include conducting extra B4SC clinics in 2013, working closely with other agencies to ensure eligible children are referred to the B4SC programme, following up on children who Did Not Attend (DNA) their scheduled appointments, and promoting the B4SC programme during Children's Day/Week in March this year.
- The WCDHB has received notice that the Warm Up West Coast programme has had to discontinue due to increasing financial constraints on the project partners. Arrangements have been made, through Healthy West Coast, for the final homes that have applied to the programme and met eligibility requirements, to be insulated in the New Year. 300 homes will be insulated under the project of the planned 500. Discussions regarding alternative options for a continued home insulation project on the West Coast are underway.

Upcoming Points of Interest

- InterRAI training for West Coast ARC providers will commence in the week of 4 March 2013.
- West Coast DHB is actively promoting the uptake and use of the volunteer Red Cross transportation option for Buller patients, and the 3-month trial period for the service has been extended into February 2013 to give the pilot every possible opportunity to become established and self-sustaining if demand proves its need.

Hospital Services

Key Achievements

- Medical personnel costs are being contained within budget YTD.
- Morice Ward relocated into Hannan Ward, few issues with this move. McBrearty Ward consolidated into the former day surgery unit and remaining part of McBrearty, Day surgery unit combined with Barclay Ward. AT&R patients will return from Granger House into the remaining part of the former Morice in the last week of January. The Medical Administration shift has commenced.

Key Issues & Associated Remedies

- Christchurch surgeons will increase elective capacity over coming weeks. Cover being sought for Grey Hospital surgeon during forthcoming leave.
- Effects of the withdrawal of sole independent midwife being mitigated through support of West Coast DHB team for women affected.

Upcoming Points of Interest

- Anaesthetist applicant has accepted offer of employment. By mid year all four positions will be permanent staff.
- Obstetrics & Gynaecology consultant has commenced initially at Christchurch for two weeks.
- Recruitment continues for further O&G consultant, General Surgeon and Hospital Generalists.

Primary Care & Community Services

Reefton

Recruitment

- Ongoing recruitment for a General Practitioner (GP) in partnership with the Rural Academic General Practice (RAGP) continues. A GP spent three days at Reefton recently looking at the practice and township before making a decision for permanent work. This is being followed up by Dr Carol Atmore and Dr Greville Wood.
- A resignation received from a Registered Nurse from hospital wing, actively recruiting.

Incident Review Group

- The first meeting of the Reefton Health Incident Review Group was held 21st December. The Term of Reference for this group has been confirmed.

Hospital Volumes

- Emergency Department: actual volume 142, presentations down 25% on Year to Date contract volume.
- Rural inpatient beds: actual volume 115, down 75% on Year to Date contract volume.
- Residential beds: current level 11 hospital level residents plus 1 in Kahurangi for AT&R.
- One rest home level resident.

General

- Emergency planning; plan is complete. Wheelie bin starter kits and grab bags are in place.

Buller

Out Patient Department (OPD) Clinics:

- Sessions cancelled November and December = 1 Orthopaedic; 4 Surgical; 1 Surgical rescheduled; 2 Medical .93.27% of outpatient clinics were held in November & December.

Weekend General Practice clinics

- The weekend clinic has successfully relocated to the outpatients department. The first weekend was unusually busy but has now settled down and is running smoothly with ongoing refinement and communication.

Locum and Medical personnel

- Dr Ian Peterson continues to fly into Karamea once weekly for a clinic. This service will be reviewed after six months e.g.; April/May 2013.

Nursing personnel

- Two District Nurses have been recruited to cover a resignation and a retirement. Two other District Nurses have indicated they will retire at the end of March. Recruiting will start as soon as possible for experienced nurses to cover the gaps these experienced District Nurses will create.
- A Practice Nurse has been employed to cover 12 months maternity leave. Advertising to replace another Practice Nurse due to finish 1 March 2013 will commence shortly.
- One Practice Nurse and one Enrolled Nurse have indicated they will be leaving sometime before 1 April to work for General Practice setting up private practice in Westport; they have yet to hand in their resignations. Another Practice Nurse has indicated she will be leaving for overseas early in the New Year, again has yet to hand in her resignation. These positions will need to be replaced once resignations have been received.
- A casual Registered Nurse has been employed to cover a maximum or 3 – 5 shifts a fortnight in Kynnersley.
- The Clinical Nurse Specialist Gerontology position is currently 0.5FTE to be reviewed by June. Indications are the position will need to be full time as soon as possible.
- A Rural Nurse Specialist has been recruited for the Ngakawau clinic starting mid February 2013. This position is in addition to the full time RNS in place.

Administration

- The Buller Health Medical Centre practice manager has resigned effective 20 January 2013. She is leaving to take up the position as practice manager for the new private general practice opening in Westport. Practice management support will be provided until details of a replacement are finalised.

- An administration review is underway looking at roles and responsibilities as part of the Buller Implementation Plan.
- A clinical audit tool has been installed through the MedTech practices. We see great potential in this tool.

Care giver personnel
- The actual FTE continues to be over budget. A formal review of the budget and workloads is required to ascertain the exact requirements of the aged residential services within the Buller facility.

Recruitment
- Human Resources are actively recruiting for General Practice Clinical Leader position.
- The general practice is undergoing several changes with staffing and the proposed new business structure for general practices. The Rural Nurse Specialist and Nurse Practitioner positions within the primary team are on hold until March/April when there is more stability within the practice.
- Human Resource support from Canterbury DHB has been a positive change by reducing the amount of time previously spent on recruitment.
- Kaupapa Maori Nurse - advertising has closed for this position, we are now waiting to hear from Rata Te Awhina Trust how many applicants were received and when interviews will be held.

Incident Review Group
- November meeting held, December meeting cancelled as unable to reach quorum due to leave of several members.

Complaints
- The majority of outstanding complaints have now been resolved. The few remaining should be resolved by end January. All new complaints are being dealt with within the complaints policy timeframe.

Hospital
- Emergency Department actual volume 1116, contract volume 1113.33, variance >3.
- Rural inpatient beds actual volume 845, down 7% on YTD contract volume.
- Dunsford Ward hospital level residential aged care beds = 17
- Kynnersley rest home level residential aged care beds = 26

General
- Emergency planning: Wheelie bin starter kits and grab bags are in place. A meeting was held early December with St John and local Civil Defence to discuss the emergency plan. One of the administration team has been seconded for 40 hours for emergency planning work.

Community Services

Greymouth
- Relocation of most of community services will happen this month. There are groups of staff moving to the following areas: The Kip McGrath Centre on the corner of High and Marlborough streets; a DHB owned house in Nancarrow Street (following a replacement roof and bats and installation of a disabled access toilet); The Maori Mental Health Whare; and a small group to stay in community services Department including District Nursing.
- Due to Christmas and New Year intervening the consenting process not yet been completed, however staff are already preparing for the move and IT, Telecom and electricians are ready to do their work as soon as consents come through.

South Westland Area Health

- The recent washout of the Wanganui Bridge provided the team with some challenges, all of which were managed well with no adverse outcomes for patients.
- Hari Hari still has a series of short term relievers until our permanent nurse arrives in March.
- Haast will have a new nurse starting on 24 January. She will do five days per fortnight covering Haast and four days per fortnight as clinical team leader moving from clinic to clinic working with and mentoring the other nurses, and providing a leadership role including the coordination of required certification and education for the RNS team.
- The roving Rural Nurse Specialist leaves our employment on the 25 January. We hope to be able to recruit a Nurse Practitioner into this position, however if we are not successful in recruiting a NP, it will remain an RNS position in the interim. This role will support the very busy General Practitioner as well as moving around to relieve Rural Nurse Specialist slots for Annual Leave.
- We still have short term locum General Practitioners, but have been unable to attract a second 'permanent' doctor.

Mental Health

Key Achievements

- The appointment of Dr Kristen Sparks in Greymouth in November 2012 means that the Mental Health Service (MHS) is now fully staffed with permanent Psychiatrists for the first time in several years. A day per week of Dr Sparks' role is designated to providing input into the Alcohol and Other Drug Service to enable the service to better respond to the needs of clients with co existing presentations, as per the expectation of the National Co Existing Disorders project.

- Stocktake of initiatives to support Primary/Secondary interface and collaboration with MHS and AOD services.

- Collaboration – established a MHS Collaboration group in 2010 – includes all Mental Health NGO agencies – maintaining and utilising this forum for sharing quality and training initiatives.
  - A formal IFHC group is established in Buller where the CMH team are working with the Buller Medical practice to implement a range of clinical initiatives:
    - joint triage of referrals, ready access to AOD input
    - stepped care model – with Clinical pathways developed for sub clinical, routine and acute presentations
    - a single referral form used by primary and secondary services.

  - This IFHC group is also overseeing non clinical initiatives such as:
    - an incident review group is established with the medical practice and MHS where incidents are reviewed jointly
    - review position descriptions of all appointments to ensure the IFHC environment is reflected.
    - Buller CMH Manager is on the Buller Health Operational Group.

- Changes to clinical practice ;
  - MHS teams meeting with PHO nurse weekly to triage referrals, levels of shared care with PHO nurses,
  - One off assessments with psychiatrists for primary practice clients for advice only or medication reviews.
  - MHS case managers attending appointments with clients at GP practice.
  - Joint meetings with GP practice, PHO and MHS case managers in Buller and Greymouth to discuss clients of concern , emerging issues etc.

- Outpatient clinic provided 3 monthly in remote South Westland area with evening education / liaison forum with GPs, Rural nurse specialists and Psychiatrist and CMH nurse.
- A key achievement is the development of a GP Liaison nurse currently advertised for Buller – this role will focus on intake for mental health and be located in the GP practice

- In early planning stage
  - Model of crisis and after hours services yet to be developed
  - Extension of support services, currently based in secondary services – to the primary sector

Upcoming points of interest;

- The service is currently undertaking a self assessment against the Health and Disability Standards for the impending certification audit in February.

- A Clinical Nurse Specialist from CDHB will be at the Acute IPU next week to assist with changes to seclusion practice.

- Further Collabor8 training is being coordinated and is a joint venture with MHS/ NGO and St John.

4. INFORMATION TECHNOLOGY

Telehealth

- Aged care Telehealth network installation has been completed. The installation of video conferencing units into two sites has been finalised. The final site, Westland Medical, is waiting on a final piece of equipment, due to be installed in January.

- The St John install is now a focus with the main wireless roll out completed and aged care one nearly finished. Community services and Granger house seismic related moves has pushed the date of this install into February.

Server Infrastructure Upgrade

- WCDHB is upgrading the Citrix and Desktop platform in uses to a more modern and better supported environment. This will be the same version CDHB uses within their environment. The project has been delayed due to the implementation of Concerto. The test system has been delivered to WCDHB and initial testing completed. System will be schedule to being role out to users in 1st quarter 2013.

Clinical Information System Business Case - Mental Health Component

- Due to the Mental Health solution being scoped as a regional solution, there has been involvement sought from other South Island DHBs. The first phase of regional testing has been completed and feedback submitted to Orion. The major functionality left outstanding is the Patient Administration System Integration. The contract with CSC for delivery of this integration has been signed, and the software developed. The integration is due to be ready for testing in late January. Go live for the Mental Health Solution is still 2nd quarter 2013.

Home Based Care System

- The business case to implement the Caduceus home based care system has been approved. Implementation has been completed. Go live has been moved to February with some delays caused by the Concerto project and Christmas leave.

Provation

- At the Clinical Quality Improvement Team meeting the lack of an endoscopy reporting system was seen as an important quality issue. A business case has been submitted and was approved by the Capital Committee at end of June 2012. Regional and local kick off meetings have occurred, with a project plan being finalised currently. WCDHB go live is scheduled for end of 1st quarter 2013.

Orthopaedic Templating System

- WCDHB will be moving to a regional orthopaedic templating system. WCDHB has had the solution already installed locally for a number of years. CDHB has recently implemented the same system. Moving to the one system will better stream line information sharing between DHBs. The project has made progress on resolving a number of connectivity issues but new issues have been identified. Regular project meetings have been setup with CDHB to monitor progress. Go live moved to 1st quarter 2013.

eReferrals Project

- An eReferrals project has begun to be rolled out across the region by the South Island IT Alliance. The DHB is engaged with the PHO to enable the delivery of this project. A CDHB project manager has been assigned. The kick off meeting has occurred with a detailed project plan being put together and local steering group setup. Phase 1 to be delivered tentatively late 1st quarter 2013.

5. HUMAN RESOURCES

Health, Safety and Wellness

- Business changes related to seismic activity, relocations, and the laundry closure are being monitored and supported from a health, safety and wellness perspective. Final H & S representative training sessions was completed over November / December with a strong attendance and positive outcomes. All safety representative committee meetings for 2013 have been set, these will be supported with on site coaching and support to improve effectiveness and to ensure legislative compliance. Staff Incidents continue to be placed on the online system; the OH&S advisor is currently working with four staff members on return to work programmes. There were no serious harm injuries over the last quarter. Planning is underway for the upcoming influenza program.

HR Operations

- The HR advisory team continues to provide support for a number of change projects currently being managed in the organisation, including the closure of the laundry and the trans-alpine orthopaedic project. Initiation of bargaining notices have been received from the ASMS representing the senior doctors and FIRST representing pharmacy, negotiations will commence in January and February.

HR Shared Services

- Payroll processes over the holiday period ran very smoothly – all payments were made on time, and early cut-offs caused the minimum of disruption.

Orientation

- WCDHB Orientation day planned for 7 February will be largest for the year. We are expecting over 30 attendees, the majority of which are nursing trainees for the year.

Recruitment

- December/January was quieter months for new vacancies, and we have seen a number of vacancies appointed to within the areas of Allied Health and Corporate/ Support Services. Nursing recruitment activity continues to be busy with a number of new vacancies coming

up in January. The final Anaesthetist vacancy has been filled, and we are awaiting confirmation of Medical Council and Immigration to finalise this. The O&G Consultant has arrived in NZ and is completing his orientation period in Christchurch before he arrives formally on the West Coast during the first week of February. There are two candidates being considered for GP positions – one in South Westland and one for the Rural Academic Centre.

Monthly Statistics

- Headcount remains steady at 1071 employees, or 605 FTE. Sick leave rates are trending downwards with a moving average of 2.9% pa. Our turnover rate is 2.0% annualised which again is very low although we have a slight upward trend in this measure.

6. MAORI HEALTH

Progress on Key Maori Health Indicators

- The information attached as Appendix 1 is a special one-off report looking at Maori Health health coverage rates over three to five years for the main Maori Health indicators as outlined in the Maori Health Plan.

Rata Te Awhina Trust

- Dr Melissa Cragg has been appointed as General Manager of Rata Te Awhina Trust. Recruitment for both the Kaupapa Maori nurse and a Kaiarataki (Maori health navigator) in Buller has been advertised and both positions have now closed.

7. COMMUNICATIONS

- The West Coast DHB continues to take a proactive stance in its dealing with the media. Regular contact is maintained with key journalists and where possible they are given a 'heads up' on key issues prior to receiving any media releases.

External relations

- Media releases were distributed in response to changes in services or newsworthy events at the West Coast DHB and responses prepared for media queries. We have had liaison with media concerning their practice of emailing urgent media inquiries which has resulted in an improvement with most journalists now backing up short response timeframe emails with a phone call. This gives us more time to reply within deadline, informing DHB staff and avoid being reported as not commenting.
- Relocation of facilities at Grey Base Hospital due to seismic issues
- Countdown Kids cheque presentation
- Laundry closure and subsequent staff redundancies
- Grey Base redevelopment Partnership Group Terms of Reference
- Orthopaedic patient surgery delay
- IT software outage
- HPV vaccine uptake response
- CVD treatment of the West Coast
- DHB pharmacy contracts
- Dementia services on the West Coast
- Costs of seismic engineering reports
- Maternity travel between Westport and Greymouth
- Red Cross transport trial between Westport and Grey Base Hospital
- Significant input into the self employed midwife issues. Worth noting here that our response included discussions with the editor of Greymouth Star re the use of the word 'crisis' and

achievement of some good coverage that, from our point of view, reduced panic and put some balance back into the story

- Drafting of response to emails received regarding self employed midwife issue
- Strategic media advice re: Hari Hari public meeting; Maori Health report release to stakeholders and consent communications regarding use of DHB Nancarrow St house for Community Services staff

Internal relations

- Improving the two-way flow of information with internal staff and the wider health system is a key priority of the West Coast DHB communications. Regular communications is occurring and there feedback from staff that they are becoming better informed.
- 'Ask Now' is being produced fortnightly and attached to pay slips to keep staff informed of changes in the West Coast Health System
- The CE Update continues to be distributed weekly and this is taking a more strategic view of issues within the organisation
- To ensure all staff are kept informed during the various relocations a weekly 'Relocation Update' is being distributed to staff to keep them updated of the changes in service locations as a result of the seismic issues
- Working on improving internal staff communication around the new orthopaedics system. This includes analysing issues discussed by staff; proposing communications solutions; developing new flow charts; proposing internal communications resources to improve shared understanding of issues and process between WCDHB and CDHB staff
- Key messages for corporate services office reorganisation
- Key messages prepared regarding delivery of West Coast corporate services.

8. APPENDICES

Appendix 1 Key Maori Health Indicators

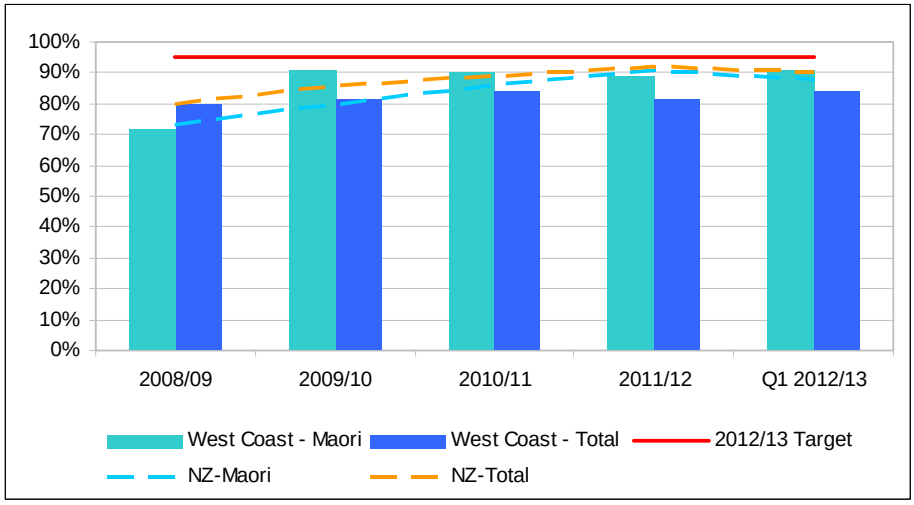
Report prepared by: David Meates, Chief Executive

MAORI HEALTH COVERAGE RATES AS OUTLINED IN THE WEST COAST DHB MAORI HEALTH PLAN

Immunisation

- The data from 2008/09 to date shows a steady increase across immunization over the last five years. Work on reducing the decline rates and achieving the highest possible immunisation coverage rate continues to be a focus in both primary care and Outreach Immunisation. Maori health work closely with the Primary Health Organisation (PHO), practices and Maori Health Provider to ensure we are working on strategies to improve even further.

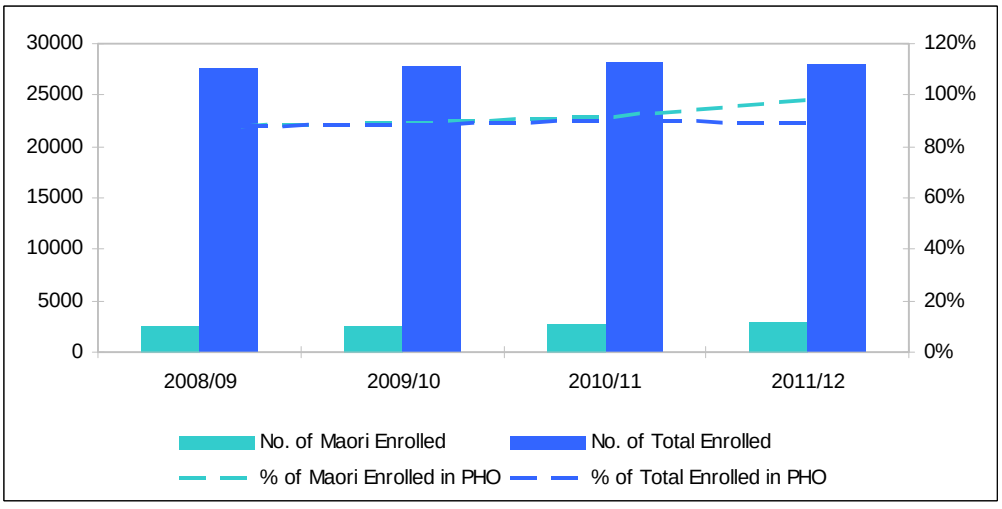
Maori – 2 year fully immunised



PHO Enrolment

- The PHO enrolment has dramatically improved since 2006 with Maori/Pacific enrolments increasing by 52%. At the end, of 2011/12, 98% of Maori were enrolled with the PHO.

Improving access to primary health care - Percentage of Maori enrolled with Primary Health Organisation



Oral Health

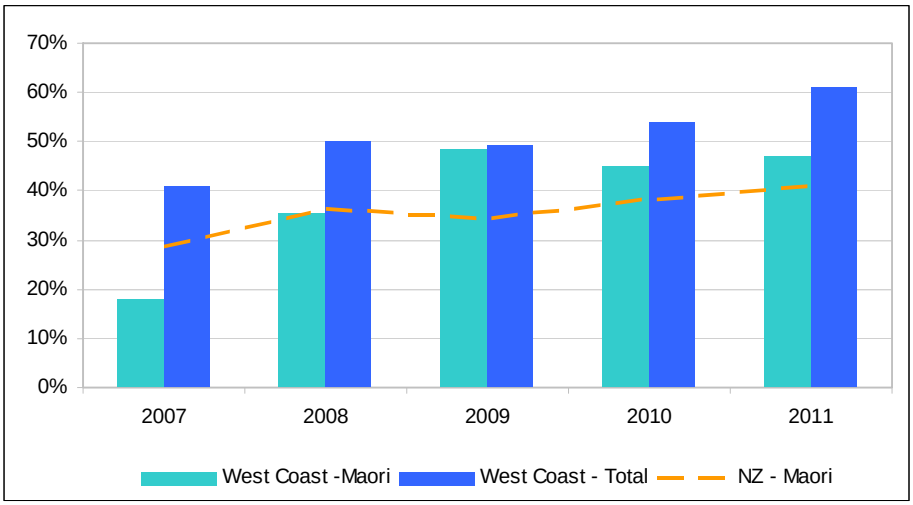
- The data shows a steady increase in Maori 5 year olds dental caries free from 18% in 2007 to 47% in 2011. For the six month period of January to June 2012 60% of Maori 5 year olds

seen at the school dental service were caries free, an indicator that caries free rate is steadily improving.

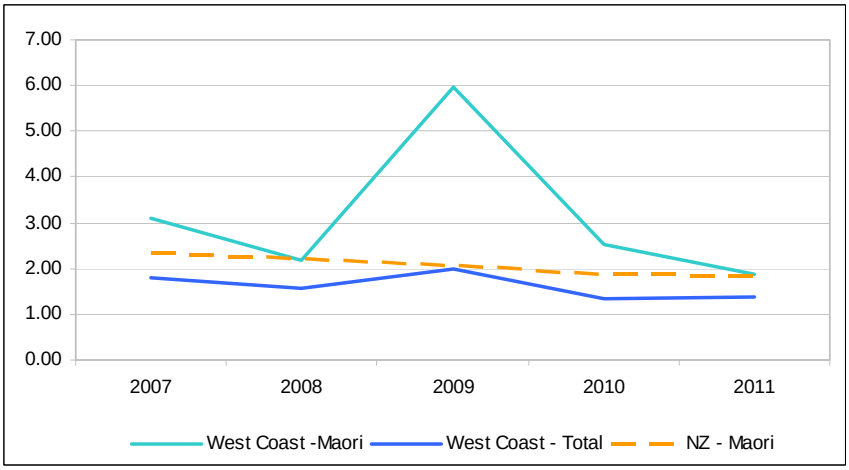
- In addition, the mean decayed, missing and filled (mean DMFT) rate for Maori Year 8 children has significantly improved from 3.10 in 2007 to 1.88 in 2011.

- We work very closely with Jenny Woods, Quality Co-ordinator Dental and the Dental Quality Plan 2012/2013 shows some really proactive initiatives to continue improvement of Maori Oral health.

Percentage of Five Year Olds who are Caries-Free



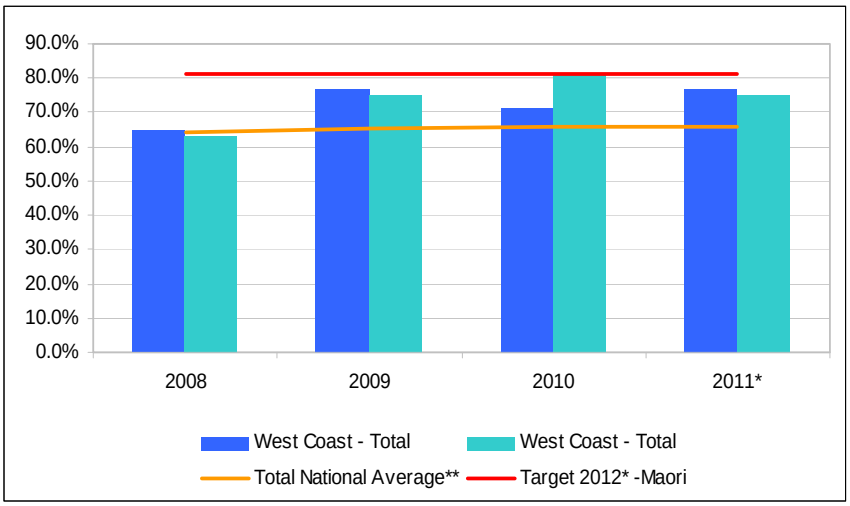
Year 8 - Decayed (D); Missing (M); Filled (F); Teeth (T)



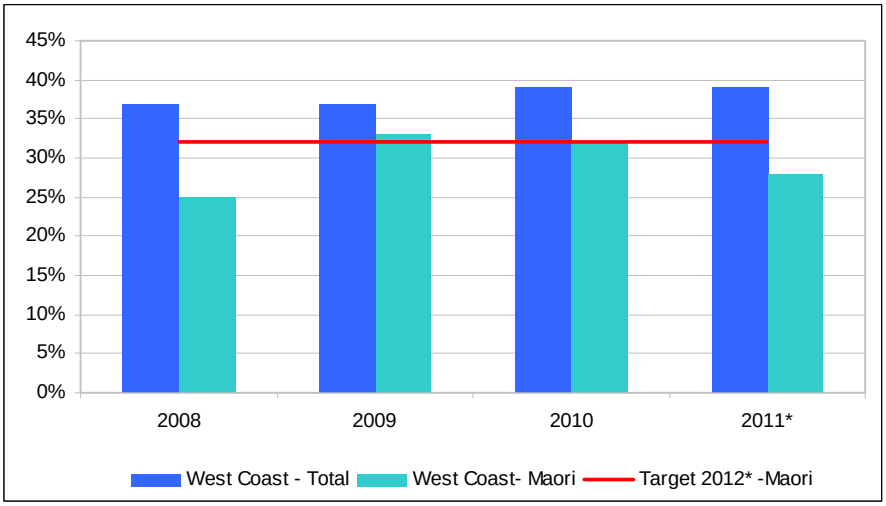
Breastfeeding

- The 6 week full breastfeeding percentages are just under the target of 81% at 75% currently. We have some work to improve the length of time mums are breastfeeding although we are only 4% away from achieving the national target of 32% target at 6 months and are only half way through the year. We are working with the Maori Provider on this and have strategies in place for further support through mum 4 mums.

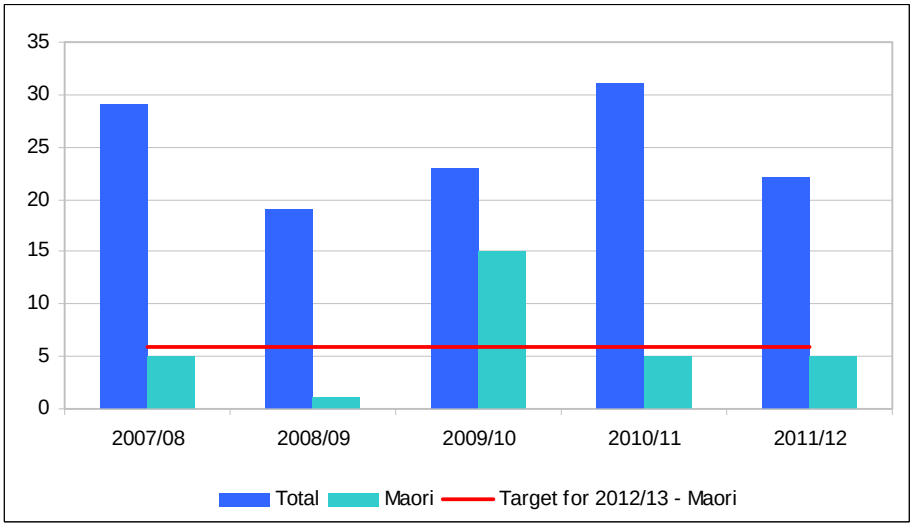
Percentage of West Coast babies fully/exclusively breastfed at 6 weeks



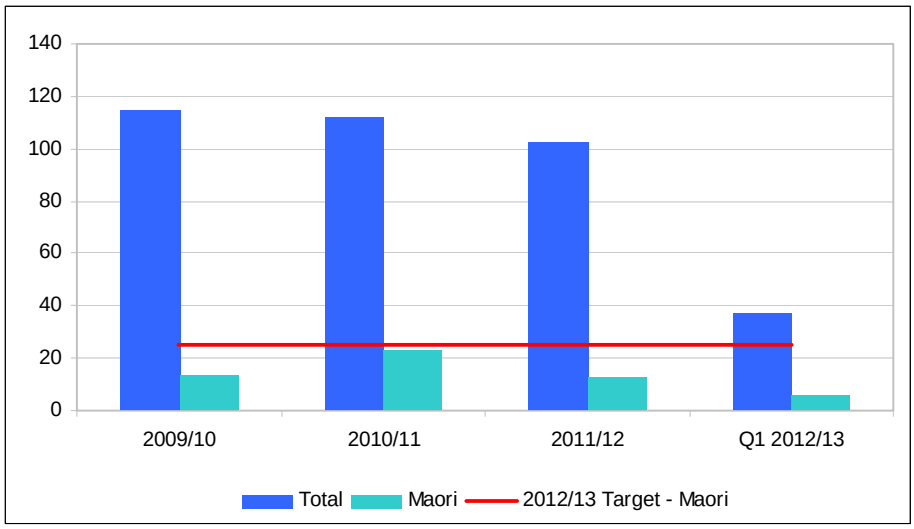
Percentage of West Coast babies fully/exclusively breastfed at 6 months



Mum for Mum Graduates



Mothers accessing lactation consultancy

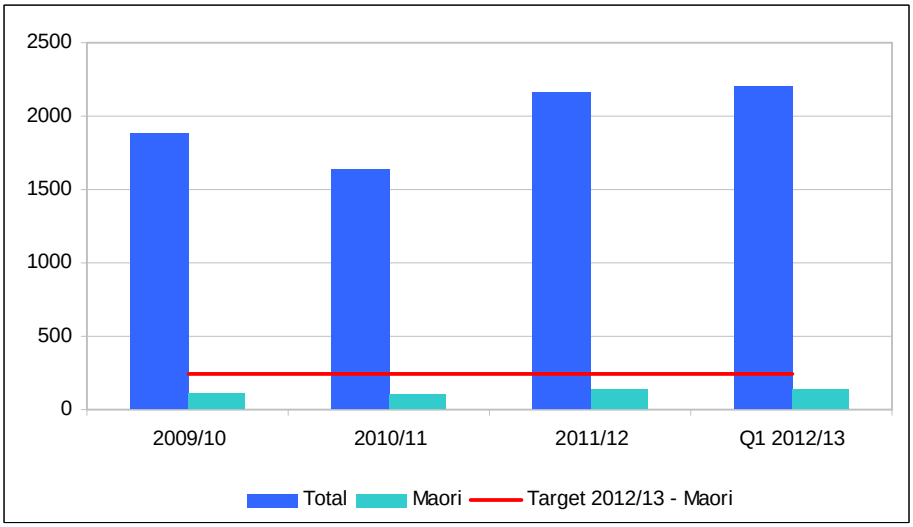


Long Term Conditions (LTC)

- Maori enrolments currently make up 6.2% of all enrolments in the LTC programme to date. For comparison Maori make up 5.3% of the enrolment population aged 45+ years – the prime age group of people in the Long Term Conditions programme.

- Kaupapa Maori Nurses inside the Integrated Family Health Centre's will be prioritizing working with the proportion of the Maori population with Long Term Conditions this will be a new way of working and we believe will have a significant impact for these people.

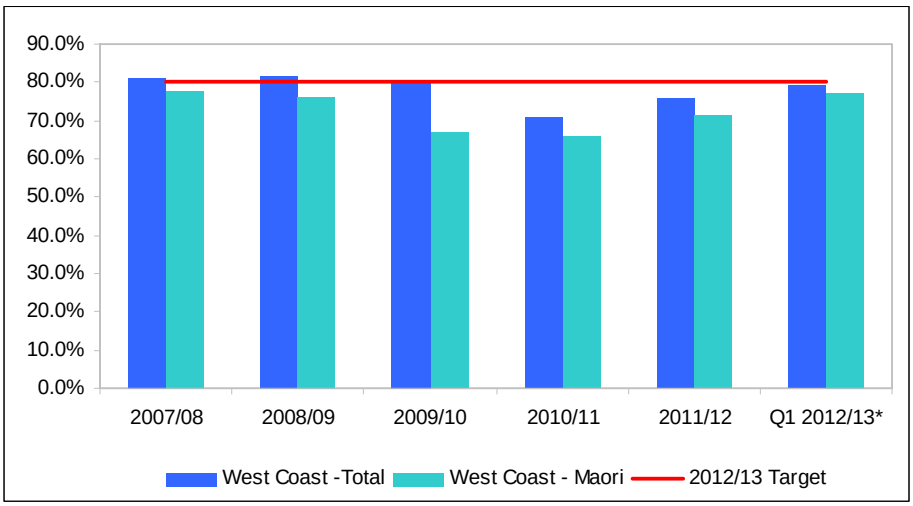
Enrolment in Long-Term Conditions Programme



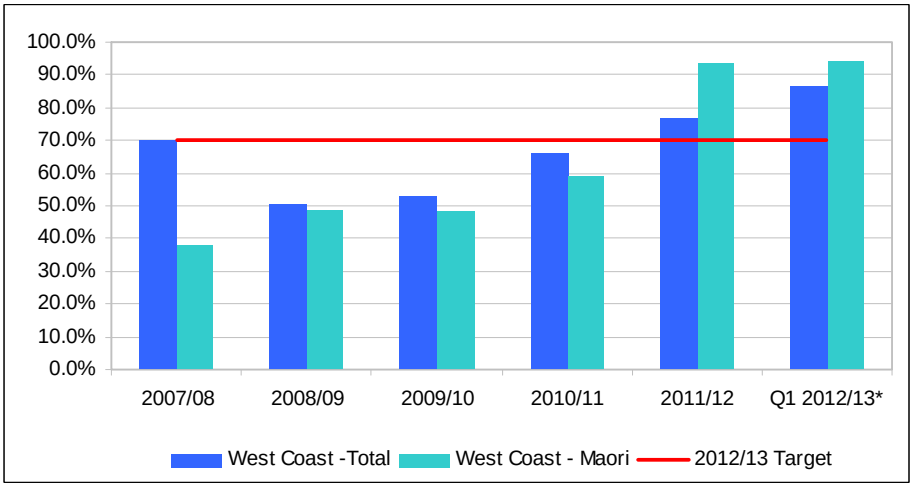
Diabetes

- A sustained increase in the percentage of Maori accessing free annual diabetes check from 38.2% to 94% in the 1st quarter of 2012/2013. Diabetes management is also on target at 77% having good control of their diabetes. As above the Kaupapa Maori Nurses will be working closely to ensure these people are supported to manage their conditions to the best of their ability.

An increase in the proportion of people identified with diabetes having 'satisfactory' management of their diabetes.



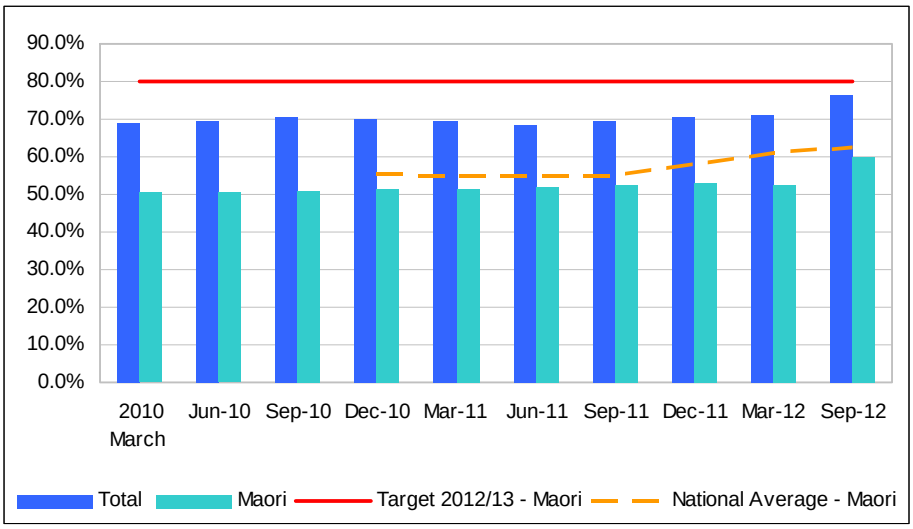
Percentage of patients with diabetes accessing free diabetes annual check



Cervical Screening

- While a 10% increase for Maori eligible women has been made from March 2010 to 60% at December 2012 we still fall short of the target which is 75% by June 2013. We have in place a Maori Screener who works .4 FTE and have been working closely with the PHO and practices to improve the utilisation of this service.

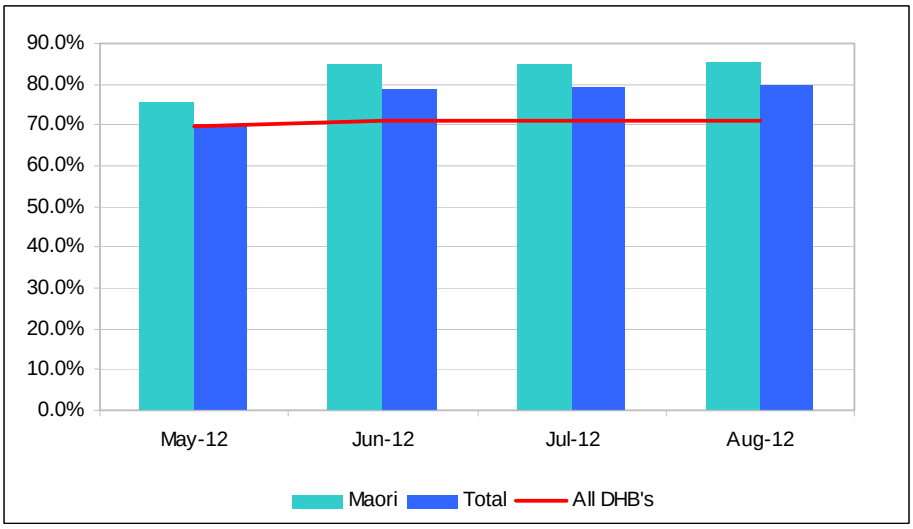
Cervical screening - 3 year coverage



Cancer/ Breast Screening

- The Breast Screening rate for eligible Maori women has steadily increased over the last 5 years and is higher compared to all other ethnicities on the West Coast at 86%.

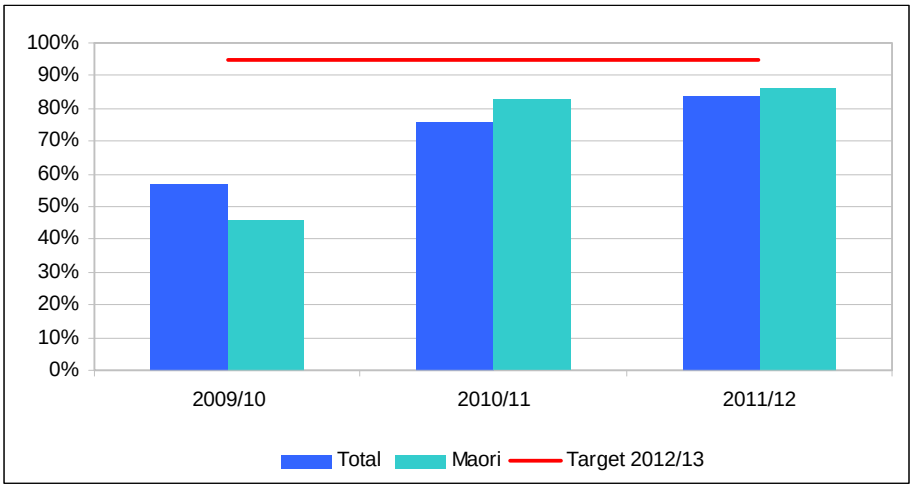
West Coast DHB Breast Screening - 24 months coverage ending



Smoking

- Sustained improvement has been made in the ABC for hospitalised smokers. Additionally of the 605 enrolments in the PHO's coast-quit smoking cessation programme 58 (9.6%) were Maori. This year we are increasing focus on improved collaboration between Rata Te Awhina Trust and the PHO Smokefree Service Co-ordinator as well as improved contracted deliverables within the Maori Provider contracts.

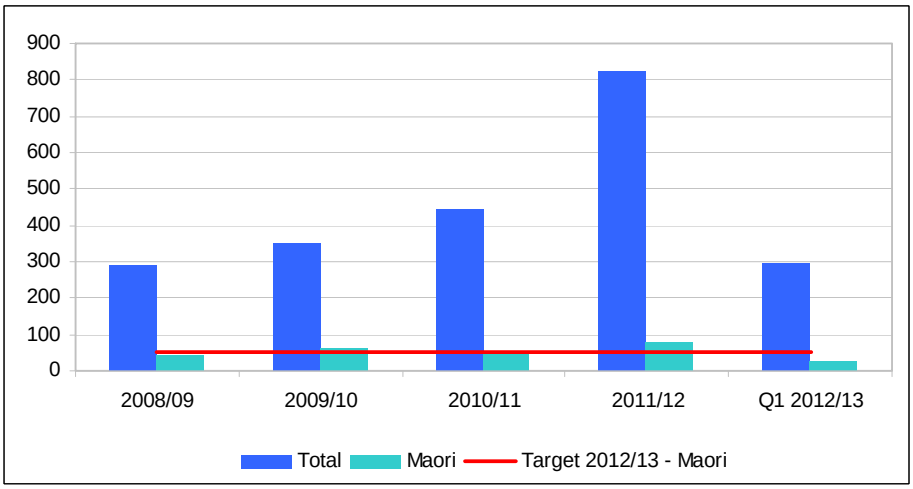
Better help for smokers to Quit: Hospitalised smokers provided smoking cessation advice and help to quit



Navigation Services

- PHO Annual Report 2012 – Maori access to Navigation Services continues to exceed targets set by the PHO for Maori.

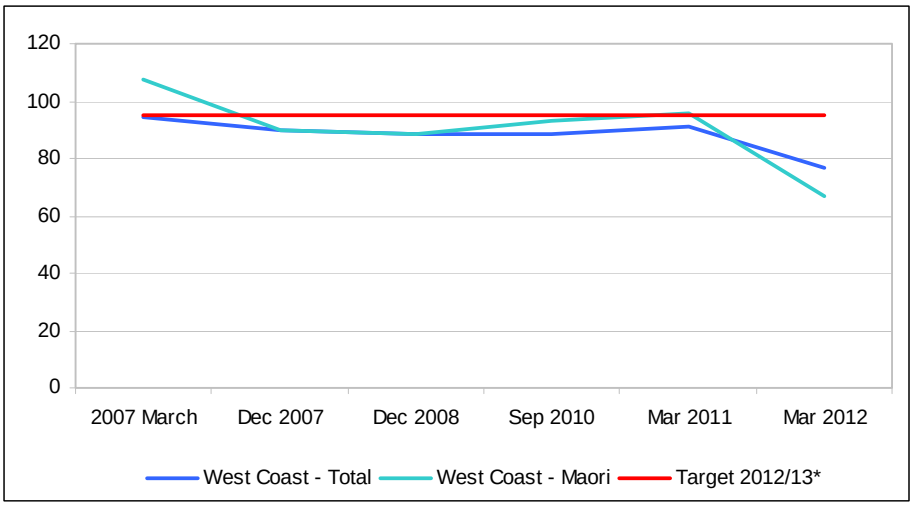
Number of Maori supported to access navigation services



Avoidable Sensitive Hospital (ASH)

- Maori continue to compare favourably in the indirect standardized discharge ratio (SDR) in four of the top 5 national conditions in the 12 months to 31 March 2012, these are, cellulitis, pneumonia, angina and chest pain and asthma. However, in the admissions for dental conditions local Maori fared poorly with a ratio of 123.4 for dental conditions (15 patients).

A reduction in the proportion of the population admitted to hospital with conditions considered 'avoidable' or 'preventable' - Standardised Ratio of Actual to Expected Avoidable Admissions for the Population Aged 0-74 (ASH - SI1)



Standardised Ratio of Actual to Expected Avoidable Admissions for the Population Aged 0-4

Standardised Ratio of Actual to Expected Avoidable Admissions for the Population Aged 45-64

CLINICAL LEADERS UPDATE

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

SOURCE: **Clinical Leaders**

DATE: **8 February 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

The West Coast Health Alliance
The Alliance Leadership Team met last week. The focus for work this year is on the six work streams, which are clinically led and have dedicated project management and planning and funding resource. They are:

- Buller Integrated Family Health System
- Grey/Westland Integrated Family Health System
- Health of Older People
- Child and Youth Health
- Pharmacy
- Public Health – Healthy West Coast Governance Group

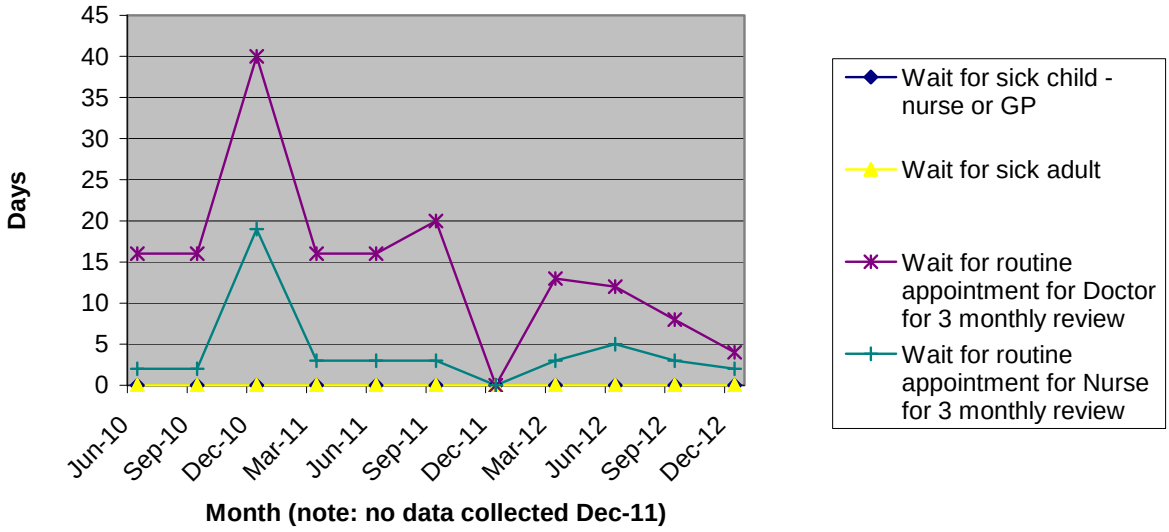
West Coast DHB, West Coast PHO, Community and Public Health, and Rata Te Awhina Trust are working collaboratively across these areas of work.

Better outcomes for West Coast People

People are getting better access to Primary Health Care

The following data has been collected over the last two and a half years by the West Coast PHO, to track access to the General Practice team over time. The following four questions are asked to provide the information: Wait for child 3yrs with fever & sore ear (nurse or GP); Wait to be seen (by nurse &/or GP) for adult 65+ who rings with shortness of breath for 2 days & has no fever & not on any current medications; Wait time if rings today for routine appointment with Doctor for 3 monthly review and prescription (approx average across doctors); and waiting time if rings today for routine appointment with a nurse for 3 monthly review and prescription – average. The continued improvement in access to primary care reflects the work going in to recruit and retain primary care staff across the health system, and to evolving models of care that are team based.

Average Wait times at West Coast General Practices



Transalpine Services
The Clinical Leaders held their first meeting in December 2012. The group agreed on a work plan that promotes the transalpine model of care and clinical collaboration.

Leadership, Clinical Governance and Quality
The Clinical Board is holding a planning session on 21 February 2013 to set the work plan for the year.

Stella Ward has been appointed to the Health & Safety Quality Commission Patient Safety Campaign Advisory Group.

Workforce
The 2013 new graduate nurse cohort has commenced the years' programme. It is a transalpine Nurse Entry to Practice framework, including combined training opportunities of Canterbury & West Coast nurses.

Dr Carol Atmore has been invited to be on a Health Workforce New Zealand Medical Leadership Advisory Group.

The Rural Medical Immersion Student Programme commences again this month with 3 fifth year students joining us for the year.

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

FINANCE REPORT

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

SOURCE: **General Manager, Finance**

DATE: **8 February 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:
i. notes the financial results for the period ended 30 November 2012.

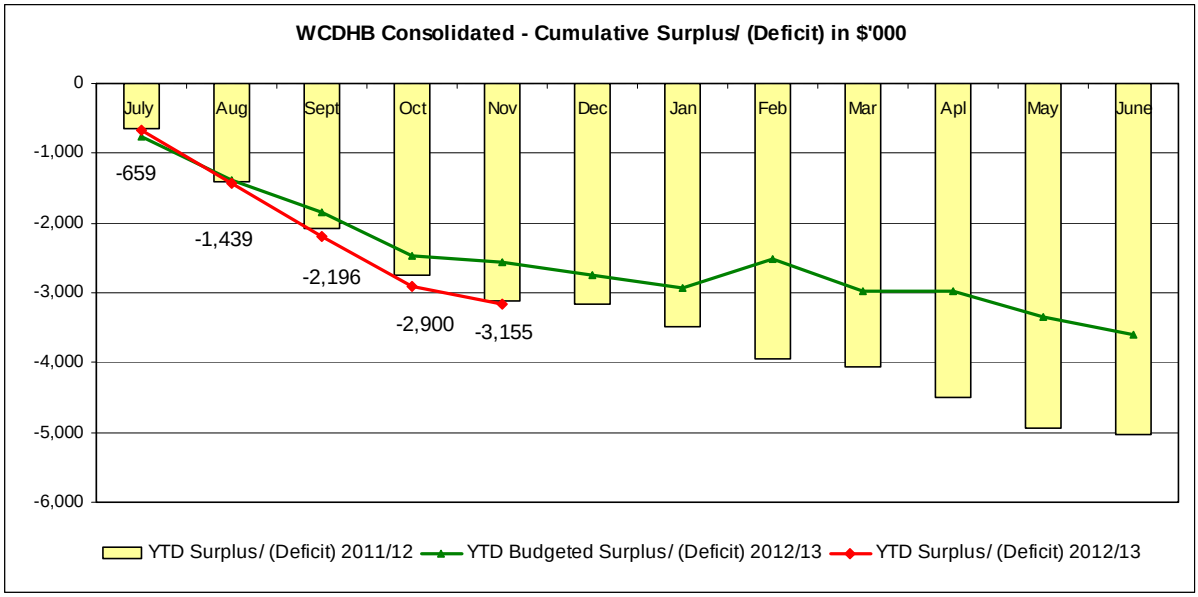
3. DISCUSSION

Financial Overview for the period ending 30 November 2012

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,302	6,363	(61)	×	31,212	31,720	(508)	×
Governance & Administration	179	183	(4)	×	904	916	(12)	×
Funds & Internal Eliminations	4,748	4,780	(32)	×	24,078	23,902	176	√
	11,229	11,326	(97)	×	56,194	56,538	(344)	×
EXPENSES								
Provider								
Personnel	4,468	4,576	108	√	22,835	22,863	28	√
Outsourced Services	884	765	(119)	×	4,996	4,762	(234)	×
Clinical Supplies	671	654	(17)	×	3,182	3,405	223	√
Infrastructure	949	942	(7)	×	5,703	4,656	(1,047)	×
	6,972	6,937	(35)	×	36,716	35,686	(1,031)	×
Governance & Administration	161	183	22	√	764	916	152	√
Funds & Internal Eliminations	3,833	3,769	(64)	×	19,424	19,938	514	√
Total Operating Expenditure	10,966	10,889	(77)	×	56,904	56,540	(365)	×
Deficit before Interest, Depn & Cap Charge	(263)	(437)	(174)	×	710	2	(708)	×
Interest, Depreciation & Capital Charge	518	510	(8)	×	2,445	2,549	104	√
Net deficit	**255**	**74**	**(181)**	×	**3,155**	**2,551**	**(604)**	×

CONSOLIDATED RESULTS

The consolidated result for the year to date ending November 2012 is a deficit of $3,155k which is an unfavourable variance of $604k to budget ($2,551k deficit). The result for the month of November 2012 is a deficit of $255k which is $181k unfavourable to budget.



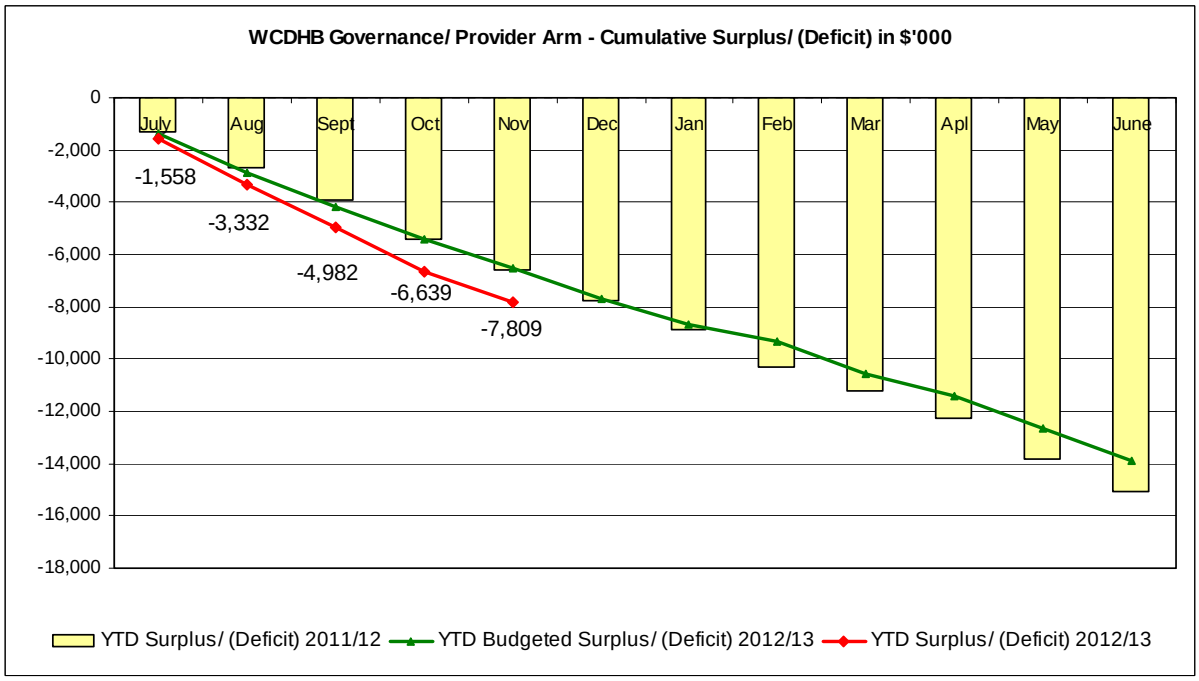
RESULTS FOR EACH ARM

Year to Date to November 2012

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(7,949)	(6,516)	(1,433)	Unfavourable
Funder Arm surplus / (deficit)	4,654	3,965	689	Favourable
Governance Arm surplus / (deficit)	140	0	140	Favourable
Consolidated result surplus / (deficit)	**(3,155)**	**(2,551)**	**(604)**	**Unfavourable**

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

PROVIDER ARM



Revenue

Provider Arm

Provider Arm revenue received from external sources is $526k unfavourable to budget. Revenue from Government sources makes up $294k of this variance

- ACC revenue for the month was $34k favourable to budget, although YTD it remains $91k unfavourable to budget; $42k of the year to date variance relates to the ACC elective services contract. The balance of the unfavourable variance is mainly spread over radiology, physiotherapy, community services and assessment, treatment and rehabilitation (AT&R) of older persons. Community nursing contracts with ACC changed in September with revenue now billed as a package of care when services are completed instead of on individual visit basis, this will affect the timing of revenue recognition. Although ACC revenue has improved over the last two months we are forecasting that annual ACC revenue will remain unfavourable to budget.
- Revenue for clinical training from Health Workforce New Zealand is $51k unfavourable to budget for the YTD. Several programmes have lower trainees this semester; this may change for the first semester in 2013.
- General Practice revenue from the WCPHO and revenue from home based support services continue to be unfavourable to budget YTD. Ministry of Health funding of home based support services is $58k unfavourable to budget YTD; we are reviewing these services (which are in line with revenue over the later part of the previous year, after the budget was set) and forecasting that this unfavourable variance will continue.
- Budgets were set for external revenue from the Ministry of Health for immunisation services and community youth alcohol and other drug services – this funding has since been devolved to the Funder arm and is now paid as internal funding to the Provider arm ($109k to date), thus making up part of the unfavourable variance to date for Ministry of Health side contracts.

Patient and consumer sourced revenue from Primary Care Practices is $74k unfavourable to YTD budget. These services and revenue collection practices are currently under review with an aim to maximise all revenue claiming. Sales of audiology aids are unfavourable to budget-this is however, offset by lower costs.

Total other income is $109k unfavourable to YTD budget; this is mainly derived from laundry services revenue which is $61k unfavourable to this year's revenue budget. Laundry revenue for November is $10k less than it was for the same month last year. Interest received by the Provider arm is $30k unfavourable to budget; this is however offset by interest received by the Funder arm which is $58k favourable to budget.

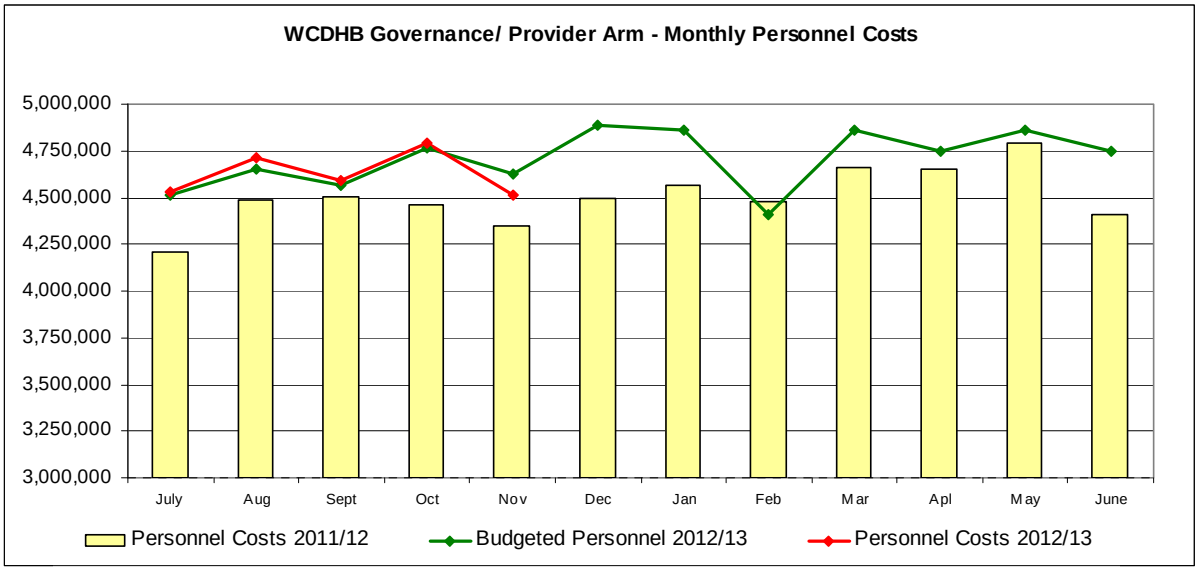
EXPENSES

Personnel costs

Personal cost for the YTD is $22,835k, $28k favourable to budget ($22,863k).

- Medical Personnel costs are $70k favourable to budget to date.
  - Senior Medical Officer (SMO) costs are $112k unfavourable to budget. Three new employees started in earlier months than had been budgeted and allowances and penal time YTD are higher than budget.
  - General Practitioner (GP) personnel costs are $240k favourable to budget due to vacancies. YTD overtime is unfavourable as staff provide cover for the vacancies. Outsourced locum costs for GP's are $371k unfavourable to budget (includes all travel, accommodation, fees etc).
- Nursing Personnel costs are unfavourable to budget by $305k to date.
  - Costs for Caregivers and enrolled nurses working in residential care are more than budget to date; these are partially offset by increased revenue from subsidies (internal revenue from the Funder arm) and resident's contributions.

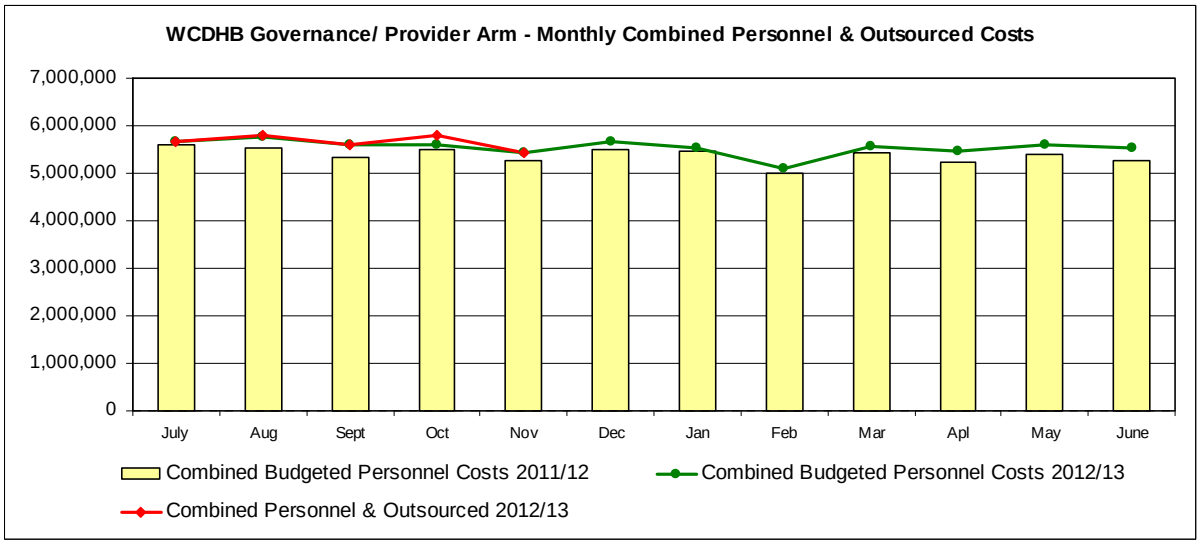
- Allied Health Personnel costs are $295k favourable to budget.
  - This is due to a number of vacancies within allied services.



Outsourced services costs are $4,996k YTD; $234k unfavourable to budget ($4,762k).

- Outsourced Senior Medical Costs (locums) are $2,611k for the YTD; a small unfavourable variance of $5k to budget. SMO locum costs within hospital services are favourable to budget, particularly for orthopaedic services where service changes have been implemented and locum services within primary services are unfavourable to budget due to covering vacancies. SMO locum costs for the month of November were $164k unfavourable to budget, $139k of this related to primary services. SMO locum costs are unfavourable to budget for maternity services as the new O&G SMO will not now start until mid January. O&G locum costs will continue to be unfavourable to budget over the next couple of months as supervision of staff will be provided by a locum.

- Outsourced clinical services are $289k unfavourable to budget with orthopaedic services and ophthalmology being the two main contributors. Both these services are being reviewed and costs should reduce as new patient pathways are embedded. Ophthalmology services for November were on budget and there were no costs for outsourced orthopaedic services in November.

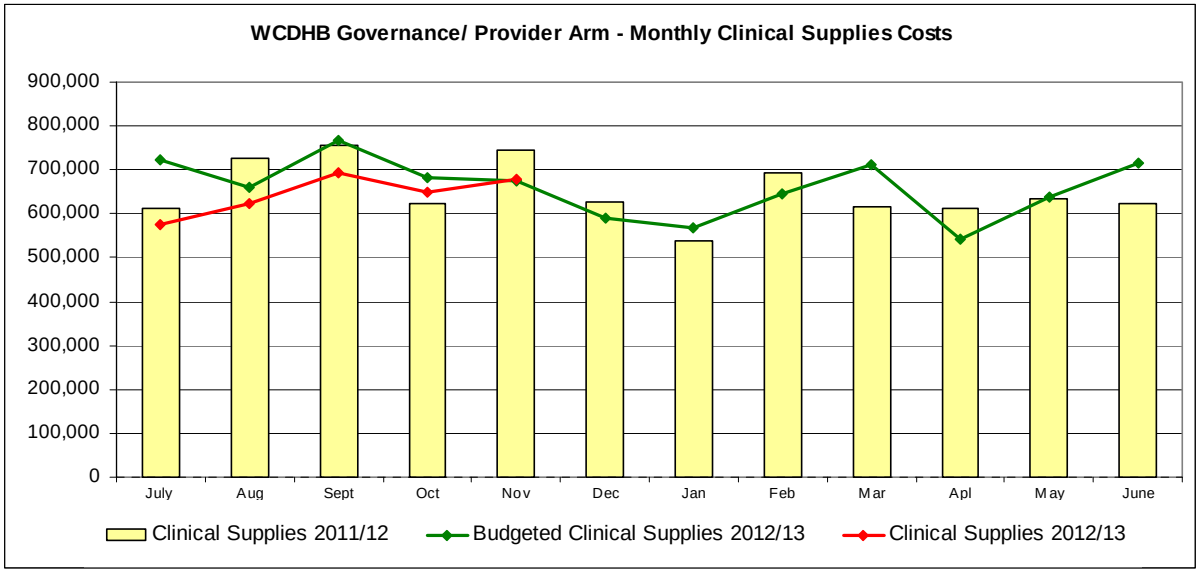


Clinical Supplies

Overall clinical supplies are $223k favourable to budget YTD.

- As reflected in reduced revenue, purchases of audiology aids, implants and prostheses and medical gases are also less than budget. Air ambulance costs are $215k favourable to budget.

  The budget for air transfers was increased from 2011/12 based on new models of service provision for Orthopaedics and Paediatrics in 2012/13 and was set before changes were made regarding the criteria for air transfers (particularly relating to cardiac patients) which reduced actual costs in the latter part of last year. Based on this change it is expected that savings in air transfers will continue for the remainder of the year.



Infrastructure and non clinical Cost

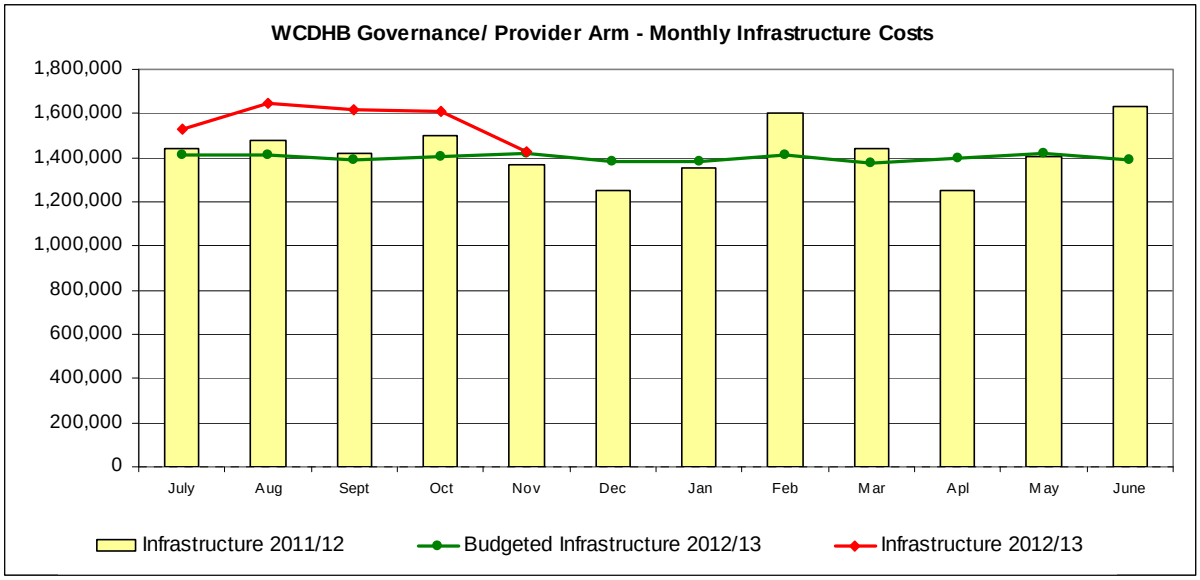
Overall infrastructure and non clinical cost for the Provider arm are $5,703k, $1,047k unfavourable to budget. Within this variance are the following specific variances:

- Facilities costs are $291k unfavourable to budget. Insurance premiums on building and plant are $232k for the five months to date. Insurance premiums for the remainder of the year will be much higher than budget as a result of the New Zealand seismic activity causing pressure on premiums, which were only confirmed in August 2012 (after the budget was set). Insurance costs are forecast to be $330k unfavourable to budget for the year. Reconfiguration of laundry services has resulted in a cost for gas –for which there was no budget and electricity costs are $45k unfavourable to budget to date (increase in unit costs when the contract was renewed in the last quarter of last year).

- Transport costs are $116k unfavourable to budget to date.
  Staff travel costs are $36k unfavourable to budget to date (mileage reimbursements to staff are $22k unfavourable against budget to date and under review) and vehicle repairs and registration are $53k unfavourable to budget. Lease costs are $12k unfavourable to budget with additional costs incurred for vehicles retained past the lease expiry date as the purchase of these vehicles was delayed.

- Hotel services, laundry and cleaning costs are $499k unfavourable to budget.

Laundry costs are $449k unfavourable to budget due to the closure of the laundry on site, now necessitating that all laundry processing is outsourced. A proposal for change was put to staff for consultation early in December. After considering submissions a decision was made just prior to Christmas to permanently close the laundry, as a result of which laundry staff will be made redundant in late January. To date laundry staff have been on the WCDGB payroll; these costs will be reduced from February, but offsetting these savings will be redundancy costs that will be recognised in January.



FUNDER ARM

Revenue

Total Funder arm revenue year to date is $51,243k, $194k favourable to budget.
Funder revenue from the Ministry of Health is $50,420k, $136k favourable to budget ($50,284k).

- Funding for the HEHA programme was withdrawn after the budget was set ($85k to date) but offsetting this is additional revenue (received since the budget was set) including funding for immunisation services and community youth alcohol and other drug services (budgeted as external Ministry of Health funding in the Provider arm budget as above) and vaccine funding – in total this additional revenue is $249k for the YTD.

Expenses

The District Health Board's result for services funded with external providers for the month of November 2012 was $62k (2%) unfavourable to budget and year to date payments are $515k (3%) favourable to budget.

WEST COAST DISTRICT HEALTH BOARD
FUNDER ARM - PAYMENTS TO EXTERNAL PROVIDERS
as at 30 November 2012

Nov-12						Year to Date						2012/13	2011/12	
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance				Annual Budget	Actual Result	Change (actual 11/12to budget 12/13)
$000	$000	$000	%			$000	$000	$000	%			$000	$000	%
					Referred Services									
28	20	-8	-37%	×	Laboratory	48	117	69	59%	√		269	408	34%
584	509	-75	-15%	×	Pharmaceuticals	3,585	3,555	-30	-1%	×		8,129	8,025	-1%
612	**530**	**-82**	**-16%**	×		**3,633**	**3,672**	**39**	**1%**	√		8,398	8,433	0%
					Secondary Care									
10	22	12	55%	√	Inpatients	61	111	50	45%	√		266	65	-309%
156	97	-59	-60%	×	Travel & Accommodation	568	487	-81	-17%	×		1,168	1,137	-3%
1,275	1,269	-6	0%	×	IDF Payments Personal Health	6,355	6,344	-10	0%	×		15,226	15,416	1%
1,441	**1,388**	**-53**	**-4%**	×		**6,984**	**6,942**	**-43**	**-1%**	×		16,660	16,618	0%
					Primary Care									
33	39	6	16%	√	Dental-school and adolescent	186	196	10	5%	√		470	352	-34%
0	3	3	100%	√	Maternity	0	5	5	100%	√		20	0	
0	0	0		√	Pregnancy & Parent	0	3	3	100%	√		8	0	
0	2	2	100%	√	Sexual Health	9	13	4	33%	√		33	8	-307%
5	4	-1	-30%	×	General Medical Subsidy	29	19	-10	-51%	×		46	5	-820%
538	538	0	0%	√	Primary Practice Capitation	2,686	2,691	5	0%	√		6,458	6,322	-2%
4	12	8	68%	√	Primary Health Care Strategy	32	60	28	47%	√		144	78	-85%
79	79	0	0%	√	Rural Bonus	394	396	2	0%	√		950	933	-2%
3	6	3	48%	√	Child and Youth	15	29	14	48%	√		69	151	54%
2	1	-1	-109%	×	Immunisation	18	5	-13	-293%	×		96	156	38%
14	46	32	70%	√	Maori Service Development	70	231	161	70%	√		551	191	-189%
18	9	-9	-97%	×	Whanua Ora Services	89	46	-43	-94%	×		110	216	49%
12	16	4	23%	√	Palliative Care	63	96	33	34%	√		214	184	-16%
7	17	10	59%	√	Chronic Disease	38	85	47	55%	√		204	123	-66%
12	11	-1	-7%	×	Minor Expenses	59	56	-3	-6%	×		134	132	-2%
727	**783**	**56**	**7%**	√		**3,688**	**3,929**	**241**	**6%**	√		9,507	8,851	-7%
					Mental Health									
0	2	2	100%	√	Eating Disorders	23	10	-13	-142%	×		23	22	-4%
53	64	11	18%	√	Community MH	267	322	55	17%	√		773	613	-26%
0	1	1	0%	√	Mental Health Work force	0	4	4	100%	√		8	12	30%
48	48	0	-1%	×	Day Activity & Rehab	236	239	3	1%	√		574	572	0%
4	14	10	70%	√	Advocacy Consumer	61	72	11	15%	√		173	108	-60%
-26	5	31	580%	√	Advocacy Family	8	27	19	70%	√		65	80	19%
0	0	0		√	Minor Expenses	0	0	0		√		0	0	
122	124	2	2%	√	Community Residential Beds	641	622	-19	-3%	×		1,493	1,296	-15%
68	68	0	0%	×	IDF Payments Mental Health	340	338	-2	0%	×		811	792	-2%
269	**327**	**58**	**18%**	√		**1,576**	**1,633**	**57**	**4%**	√		3,920	3,495	-12%
					Public Health									
15	16	1	7%	√	Nutrition & Physical Activity	87	81	-6	-8%	×		194	176	-10%
6	6	0	1%	√	Public Health Infrastructure	30	30	0	1%	√		73	75	3%
7	11	4	38%	√	Tobacco control	30	57	27	47%	√		136	143	5%
28	**34**	**6**	**17%**	√		**147**	**168**	**21**	**12%**	√		403	394	-2%
					Older Persons Health									
3	3	0	0%	×	Information and Advisory	15	13	-3	-20%	×		30	37	19%
0	0	0		√	Needs Assessment	0	0	0		√		0	33	
77	54	-23	-43%	×	Home Based Support	323	284	-39	-14%	×		671	630	-7%
9	10	1	7%	√	Caregiver Support	33	50	17	33%	√		115	115	0%
159	261	102	39%	√	Residential Care-Rest Homes	1,040	1,294	254	20%	√		2,739	3,020	9%
-4	-2	2		√	Residential Care Loans	-26	-10	16	160%	√		-24	-43	44%
25	26	1	4%	√	Residential Care-Community	115	130	15	11%	√		312	230	-35%
440	313	-127	-41%	×	Residential Care-Hospital	1,699	1,609	-90	-6%	×		3,828	3,438	-11%
4	4	0	6%	√	Ageing in place	4	21	17	81%	√		50	16	-213%
9	11	2	17%	√	Environmental Support Mobility	37	54	17	32%	√		132	64	-105%
8	8	0	1%	√	Day programmes	44	40	-4	-9%	×		97	120	20%
17	13	-4	-31%	×	Respite Care	66	64	-2	-3%	×		154	167	8%
119	119	0	0%	√	IDF Payments-DSS	595	596	1	0%	√		1,430	1,296	-10%
866	**820**	**-48**	**-6%**	×		**3,945**	**4,146**	**198**	**5%**	√		9,533	9,123	-4%
3,943	**3,883**	**-62**	**-2%**	×		**19,973**	**20,491**	**515**	**3%**	√		**48,421**	**46,914**	**-3%**

please note that payments made to WCDHB via Healthpac are excluded from the above figures

Commentary on year to date variances

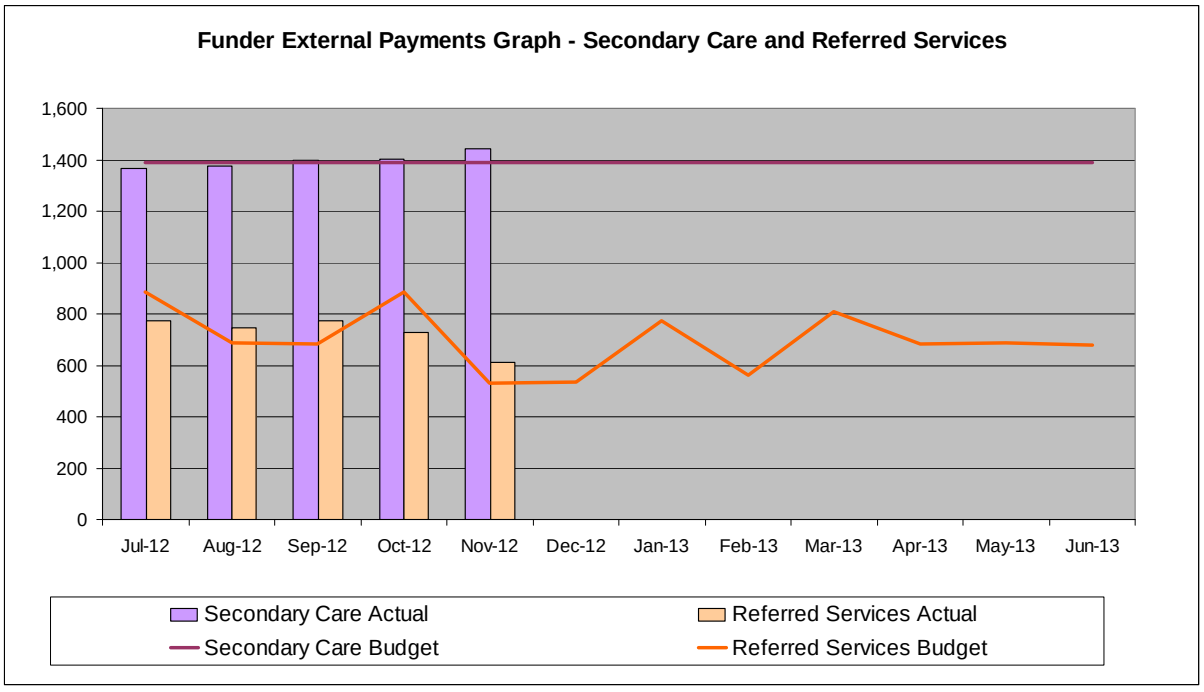
Referred Services

The cost for community pharmaceuticals to date is $3,585k, $30k unfavourable to budget. From January 2013 co-payments for pharmaceuticals increase from $3 to $5, which will reduce the reimbursable costs paid to community pharmacies. This improvement against budget will help offset the reduced Pharmac rebate for the 2013 year (adjusted for the cost of vaccines). Funding to cover the cost of vaccines has been devolved through monthly Crown funding payments (funding is $320k for the full year) and monthly Crown funding payments will be reduced by $30k per month from January 2013 when co-payments increase. Overall we are forecasting an unfavourable annual variance to budget for community pharmaceuticals.

Laboratory services are $69k favourable to budget – an adjustment was made to last year's accrual for claims yet to be submitted reducing this years costs. Without this adjustment costs would be on budget to date.

Secondary Care

Secondary Care services are $43k unfavourable to budget to date. Travel and accommodation paid under the National Travel Assistance (NTA) scheme is $81k unfavourable to budget to date, which is 19% higher than last YTD and 54% higher than for the same period last year- claims are not always submitted on a timely basis and can relate to periods prior to when they are paid. These claims are administered by the Ministry of Health. Inter District Flows (IDFs) reflected for the year are the cash payments made to date. Overall, inpatient costs are $50k favourable to budget, however within this, medical patients in community care are $34k unfavourable to budget, with volumes greater than budget. These placements vary in duration and this unfavourable variance may improve over the remainder of the year. Access to care is via prior approval. Offsetting this variance residential palliative care is $33k favourable to budget to date.

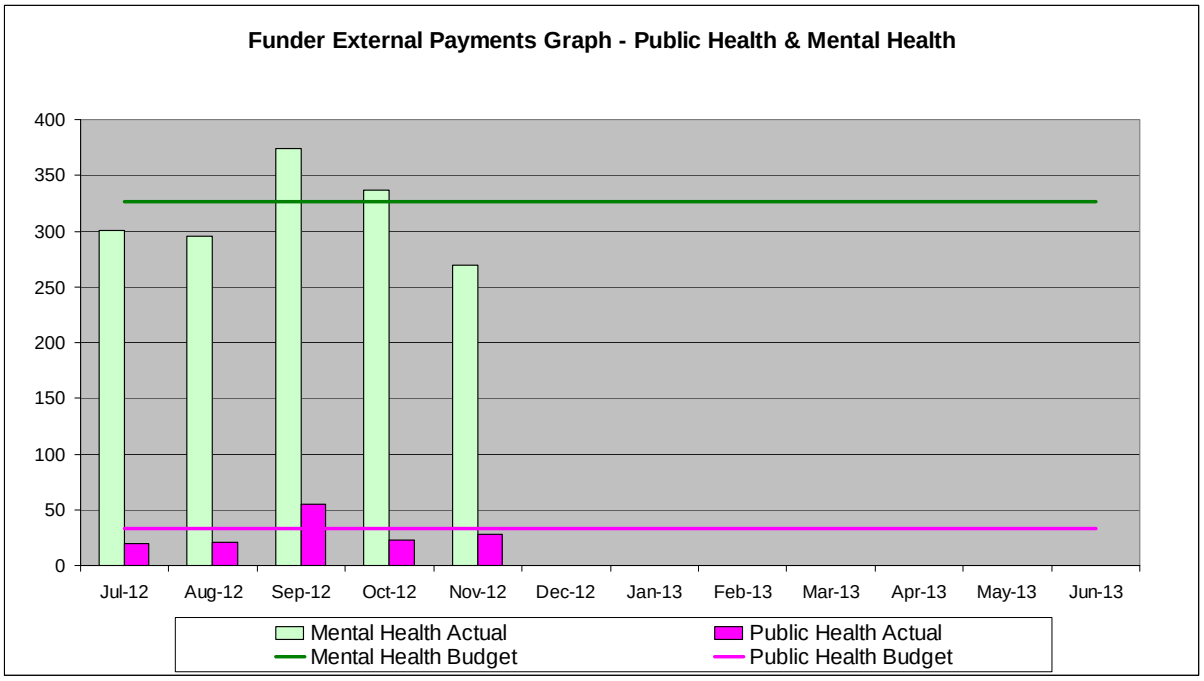


Public Health

Public health expenditure will continue to be favourable to budget for the year as HEHA funding was not renewed this year (it was included in the budget and expenditure was included in public health). This favourable variance offsets an unfavourable variance in Funder arm revenues. Public health costs are funded via DHB contract with the Ministry of Health.

Mental Health

Mental health costs are $57k favourable to budget to date. Changes to contracts have resulted in some variances to budget, with unfavourable variances in some budget lines offset by favourable variances in other lines. Community residential beds are $19k unfavourable to budget to date. A wash up was paid for prior years volumes at a higher amount than was accrued last year. This is a one off cost and residential costs should be on budget each month for the rest of the year. Community mental health services are $55k favourable to budget as services have yet to begin, including services to be funded via Pharmac savings which will not begin until February 2013.

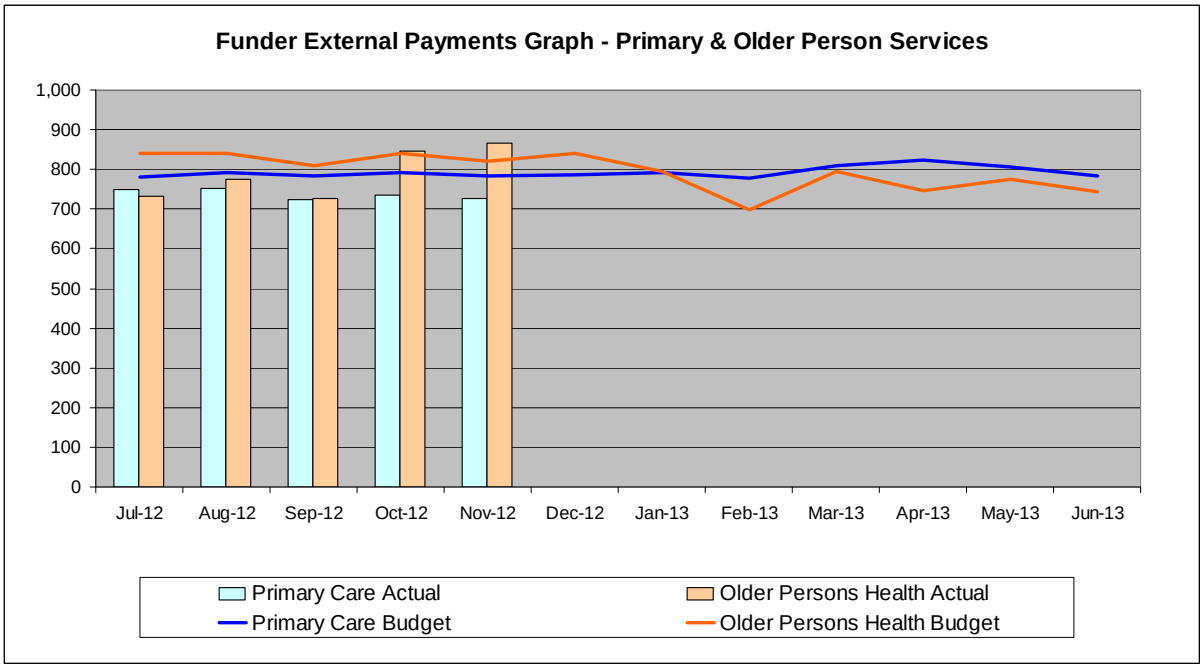


Primary Care

Primary care services are $241k favourable to budget to date. Payments for Maori Health Services are $118k favourable to budget to date. Some of this variance has been spent on providing external support to RATA as they restructure their organisation and services. A new contract with RATA begins 1 January 2013. Discretionary costs (chronic conditions and palliative care) are together $80k favourable to budget to date; these costs are incurred on an individual basis and demand driven, thus variable from month to month.

Older Persons Health

Overall expenditure (residential and non residential) is favourable to budget year to date ($198k or 5%). These costs are mainly demand driven with prior approval required to access (via Carelink and Home Based Support services). Funding for these services has also been made more flexible (as seen in some of the variances to budget) with contracts for home and community based care which enable people to remain in the community and delay entry to residential care.



STATEMENT OF FINANCIAL POSITION

Cash and cash equivalents

As at 30 November 2012 the Board had $3.9m in cash and cash equivalents; $.98m favourable to budget. Closing cash in June 2012 was $1.9m more than budget and capex expenditure to date has been favourable to budget, but offsetting this cash from operating activities has been unfavourable to budget.

Non-current assets

Property, plant and equipment including work in progress is $4.2m lower than budget, reflecting lower cash spent on capital expenditure to date ($1.5m less than budget) and the revaluation and impairment of land and buildings last financial year. Capex expenditure depends on the timing of capital projects; to date several major projects have yet to commence including the electrical upgrade and purchases of IT and clinical equipment. To date we have incurred capex costs of $320k related to seismic issues which we are holding in a work in progress account under non-current assets. As we progress through the seismic remedial work cash reserves will be reduced. Up to $2m of ministry funding has been made available to cover these seismic costs.

4. APPENDICES

Appendix 1: Financial Results for the period ending 30 November 2012

Report prepared by: Justine White, General Manager: Finance

West Coast District Health Board
Statement of comprehensive income
For period ending 30 November 2012

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2011/12
Operating Revenue												
Crown and Government sourced	10,723	10,763	(40)	(0.4%)	10,444	53,694	53,851	(157)	(0.3%)	52,593	129,383	127,209
Inter DHB Revenue	3	10	(7)	(71.0%)	3	17	52	(35)	(67.1%)	20	124	106
Inter District Flows Revenue	138	138	(0)	(0.1%)	0	690	691	(1)	(0.1%)	0	1,657	1,884
Patient Related Revenue	262	281	(19)	(6.8%)	236	1,296	1,384	(88)	(6.4%)	1,200	3,391	3,096
Other Revenue	103	134	(31)	(23.0%)	206	497	560	(63)	(11.3%)	731	1,488	1,765
Total Operating Revenue	11,229	11,326	(97)	(0.9%)	10,889	56,194	56,538	(344)	(0.6%)	54,544	136,044	134,060
Operating Expenditure												
Employee benefit costs	4,514	4,627	113	2.4%	4,309	23,071	23,121	50	0.2%	21,869	56,499	54,036
Outsourced Clinical Services	820	686	(134)	(19.6%)	1,072	4,663	4,365	(298)	(6.8%)	5,733	8,638	12,243
Treatment Related Costs	680	674	(6)	(0.9%)	746	3,227	3,503	276	7.9%	3,461	7,911	7,488
External Providers	2,481	2,425	(56)	(2.3%)	2,336	12,684	13,211	527	4.0%	12,272	30,952	29,503
Inter District Flows Expense	1,462	1,456	(6)	(0.4%)	1,302	7,290	7,278	(12)	(0.2%)	6,510	17,467	17,504
Outsourced Services - non clinical	97	115	18	15.8%	92	506	576	70	12.2%	463	1,388	854
Infrastructure Costs and Non Clinical Supplies	912	908	(4)	(0.5%)	858	5,463	4,486	(977)	(21.8%)	4,687	10,669	11,354
Total Operating Expenditure	10,966	10,890	(76)	(0.7%)	10,715	56,904	56,540	(365)	(0.6%)	54,995	133,524	132,982
Result before Interest, Depn & Cap Charge	263	436	(173)	39.6%	174	(710)	(2)	(708)	(34896.4%)	(451)	2,519	1,078
Interest, Depreciation & Capital Charge												
Interest Expense	53	61	8	13.5%	60	272	306	34	11.2%	306	735	732
Depreciation	367	388	21	5.5%	431	1,835	1,942	107	5.5%	1,939	4,661	4,757
Capital Charge Expenditure	98	60	(38)	(62.7%)	56	338	301	(37)	(12.2%)	416	723	613
Total Interest, Depreciation & Capital Charge	518	510	(8)	(1.6%)	547	2,445	2,549	104	4.1%	2,661	6,119	6,102
Net Surplus/(deficit)	(255)	(74)	(181)	(244.3%)	(373)	(3,155)	(2,551)	(604)	(23.7%)	(3,112)	(3,600)	(5,024)
Other comprehensive income												
Gain/(losses) on revaluation of property												(1,741)
Total comprehensive income	(255)	(74)	(181)	(244.3%)	(373)	(3,155)	(2,551)	(604)	(23.7%)	(3,112)	(3,600)	(6,765)

West Coast District Health Board
Statement of financial position
As at 30 November 2012

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	27,873	31,884	(4,011)	(12.6%)	31,657
Intangible assets	1,033	1,239	(206)	(16.6%)	854
Work in Progress	1,042	1,050	(8)	(0.8%)	807
Other investments	2	2	0	0.00%	2
Total non-current assets	29,950	34,175	(4,225)	(12.4%)	33,320
Current assets					
Cash and cash equivalents	3,859	2,874	985	34.3%	4,557
Patient and restricted funds	58	56	2	3.6%	56
Inventories	1,027	831	196	23.6%	880
Debtors and other receivables	4,680	4,453	227	5.1%	4,187
Assets classified as held for sale	136	136	0	0.00%	136
Total current assets	9,760	8,350	1,410	16.9%	9,816
Total assets	**39,710**	**42,525**	**(2,815)**	4.5%	**43,136**
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	12,195	12,195	0	0.00%	11,195
Employee entitlements and benefits	3,268	3,304	(36)	(1.1%)	3,041
Total non-current liabilities	15,463	15,499	(36)	(0.2%)	14,236
Current liabilities					
Interest-bearing loans and borrowings	250	250	0	0.00%	1,500
Creditors and other payables	9,093	9,315	(222)	(2.4%)	9,367
Employee entitlements and benefits	7,863	8,162	(299)	(3.7%)	8,255
Total current liabilities	17,206	17,727	(521)	(2.9%)	19,122
Total liabilities	32,669	33,226	(557)	(1.7%)	33,358
Equity					
Crown equity	66,197	66,185	12	0.0%	61,753
Other reserves	19,569	21,310	(1,741)	(8.2%)	21,310
Retained earnings/(losses)	(78,764)	(78,235)	(529)	0.7%	(73,324)
Trust funds	39	39	0	0.00%	39
Total equity	7,041	9,299	(2,258)	(24.3%)	9,778
Total equity and liabilities	**39,710**	**42,525**	**(2,815)**	**(6.6%)**	**43,136**

West Coast District Health Board
Statement of cash flows
For period ending 30 November 2012

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					2012/13	2011/12
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	Actual
Cash flows from operating activities												
Cash receipts from Ministry of Health, patients and other revenue	11,505	11,304	201	1.8%	11,651	56,514	56,379	135	0.2%	56,142	135,739	133,962
Cash paid to employees	(4,262)	(4,627)	365	(7.9%)	(5,244)	(23,090)	(23,121)	31	(0.1%)	(22,604)	(56,498)	(53,657)
Cash paid to suppliers	(2,933)	(2,383)	(550)	23.1%	(3,373)	(15,107)	(12,990)	(2,117)	16.3%	(15,106)	(28,672)	(32,438)
Cash paid to external providers	(2,619)	(2,425)	(194)	8.0%	(2,336)	(13,374)	(13,211)	(163)	1.2%	(12,272)	(30,953)	(29,548)
Cash paid to other District Health Boards	(1,324)	(1,456)	132	(9.0%)	(1,459)	(6,600)	(7,278)	678	(9.3%)	(7,295)	(17,467)	(17,481)
Cash generated from operations	367	414	(47)	(11.4%)	(761)	(1,657)	(220)	(1,437)	652.2%	(1,135)	2,148	838
Interest paid	0	(61)	61	(100.0%)	0	(186)	(306)	120	(39.3%)	0	(735)	(735)
Capital charge paid	0	(0)	0	(1)	0	0	(1)	1	(1)	(99)	(723)	(712)
Net cash flows from operating activities	367	353	14	4.1%	(761)	(1,843)	(528)	(1,315)	249.2%	(1,234)	690	(609)
Cash flows from investing activities												
Interest received	23	22	1	6.2%	32	136	108	28	25.5%	116	260	319
(Increase) / Decrease in investments	0	0	0		0	0	0	0		3,500	0	3,500
Acquisition of property, plant and equipment	(498)	(260)	(238)	91.5%	(144)	(1,474)	(2,440)	966	(39.6%)	(1,417)	(3,745)	(2,665)
Acquisition of intangible assets	(251)	(150)	(101)	67.3%	0	(358)	(850)	492	(57.9%)	(11)	(1,405)	(265)
Net cash flows from investing activities	(726)	(388)	(338)	87.0%	(112)	(1,696)	(3,182)	1,486	(46.7%)	2,188	(4,890)	889
Cash flows from financing activities												
Proceeds from equity injections	0	0	0		0	0	0	0		0	3,600	4,512
Repayment of equity	0	0	0		0	0	0	0		0	(68)	(68)
Cash generated from equity transactions	0	0	0		0	0	0	0			3,532	4,444
Borrowings raised	0	0	0		0	0	0	0		0		
Repayment of borrowings	0	0	0		0	0	0	0		0	(250)	(250)
Net cash flows from financing activities	0	0	0		0	0	0	0			(250)	(250)
Net increase in cash and cash equivalents	(359)	(36)	(323)	905.4%	(873)	(3,539)	(3,709)	170	(4.6%)	954	(918)	4,476
Cash and cash equivalents at beginning of period	4,218	2,910	1308	45.0%	4,557	7,398	6,584	814	12.4%	2,922	6,584	2,922
Cash and cash equivalents at end of year	3,859	2,874	985	34.3%	3,684	3,859	2,874	985	34.3%	3,876	5,666	7,398

West Coast District Health Board

Provider Operating Statement for period ending 30 November 2012

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2011/12
Income												
Internal revenue-Funder to Provider	5,271	5,250	21	0.4%	5,208	26,270	26,252	18	0.1%	26,460	63,005	62,872
Ministry of Health side contracts	91	143	(52)	(36.3%)	139	572	766	(194)	(25.3%)	791	1,862	1,824
Other Goverment	595	563	32	5.6%	588	2,702	2,802	(100)	(3.6%)	2,699	6,841	6,483
InterProvider Revenue (Other DHBs)	3	10	(7)	(71.0%)	3	17	52	(35)	(67.1%)	20	124	106
Patient and consumer sourced	262	281	(19)	(6.8%)	236	1,296	1,384	(88)	(6.4%)	1,200	3,396	3,096
Other income	80	115	(35)	(30.2%)	191	355	464	(109)	(23.5%)	649	1,258	1,424
Total income	**6,302**	**6,363**	**(61)**	(1.0%)	**6,365**	**31,212**	**31,720**	**(508)**	(1.6%)	**31,819**	**76,486**	**75,805**
Expenditure												
Employee benefit costs												
Medical Personnel	984	1,111	127	11.5%	733	5,200	5,270	70	1.3%	4,158	13,316	10,673
Nursing Personnel	2,002	1,942	(60)	(3.1%)	2,065	10,186	9,881	(305)	(3.1%)	9,982	24,086	24,654
Allied Health Personnel	712	796	84	10.6%	692	3,692	3,987	295	7.4%	3,669	9,647	8,956
Support Personnel	176	163	(13)	(8.2%)	192	919	889	(31)	(3.4%)	881	1,988	2,163
Management/Administration Personnel	594	563	(31)	(5.6%)	533	2,839	2,836	(2)	(0.1%)	2,723	6,842	6,488
	4,468	**4,576**	**108**	**2.3%**	**4,215**	**22,835**	**22,863**	**28**	**0.1%**	**21,413**	**55,878**	**52,934**
Outsourced Services												
Contracted Locum Services	553	376	(177)	(46.9%)	751	2,828	2,819	(9)	(0.3%)	3,842	4,931	8,202
Outsourced Clinical Services	267	309	42	13.6%	321	1,835	1,546	(289)	(18.7%)	1,891	3,710	4,041
Outsourced Services - non clinical	64	79	15	19.3%	54	333	396	63	15.8%	267	952	521
	884	**765**	**(119)**	**(15.6%)**	**1,126**	**4,996**	**4,762**	**(234)**	**(4.9%)**	**6,000**	**9,593**	**12,764**
Treatment Related Costs												
Disposables, Diagnostic & Other Clinical Supplies	120	109	(11)	(10.1%)	143	570	581	11	1.9%	610	1,323	1,388
Instruments & Equipment	172	147	(25)	(16.7%)	177	813	790	(23)	(2.9%)	786	1,733	1,613
Patient Appliances	33	28	(5)	(17.9%)	26	129	152	23	15.1%	127	354	347
Implants and Prostheses	61	72	11	15.3%	71	311	371	60	16.2%	479	817	877
Pharmaceuticals	181	153	(28)	(18.3%)	174	908	862	(46)	(5.3%)	801	1,923	2,033
Other Clinical & Client Costs	104	145	41	28.3%	155	451	649	198	30.5%	658	1,525	1,294
	671	**654**	**(17)**	**(2.5%)**	**746**	**3,182**	**3,405**	**223**	**6.6%**	**3,461**	**7,675**	**7,552**
Infrastructure Costs and Non Clinical Supplies												
Hotel Services, Laundry & Cleaning	437	310	(127)	(41.0%)	329	2,040	1,541	(499)	(32.4%)	1,549	3,671	3,773
Facilities	235	219	(16)	(7.2%)	183	1,379	1,088	(291)	(26.7%)	1,132	2,554	2,554
Transport	91	71	(20)	(28.8%)	92	469	353	(116)	(32.7%)	473	850	1,034
IT Systems & Telecommunications	133	135	2	1.4%	75	660	621	(39)	(6.4%)	523	1,527	1,375
Professional Fees & Expenses	51	18	(33)	(187.3%)	29	254	89	(165)	(186.2%)	157	209	557
Other Operating Expenses	(108)	79	187	236.4%	90	351	414	63	15.2%	532	969	1,245
Internal allocation to Governanance Arm	110	110	0	0.2%	110	550	551	1	0.2%	550	1,322	1,320
	949	**942**	**(7)**	**(0.8%)**	**908**	**5,703**	**4,656**	**(1,047)**	**(22.5%)**	**4,916**	**11,102**	**11,858**
Total Operating Expenditure	**6,972**	**6,937**	**(35)**	**(0.5%)**	**6,995**	**36,716**	**35,686**	**(1,031)**	**(2.9%)**	**35,790**	**84,248**	**85,108**
Deficit before Interest, Depn & Cap Charge	**(670)**	**(574)**	**96**	**(16.7%)**	**(630)**	**(5,504)**	**(3,966)**	**1,539**	**(38.8%)**	**(3,971)**	**(7,762)**	**(9,303)**
Interest, Depreciation & Capital Charge												
Interest Expense	53	61	8	13.5%	60	272	306	34	11.2%	306	735	732
Depreciation	367	388	21	5.5%	431	1,835	1,942	107	5.5%	1,939	4,661	4757
Capital Charge Expenditure	98	60	(38)	(62.7%)	56	338	301	(37)	(12.2%)	416	723	613
Total Interest, Depreciation & Capital Charge	**518**	**510**	**(8)**	**(1.6%)**	**547**	**2,445**	**2,549**	**104**	**4.1%**	**2,661**	**6,119**	**6,102**
Net deficit	**(1,188)**	**(1,084)**	**104**	**(9.6%)**	**(1,177)**	**(7,949)**	**(6,516)**	**1,433**	**(22.0%)**	**(6,632)**	**(13,881)**	**(15,405)**

West Coast District Health Board

Funder Operating Statement for the period ending 30 November 2012

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2011/12
Income												
PBF Vote Health-funding package (excluding Mental Health)	8,761	8,742	18	0.2%	8,414	43,723	43,709	14	0.0%	42,512	104,900	102,999
PBF Vote Health-Mental Health Ring fence	1,157	1,157	0	0,00	1,157	5,785	5,785	0	0,00	5,785	13,884	13,884
MOH-funding side contracts	119	158	(39)	(24.7%)	146	912	790	122	15.4%	806	1,896	2,018
Inter District Flow's	138	138	(0)	(0.1%)	157	690	691	(1)	(0.1%)	785	1,657	1,884
Other income	23	15	8	53.3%	15	133	75	58	77.3%	73	180	232
Total income	**10,198**	**10,210**	**(12)**	**(0.1%)**	**9,889**	**51,243**	**51,049**	**194**	**0.4%**	**49,961**	**122,518**	**121,017**
Expenditure												
Personal Health	6,422	6,306	(116)	(1.8%)	6,419	32,433	32,568	135	0.4%	32,562	77,829	77,472
Mental Health	1,117	1,170	53	4.5%	1,126	5,815	5,849	34	0.6%	5,698	14,039	13,790
Disability Support	1,578	1,525	(53)	(3.5%)	1,391	7,512	7,675	163	2.1%	7,172	18,004	17,342
Public Health	55	64	9	13.9%	25	275	319	44	13.9%	386	765	748
Maori Health	42	66	24	36.1%	42	209	329	120	36.4%	209	787	527
Governance	69	69	(0)	(0.1%)	98	345	345	(0)	(0.1%)	490	827	1,176
Total expenses	**9,283**	**9,200**	**(83)**	**(0.9%)**	**9,101**	**46,589**	**47,084**	**495**	**1.1%**	**46,517**	**112,252**	**111,055**
Net Surplus	**915**	**1,010**	**(95)**	**(9.4%)**	**788**	**4,654**	**3,965**	**689**	**17.4%**	**3,444**	**10,266**	**9,962**

West Coast District Health Board

Governance Operating Statement for the period ending 30 November 2012

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2011/12
Income												
Internal Revenue	69	69	0	0.1%	98	345	345	0	0.1%	490	827	1,176
Other income	0	4	(4)	(100.0%)	0	9	21	(12)	(56.8%)	9	50	109
Internal allocation from Provider Arm	110	110	(0)	(0.2%)	110	550	551	(1)	(0.2%)	550	1,322	1,320
Total income	**179**	**183**	**(4)**	**(2.3%)**	**208**	**904**	**916**	**(12)**	**(1.3%)**	**1,049**	**2,199**	**2,605**
Expenditure												
Employee benefit costs	46	52	6	11.0%	94	236	258	22	8.6%	456	620	1,102
Outsourced services	33	36	3	8.1%	38	173	180	7	3.7%	196	431	333
Other operating expenses	55	70	15	21.9%	37	232	352	120	34.1%	197	845	461
Democracy	27	25	(2)	(6.9%)	23	123	126	3	2.6%	124	303	291
Total expenses	161	183	22	12.1%	192	764	916	152	16.6%	973	2,199	2,187
Net Surplus / (Deficit)	**18**	**0**	**18**		**16**	**140**	**0**	**140**		**76**	**0**	**418**

SMOKEFREE POSITION STATEMENT

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

SOURCE: **Community and Public Health**

DATE: **8 February 2013**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

This Position Statement on Tobacco Control Sets out the West Coast DHB strategic direction and commitment to a smokefree environment and reduced prevalence of smoking. It is based on the Smokefree Aotearoa 2025 goal, which is a national goal accepted and promoted by the Government and the Ministry of Health. This Position Statement is currently being considered by all South Island DHBs, with the aim of achieving a combined South Island position. It is aligned with the West Coast DHB Tobacco Control Plan.

This Position Statement was recommended for endorsement by the Board by the Community & Public Health and Disability Support Advisory Committee on January 24, 2013 on the condition that it was also endorsed by the other South Island DHBs.

2. RECOMMENDATION

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

i. Endorse the proposed West Coast DHB Position Statement on Tobacco Control on the condition that it is also endorsed by other South Island DHBs.

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3. SUMMARY

- The WCDHB supports the Government's goal of achieving a Smokefree Aotearoa by 2025. This is defined as having a smoking prevalence of 5% or less.

- The WCDHB aims to reduce the tobacco-related harm experienced by people within the West Coast district by achieving the following outcomes:-
  - Children are protected from exposure to tobacco smoke
  - Demand for and supply of tobacco is reduced
  - More current smokers successfully quit

- The WCDHB will implement the following strategies to achieve these outcomes
  - Provide leadership and facilitate implementation of evidence-based Smokefree strategies.
  - Support initiatives which address health inequalities by reducing smoking prevalence in Māori communities and other priority populations
  - Work towards achieving the health target 'Better Help for Smokers to Quit' in primary and secondary care by implementing the ABC Strategy for Smoking Cessation.
  - Be a Smokefree role model in the community by supporting people to quit, reducing smoking initiation and providing a Smokefree environment.

- Support the development of effective relationships with other community organisations to achieve the Smokefree Aotearoa 2025 goal.
- Develop and implement local solutions to achieve these strategies through the WCDHB Tobacco Control Plan.

4. DISCUSSION

Smoking and smoke exposure have been identified as the causes of a wide range of diseases and other adverse health effects. Quitting smoking has immediate and long term benefits, even for those who quit late in life. Exposure to second hand smoke is a public health hazard that can be prevented by making homes, workplaces, vehicles and public places Smokefree.

The WCDHB has shown a long-term interest in addressing smokefree issues and is working actively to achieve the Ministry of Health smokefree targets. Current cessation and smokefree environment activity is well aligned with the proposed strategies outlined above. Approval of the proposed Position Statement will formalise the WCDHB commitment to the Smokefree Aotearoa 2025 goal and contribute to a South Island Alliance position which would have strong strategic impact. No financial cost would be incurred, as work is already being carried out in all the strategic areas described above. The WCDHB would continue its participation in the Smokefree 2025 sub-committee of Smokefree Canterbury, where work is focused on communication and promotion of the goal and a Health in All Policies approach with workplaces and community organisations.

6. APPENDICES

Appendix 1: South Island Position Statement on Tobacco Control

Report prepared by: Community & Public Health

West Coast District Health Board's

SMOKEFREE / AUAHI KORE POSITION STATEMENT

November 2012

This position statement is consistent with those of Nelson Marlborough, South Canterbury's, Canterbury, and Southern District Health Boards (DHB). This position statement has been developed collaboratively by the South Island Public Health Units and represents the South Island DHBs working together to support the South Island to be a place where Smokefree lifestyles are the norm and harm from and exposure to tobacco smoke is minimised.

The purpose of this statement is to describe the commitment of the West Coast DHB to the Government's goal of a Smokefree Aotearoa New Zealand by 2025 and the strategies to achieve this. This goal was determined at a national level in response to the 2011 Māori Affairs Select Committee Inquiry into the tobacco industry and the effects of tobacco on Māori. This position statement is informed by the Smokefree Aotearoa/New Zealand 2025 logic model (Appendix A) and aligns with the West Coast DHB's Tobacco Control Plan.

The West Coast DHB recognises the extensive harm from tobacco use that is experienced by people within the West Coast district and that the burden of this harm is carried disproportionately by some population groups. Tobacco use is a major risk factor for numerous health conditions and is a significant cost to the health system.

WEST COAST DHB POSITION

- West Coast DHB supports the Government's goal of achieving a Smokefree Aotearoa New Zealand by 2025.

- West Coast DHB aims to reduce the tobacco-related harm experienced by people within the West Coast district by actively focussing on these outcomes:
    - Protect children from exposure to tobacco
    - Reduce the demand for and supply of tobacco, and
    - Increase successful quitting.

WEST COAST DHB STRATEGIES

- Provide leadership and facilitate effective implementation of evidence-based strategies to support local populations to be Smokefree.
- Support and prioritise initiatives that address health inequalities by reducing smoking prevalence in Māori communities, and other priority populations including: Pacific People, pregnant women and their whānau, children, mental health consumers, rural populations and economically disadvantaged people.
- Work towards achieving the health target 'Better Help for Smokers to Quit' in primary and secondary care by implementing the ABC Strategy[1] for Smoking Cessation.
- Be a Smokefree role model in the community by reducing smoking initiation, supporting people to quit smoking and providing a Smokefree environment.
- Support the development of strong relationships with other community organisations to achieve the Smokefree Aotearoa 2025 goal.
- Develop and implement local solutions to achieve these strategies through its Tobacco Control Plan.

[1] The New Zealand Smoking Cessation Guidelines (Ministry of Health 2007) recommend that all health care workers use the three step ABC tool. The first step is to **A**sk about smoking status, then give **B**rief advice to stop smoking and finally to provide evidence-based **C**essation support or referral to a smoking cessation service.

SUPPORTING EVIDENCE

Preamble

The harmful effects of smoking on health are well documented. Smoking has been identified as a cause of a wide range of diseases and other adverse health effects. These include a range of cancers and cardiovascular diseases, respiratory diseases, fetal deaths and stillbirths, pregnancy complications and other reproductive effects, cataracts, peptic ulcer disease, low bone density and fractures and diminished health status and morbidity (Doll et al 2004; US Surgeon General 2004). In New Zealand smoking is a primary risk factor in one in four of all cancer deaths (Smoke Free Coalition/Te Ohu Auahi Kore undated). Quitting smoking has immediate and long term benefits, even for those who quit late in life (US National Cancer Institute 2011).

Environmental tobacco smoke (passive smoking or second hand smoke) is also well established as having adverse health effects. It increases the risk and frequency of serious respiratory problems in children, such as asthma attacks, lower respiratory tract infections, and increases middle ear infections. Inhaling second-hand smoke may cause lung cancer and coronary heart disease in non-smoking adults (US Surgeon General 2006). New Zealand studies of never smokers living with smokers showed that they had an excess risk of mortality from heart disease and cerebrovascular disease (Hill et al 2004). According to the Smokefree Coalition around 350 New Zealanders die from the effects of others' smoking each year (Smokefree Coalition/Te Ohu Auahi Kore undated). Exposure to second hand smoke is a public health hazard that can be prevented by making homes, workplaces, vehicles and public places completely Smoke free (US Surgeon General 2006).

Smoking in New Zealand

- In 2009 smoking data in New Zealand showed that one in five (21%) adults aged 15-64 years were current smokers, with 19.2% of adults smoking daily (Ministry of Health 2010). A current smoker is someone who has smoked more than 100 cigarettes in their lifetime and at the time of the survey was smoking at least once a month (World Health Organisation 1998).
- Smoking rates in New Zealand continue to decline. The age-standardised prevalence of current smoking in 15-64 year olds fell significantly between 2006 (24.4%) and 2009 (21.8%). There was no difference in the age-standardised prevalence of current smoking between males and females (Ministry of Health 2010).
- Table 1 shows that the prevalence of regular smokers in the South Island DHBs' area is highest in the West Coast DHB area and lowest in the Canterbury DHB area.[2]

[2] Anecdotal evidence suggests that smoking rates may have increased in Canterbury following the earthquakes.

Table 1. Smoking prevalence by South Island District Health Board area, 15+ years (Statistics New Zealand 2006)[3]

	Nelson Marlborough DHB area (%)	West Coast DHB area (%)	Canterbury DHB area (%)	South Canterbury DHB area (%)	Southern DHB area		NZ Total (%)
					Southern DHB - Otago (%)	Southern DHB - Southland (%)	
Prevalence of regular smokers	19.3	25.7	18.8	21.2	19.4	23.8	20.7

Smoking related disparity and health outcomes

- Māori in all age groups had higher smoking prevalence than non-Māori (Ministry of Health 2011a). Ethnicity data in Table 2 show that the prevalence of smoking amongst Māori is double that of the rest of the population (Ministry of Health 2010).

Table 2. Prevalence of current smokers by ethnicity and sex, 15-64 years, 2009 (Ministry of Health 2010)

	Male (%)	Female (%)
Māori	40.2	49.3
Pacific	32.3	28.5
European/other	20.6	18.9
Asian	16.3	4.4

- Smoking related disease is a major cause of health inequality. Health outcomes include a higher incidence of cancer, cardiovascular and respiratory disease and lower life expectancy for Māori compared to the rest of the population (Ministry of Health 2011b; Ministry of Health 2011c).
- The burden of tobacco related harm is experienced disproportionately by some population groups within West Coast district. Smoking prevalence is higher for Māori, Pacific and those living in more deprived areas (Ministry of Health 2010). These priority populations have higher rates of smoking during pregnancy, which poses various health risks to the develop foetus, infant and mother (Alliston 2005).

[3] These figures were taken from the last census (2006) at which time Otago and Southland DHB were separate entities.

Smoking cessation

- The Ministry of Health is committed to a Smokefree New Zealand and has developed the ABC strategy for smoking cessation which is being rolled out in all DHBs. This strategy is supported by the setting of a national health target, 'Better Help for Smokers to Quit'. The 2012/13 target is 95% of patients who smoke and are seen by a health practitioner in a public hospital and 90% of patients who smoke and are seen by a health practitioner in primary care are offered brief advice and support to quit smoking. Within the target a specialised identified group will include progress towards 90% of pregnant women who identify as smoking at the time of confirmation of pregnancy in general practice or booking with a Lead Maternity Carer are offered advice and support to quit (Ministry of Health 2011d).
- Evidence suggests that providing brief advice, particularly by a doctor, significantly increases the rate of quitting (Stead et al 2008) and long term quitting success (Ministry of Health 2011d). The proportion of successful quit attempts is increased by the provision of effective cessation support, such as medications, including Nicotine Replacement Therapy (NRT), and multi-session support including telephone or face-to-face support (Ministry of Health 2011d; Ministry of Health 2007).
- Research shows that one in every 40 smokers will make a quit attempt simply as a result of receiving brief advice (Ministry of Health 2011e).
- Table 3 shows South Island DHBs' secondary care results for the last quarter.

Table 3. Quarter Four (April-June 2012) results for 'Better help for smokers to quit' health target by DHB for secondary care (Ministry of Health 2012)

	South Canterbury DHB	Nelson Marlborough DHB	West Coast DHB	Southern DHB	Canterbury DHB
% of hospitalised smokers given advice to quit	96	96	90	96	90
Ranking (out of 20 DHBs)	9	8	18	7	16

Smokefree workplaces

- Workplace Smokefree policies reduce business costs associated with tobacco consumption. These include absenteeism, lost productivity, time spent on breaks, increased building, health and life insurance costs, potential legal costs and cleaning and maintenance costs (IARC 2009). Introducing workplace Smokefree polices reduces tobacco consumption and smoking prevalence within the affected workforce (Edwards et al undated). For instance, smokers have fewer opportunities to smoke, which reduces levels of consumption and encourages quit attempts (IARC 2009). Cessation support should be provided to support

employees who smoke to quit.

- Usually within a few months of implementing Smokefree policies compliance is high and in most places policies become self-enforcing (IARC 2009). Evidence suggests that compliance may be enhanced by media advocacy and public education campaigns that strengthen social norms before and during policy implementation (Ross 2006; US Surgeon General 2006).
- In 2005, the tangible costs of smoking to the New Zealand economy were NZ$1.7billion. Major components included lost production due to premature mortality or lost production due to smoking-caused morbidity (O'Dea et al 2007).
- A New Zealand cross-sectional survey conducted in 2006 found strong support for Smokefree workplaces. Of 2413 people surveyed 94.3% agreed that people have the right to work in a Smokefree environment and 93.9% agreed that people who work in a non-office environment also have the right to work in a Smokefree environment (Waa and McGough 2006, p.14).

Smokefree role modelling

- Role modelling is an important factor in smoking behaviour (Edwards et al 2012). For example, health professionals who don't smoke may be role models for patients in regards to healthy behaviour. However, medical professionals who smoke may increase public scepticism about the importance of quitting (Smith and Leggat 2007).

Smokefree environments

- The Smoke-free Environments Act 1990 is designed to protect non-smokers against the detrimental effects of other people's smoking. Other aims of the legislation include Smokefree role modelling and promoting a Smokefree lifestyle as the norm (Ministry of Health 2005a; Ministry of Health 2005b).
- There has been an increasing focus on Smokefree outdoor areas, with a large number (see Table 4 for South Island policies) of councils within New Zealand adopting Smokefree outdoor area policies.
- There is some evidence showing that second hand smoke in outdoor areas is harmful. A recent New Zealand study has found that smoking in outdoor areas does increase particulate levels to a level that could potentially cause health hazards (Wilson et al 2011). Evidence also suggests that smoking has a role modelling effect on teenagers: those who smoke are more likely to have been exposed to smoking than those who don't smoke (and exposure is likely to have been from outdoor places) (Alesci et al 2003). Therefore, the focus should be on "role modelling and making Smokefree normal" (Smokefree/Auhai Kore Tool Kit undated).
- The rationale for Smokefree outdoor areas is to reduce the visibility of smoking, especially to children, in order to reduce the uptake of smoking. It also has benefits of decreased litter (CanTobacco undated, Halkett and Thomson 2010).
- Table 4 shows how DHBs have engaged with local authorities to develop Smokefree policies within their communities.

Table 4. South Island councils and Smokefree Outdoor Area policies

Council	Description	Date adopted
Nelson Marlborough DHB		
West Coast DHB		
Buller District Council	All Council-owned parks, playgrounds and sports fields	2011
Grey District Council	All Council-owned parks, playgrounds and sports fields	2011
Westland District Council	All Council-owned parks, playgrounds and sports fields	2011
Canterbury DHB		
Christchurch City Council	All playgrounds, skate parks, stadiums and courts, sports fields and public events	2009
Hurunui District Council	All Council-owned reserves including playgrounds and sportsgrounds	2012
Waimakariri District Council	All Council-owned playgrounds	2012
Selwyn District Council	All playgrounds, parks, sports grounds and Council run or sponsored events	2011
Ashburton District Council	All playgrounds Sports fields in Council-owned parks Skate park	2007 2009 2011
South Canterbury DHB		
Waimate District Council	All playgrounds	2009
Timaru District Council	All playgrounds	2012
Mackenzie District Council	All playgrounds	To be adopted in 2012
Southern DHB		
Dunedin City Council	All playgrounds	To be adopted in 2012
Clutha District Council	All playgrounds, sports fields and council run family events	2012
Queenstown Lakes District Council	All playgrounds and swimming pools	2006
Invercargill City Council	All playgrounds All sports fields, Queens Park aviary and animal reserve	2008 2010
Gore District Council	All playgrounds and parks	Currently under development

- International evidence indicates that the public are generally in favour of restrictions on smoking in "various outdoor settings" and there has been a gradual increase in support for Smokefree public places over time (Thomson, Wilson and Edwards 2009; Klein et al 2007).
- Locally, the New Zealand public are supportive of Smokefree outdoor areas. For example, three quarters (76.4%) of New Zealand adults believed that it was 'not at all' acceptable to smoke at children's outdoor playgrounds (Cancer Society of New Zealand and Health Sponsorship Council 2008). In another study evaluating Upper Hutt's smokefree parks policy, 83% of adult park users thought having a Smokefree parks policy was a good idea (Stevenson et al 2008) and similarly an Dunedin study found that 73% of those surveyed were supportive of making playgrounds Smokefree (Harris et al 2009). People who smoke are generally supportive of Smokefree playgrounds (Thomson et al 2009).
- Community support for Smokefree outdoor areas is an important factor in getting councils to endorse outdoor policies (Halkett and Thomson 2010).

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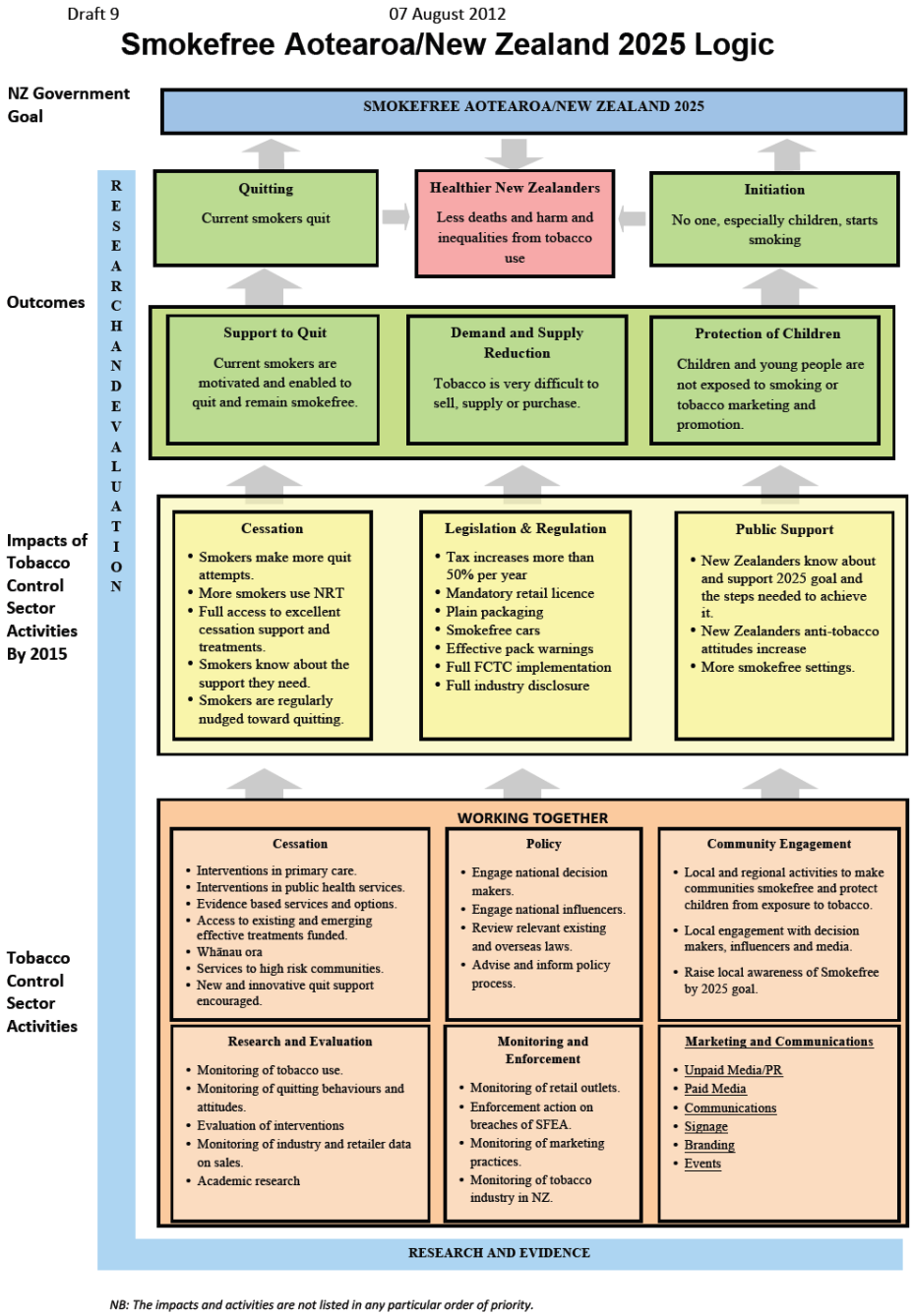
Appendix A – Smokefree Aotearoa/ New Zealand Logic Model 2025



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COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE – 24 JANUARY 2013

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

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

DATE: **8 February 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 24 January 2013 Following confirmation of the minutes of that meeting at the 7 March 2013 meeting, full minutes of the 24 January 2013 meeting will be provided to the Board at its 22 March 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 – 24 January 2013.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

- The Committee noted from the Q1 Health Target Report that the pattern on the West Coast is relatively consistent and that good progress is being made on immunisations. It was also noted that in regard to Heart and Diabetes Checks, whilst the target has not yet been reached the West Coast is one of the best performers in this area. Discussion took place regarding advice to smokers attending general practice and the Committee noted that there is work taking place nationally to improve the recording in this area.

- Carolyn Gullery, General Manager, Planning & Funding presented the Planning & Funding Update which highlighted the key achievements and issues facing the DHB. The Committee noted the following points from the report:
  - The West Coast continues to achieve the Cancer Treatment Health Target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks;
  - The latest available finalised data for the period to October 2012 shows delivery against the Electives Health Target is ahead of target by 9 cases;
  - The ED Health Target continues to be met, with 99.6% of people admitted or discharged within 6 hours in the financial year-to-date 31 December 2012. The longer-term aim for this measure is also being met, with 96% of people admitted or discharged within 4 hours.
  - The new Gateway Assessment Service, linking the West Coast DHB, Child Youth and Family (CYFS), and Ministry of Education for the provision of care to vulnerable children and young people, has now commenced.
  - The B4 School Checks result is lower than we would like and there are plans in place to improve this.
  - The WCDHB has received notice that the Warm Up West Coast programme has had to discontinue due to increasing financial constraints on the project partners. Arrangements have been made, through Healthy West Coast, for the final homes that have applied to the programme and met eligibility requirements, to be insulated in the New Year. 300 homes will be insulated under the project of the planned 500. Discussions regarding alternative options for a continued home insulation project on the West Coast are underway.
  - InterRAI training for West Coast ARC providers will commence in the week of 4 March 2013.
  - West Coast DHB is actively promoting the uptake and use of the volunteer Red Cross transportation option for Buller patients, and the 3-month trial period for the service has been extended into February 2013 to give the pilot every possible opportunity to become established and self-sustaining if demand proves its need.

  Carolyn Gullery advised the Committee that the DHB is working hard in the home care area to address the challenge of more appropriate funding which would also address better training and continued upskilling of the workforce. Discussion took place regarding the roll out of this into Rural areas.

  The committee noted that there is work taking place at how St John are funded and this will take into account the Transalpine model of care. The time frame for this is April at this stage.

- Carolyn Gullery provided the meeting with a presentation "Working Within an Alliance Framework". This presentation will also be provided to the Board at their 8 February meeting.

- The Committee endorsed the draft 2013 Work Plan and noted that this is a working document which will continue to be updated.

- Community & Public Health presented a Smokefree Position Statement developed collaboratively by the South Island Public Health Units which represents the South Island DHBs working together to support the South Island to be a place where Smokefree lifestyles are the norm and harm from and exposure to tobacco smoke is minimised. The Committee have made a recommendation to the Board regarding this paper.

- Discussion took place regarding the suggestion from Committee member John Ayling that the Committee look at the implications of the 'Expert Advisory Group on Solutions to Child Poverty' which reported late last year. The Committee noted that the Canterbury DHB had provided a submission on this report at the time and it was agreed that this report would be circulated to members together with the link for the full report. The full report can be found at http://www.occ.org.nz/publications/child_poverty. The Committee noted that a number of the recommendations in the report are already being implemented and as part of the Annual Planning process a number of others will be picked up.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 24 January 2013.

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

AGENDA

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

To be held in the Board Room at Corporate Office, Grey Base Hospital, High Street, Greymouth
Thursday 24 January 2013 commencing at 9.00am

ADMINISTRATION			**9.00am**
	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 November 2012*		
3.	**Carried Forward/ Action Items**		
REPORTS/PRESENTATIONS			**9.10am**
4.	**Heath Target Q1 Report**	Carolyn Gullery *General Manager, Planning & Funding*	*9.10am - 9.20am*
5.	**Planning & Funding Update**	Carolyn Gullery *General Manager, Planning & Funding*	*9.20am - 9.40am*
6.	**Working Within an Alliance Framework – Presentation**	Carolyn Gullery *General Manager, Planning & Funding*	*9.40am - 10.05am*
7.	**2013 Draft Work Plan**	Michael Frampton *Programme Manager* Carolyn Gullery *General Manager, Planning & Funding*	*10.05am - 10.30am*
8.	**Smoke Free Position Statement**	Jem Pupich *Team Leader, West Coast Office* *Community and Public Health*	*10.30am - 10.45am*
9.	**General Business**	Elinor Stratford *Chair*	*10.45am - 10.55am*
ESTIMATED FINISH TIME			**10.55am**

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Board Agenda – 7 December 2012**
- **West Coast DHB 2013 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: 7 March 2013

Corporate Office, Board Room at Grey Base Hospital.

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 24 JANUARY 2013

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

SOURCE: **Chair, Hospital Advisory Committee**

DATE: **8 February 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 24 January 2013. Following confirmation of the minutes of that meeting at the 7 March 2013 HAC meeting, full minutes of the 24 January 2013 meeting will be provided to the Board at its 22 March 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 – 24 January 2013.

3. SUMMARY

Detailed below is a summary of the HAC meeting held on 24 January 2013. Minutes of the meeting will be available once confirmed by the next HAC meeting on 7 March 2013. Papers presented to the Committee meeting are available on the West Coast DHB website. A copy of the agenda for this meeting is attached as Appendix 1.

ADVICE TO THE BOARD

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

- **Relocation due to Seismic Issues**: Relocation of services to allow seismic upgrades to take place have progressed according to plans. These will continue over the coming weeks.

- **Recruitment** continues. There are now 2 anaesthetists commencing in the next while and focus continues on recruiting a General Surgeon and Hospital Generalist. Discussion took place around midwives and the Committee noted that there is some work to be undertaken to better understand the resourcing needs in this area.

- **Targets**: Specific focus over the next months will be on Better Help for Smokers to Quit.

- **Orthopaedics**: The Canterbury DHB GP Liaison Medical Officer has commenced triaging the Orthopaedic Referrals and it is planned to commence the Musculoskeletal Clinics early in 2013. Three additional Canterbury Orthopaedic Surgeons have joined the Canterbury DHB Orthopaedic rotation to the West Coast to allow the new model of care to be managed appropriately.

- **Central Booking Unit**: Planning & Funding continue to work with the Central Booking Unit to improve the systems and processes. Work has commenced to address a number of process improvements and risks identified in the Ministry of Health's Elective Services Report.

- **Adverse Weather Events**: Weather patterns in late December/early January caused transport issues, particularly in South Westland. Transport of clinical supplies, laundry and personnel over the bridge washout were by helicopter. Communications were maintained via the St John communication network.

- **Detailed Engineering Report**: The Committee noted that the Detailed Engineering Report for the Child & Adolescent Mental Services Building has now been received and the building is not earthquake prone but is an earthquake risk. This means there is no immediate need to vacate the building. The Committee noted that this report is yet to peer reviewed.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 24 January 2013.

Report prepared by: Sharon Pugh, Chair, Hospital Advisory Committee

AGENDA - PUBLIC

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, High Street, Greymouth
Thursday 24 January 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 November 2012*		
3.	**Carried Forward/ Action Items**		

REPORTS/PRESENTATIONS			11.15am
4.	**Management Report**	Garth Bateup *General Manager, Hospital Services*	*11.15am - 11.45am*
5.	**Finance Report**	David Green *Acting General Manager, Finance*	*11.45am – 12.05pm*
7.	**Clinical Leaders Report**	Dr Carol Atmore *Chief Medical Officer*	*12.05pm – 12.20pm*
8.	**2013 Draft Work Plan**	Michael Frampton *Programme Director* Garth Bateup *General Manager, Hospital Services*	*12.20pm – 12.40pm*

ESTIMATED FINISH TIME	1.00pm

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Board Agenda – 7 December 2012**
- **West Coast DHB 2013 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: 7 March 2013

Corporate Office, Board Room at Grey Base Hospital.

TATAU POUNAMU ADVISORY GROUP MEETING UPDATE – 24 JANUARY 2013

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

SOURCE: **Chair, Tatau Pounamu Advisory Group**

DATE: **8 February 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 Tatau Pounamu Advisory Group meeting of 24 January 2013. Following confirmation of the minutes of that meeting at the 7 March 2013 Tatau Pounamu Advisory Group meeting, full minutes of the 24 January 2013 meeting will be provided to the Board at its 22 March 2013 meeting.

For the Board's information the following is the role and aims of the Tatau Pounamu Advisory Group, as stated in the Memorandum of Understanding:

"Role
"To give advice on:
- *the needs and any factors that the committee believe may advance and improve the health status of Maori, also advise on adverse factors of the resident Maori population of Te Tai o Poutini, and:*
- *priorities for use of the health funding provided."*

Aims
- To provide advice that will maximise the overall health gain for the resident Maori population of Te Tai o Poutini through:
  - all service interventions the West Coast District Health Board has provided or funded or could provide or fund for that population; and.
  - all policies the West Coast District Health Board has adopted or could adopt for the resident Maori population of Te Tai o Poutini"

2. RECOMMENDATION

That the Board:
i. notes the Tatau Pounamu Advisory Group Meeting Update – 22 November 2012.

3. SUMMARY

Detailed below is a summary of the Tatau Pounamu Advisory Group meeting on 24 January 2013. A copy of the agenda for this meeting is attached as Appendix 1.

ITEMS OF INTEREST FOR THE BOARD

The Group noted the following key points:

- **Maori Health Report**
  Tatau Pounamu noted that generally good progress is being made against the targets set in the Maori health plan. Previous areas of concern such as cervical screening and smoke free although improving still require more progress.

  There was discussion where the Maori community could support some of the health messages for Maori.

- **HEHA Smokefree Report**
  The secondary smoke free target for Maori is improving, however primary smoke free targets are well below target.

- **Whakaruruhau Whanau House Policy Review**
  A review of the polices for Whakaruruhau the Whanau house at Grey Base Hospital is being undertaken.

4. APPENDICES

Appendix 1: Agenda – Tatau Pounamu Advisory Group Meeting – 24 January 2013

Report prepared by: Gary Coghlan, General Manager, Maori Health

Approved for release by: Ben Hutana, Chair, Tatau Pounamu Advisory Group

AGENDA –TATAU POUNAMU ADVISORY GROUP

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

TATAU POUNAMU ADVISORY GROUP MEETING
To be held in the Boardroom, Corporate Office, West Coast DHB
Thursday 24 January 2013 commencing at 3.30 pm

KARAKIA		**3.30 pm**
ADMINISTRATION		
	Apologies	
1.	**Interest Register** Update Interest Register and Declaration of Interest on items to be covered during the meeting.	
2.	**Confirmation of the Minutes of the Previous Meeting** 22 November 2012	
3.	**Carried Forward/Action List Items**	
	REPORTS	
4.	**Chair's Update - Oral Report**	Ben Hutana, Chair
5.	**GM Maori Health Report**	Gary Coghlan, General Manager Maori Health
6.	**HEHA Smokefree Report**	Claire Robertson, HEHA and Smokefree Service Development Manager
7.	**Policies and Procedure Review** • **Use of Whanau / Family Facility**	Gary Coghlan, General Manager Maori Health
Information Items		
Tatau Pounamu meeting schedule for 2013		
ESTIMATED FINISH TIME		
NEXT MEETING		
Thursday 7 March 2013		

RESOLUTION TO EXCLUDE THE PUBLIC

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

SOURCE: **Board Secretariat**

DATE: **8 February 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 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 7 December 2012	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.	Deficit Recovery Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Annual Plan Approach	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Draft South Island Health Services Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7.	Advisory Committee – Public Excluded Updates	For the reasons given in the Committee agendas	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";

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

ATTENDANCE

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)*
Garth Bateup *(Acting General Manager, Hospital Services)*
Gary Coghlan *(General Manager, Maori Health)*
Carolyn Gullery *(General Manager, Planning & Funding)*
Brian Jamieson *(Communication Officer)*
Karyn Kelly *(Director of Nursing & Midwifery & Acting GM Primary & Community Services)*
Stella Ward *(Executive Director, Allied Health)*
Justine White *(General Manager, Finance)*
Kay Jenkins (*Minutes)*

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Friday 8 February 2013 commencing at 10.00am

KARAKIA			***10.00am***
ADMINISTRATION			***10.05am***
	Apologies		
1.	**Interest Register** *Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.*		
2.	**Confirmation of the Minutes of the Previous Meeting** ▪ *7 December 2012*		
3.	**Carried Forward/Action List Items** *There are no carried forward/ action items*		
REPORTS			***10.15am***
4.	**Chair's Update – Oral Report**	Dr Paul McCormack *Chairman*	*10.15am – 10.30am*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*10.30am – 10.45am*
6.	**Clinical Leader's Update**	Dr Carol Atmore *Chief Medical Advisor* Karyn Kelly *Director of Nursing and Midwifery* Stella Ward *Executive Director of Allied Health*	*10.45am – 11.00am*
7.	**Finance Report**	Justine White *General Manager, Finance*	*11.00am – 11.15am*
8	**Working Within an Alliance Framework - Presentation**	Carolyn Gullery *General Manager, Planning & Funding*	*11.15am – 11.45am*
9	**Smoke Free Position Statement**	Dr Cheryl Brunton *Community & Public Health*	*11.45am – 12noon*
10	**Report from Committee Meetings**		
	- CPH&DSAC *24 January 2013*	Elinor Stratford *Chairperson, CPH&DSAC Committee*	*12noon – 12.10pm*
	- Hospital Advisory Committee *24 January 2013*	Warren Gilbertson *Chairperson, Hospital Advisory Committee*	*12.10pm – 12.20pm*
	- Tatau Pomanau *24 January 2013*	Elinor Stratford *Board Delegate to Tatau Pounamu*	*12.20pm – 12.30pm*

11 **Resolution to Exclude the Public** *Board Secretariat* *12.30pm – 12.30pm*

INFORMATION ITEMS

- Confirmed Minutes
  - CPH&DSAC Meeting – 22 November 2012
  - HAC Meeting – 22 November 2012
  - Tatau Pounamu Meeting – 22 November 2012
- Schedule of Correspondence
- 2013 Meeting Schedule

ESTIMATED FINISH TIME ***12.30pm***

NEXT MEETING

Friday 22 March 2013 commencing at 10.00am

MINUTES

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

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 November 2012 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); Kevin Brown (Deputy Chair); John Ayling; Lynette Beirne, Dr Cheryl Brunton; Marie Mahuika-Forsyth; Jenny McGill; Mary Molloy; Robyn Moore; John Vaile; and Peter Ballantyne (ex-officio by video conference)

APOLOGIES

An apology for lateness was received from Peter Ballantyne

An Apology for absence was received and accepted from Dr Paul McCormack (ex-officio).

EXECUTIVE SUPPORT

Carol Horgan (Team Leader, Planning & Funding); Gary Coghlan (General Manager, Maori Health); Michael Frampton (Programme Director – by video conference); Karyn Kelly (Director of Nursing & Midwifery); Brian Jamieson (Communications Officer); and Kay Jenkins (Minutes).

Item 7
Jennie Hasson (Financial Accountant) & David Green (Financial Controller, CDHB)

WELCOME

The Chair welcomed everyone and asked Gary Coghlan, General Manager, Maori Health to lead the Karakia.

1. INTEREST REGISTER

Jenny McGill's advised that her husband is employed by the DHB.

2. MINUTES OF THE PREVIOUS MEETING

Resolution
(Moved: JohnVaile; Seconded: John Ayling - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 11 October 2012 be confirmed as a true and correct record subject to a correction in the spelling of Tariana Turia"

3. CARRIED FORWARD/ACTION ITEMS

There are two items are to be carried forward for the next meeting:

1. the Human Rights Commission report "caring counts" - the Committee requested a report on the implications of this Report for the West Coast community and Age Related Services. The report back will also contain information regarding national work undertaken in this regard.

2. Disability paper presented to the Canterbury DHB CPH&DSAC Committee. Any changes or updates to be provided to this committee.

4. PHO QUARTERLY REPORT

Anthony Cook**,** Chief Executive, West Coast PHO presented the PHO quarterly report. He highlighted smoking cessation results and commented that when more smokers are identified this changes the denominator which changes the percentages. He also commented regarding professional development and the Committee noted that a very successful workshop was held earlier in November with a variety of speakers. The open forum held at the end of the day for GPs and nurses discussed in particular: recruitment; nursing resourcing and access to allied health.

The comment was made that there is a desire by practices to have more access to Allied Health in Primary Care settings and that this was a driver for BSMC. He added that it is concerning that we have not been able to achieve this considering that the focus of our Annual Plan is to build a stronger Primary Care service on the West Coast.

The Chief Medical Officer commented that the DHB has recently been able to recruit an occupational therapist and also a locum physiotherapist (6 months) into Westport. She added that workforce in Allied Health has been difficult as has the recruitment of GPs.

A query was made regarding progress in relation to new graduates from the UK and it was agreed that an update would be provided at the next meeting by the Director of Allied Health.

Discussion took place regarding waiting times for medical centres/clinics. Anthony Cooke clarified that the information provided on page 8 show 4 indicative sets of conditions to enable comparison with previous data. He added that it is difficult to know how to measure access and the work done 2 years ago determined these sets of conditions.

The report was noted.

5. PLANNING & FUNDING UPDATE

Carol Horgan, Team Leader, Planning & Funding spoke to this report which highlighted the key achievements and issues facing the DHB. The report was taken as read.

An upcoming point of interest was that the mental Health Service is running a stakeholder meeting later in November (at the time of the meeting this had just taken place) to identify the opportunities for change to increase access, responsiveness and flexibility of the wider mental health system, including Primary Care. The Chief Medical Officer commented that moving mental health services into primary care settings was discussed at the meeting and a report on the outcomes of the meeting is awaited.

Attention was drawn to the smoking targets on page 6 and the Chief Medical Officer commented that the DHB is working to improve the recording of this target. A comment was also made about encouraging smoking cessation for staff.

The report was noted

6. CLINICAL LEADERSHIP REPORT

Dr Carol Atmore presented the Clinical Leadership Report which was taken as read. Dr Atmore

reported that the Clinical Board had now met for the third time since its inception and are now starting to come together as a group0. She also commented on the Recent Quality conference held in Auckland and focus on better patient experiences and better health outcomes for communities at a lower cost. In addition she commented on the Serious & Sentinel Events report which currently focuses on hospital settings and that the Health & Safety Quality Commission is keen to extend this to primary care settings.

The report was noted.

7. FINANCE REPORT

Jennie Hasson, Financial Accountant, and David Green, Financial Controller, CDHB, spoke to this report which was taken as read. Jenny commented that there are some areas with significant impacts on our financial results and we are currently looking at a process of readdressing budgets and what will be done about this situation.

Michael Frampton, Programme Director, confirmed that further information would be provided at the next meeting regarding the readdressing of the budgets which is a challenge for the whole organisation. He commented that the exercise currently taking place would determine what opportunities are available and what changes could be made to address this.

Resolution
(Moved John Ayling/seconded Mary Molloy – carried)
That the Committee endorse the approach being taken by management to address these financial issues.

Discussion took place regarding whether any thought has been given to how this will be managed with external providers. It was confirmed that the DHB is working with providers in this regard.

Peter Ballantyne joined the meeting by video conference at 10.05am

The Committee noted the report.

8. BETTER SOONER MORE CONVENIENT AND ALLIANCE LEADERSHIP TEAM UPDATE

Dr Carol Atmore spoke to this report which was taken as read. She commented on the following items which were raised:

- the process of establishing practice management for DHB primary practices is underway;
- the Alliance Leadership Team has not met since August and the next meeting will be in early December. This meeting will look at next year's work plan and membership of the Team;
- the Grey IFHS is linked with Regional hospital work and there will be further focus on primary care in the new year;
- the minivan service is transporting a variable number of people (between 1 & 15) and there is a need to wait and see how this goes;
- in regard to the funding provided by the Ministry for a cancer nurse we have been allowed a dispensation due to what we already have in place.
- community pharmacists will have a presence in primary practices to critique records and provide advice around multiple medications.

The update was noted

9. GENERAL BUSINESS

- Maori Health Initiatives

  Gary Coghlan, General Manager, Maori Health, provided the Committee with a verbal update on Maori Health initiatives and provided some information around how better input could be provided into the Maori Health Plan.

  Discussion took place regarding the monitoring of the Maori Health Plan and also the need for more alignment between primary & secondary care.

  He also spoke about the recent Kaizen workshop and commented on how successful this had been.

  The update was noted.

INFORMATION ITEMS

- Chair's report to last Board meeting
- Committee Terms of Appointment
- West Coast DHB draft Meeting Schedule 2013

There being no further business the meeting concluded at 10.45am.

Confirmed as a true and correct record:

_____ _____

Elinor Stratford Date
Chair

MINUTES OF PREVIOUS MEETING

MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Thursday 22 November 2012, commencing at 11.00am

PRESENT

Warren Gilbertson (Chair); Sharon Pugh (Deputy Chair); Paula Cutbush; Karen Hamilton; Gail Howard; Doug Truman; and Richard Wallace.

MANAGEMENT SUPPORT

Garth Bateup (General Manager, Hospital Services); Gary Coghlan (General Manager, Maori Health); Michael Frampton (Programme Director); David Green, (Financial Controller, CDHB); Jennie Hasson (Financial Accountant); Carol Horgan (Team Leader, Planning & Funding, CDHB); Brian Jamieson (Communications Officer); Karyn Kelly (Director of Nursing & Midwifery); Kay Jenkins (Minutes).

WELCOME

The Chair welcomed everyone to the meeting and asked Richard Wallace to open the meeting with a Karakia.

APOLOGIES

An apology for lateness was received and accepted from Peter Ballantyne.
Leave of absence for Paul McCormack was noted.

1. INTEREST REGISTER

Richard Wallace advised that his interest regarding "Kaumatua for West Coast DHB Mental Health Service (part-time)" should state "employed part-time".
Interests for Karen Hamilton will be included in the next meeting papers.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution
(Moved: Warren Gilbertson/Seconded: Doug Truman – carried)

"That the minutes of the meeting of the Hospital Advisory Committee held on 11 October 2012 be confirmed as a true and correct record."

Chair's Report to Board

The Chair provided an update back to the Committee from the last Board meeting and commented in particular on seismic issues which had been well documented in the media, and the Grey business Case. Further reports will be provided as the project develops.

3. CARRIED FORWARD/ACTION ITEMS

The General Manager, Hospital Services provided an update on the carried forward items;

1. Complaints – more information is provided at today's meeting. This item can now be deleted.

2. Transportation – the pilot operating between Buller & Greymouth will be evaluated in December and then again in 3 months time. The most appropriate day varies from week to week. This item will now be split into 2: evaluation report; and SI project around ambulance transport.

3. Work Plans – The Board will be discussing at its December meeting and an update will be provided at the January committee meeting.

4. Exit interview trends – this will be included in the work plan and be reported six monthly.

The Committee noted the carried forward items.

4. HOSPITAL ADVISORY COMMMITTEE WORKPLAN

There was no further discussion on the work plan.

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

The General Manager, Hospital & Specialist Services spoke to the Management Report.

Discussion by the committee related to:

- Medical Staffing:
  - Locum costs – these are reasonable at the present time
  - Obstetrics & Gynecology appointment will commence in January
  - An anesthetist will be commencing shortly and another applicant will be interviewed early in December.

Vacancies are shown in the papers.

- Health Targets – these show reasonably good results but the smoking target for September is disappointing. Work is taking place around improving this. Discussion took place regarding how many people the percentages refer to. This information will be provided at the next meeting.
- The committee noted that there are financial implications around exceeding targets and this is not necessarily a good thing.
- Out Patient Clinic Cancellations – Discussion took place regarding the reasons for these cancellations, the process around them and what can be done to alleviate the situation.
- Seismic Issues & Relocation - Seismic issues are widespread around the DHB sector and the West Coast is very advanced in looking at these issues. There have been some huge costs related to Engineering reports and there are still some broader facility questions to be dealt with. Planning to relocate several services continues with the priority to ensure that patient and staff disruption is mitigated as much as is possible.
- Discussion took place regarding maternity services in Buller and the possible need for mothers to commute to Greymouth on weekends. The Committee noted that work is taking place to strengthen this service.
- Xclr8 – the committee noted that presentations are taking place tomorrow for the latest course. There had been a good uptake of Senior Medical Staff and more are keen to be involved in the future.
- Serious & Sentinel Events – the Health Quality & Safety Commission report on Serious & Sentinel Events has been published and is available on the Health & Quality Commission web site.
- Laundry – the General Manager provided the Committee with some background around this issue including information regarding the South Island procurement work stream.

Garth Bateup declared an interest in the Laundry discussions as part of his role includes membership of the Board of the CLS.

12.10pm Peter Ballantyne & Michael Frampton joined the meeting via video conference.

- Hospital Improvement Projects – the General Manager tabled some information regarding current projects underway in the hospital. The paper stated that whilst the list of hospital improvement projects is detailed in the meeting papers it has been decided to suspend most of the work on all projects except the following;
  - Central Booking Unit: A team involving clinical leaders from all specialities will be embarking in detailed work on the CBU over the next few weeks. Some key indicators have been developed however, a comprehensive work plan with milestones and key deliverables needs to be completed so that progress can be monitored. This should also have positive implications on outpatient clinic cancellations.
  - Theatre Utilisation: Utilisation of theatre lists has been reviewed for a period of 8 weeks and results show a utilisation rate of 63%. In a hospital such as this where predominately

elective surgery is undertaken a utilisation rate of 80-85% should be easily achievable. This work will proceed in conjunction with the CBU processes.

- Production Plan/ESPI Compliance: The DHB struggles to maintain compliance on a regular continuous monthly basis. Work is taking place around medical staff rostering and clinical/theatre scheduling in this area.
- Ward Resourcing vs Patient Activity: Work is taking place in this area around matching staffing levels to actual patient activity. The tool currently used is the Trendcare system. Work will commence shortly to ensure maximum capacity of the Trendcare system.

The report was noted.

6. FINANCE REPORT

Jennie Hasson, Financial Accountant, spoke to this report. The report was taken as read and she commented on: Laundry costs; seismic costs; Capex; and the decrease in revenue. She added that if we continue on this path the outcome will not be what we are trying to achieve.

Michael Frampton, Programme Director, commented that we need to be really clear that this is a collective challenge. The picture is not good and a comprehensive re-forecasting exercise is currently being undertaken across the organisation, both in primary and secondary services. We will also be looking at what the choices and opportunities are to deliver on our Annual Plan commitments.

Discussion took place regarding seismic issues and whilst some of the engineering costs could be capitalised this is part of the recasting exercise.

In regard to DHB owned GP services Michael commented that this remains one of the top priorities of the DHB.

Resolution
(Moved: Richard Wallace/Seconded: Sharon Pugh – carried)
That the Committee received the financial report for the period ending 31 October 2012.

7. CLINICAL LEADERS REPORT

Dr Carol Atmore, Chief Medical Officer, spoke to the Clinical Leaders Report which was taken as read. The Committee noted that as the new work plan is developed this will set the priorities for future reporting to the Committee.

Resolution
(Moved: Sharon Pugh/Seconded: Gail Howard – carried)
That the Committee notes the report.

The Committee noted that there were no public excluded items.

GENERAL BUSINESS

The Chair advised that he has indicated to the Board Acting Chair that he will no longer be available to Chair this Committee so this will be his last meeting as Chair.

The Committee moved a vote of thanks to the Chair for his work in Chairing the Committee.

There being no further business the meeting closed at 12.50pm

Confirmed as a true and correct record.

_____ _____

Warren Gilbertson Date
Chairman

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING held in the Board Room Corporate Office, Grey Base Hospital, on Thursday 22 November held at Corporate Office at 4.08 pm

PRESENT: Ben Hutana (Chair), Te Rūnanga O Ngāti Waewae
Sharon Marsh, Maori Community
Wayne Secker, Maori Community
Elinor Stratford, West Coast DHB Representative on Tatau Pounamu
Marie Mahuika-Forsyth, Te Rūnanga O Makaawhio
Richard Wallace, Te Rūnanga O Makaawhio

IN ATTENDANCE: Gary Coghlan, General Manager Māori Health, West Coast DHB
Claire Robertson, HEHA and Smoke free Services Manager, West Coast DHB
Carol Horgan, Team Leader Primary / Secondary Care, Planning and Funding, CDHB

MINUTE TAKER: George Atfield, Administrator Maori Health

APOLOGIES: Francois Tumahai, Te Rūnanga O Ngāti Waewae
Peter Ballentyne, Acting Board Chair, West Coast DHB

WELCOME

The Chair welcomed everyone to the meeting and said the opening karakia. Carol Horgan, Team Leader Primary / Secondary Care, Planning and Funding, Canterbury DHB and West Coast DHB was welcomed to the meeting and apologised that she will leave the meeting earlier to drive back to Christchurch.

All attendees provided a quick introduction to Carol.

1. AGENDA / APOLOGIES

Apologies were received from Francois Tumahai and Peter Ballentyne.

Motion: THAT the apologies are accepted.

Moved: Marie Mahuika-Forsyth **Seconded: Wayne Secker**

2. DISCLOSURES OF INTEREST

No amendments required.

Motion: THAT Disclosures of Interest were a true and accurate record.

Moved: Wayne Secker **Second:** Sharon Marsh

3. MINUTES OF THE LAST MEETING - THURSDAY 11 OCTOBER 2012

Motion: THAT the Minutes of Thursday 11 October they were accepted as a true and accurate record.

Moved: Richard Wallace **Second:** Ben Hutana

4. MATTERS ARISING

4.1 DHB annual plan – A copy has been provided to Marie Mahuika-Forsyth

4.2 DHB Maori Plans and annual plans – Information emailed to Marie Mahuika-Forsyth and the HEHA Manager provided a verbal update and advised that the 2 year plan is in draft, and once finalised a copy will be forwarded to Marie Mahuika-Forsyth and an update can be discussed at the next meeting.

4.3 Tatau Pounamu distribution – Minute Secretary ensured that the Chair of Makaawhio Runanga is on the distribution list.

4.4 The PHO has been invited to attend the Tatau Pounamu meetings.

The GM Maori Health advised that Jenny Woods will be attending Tatau Pounamu to discuss Oral Health.

5. CHAIR'S REPORT

The Chair advised that Rata have appointed a General Manager, Dr Melissa Craig and the two positions at Kawatiri/Buller have been advertised. These are for a Maori nurse and a Maori health navigator

The Chair sought feedback from Committee members about Tatau Pounamu members who are on other Advisory Committees reporting back items of significance from these meetings. His question was would this process be worth progressing? It was agreed that Elinor Stratford would seek approval from the Board that a one page document (of significant items) from other Advisory Committee members who are also a Tatau Pounamu member could be submitted to Tatau Pounamu under the Information papers tab. Examples of items of interest would be immunisation, oral health, smoking cessation.

Action: Elinor Stratford

Jenny Woods, Quality Coordinator/Dental arrived at 4.30pm and was introduced and explained was here to discuss Oral Health particularly in relation to Maori.

6. GENERAL MANAGER MAORI HEALTH

The GM Maori Health report is taken as read.

Kaizen Workshop

The Workshop held 7& 8 November went well. This workshop provided an opportunity for a number of clinicians to look at the pathway of a Maori patient. Worksheets from the workshop are pinned to the walls in the Maori Health offices. The worksheets look at case scenarios and what currently occurs for a patient in the real world. One Committee member felt that the workshop would have been of more benefit if it was solely Maori looking at Maori pathways but did acknowledge that the workshop was a good idea. Ideally the key would be to have a Maori navigator from the beginning of a Maori patient's journey through to the end of the Maori patient's journey.

Other committee members who were present at the workshop felt that the workshop was valuable as it highlighted many pathways of a patient and how much one patient has several contacts from healthcare providers within their one health event. It was a good opportunity to analyse duplication and how areas can be improved whilst identifying all cultural issues.

The General Manager Maori Health acknowledged all points of view and explained it is now a matter of ensuring that all this hard work is followed through to ensure the Maori Health pathway is successful. The recent opening of Te Whare Oranga Pai is one way to reinforce a strong Maori Health pathway.

The General Manager Maori Health advised that the Te Whare Oranga Pai was opened 26 October and acknowledged all the hard work that has been undertaken by Marie Mahuika-Forsyth and those who have assisted her to establish whare oranga pai The committee were advised that Whare Oranga Pai, focus is on nutrition / physical exercise. The goal is ultimately to reduce chronic conditions amongst Maori Community members that have registered with Whare Oranga Pai have an age range from 16-73 years.

Associate Minister of Health – Visit To the West Coast

The postponement of the Ministers visit was disappointing but out of her control as it was due to mechanical issues with the plane. A tentative date had been scheduled for 10 December. The General Manager Maori Health was advised that the Waka ama is scheduled for that day at Lake Kaniere. The General Manager Maori Health will contact the Minister's Office to possibly review this date.

Carol Horgan excused herself from the meeting and left at 4.51pm.

The School Dental Services Quality Plan was tabled. Jenny Woods, Quality Co-ordinator/Dental, provided an update as to the purpose of the plan and provided a verbal update on points to note.

- Recruitment is continuing for a dental therapist
- Have arrears of approximately up to 426 children to be seen, a plan has been developed to address this – if urgent appointments cannot be seen the plan is to refer them to the Community dentist
- Mobile screening to be reviewed and consider other options to deliver mobile screening
- A number of good initiatives in place e.g. lift the lip. It was raised that another committee has looked at lift the mouth rather than lift the lip – Jenny advised that she is currently researching into lift the mouth
- A referral form has been developed to refer to the service which can be completed by a school teacher or other health professional e.g. B4 Schools. An acknowledgment letter will be sent and followed through until after the appointment is completed.
- She is working with the Maori health team to look at reducing health inequalities, look at what we can do better and to make it more Whanau friendly.
- Enrolment packs to continue to be supplied to Rata Te Awhina for all ages.
- There is a concept of having a screening unit at Arahura – to be further addressed with Maori Health Services. A committee advised that Kohanga Reo children are bused in on a daily basis so this could work exceptionally well.
- Review all communication ensuring that it is friendly and appropriate. Feedback on this project is ongoing.
- Encourage community organisations continue to provide education on oral health for children.
- Did Not Attends needs to be addressed, to find out what the barriers of care are, to be more accommodating for people, e.g. if coming into town that day arrange the appointment then, look at, transport options and what can we put in place for support, look at working with the Grandparents to ensure child attends the appointment.
- The 3 strikes policy has changed, to reduce DNA for General Anaesthetics a courtesy call occurs 3 days prior to see if any help is required to attend the appointment e.g. transport. No child is to be

cancelled from the GA waiting list with out input and follow up from the Dental Coordinator to ensure required care is provided.

Achievements for the end of calendar 2011 were:

- preschool enrolments target for 2011 was 75% as at the end of September 80.7% was achieved
- % of Maori preschoolers enrolled was 72.5%
- at the end of the 2011 calendar year we achieved and exceeded our DAP target for the % of all 5 year olds caries free (target 55%) by 6% which was an increase of 9% over 2010
- the % of Maori 5 year old's has improved from 38% in 2010 to 47% in 2011 and increase of 9%

Other achievements to note:

- From January - June 2012 63% of all 5 year olds and 60% of Maori 5 year olds seen at the school dental service were caries free, an indication that the caries free rate is improving.
- The number of adolescents enrolled has increased by 20%

The Quality Co-ordinator/Dental was commended on all her work to date. She advised that it has been a good year with noticeable improvements to date. She also acknowledged the assistance of the General Manager Maori Health and the Portfolio Manager, it has been great support.

Committee members felt that this is a very good draft document.

The Quality Co-ordinator/Dental advised that any further input from Committee members would be gratefully received.

Jenny Woods left the meeting at 5.06pm.

7. HEHA SMOKEFREE SERVICES UPDATE

The HEHA Manager spoke to the report and advised that it is primarily focused on smokefree, the two health targets being primary / secondary health with more of a focus on primary health.

The statistics supplied within the report is collected from, PPP (Primary Performance Programme) and unfortunately does not does not define the Maori population within the data. It is also part of a national database.

The primary health target results for the West Coast are just above the national average, the Health target that was introduced requires the primary practice to ask patients about their smoking and provide advice. The PHO is working with the practices to see if how they can support the practices for data collection and linking patients to cessation services.

The Waka ama festival is scheduled for 10 December. The Waka Ama kaupapa is progressing well, including key involvement from the Polytechnic with good community support. A third Waka has just been purchased. The HEHA Manager advised that the Waka Ama HEHA contract ends in February with Rata.

Breastfeeding results have focused on the 6 week Maori breastfeeding rate, the target is 81 but it is currently at 78. These results need to improve. The committee was advised that Plunket, will be fully staffed in 2 weeks, so this should assist with the 6 week Maori breastfeeding rate.

The question was asked whether the quit smoking programme was still available for staff as there is still a number of staff who smoke. The Committee were advised that it is still available but it might be timely to undertake another push.

8. RATA TE AWHINA UPDATE

Francois Tumahai was unavailable for an update.

9. MAORI HEALTH PLAN – QUARTER 1 PROGRESS

The HEHA Manager spoke to the report on behalf of Robson Lumaka, Planning & Funding Analyst.

- Access to care – it was noted that the percentage of Maori enrolled at the PHO has declined
- Immunisation rates – the two year old immunisation rates focus is on opt off rates. However, it was discussed immunisation may have occurred but they have just come off of the register.
- Cardiovascular screening – the health targets for CVD continue to improve
- Cervical screening – eligible Maori women cervical screening results are not favourable which is of concern. The committee discussed in further detail and agreed that a recommendation would be sent to the Board requesting that this is reviewed further to see what barriers is preventing more favourable results.

The following recommendation to be sent to the Board:

Tatau Pounamu queried the low numbers of Maori accessing cervical screening services and request that a report on strategies to remedy this is provided. The target for 2012/2013 is 75% increasing to 80% by December 2014.

It is important that these low numbers are investigated and that the West Coast DHB commits to improving numbers in the near future.

The data provided in this report is critical to monitor to make a difference in Maori Health. The report writer is providing valuable information to the committee.

Workforce
Progress is being made in West Coast Maori enrolled in the Kia ora Hauora programme. The Treaty of Waitangi workshops continue with very good attendance.

10. 2013 TATAU POUNAMU MEETING DATES

Committee members accepted the dates. Alternative venues to the Boardroom Corporate Office will be addressed in 2013.

Gary thanked members for their support throughout the year and wished everybody a happy Christmas

There being no further business the meeting closed at 5.46pm.

BOARD AND CHAIR'S CORRESPONDENCE FOR 8 FEBRUARY 2013 BOARD MEETING

OUTWARDS AND INWARDS CORRESPONDENCE

Copies of this correspondence or links to documents have been sent separately to Board members.

Date Letter Received	Sender	Addressee	Details
28 Jan 2013	WW100	Chairman	Commemorating the Centenary of the First World War
28 January 2013	Te Runanga o Makaawhio	Chairman	Confirmation of Representation on HAC & CPH/DSAC
31 Jan 2013	Minister of Health	Chairman	Letter of Expectations

WEST COAST DHB – MEETING SCHEDULE FOR 2013

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

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