West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 9 May 2014
10.15am

St John
Waterwalk Road
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

WEST COAST DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

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

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held St John, Waterwalk Road, Greymouth
Friday 9 May 2014 commencing at 10.15am

KARAKIA		***10.15am***
ADMINISTRATION		***10.20am***
	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** ▪ *4 April 2014*	
3.	**Carried Forward/Action List Items**	
REPORTS		***10.25am***
4.	**Chair's Update** **(Verbal Update)**	Paul McCormack *Chairman*
5.	**Chief Executive's Update**	David Meates *Chief Executive*
6.	**Clinical Leader's Update**	Karyn Bousfield *Director of Nursing and Midwifery* Stella Ward *Executive Director, Allied Health*
7.	**Finance Report**	Justine White *General Manager, Finance*
8.	**Clinical Board Update** **(Verbal Update)**	Stella Ward *Executive Director, Allied Health*
9.	**Tatau Pounamu Terms of Reference** *(Late Paper)*	Michael Frampton *Programme Director*
10.	**Health & Quality & Safety Commission Address**	Dr Janice Wilson *Chief Executive* *Health Quality & Safety Commission*

		10.25am – 10.35am
		10.35am – 10.50am
		10.50am – 11.00am
		11.00am – 11.10am
		11.10am – 11.30am
		11.30am – 11.40am
		11.40am - 11.55am

11.	**Report from Committee Meetings**		
	- CPH&DSAC *1 May 2014* *(Due to the timing of the Committee meetings this report will be provided as a late paper)*	Elinor Stratford *Chair, CPH&DSAC Committee*	*11.55am - 12.05pm*
	- Hospital Advisory Committee *1 May 2014* *(Due to the timing of the Committee meetings this report will be provided as a late paper)*	Sharon Pugh *Chair, Hospital Advisory Committee*	*12.05pm - 12.15pm*
	- Tatau Pounamu Advisory Group *10 April 2014* *(Verbal Update)*	Elinor Stratford *Board Representative to Tatau Pounamu*	*12.15pm - 12.25pm*
12.	**Resolution to Exclude the Public**	*Board Secretariat*	*12.25pm*

INFORMATION ITEMS

- 2014 Meeting Schedule

ESTIMATED FINISH TIME ***12.25pm***

NEXT MEETING

Friday 27 June 2014

KARAKIA

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

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER

	Disclosure of Interest
Dr Paul McCormack **Chair**	• General Practitioner Member, Pegasus Health
Peter Ballantyne **Deputy Chair**	• Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB • Retired partner, 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 • Temporary Acting Chair, Brackenridge Estate Limited
Kevin Brown	• Councillor, Grey District Council • Trustee, West Coast Electric Power Trust • Wife works part time at CAMHS • Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association
Helen Gillespie	• Peer Support Counsellor, Mum 4 Mum • Employee, DOC
Michelle Lomax	• Kawatiri Action Group – Past Member • Autism New Zealand – Member • West Coast Community Trust – Trustee • Buller High School Board of Trustees – Trustee • St John Youth Leader
Peter Neame	• President, Multiple Sclerosis Society, West Coast
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, Grey/Westland district • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Advisor MS/Parkinson West Coast • Disability Resource Trust - contracted to wind up this Organisation • Trustee, Disability Resource Centre, Queenstown/West Coast • Elected Member, Arthritis New Zealand, Southern Regional Liaison Group

Sharon Pugh	• Shareholder, New River Bluegums Bed & Breakfast • Chair, Greymouth Business & Promotions Association
Joseph Thomas	• Chief Executive, Development West Coast • The Canterbury Community Trust – Chair & Member • Canterbury Direct Investments Limited – Director • The Canterbury Community Trust Charities Limited – Director • Canterbury Trust House Limited – Director • Ngati Mutunga o Wahrekauri Asset Holding Company Limited – Chair • Motuhara Fisheries Limited – Director • Management South Limited – Director • Ngati Mutunga o Wharekauri Iwi Trust – Trustee • New Zealand Institute of Management Inc – Member (Associate Fellow) • New Zealand Institute of Chartered Accountants – C A, Member
John Vaile	• Director, Vaile Hardware Ltd • Member of Community Patrols New Zealand
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 • Member of Tatau Pounamu • Father employee of West Coast District Health Board • Director, Kōhatu Makaawhio Ltd • Appointed member of Canterbury District Health Board • Chair, Poutini Waiora • Area Representative-Te Waipounamu Maori Womens' Welfare League

MINUTES

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Waterwalk Road, Greymouth
on Friday 4 April 2014 commencing at 10.00am

BOARD MEMBERS

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

APOLOGIES

An apology was received and accepted from Dr Paul McCormack.

EXECUTIVE SUPPORT

David Meates (Chief Executive);Karen Bousfield (Director of Nursing and Midwifery); Gary Coghlan (General Manager, Maori Health); Greg Hamilton (Acting General Manager, Planning & Funding); Mark Newsome (General Manager, Greymouth & Westland); David Green (Acting General Manager, Finance) Philip Wheble (Team Leader, Planning & Funding); Erin Jamieson (Communications); and Kay Jenkins (Minutes).

Susan Wallace led the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Peter Ballantyne advised that he is Interim Acting Chair of Brackenridge Estate Ltd
Joseph Thomas advised that he is no longer CEO of NZIM and now CEO of Development West Coast.

Declarations of Interest for Items on Today's Agenda
Susan Wallace declared a possible conflict of interest regarding item 12 – Tatau Pounamu Terms of Reference.

Perceived Conflicts of Interest
There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (9/14)
(Moved Joseph Thomas/seconded John Vaile - carried):

"That the minutes of the Meeting of the West Coast District Health Board held in the Board Room, Corporate Office, Grey Base Hospital, Greymouth on Friday 21 February 2014 be confirmed as a true and correct record subject to a correction of the spelling of Michelle Lomax on page 3.

3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.

Michelle Lomax enquired regarding the letter from the National Health Board regarding safety issues around Maternity Services in Buller. This letter is to be copied to the Board.

4. ACTING CHAIR'S UPDATE

The Acting Chair advised that there had been a National Leadership Meeting for Chair's and Chief Executive's in Wellington on 17 March. Unfortunately neither he nor the Chair had been able to attend.

A Partnership Group Meeting had been held on 12 March and the Business Case appears to be progressing well.

A South Island Alliance meeting was held on 31 March and the South Island Capital Investment Committee forms part of this and approves major capital expenditure in the South Island. Main discussions were as follows:

- Information Technology
- The South Island Neurosurgery Board will now become a workstream of the Alliance.
- Palliative Care will now become a workstream
- HBL provided a presentation
- South Island Public Health – alcohol harm; tobacco; and sustainability
- Quality & Safety
- As part of Board member training South Island Alliance Project Office (SIAPO) will present to Boards in the South Island.

Tatau Pounamu Terms of Reference
The Chair advised that that Tatau Pounamu have spent some time looking at how they work and the revised Terms of Reference proposed by Tatau Pounamu have been referred to management for comment and will come to the next Board meeting.

Resolution (10/14)
(Moved Peter Ballantyne/seconded Elinor Stratford – carried)

That the Board:

i. notes the Chair's verbal update.

5. CHIEF EXECUTIVE'S UPDATE

The Chief Executive, presented this report which was taken as read. He stepped through a number of elements of the report and highlighted the following points:

- The access of communities to Primary Care in a timely manner
- A permanent GP for Reefton
- The interest of a younger cohort of nurses which is particularly good news for Buller and will lead to more sustainability.
- The easiest option around Reefton would be to close services however some good solutions have been put in place here to prevent this.
- The model of care to support people in their own homes.
- The cable replacement and switchboard installation is now complete and this had removed considerable risk from the Grey Hospital site.
- The Facilities Business Case is working its way through the process but it is fair to say that the clinical involvement and "buy in" will continue to support the range of services on the West Coast and into the future. He added that, despite some disconnect, the Clinical Teams have done an incredible job in translating services into a facility.
- The West Coast leads all DHBs in ESPI compliance which is a real testament to the focus and rethinking around the way we do things.

- In regard to Telehealth the West Coast is leading New Zealand and is right at the forefront of this throughout Australasia. This means that fewer people need to travel off the West Coast for their care.
- With the movement to totally electronic records this will mean a reduction in the opportunity for harm to be done as a result of lack of information.
- All DHBs need to have replaced or provided risk mitigation strategies for any Windows XP desktop in their organisation by April 2014. IT currently has this as one if its highest priorities and is in the process of building replacement equipment/software to achieve this.
- The implementation of our Grass Roots Strategy of re-engaging the community will continue this year and will be very important as we seek to engage with the Community on the Facilities Development Project.

The Chief Executive advised that he had received at the Reefton Public Meeting a petition from the Reefton community stating:

"The Reefton area needs a permanent doctor based here for at least five day per week. This petition will be presented to the West Coast District Health Board. Having a reliable healthcare service is vital for our community and affects all of us from newborns to the elderly"

The comment was made that the Board is aware of the tremendous efforts by staff and management, some of which are dual appointments with Canterbury, and the Board asked that their appreciation to management and staff be formally recorded.

Discussion took place regarding how the DHB measures the experience of the service user. The Chief Executive advised that there are consumer feedback mechanisms in place although these are in the process of being revised and looked at in a different way.

Discussion also took place regarding drinking water quality. The Board noted that work is undertaken in this area through Community & Public Health and Territorial Authorities.

A comment was made regarding the need for consultation around Aged Care Services in Buller and the Chief Executive advised that we have already indicated that this will take place towards the end of the year.

Resolution (11/14)
(Moved Kevin Brown/seconded Michelle Lomax – carried)

That the Board:

i. notes the Chief Executive's update.

6. CLINICAL LEADERS REPORT

Karyn Bousfield, Director of Nursing & Midwifery, presented this report which was taken as read. She highlighted in particular:

- the Facilities Planning work being undertaken;
- sustainability of the workforce – particularly for Nursing;
- Dedicated Education Unit (DEU) – this is well embedded in Canterbury and means we can host a larger number of students.

Resolution (12/14)
(Moved John Vaile/seconded Peter Neame – carried)

That the Board:

i. notes the Clinical Advisor's updates.

7. FINANCE REPORT

David Green, Acting General Manager, Finance, spoke to the Finance Report for February 2014 which was taken as read. The report advised that the consolidated West Coast DHB financial result for the month of February 2014 was a surplus of $0.345m, which was $0.013m unfavourable against the budgeted surplus of $0.358m. The year to date position is now $0.069m unfavourable. He advised that the DHB is still forecasting to meet our $1.1m deficit. He added that it is still a little premature to report on the March figures but it is anticipated that this will be on track.

The Chief Executive advised as an early precursor, when we get the facilities approved we will then reset the financials which is a normal part of any huge project with assets written off etc.

Resolution (13/14)
(Moved Helen Gillespie/seconded Elinor Stratford – carried)
That the Board:
i. Notes the financial result for the period ended 28 February 2014

8. DRAFT WEST COAST PUBLIC HEALTH PLAN 2014-15

Jem Pupich, Team Leader, Community & Public Health, presented this report. He advised that a few minor changes resulting from the CPHAC & DSAC meeting feedback have already been included in this document. The Board noted that this plan has also been considered by the Public Health Clinical Group and the PHO.

Resolution (14/14)
(Moved Helen Gillespie/seconded Sharon Pugh – carried)
That the Board, as recommended by the Community and Public Health and Disability Support Advisory Committee:
i endorses the draft West Coast DHB Public Health Plan, 2014-15.

9. MATERNITY REVIEW – UPDATE ONPROGRESS

Mark Newsome, General Manager, Grey & Westland, and Karyn Bousfield, Director of Nursing & Midwifery, spoke to this report**.**

Mr Newsome advised that a lot of work has been underway in this space for quite some time across both the West Coast and Canterbury DHBs. He added that a Project Manager (a midwife) has recently been engaged to implement these recommendations and is preparing a plan to address the issues. He is confident that we will move forward quickly.

Specific questions regarding the recommendations were addressed.

The Board noted the Chief Executive's comment that the IFHC will allow birthing to occur, however the service will not be reintroduced until all the groups involved are in agreement and unless we can guarantee a safe service.

It was agreed that there would be quarterly update on progress.

Resolution (15/14)
(Moved Michelle Lomax/seconded Susan Wallace – carried)
That the Board:
i. Notes the report of progress against recommendations from the maternity review

10. MAORI HEALTH PLAN UPDATE

Gary Coghlan, General Manager, Maori Health, presented this report which was taken as read.

The Board noted that there appears to have been continued improvement over time.

A query was made regarding a project around ethnicity data and it was noted that this is a work in progress.

Resolution (16/14)
(Moved Joseph Thomas/seconded Susan Wallace – carried)
That the Board:

i. Notes the Maori Health Plan update.

11. HEALTH TARGET REPORT – QUARTER 2

Greg Hamilton, Acting General Manager, Planning & Funding, presented this report which was taken as read. He commented that there is continued excellent progress on some targets (ED & Faster Cancer Treatment). Elective Surgery is slightly behind but it is expected that this will catch up by the end of the year.

In regard to immunisation he advised that the National Immunisation Representative from the Ministry of Health had visited Gloriavale and a very amiable meeting was held. It appears that this has opened the door for an orally taken immunisation.

He advised that Smoking Cessation and Cardiovascular assessments in Primary Care are both pieces of ongoing work.

Resolution (17/14)
(Moved Joseph Thomas/seconded Susan Wallace – carried)
That the Board:

i. Notes the West Coast's performance against the health targets.

12. TATAU POUNAMU ADVISORY GROUP TERMS OF REFERENCE

The Chief Executive suggested that this item be noted as ongoing work with further discussions to be held with the Chair of Tatau Pounamu and the Programme Director or Chief Executive.

13. REPORTS FROM COMMITTEE MEETINGS

a) Elinor Stratford, Chair, Community & Public Health and Disability Support Advisory Committee provided an update from the Committee meeting held on 20 March 2014.

   The report was noted

b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 20 March 2014

   She mentioned in particular: queries raised regarding ongoing challenges regarding Allied Health vacancies; GP waiting times being down to 2 days; and the stabilisation of the Clinical workforce both in Primary Care and Hospital level services remains a priority for the DHB.

The update was noted.

14. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (18/14)

(Moved Susan Wallace/seconded Helen Gillespie – carried)

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8 & 9 and the information items contained in the report.

ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the "Act) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 21 February 2014	For the reasons set out in the previous Board agenda.	
2.	Chief Executive and Chair – Verbal update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) s9(2)(a)
3.	Clinical Leaders Verbal Update	Protect the privacy of natural persons To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
4.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Draft Annual Plan	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.	Mental Health Services Review	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
8.	Resolution to Support Implementation Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Advisory Committee – Public Excluded Updates	For the reasons given in the Committee agendas	

iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good

reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982";

There being no further business the public open section of the meeting closed at 11.20am.

The Public Excluded section of the meeting commenced at 11.35am and concluded at 2.55pm with a break for lunch between 12.40pm and 1.15pm.

_____ _____

Peter Ballantyne, Acting Chair Date

CHIEF EXECUTIVE'S UPDATE

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

SOURCE: **Chief Executive**

DATE: **09 May 2014**

Report Status – For:	Decision	☐	Noting	☑	Information	☐

1. ORIGIN OF THE REPORT

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

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

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

	DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY

A: Reinvigorate the West Coast Alliance

- **Alliance Leadership Team [ALT]:** Following the resignation of Contessa Popata who provided Maori health expertise to the Alliance], ALT will receive nominations through Tatau Pounamu for a suitable replacement member with the final decision to be made by the existing ALT. ALT also thanked Dr Barbara Weckler, who has resigned from the DHB, for her Alliance contributions. The process to identify a replacement is underway.
- **Annual Planning:** The ALT formally endorsed the individual workplans of four of the six workstreams [Grey/Westland IFHS, Child & Youth Health, Healthy West Coast and Health of Older Person]. The Buller IFHS plan was endorsed subject to minor wording changes. It was acknowledged that the Pharmacy workplan will need to be further developed and re-presented to ALT for endorsement.
- **Rural Funding Group:** The ALT accepted responsibility for the establishment of a Rural Funding Service Level Alliance to review the process for distribution of Rural subsidies to General Practice.
- **HealthPathways:** The ALT were pleased to note the progress being made with the localisation of the Healthpathways resource. The contribution of the newly recruited West Coast Clinical Editor was acknowledged as key to this progress.

B: Build Primary and Community Capacity and Capability

Primary

- Waiting time reduction for routine appointments continues to improve in Buller, Reefton and South Westland. There has been a slight increase in wait times for routine appointments in Greymouth and Karamea, which is principally due to the need to better manage leave arrangements.
- Recruitment of both permanent and locum GPs continues, with strengthened partnerships between Better Health and the DHB recruitment teams.
- Resolving the reliance on locum GPs in Buller remains an area of focus. However, this has not impacted on access to Primary care in Buller.
- All Grey Medical Centre and Rural Academic General Practice [RAGP] staff now have access to *GPdocs*, the online practice management resource. Further access for all practices will continue to be rolled out.
- A meeting of all key stakeholders and decision makers in primary care will take place in May in order to set the direction and priorities for West Coast primary care services in the coming year and to agree how this will occur.

Community

- **Home Based Support Services**: Two new registered nurses have commenced roles in Greymouth [1FTE] and Buller [0.5FTE]. The Buller position is combined with a District Nursing role. It is planned that this will assist in integrating District Nursing and Home Based Support Services. A key feature of these roles is that they oversee the Carers within Home Based Support Services, and assess clients that have been referred to the service through *InterRai*. *InterRai* is used throughout older person's services nationally and is recognised internationally as an effective method of accurately assessing care needs.
- **South Westland Area Practice**: The recent storm event that hit the West Coast was a challenge for the nurses in South Westland with many power outages and transfers to Greymouth impossible due to road conditions and winds. The nurses managed remarkably well in very trying circumstances and should be congratulated.
- **CNS Respiratory:** These nurses were busy during the storm event organising oxygen bottles for people who use oxygen concentrators and checking to ensure that their patients were safe. These are electricity dependent, and contingency plans therefore need to be robust for this cohort of patients to be safe. Other Clinical Nurse Specialists also ensured the safety of their patients who are some of the more vulnerable people in our communities.
- **District Nursing Services**: Continue to offer a quality service in assisting people to stay well in the community. The District Nurses also ensured that their patients were safe after the recent storm. A high proportion of community patients live alone so nurses provided much needed reassurance and referral on to any social services as necessary.

C: Implement the Maori Health Plan

- **Tatau Pounamu – Maori Health Plan and Annual Plan 2014:** The current draft of the Maori Health Plan was discussed at the Tatau Pounamu Maori Advisory Group meeting. Feedback was given on the Maori Health Plan and the Annual Plan. At this point some minor changes have been suggested and incorporated. It was agreed at the meeting that a key focus for Tatau Pounamu will be monitoring the workstream workplans to ensure positive Maori Health outcomes are being delivered.
- The second draft of the Maori Health Plan is due to the Ministry on the 28 May. The final version will be submitted to the Ministry at the end of June. A revised version will be available for the next Board meeting on the 9 May.
- **National Maori Health Plan Indicators Report:** The latest report has been completed by Dr George Gray, Public Health Physician at Bay of Plenty DHB. The report provides a performance summary for the Maori population in each DHB for the indicators listed in the National Maori Health Plans. Summarised facts for the West Coast DHB are:
    - 93% of West Coast Maori are registered with PHO against a target of 100%
    - 71% of Maori mothers are full or exclusive breastfeeding their baby at six weeks, an increase from 56% in the last quarter and one of only four DHB's meeting the target of 68%.
    - 68% of Maori have had their Cardiovascular Risk Assessment [CVRA] against a target of 90% - no DHBs have achieved this target to date with Auckland DHB being the closest at 80%. West Coast has a plan in place with Poutini Waiora and the PHO to specifically target those Maori who are overdue for CVRA.
    - WCDHB have the second highest rate across the country of Maori breast screening at 81% against a target of 70%.
- We continue to focus our work on areas that we are not achieving so well in such as:
    - Smoking Cessation in primary care
    - Breastfeeding at three and six months
    - Improving Cervical Screening rates
    - Cardiovascular Risk Assessment
- **Manawhenua Governance Board Training**: Ron Scott is hosting a Manawhenua Governance Training session in Dunedin on 30 May. Ron is a Board member with Bay of Plenty DHB and has run a similar successful governance training session for Iwi Relationship Boards at Mid Central DHB recently.
- **Appointments**: At the Tatau Pounamu meeting in April the Advisory Group endorsed the following appointments to the Clinical Board and Tatau Pounamu Advisory Group.
    - *Clinical Board*: Polly Ormond, Ngati Kahangunu/Ngati Riki – Head Nurse, General Theatre WCDHB. Polly has a strong interest in surgery and Kaumatua health as well as long-term conditions.
    - *Tatau Pounamu Advisory Group*: Gina Robertson, Ngai Tahu. Gina has been appointed to represent the Buller region. Gina has extensive knowledge of issues for Maori in her region and is a well known member of the Buller Maori community and is a strong advocate for kaupapa Maori initiatives. This role replaces the recent resignation of Sharon Marsh.

A: Facilities Report

Grey Hospital

- Business as usual, with ongoing work liaising with engineers re the proposed new developments.

Buller Hospital

- Business as usual, but with a more focused maintenance effort being supported from the new Maintenance Manager at Greymouth.

Recent Storm Event

- The onsite teams worked extended hours over the Easter weekend to deal with localised flooding, roof leaks and power outages across a number of West Coast health system facilities, specifically as follows:
- Greymouth Hospital experienced many short term transient power interruptions and voltage drops that on most occasions were too short in duration to allow the generator control systems to work e.g. by the time the generator controls had sensed power was off [1.5 to 2 seconds] the power had been restored. This led to many short term power outages of a few seconds' duration or brown outs which were disrupting the operational capacity of the site. A teleconference was held between the onsite site and the engineering team at CDHB and it was decided that we would fail the mains manually and ride the storm out on the backup generator in order to protect the site from these occurrences. Many of the local staff worked late and through the weekend to ensure service delivery was relatively unaffected.
- Westport Hospital was effected by a long term power outage, and the standby generator worked as designed. However, this event has highlighted some deficiencies in the system e.g. Kynnersley home has never had an emergency supply. The feasibility of connecting this facility to the standby generator is being looked at presently.
- A further more detailed report will be available in the April CEO update.
- Finally, it is very fortunate that we have invested monies in electrical infrastructure upgrades at the Greymouth Hospital and a temporary stand by generator at Buller. If this had not occurred, the outcome and consequence of the storm would have potentially been much worse.

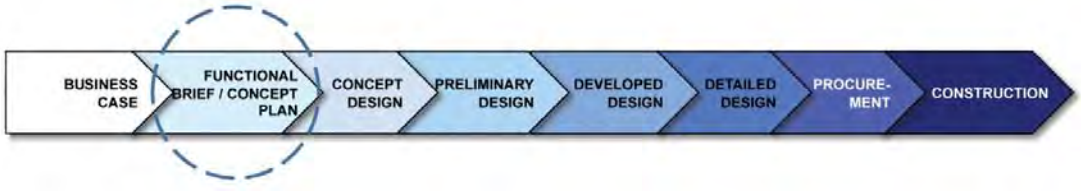
Continued Areas of Focus

- The structural defects on the boilerhouse and chimney stack continue to present a risk for anyone entering the building and for the site should there be an incident that caused damage. The issue here is around entry to the boilerhouse as the building is 9% of IL3 and has been identified as earthquake prone. The chimney stack in particular needs to come down as a high priority and Site Redevelopment are currently working on this project.
- Focus continues in relation to improving the WCDHB site maintenance department performance around service delivery, energy performance and aligning the policies and

procedures with those used at the CDHB. Additionally time will need to be spent in formulating a viable asset management plan taking on board the intention of the facilities master planning for the West Coast sites when this is available.

- The CDHB Energy Manager continues to be actively involved in obtaining energy related information in order that we can run this through our existing monitoring and targeting database. He is also developing energy related target KPI's for each site. The energy data is now being entered into the monitoring and targeting database.
- We are also aligning contracts for service where possible as contracts come out of agreement to ensure one overall system is in place for both DHB's and participating in the SI Alliance work stream opportunities. The fire services maintenance contract is currently out to tender for both CDHB and WCDHB combined.

B: Facilities Case Update



- In the period since the 04 April Board meeting, there is limited further information to provide in relation to the consideration by government of the Implementation Business Case [IBC].
- On 30 April, the Minister of Health publically confirmed that he intends taking the IBC to Cabinet for approval in the coming weeks.

	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services

Elective Services Performance Indicators – ESPI Compliance

- Month of March: While final numbers are in next week, preliminary indications are for good results with ESPI 2 and ESPI 5 likely to be green.

Health Targets – End of March 2014

- Shorter stays in ED: Achieved 99.6% against a target of 95%
- Improved access to elective surgery: Achieved 1042 cases YTD against a target of 1046 cases. This is just 4 cases short and we expect no issues in meeting the annual target.
- Shorter waits for Cancer treatment: Achieved 100%

- Better help for smokers to quit: Achieved 95% against a target of 95%.

Malnutrition Screening Tool [MST]

- Work is well underway to implementing the MST. The MST is used by nursing and medical staff to detect those with a significant nutritional problem or significant risk of such problems in order to initiate and implement nutrition therapy. This tool was developed locally by our dietician in conjunction with CDHB, Mental Health Services and inpatients of WCDHB.

Maternity Website

- The Maternity Quality Safety Group recognised the need to provide education and on-line support for pregnant women and mothers on the West Coast. This is being developed in collaboration with CDHB and is expected to go live at the end of June 2014. A communication strategy is the next step to launching the site.

B: Mental Health Services

Seclusion Report 2013-2014

- Towards the end of 2012, it became evident that the use of seclusion in the Acute Inpatient Unit had become more frequent, and that on occasion patients were being secluded for longer-than-expected periods. This trend was unanticipated, as the inpatient unit team had worked consistently during previous years to successfully reduce the use of seclusion. By the end of 2011, the use of seclusion had become a rare event within this setting.
- It was identified that the decision to use seclusion in the first instance, and then to maintain seclusion beyond the initial two hour period, was influenced by a number of factors. Having identified these issues, the inpatient team have been supported in the following endeavours to drive the rate and duration of seclusion down.

  Cultural change:

  - **Seclusion again being conceptualised as a nursing intervention rather than being initiated or prescribed by a doctor** - this has occurred and nursing staff are again leading the decisions in regard to removing patients from seclusion, as soon as the risk has decreased.
  - **Seclusion being conceptualised as a treatment failure [last resort] and not a treatment solution** - the nursing team are fully on board with this thinking, and work effectively to challenge themselves to find other ways of working with any given patient.

  Practice processes

  - The technicalities of the seclusion process and requirements around mandatory assessments and decision points have been reviewed with all nursing staff. However, with the seclusion again becoming a 'rare event' keeping this awareness to the front will be an ongoing challenge.
  - Use of client debriefing process to enhance staff understanding of the impact of seclusion on individuals - there is an issue in gaining compliance for mandatory debriefing for clients subject to seclusion. This is an ongoing piece of work.

Service issues

- Over the past year there has been a brief period when the unit was fully staffed; however recent resignations/secondments has reduced current staffing and there are again nursing vacancies in the unit, noting that the unit is staffed predominately by female nurses. The team continue to actively recruit, in particular for male staff to address the gender imbalance.

- Overall the changes the team have been able to make, and the shift in how seclusion is conceptualised, has again resulted in a significant decrease in the rates and duration of seclusion. There were no seclusion events June-December 2013.
- In the first three months of 2014, there have been eight seclusion events [seven events involved the same patient who was admitted following a violent assault on a CMH nurse]. This client was extremely disturbed on admission, continued to be an assault risk and took some days to respond to medication. This one admission has skewed the rates fairly dramatically for the beginning of 2014, but it is anticipated that this will not be a repeated pattern of the rest of the year.
- While there were eight separate seclusion events in January, the duration of the events reduced quickly. Some of the events related to nurses managing risk overnight, with the patient being secluded at night.
- The clinical team are now in the process of developing and adopting guidelines for standardised emergency sedation for clients presenting with aggressive and challenging behaviour. This will ensure the use of effective psychotropic medications begins at admission, and will aid the ongoing commitment to reducing seclusion rates and duration.

Mental Health Review

- The outcomes of the review into mental health and addiction services were released to DHB staff and partner organisations across the West Coast health system on Tuesday 29 April.
- A forum for consumers has been organised for Monday 05 May in Greymouth, at which consumers and others who participated in, and / or who have an interest in, the review will be briefed on the outcomes of the process.

DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

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

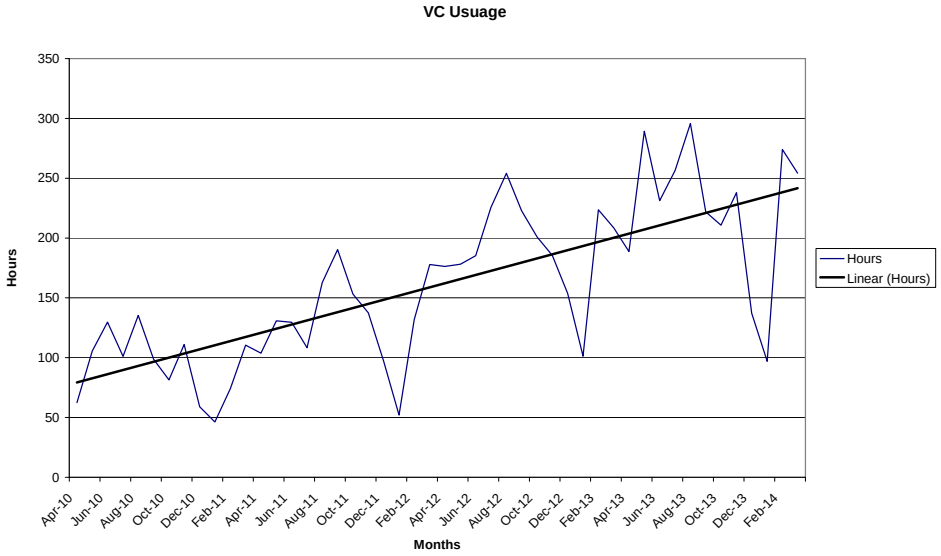
- The voluntary Red Cross Buller Community Transport service continues to run on a regular basis, and is showing steady patronage. It is proving an invaluable service to those without a vehicle or ability to drive, and those unable to get family or friends to take them to appointments. The West Coast DHB is looking to extend its current

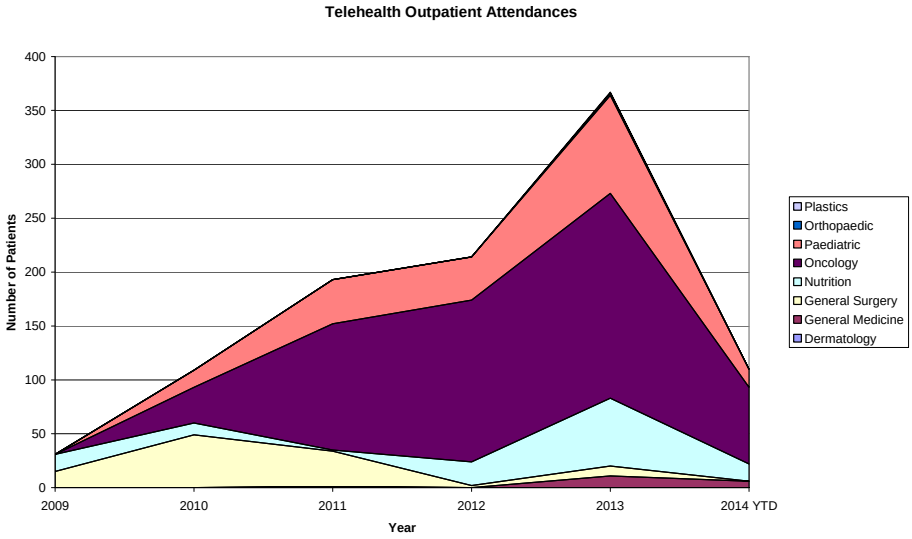
contract for financial support of the Buller Red Cross service when the current contract finishes on 30 June 2014.

- Further work is being currently undertaken with the short-listed potential suppliers of chartered flights between Greymouth and Christchurch, with technical clarification of proposals and service configuration options being considered. This service is designed to support patient and staff transport within the Transalpine framework.
- Negotiations are still continuing with St John as part of a South Island wide joint DHB approach for the provision and pricing of unplanned patient transport services.

B: Champion the Expanded use of Telemedicine Technology

- WCDHB has expanded its video conferencing capacity considerably within the last several years. Monthly usage details are set out in the graphics below [noting that these graphics were supplied to the 04 April board meeting and will be updated for the next board meeting.]





A: Implement the Complex Clinical Care Network [CCCN]

- The Complex Clinical Care Network [CCCN] continues to assess clients to ensure they are receiving a goal based care. The high complex clients are being discussed at weekly Interdisciplinary Team meetings to ensure that care is appropriate to their level of need. The number of clients receiving care in their own home is steadily increasing, allowing them to remain functionally independent which shows that the restorative model is on track for the West Coast.
- The CCCN case-mix 8 [CREST like model] pilot is underway with two patients being referred. Both patients [one from primary care and one discharged from hospital] were triaged at the point of referral and were medically stable but required flexible rehab support for up to six weeks which fits this case-mix criteria. These patients will continue to be monitored to ensure that this model is right for the West Coast.
- The DHB has rolled out the additional allocation of funding to Home Based Providers. This money will be used to increase support to complex clients [approximately 15] and to allow for some one-off training to support workers and co-ordinators to case manage this group of clients.
- Fracture Liaison Service [FLS]: Clinical leads attended the MOH facilitated workshop in February. Preliminary work towards developing an integrated FLS has taken place with a workgroup working with clinical leads and multidisciplinary stakeholders on a focussed engagement process planned for May. This process will be hosted by Canterbury DHB.

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

- The annual planning process and concept planning for a new facility has provided clinicians with an opportunity to reflect on progress to date and decide on priorities for the coming year. One priority is trialling a single point of entry, a key aspect of the IFHC. Representatives of the workstream will also participate in the Midlands Health Network open day next quarter to observe the Health Care Home in practice. Other initiatives will focus on improving case coordination for non-complex conditions, access to service for Maori, responsiveness to mental health issues within general practice and timely access to secondary services and quality.

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

- Key primary care stakeholders will be attending an open day with the Midlands Health Network in the next quarter to observe the Health Care Home concept in practice. The group will be examining how this model can be adapted to fit the needs of West Coast Communities. The group will also spend time with a project team from Canterbury who are undergoing similar process redesign.
- Based on this visit and a Primary Care workshop between practice management, West Coast DHB and the West Coast PHO, an implementation plan for making system changes to improve primary care delivery will be developed.

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

- Pharmacists continue to work regularly from local general practices to improve medicines use and integration with general practice.
- Planning for a new pharmacy model of care on the West Coast that includes hospital pharmacy services as part of the opportunity to develop a Grey IFHC has begun.

BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated result for the month ending 31 March 2014 was a deficit of $0.326m, which was $0.010m favourable against the budgeted deficit of $0.336m. The year to date position is now $0.059m unfavourable.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	$'000	$'000	$'000	$'000	$'000	$'000
Governance Arm	0	(1)	1	0	(11)	11
Funder Arm	171	(60)	231	908	(446)	1,354
Provider Arm	(497)	(275)	(222)	(2,043)	(619)	(1,424)
Consolidated Result	(326)	(336)	10	(1,135)	(1,076)	(59)

B: Implement Employee Engagement and Performance Management Processes

Employee Health and Wellness

- A web based wellbeing initiative; Tracksuit-inc [a programme for staff and families] has been implemented. Information on EAP and Workplace Support has been updated on the intranet. Information sheets on sleep and shift work have also been developed and made available to staff via the intranet. The influenza program continues to be offered to staff, to-date there has been a 33% uptake. Work related injuries remain static as indicated last month. Corrective actions following the HSNO audit at Greymouth and Westport Hospitals continue to be progressed.

Recruitment

- Current active vacancies are down to 31, with activity decreasing across all professional groups after a number of successful appointments. Nursing vacancies have decreased [from 17 to 9 in the last reporting period]. Nursing roles in Buller are proving particularly difficult to source. It is difficult to find suitable applicants who are serious about relocating to the area. We continue to see positive interest in current medical vacancies, and have had job offers accepted by an Anaesthetist and General Surgeon; and a face-to- face visit is scheduled in June with an O&G specialist who has been interviewed and deemed suitable.

iPerform

- Implementation meetings commence this week with the West Coast Management Team. Some West Coast staff are already accessing the performance development system as they are direct reports of CDHB Managers e.g. Labs, Facilities and Engineering.

Employee Relations

- We continue to be engaged in a period of increased activity in the negotiation of employment agreements at both a national and local level. Initiation of bargaining has been received from the EPMU representing trades staff following the breakdown of negotiations at a national level with combined unions; constructive discussions are taking place. Negotiations are underway with the PSA representing Allied Health and Technical employees nationally, and also with the RDA representing Resident Medical Officers. Negotiations have been underway for some months and continue with the PSA representing clerical workers; it is expected that a settlement will be taken to ratification in the near future. Negotiations have also commenced with the PSA representing Mental Health Nurses.

C: Effective Clinical Information Systems

eSign Off

- The eSign off business case has been approved. This will allow electronic sign-off by clinicians of hospital-ordered pathology and radiology tests. The steering group for this project has been formed and planning for implementation is in progress with Christchurch Health Laboratories.

Windows XP replacement

- All DHBs need to have replaced or provided risk mitigation strategies for any Windows XP desktops in their organisation by April 2014. IT has 21 remaining desktops to do with all laptops being completed, down from 161 units originally. The remaining desktops are more complex machines but are prevented from accessing the internet as a risk mitigation. The 21 remaining desktops are being worked through as quickly as possible.

Performance Issues

- Computer systems are not maintaining pace with demand, primarily due to the growth in the number of users using them, and more complicated systems requiring greater computing resources. The new system based on Windows 2008R2 has been rolled out to 90% of staff with most of the remainder being converted over the next few weeks. There are some users who need to run applications on the old system due to compatibility issues
- IT is now testing the new office 2010 image and plan to deploy this mid-late May. This change, along with the desktop/laptop replacement, is a significanct undertaking and fundamentally renews the computer systems for all staff within the DHB.

IT Strategic plan

- The draft IT strategy plan has been circulated with feedback received from various

clinical and management groups. This has now been sent to senior management for comment and sign off.

IT Infrastructure replacement

- An investment in upgrading some systems at the end of their life has been approved. This includes replacement of UPS power systems in the Greymouth server room, replacement of firewall, move to a new mail system, replacements of some legacy computer terminals and improvements to the Medtech32 system to increase stability. This programme of work will be carried out over the next several months.

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

Recruitment of a Senior Communications Advisor

- This month we welcome Lee Harris to the role of Senior Communications Advisor, based fulltime in Greymouth. Her experience spans daily newspaper journalism, service to local bodies including the Queenstown Lakes District Council, the Christchurch City Council and Selwyn District Council. She has been a senior consultant in private practice and more recently, a senior advisor for CERA, the Canterbury Earthquake Recovery Authority. Lee will be part of the wider Transalpine communications team and report to Karalyn van Deursen, Strategic Communications Manager for the West Coast and Canterbury DHBs.

Implementing a Grassroots Strategy

- The grassroots strategy is an important way for the DHB to communicate directly with community organisations across the Coast. This strategy will continue this year and will be very important as we seek to engage with the community on the facilities redevelopment project. Upcoming meetings include:
    - Buller, Hokitika and Karamea [meetings to be organised].
    - All the people who have attended the internal grassroots meetings and those organisations that have had presentations from the DHB are now receiving the CE Update.

Other External Communications

- Preparation for the winter issue of *Report to the Community* – the West Coast's health system's community newsletter is ongoing and will be distributed to West Coasters via the Messenger this month.

Internal Communications

- The Internal Communications Advisory Panel will meet with the new Senior Communications Advisor as part of her orientation. These meetings continue to provide the communications team with valuable 'grass roots' information which is shaping current internal communications initiatives.
- The weekly CE Update continues to be a strategic document, giving staff and other stakeholders first-hand information about initiatives and change occurring across the West Coast health system.

- The communications team has worked closely with the Programme Director and mental health staff on the communication to a variety of stakeholders around the Mental Health Service Review.

Proactive Media Relations

- Sharing proactive positive stories with the media continues, with West Coast and other media reporting the stories. This is a valuable way for the community to learn about the positive initiatives going on across the health sector on the Coast.
- The communications team worked closely with various other staff to assist in ensuring staff and the community were well informed about hospital and community health services during the recent storms across the Coast.
- Proactive stories released to the media and reported this month include:
    - West Coast DHB urges young girls and their families not to forget about cervical cancer vaccination.
    - Co-ordinated response being developed to help prevent suicide in the West Coast Community.

Reactive Media Relations

- Issues commented on this month included comments on:
    - Questions relating to the facilities redevelopment.
    - Comprehensive information provided to The Press on the West Coast.
    - Further information on the suicide response from the West Coast health system.
    - High profile patients who were treated in Franz Josef and spent time in Grey Hospital generated considerable media interest.

	PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

Key Achievements/Issues of Note

Submissions on Tobacco Plain Packaging

- The Government recently called for submissions on the Smoke-free Environments [Tobacco Plain Packaging] Amendment Bill and over 17,000 submissions were made. Submissions supporting the introduction of plain packaging of tobacco products in New Zealand were made by the West Coast Tobacco Free Coalition, Active West Coast and Community and Public Health. Plain packaging was introduced in Australia for all tobacco products sold from 1 December 2012. Following this, there was a near doubling in the number of people contacting Quitline in Australia. One of the main reasons for plain packaging is to reduce the visibility of tobacco, especially to children and young people.

Smokefree May/World Smokefree Day [31 May 2014]

- This year's theme is 'Quit Now. It's about whanau.' The West Coast Tobacco Free Coalition will be out and about around the West Coast during May promoting Smokefree homes and cars and sharing Smokefree messages. Resources produced by the Health Promotion Agency and the Ministry of Health will be used when talking to people about making [or keeping] their home and car Smokefree for the health of everyone in their whanau.

Health Information Resources

- Community and Public Health has a resource room dedicated to the most up-to-date health information that we can provide to the West Coast community. We source these resources from the Ministry of Health, Health Promotion Agency and the Children's Commission, amongst others and we also have an in-house quality process applied to the development of new resources. We supply resources to GP practices, pharmacies, pre-schools, primary and secondary schools and members of the public. Since the beginning of this year we have distributed 33,522 separate resources from our West Coast office

Lifehack

- Lifehack West Coast took place on 29th and 30th March at Tai Poutini Polytechnic. Lifehack is part of the Social Innovation Fund dedicated to using technology to promote youth wellbeing. Twenty people attended Lifehack sharing their skills and expertise to help develop two local projects: BullerREAP's My place, your place, our place and Grey District Youth Trust's Sound Carving project. Both projects are focussed on developing community connection and engagement with West Coast young people, both online and offline

Tai Poutini Polytechnic Health Day

- Community and Public Health worked with Tai Poutini Polytechnic to develop a Wellness Warrant of Fitness [WoF] for students as part of their Community Expo day on 31st March 2014. With the help of staff from the WCPHO, Grey Medical Centre, Poutini Waiora, the Sexual Health Service and the WCDHB Diabetes Educator, students could get blood pressure, blood sugar, peak flow & STI screening along with Smokefree advice and alcohol awareness. The aim of the event was to encourage students to look after their wellbeing, to ensure they are registered with a local GP, and that they know where to get access to services. Approximately 60 students completed their WoFs and all agencies involved reported that this event was a great opportunity to talk with young people and to promote their services and health information.

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES	
	The West Coast DHB continues to achieve the **Shorter Stays in Emergency Department Health Target**, with 99.7% of people admitted or discharged within six hours during the 2013/14 year to 31 March 2014 – well above the target of 95%.
	West Coast DHB is on track to meeting the **Electives Health Target**, delivering **1,042 confirmed elective discharges** for the year to date to 28 February. The West Coast DHB expects to meet the year-end target to deliver 1,592 elective procedures.
	The West Coast continues to achieve the **Shorter Waits for Cancer Treatment Health Target**, with **100%** of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
	The West Coast DHB did not achieve the **Increased Immunisation Health Target** for Quarter 3 2013/14. This is the third quarter for the increased 8-month-old immunisation health target, which rose from 85% to 90%. Although we have not met the increased target this quarter, we have achieved our strongest result this year with **89%** of all **8 month olds fully immunised**— just one percent [two children] off target. It is evident that small numbers continue to be a challenge, as are our opt-offs [4%] and declines [3.1%].Only four children were overdue in total, only one of which remains so.
	In February 2014, West Coast DHB staff provided **95%** of hospitalised smokers with smoking cessation advice and support –**meeting** the targeted 95% for the **Secondary Care Better Help for Smokers to Quit Health Target.** This is a promising increase from the disappointing 86% result for Quarter 2 and bodes well for our forthcoming Quarter 3 results. The **Primary Care Smokers Better Help to Quit Health Target** continues to show steady improvement with a 2% increase against the previous quarter, but is still well under the 90% target at **59.9%.** Actions previously reported continue, and training in Buller and Reefton has taken place for the upcoming TXT2Remind project. This project in particular is expected to improve next quarter's results.
	While the Quarter 3 data has not yet been received from the MoH, we expect to see our upward trend continuing. As at Quarter 2, performance against the **More Heart and Diabetes Checks Health Target** showed an increase of 2.4% with **66.4%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years [not meeting the December progress target of 78%]. Rates for West Coast Maori were slightly lower than our overall total population, at 61%. Actions taken during Quarter 3 include ▪ on-going support from the West Coast PHO clinical manager to practice nurses/teams to identify eligible patients for screening; ▪ practice teams actively inviting people in to nurse-led clinics to have their 5 year cardiovascular risk assessed; ▪ identifying people with established cardiovascular disease who have not had a CVD Risk Assessment done and then entering cardiovascular risk screening terms for this group; ▪ liaising with practices to provide resource for extra nurse-led Cardiovascular Risk Assessment clinics. Grey Medical Centre and Buller Medical have conducted additional and out of hours CVRA clinics; ▪ commenced sending monthly CVR report to practices along with smoking report [from Healthstat]; ▪ utilisation of Healthstat, a Quality Improvement [QI] tool, to enable monitoring of practice performance for cardiovascular indicators in relation to the PHO Performance Programme [PPP] for practice QI teams.

Report prepared by: David Meates, Chief Executive

CLINICAL LEADERS UPDATE

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

SOURCE: **Clinical Leaders**

DATE: **9 May 2014**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:
i. notes the Clinical Leaders Update

3. DISCUSSION

Workforce
The Nursing Workforce Stream of the South Island Alliance and Regional Training Hub continues to progress work around a sustainable nursing workforce. A project is underway to develop a pathway within the South Island Services to increase the number of nurse practitioner roles to better meet the health needs of the South Island community. This work will include identifying service need, creating roles, developing intern positions and an agreed pathway to grow capacity and an overarching implementation strategy for roll out of the agreed programme. The DONM is a member of this workgroup.

Work continues on the implementation of the Dedicated Education Unit (DEU) framework for supporting nursing students while on clinical placement. The DEU, introduced by CPIT, optimises clinical learning for students in a supportive environment and broadens each student learning experience. Further work underway is close liaison and partnership with NMIT to enable Nelson nursing students to be supported within the same framework while on the West Coast. This will mean both Christchurch and Nelson students will be on clinical placements together, with peer teaching from transition students through to year two students. NMIT is now delivering the CPIT curriculum, which better enables this partnership.

Quality and Safety
The focus on nurse education continues with a significant number of nurses completing relevant courses for clinical practice. All nurses working in the Post Anaesthetic Care Unit (PACU) have completed the specialist PACU course run out of Wellington. A study day was recently held for nurses who provide care to the ventilated patient, this was also well attended by a wide variety of nurses including CNSs and staff from other clinical areas. This is a planned approach to support the integrated nursing team and best utilisation of expertise across the system, and part of the development of the mobile nursing workforce. Teaching was provided by the Resuscitation Service Leader and medical colleagues from CDHB who taught via VC. There will be a further four sessions this year, with the aim of increasing the number of ventilator trained nurses, and will be an annual event to maintain currency

and competency. We also have full utilisation of HWNZ funding for postgraduate training, with 28 nurses enrolled.

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: Karyn Kelly, Director of Nursing & Midwifery

FINANCE REPORT

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

SOURCE: **General Manager, Finance**

DATE: **9 May 2014**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the financial results for the period ended 31 March 2014.

3. DISCUSSION

Overview of March 2014 Financial Result

The financial information in this report represents a summary and update of the financial statements forwarded to the Ministry of Health and presented to and reviewed by QFARC. The consolidated West Coast District Health Board financial result for the month of March 2014 was a deficit of $0.326m, which was $0.010m favourable against the budgeted deficit of $0.336m. The year to date position is now $0.059m unfavourable. The breakdown of March's result is as follows.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,971	6,873	98	√	61,577	61,872	(295)	×
Governance & Administration	166	150	16	√	1,450	1,404	46	√
Funds & Internal Eliminations	4,433	4,388	45	√	39,737	39,423	314	√
	11,570	11,411	159	√	102,764	102,699	65	√
EXPENSES								
Provider								
Personnel	4,491	4,718	227	√	39,997	39,358	(639)	×
Outsourced Services	703	195	(508)	×	4,971	2,845	(2,126)	×
Clinical Supplies	736	765	29	√	5,852	7,045	1,193	√
Infrastructure	1,062	924	(138)	×	8,681	8,329	(352)	×
	6,992	6,602	(390)	×	59,501	57,577	(1,924)	×
Governance & Administration	166	151	(15)	×	1,450	1,415	(35)	×
Funds & Internal Eliminations	4,262	4,448	186	√	38,829	39,869	1,040	√
Total Operating Expenditure	11,420	11,201	(219)	×	99,780	98,861	(919)	×
Surplus / (Deficit) before Interest, Depn & Cap Charge	150	210	(60)	×	2,984	3,838	(854)	×
Interest, Depreciation & Capital Charge	476	546	70	√	4,119	4,914	795	√
Net surplus/(deficit)	**(326)**	**(336)**	**10**	√	**(1,135)**	**(1,076)**	**(59)**	×

4. APPENDICES

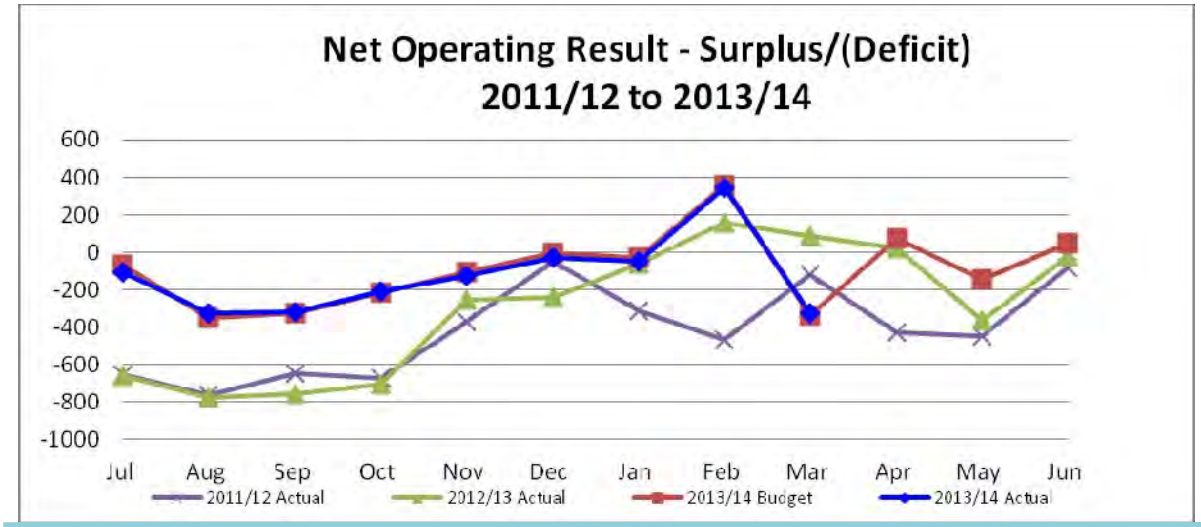
Appendix 1:	Financial Results for the period ending 31 March 2014
Appendix 2:	Statement of Financial Performance – March 2014
Appendix 3:	Statement of Financial Position – March 2014
Appendix 4:	Cashflow – March 2014

Report prepared by: Justine White, General Manager: Finance

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – MARCH 2014

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(326)	(336)	10	-3% ✔	(1,135)	(1,076)	(59)	6% ✘

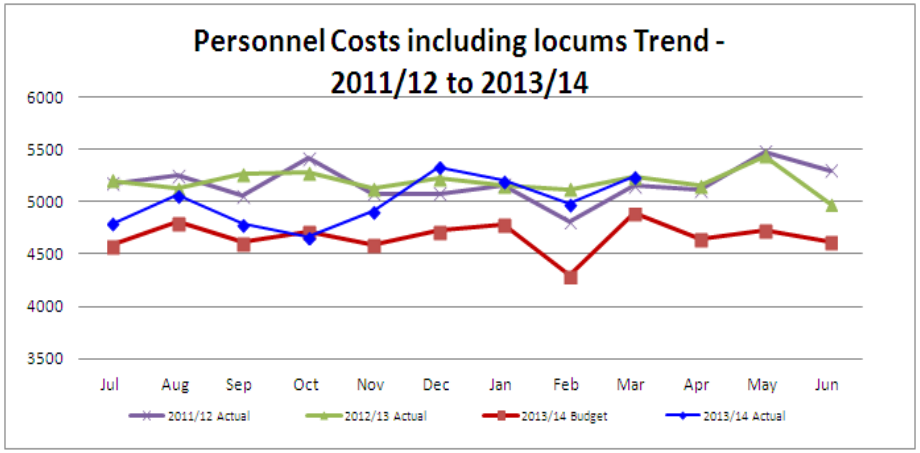


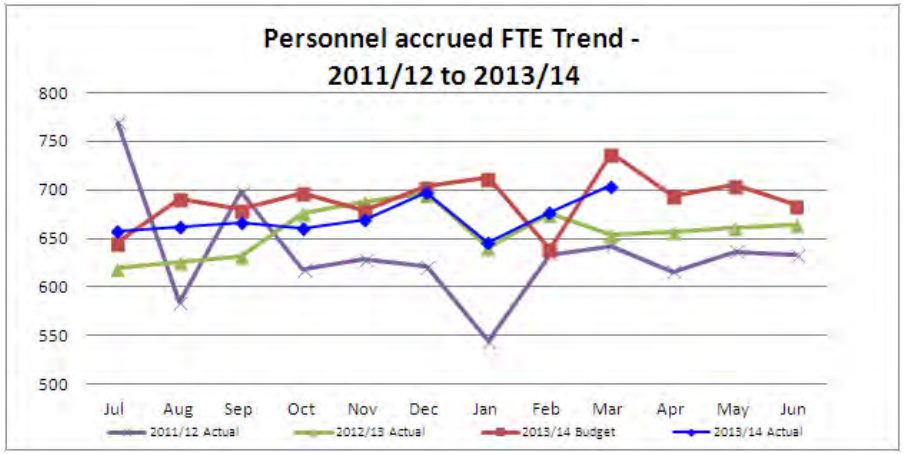
We have submitted an Annual Plan with a net deficit of $1.1m, which is entirely consistent with the previously outlined reduced deficit track and is also consistent with the Detailed Business Case as compiled for the draft Facilities Development Plan.

KEY RISKS AND ISSUES

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

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

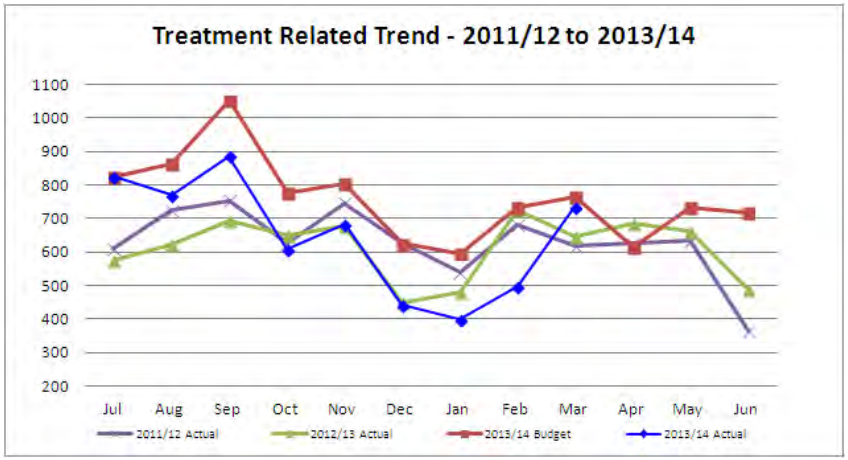


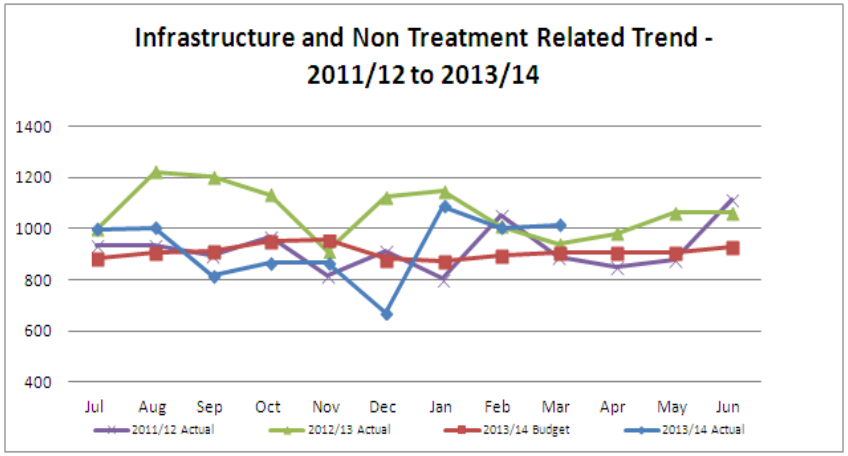


KEY RISKS AND ISSUES

Although better use of stabilised rosters and leave planning is in the process of being embedded within the business, the results are slower to transpire than originally anticipated. This is further exacerbated by some recent turnover which has required more reliance on short term placements, which are more expensive than permanent staff. The results are that the costs are tracking ahead of budget from a YTD perspective.

TREATMENT & NON TREATMENT RELATED COSTS

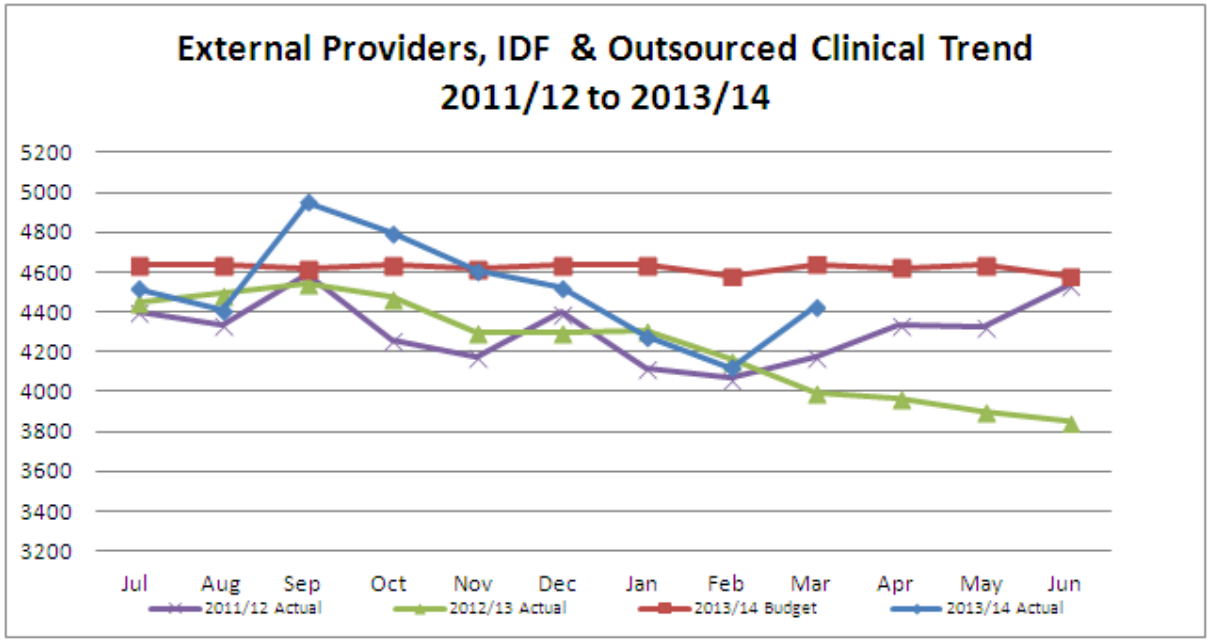




KEY RISKS AND ISSUES

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

EXTERNAL PROVIDER COSTS



KEY RISKS AND ISSUES

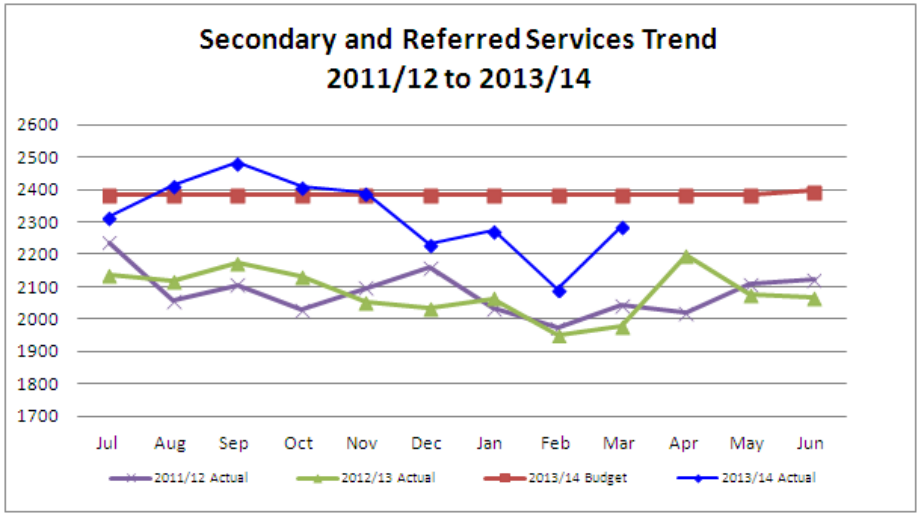
Capacity constraints within the system require continued monitoring of trends and demand for services.

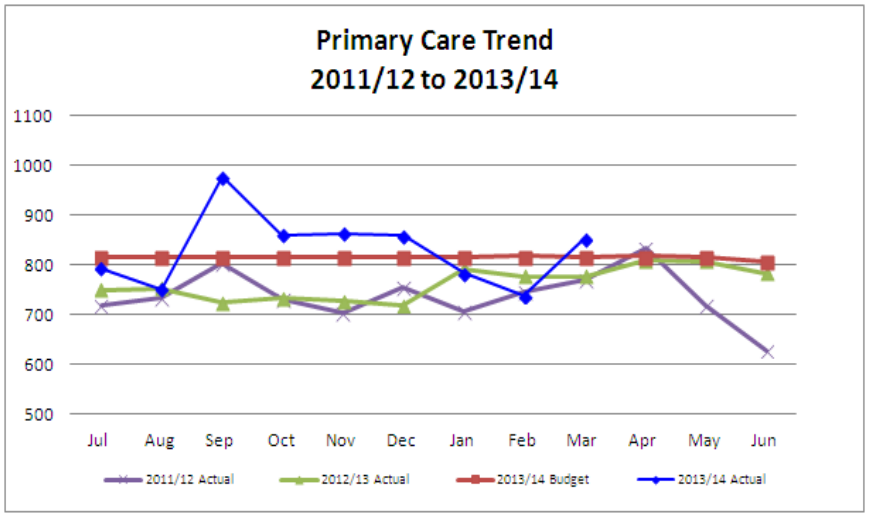
Planning and Funding Division

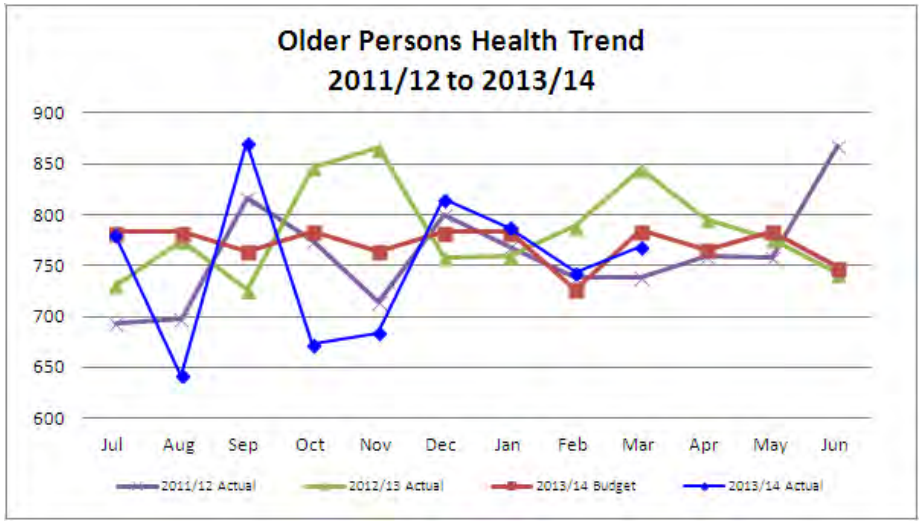
Month ended Mar 2014

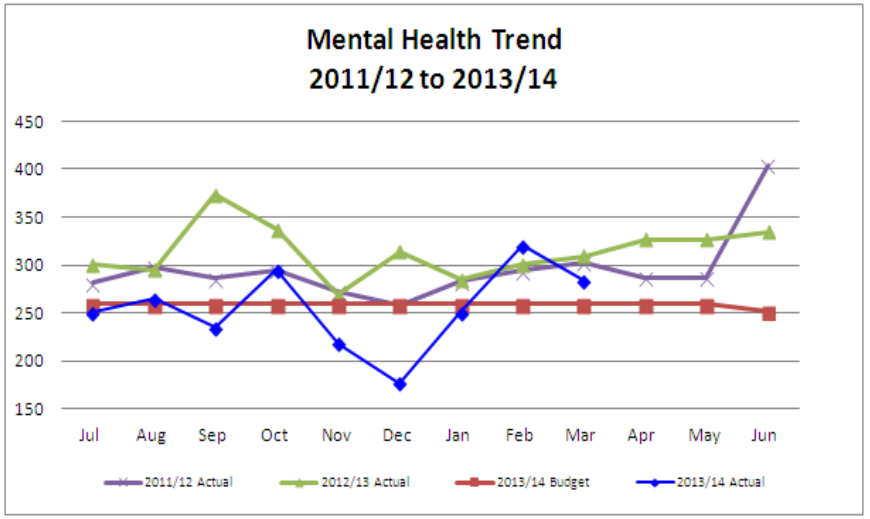
Current Month					SERVICES	Year to Date					2013/14 Annual Budget
Actual	Budget	Variance				Actual	Budget	Variance			
$000	$000	$000	%			$000	$000	$000	%		$000
					Primary Care						
36	43	7	15%	✓	Dental-school and adolescent	289	387	98	25%	✓	512
0	3	3	100%	✓	Maternity	0	25	25	100%	✓	28
81	84	3	3%	✓	PHO non-Capitated Services & Combine	789	756	-33	-4%	✗	1,013
578	578	0	0%	✗	Primary Practice Capitation	5,252	5,202	-50	-1%	✗	6,930
5	5	0	5%	✓	Child and Youth	27	45	18	40%	✓	55
50	4	-46	-1141%	✗	Immunisation	77	36	-41	-113%	✗	53
5	12	7	57%	✓	Maori Service Development	72	108	36	34%	✓	148
65	45	-20	-45%	✗	Whanua Ora Services	466	405	-61	-15%	✗	536
9	17	8	46%	✓	Palliative Care	118	153	35	23%	✓	215
7	8	1	10%	✓	Chronic Disease	66	72	6	8%	✓	87
15	18	3	18%	✓	Other Primary	363	162	-201	-124%	✗	215
852	**817**	**-35**	**-4%**	✗		**7,520**	**7,351**	**-169**	**-2%**	✗	9,792
					Referred Services						
1	56	55	98%	✓	Laboratory	-7	504	511	101%	✓	675
667	687	20	3%	✓	Pharmaceuticals	6,175	6,183	8	0%	✓	8,238
668	**743**	**75**	**11%**	✓		**6,168**	**6,687**	**519**	**8%**	✓	8,913
					Secondary Care						
96	96	0	0%	✓	Inpatients	864	864	0	0%	✓	1,161
64	66	2	3%	✓	Radiology services	819	594	-225	-38%	✗	795
95	112	17	16%	✓	Travel & Accommodation	758	1,008	250	25%	✓	1,344
1,364	1,366	2	0%	✓	IDF Payments Personal Health	12,298	12,294	-4	0%	✗	16,396
1,618	**1,640**	**22**	**1%**	✓		**14,740**	**14,760**	**20**	**0%**	✓	19,696
3,139	**3,200**	**61**	**2%**	✓	**Primary & Secondary Care Total**	**28,427**	**28,798**	**371**	**1%**	✓	**38,401**
					Public Health						
20	11	-9	-83%	✗	Nutrition & Physical Activity	205	99	-106	-107%	✗	126
0	6	6	100%	✓	Public Health Infrastructure	0	54	54	100%	✓	73
11	12	1	5%	✓	Tobacco control	115	108	-7	-6%	✗	137
0	0	0		✓	Screening programmes	0	0	0		✗	6
32	**29**	**-3**	**-9%**	✗	**Public Health Total**	**320**	**261**	**-59**	**-23%**	✗	**342**
					Mental Health						
61	47	-14	-30%	✗	Day Activity & Rehab	480	423	-57	-13%	✗	569
22	11	-11	-96%	✗	Advocacy Family	176	99	-77	-78%	✗	132
42	15	-27	-182%	✗	Other Mental Health	352	135	-217	-161%	✗	168
91	117	26	23%	✓	Community Residential Beds	860	1,053	193	18%	✓	1,408
69	69	0	2%	✓	IDF Payments Mental Health	617	621	4	2%	✓	823
284	**259**	**-25**	**-10%**	✗		**2,485**	**2,331**	**-154**	**-7%**	✗	3,100
					Older Persons Health						
74	56	-18	-33%	✗	Home Based Support	586	504	-82	-16%	✗	665
8	9	1	9%	✓	Caregiver Support	57	81	24	29%	✓	111
190	214	24	11%	✓	Residential Care-Rest Homes	2,053	1,888	-165	-9%	✗	2,520
0	-2	-2	100%	✗	Residential Care Loans-Rest Homes	-6	-18	-12	-67%	✗	-25
0	-2	-2	100%	✗	Residential Care Loans-Hospital Level	-7	-18	-11	-61%	✗	-26
5	26	21	82%	✓	Residential Care-Community	88	234	146	62%	✓	314
384	372	-12	-3%	✗	Residential Care-Hospital	2,987	3,286	300	9%	✓	4,371
0	0	0		✓	Ageing in place	-3	0	3		✓	0
9	9	0	3%	✓	Day programmes	83	73	-10	-13%	✗	96
4	8	4	50%	✓	Respite Care	80	72	-8	-11%	✗	99
3	4	1	26%	✓	Community Health	16	36	20	54%	✓	42
92	91	-1	-2%	✗	IDF Payments-DSS	832	819	-13	-2%	✗	1,089
769	**785**	**16**	**2%**	✓		**6,765**	**6,957**	**192**	**3%**	✓	9,255
1,052	**1,044**	**-9**	**-1%**	✓	**Mental Health & OPH Total**	**9,250**	**9,288**	**37**	**0%**	✓	**12,355**
4,223	**4,273**	**50**	**1%**	✓	**Total Expenditure**	**37,997**	**38,347**	**349**	**1%**	✓	**51,098**
2,698	**2,747**	**51**	**2%**	✓	**Total Expenditure (excluding IDFs)**	**24,251**	**24,613**	**362**	**1%**	✓	**32,790**

EXTERNAL PROVIDER COSTS









FINANCIAL POSITION

	Month Actual $'000	Month Budget $'000	Month Variance $'000			Annual Budget $'000
Equity	9,017	11,052	(2,035)	-18%	✗	12,060
Cash	9,060	6,356	2,704	43%	✓	7,809

KEY RISKS AND ISSUES

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

APPENDIX 2: STATEMENT OF FINANCIAL PERFORMANCE

Statement of comprehensive income

For period ending 31 March 2014

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 2013/14	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	11,129	10,930	199	1.8%	98,440	98,370	70	0.1%	131,156	128,940
Inter DHB Revenue	0	3	(3)	(100.0%)	20	27	(7)	(25.9%)	36	36
Inter District Flows Revenue	135	134	1	0.7%	1,210	1,206	4	0.3%	1,622	1,656
Patient Related Revenue	235	281	(46)	(16.4%)	2,188	2,529	(341)	(13.5%)	3,371	3,112
Other Revenue	71	63	8	12.7%	906	567	339	59.8%	759	1,088
Total Operating Revenue	11,570	11,411	159	1.4%	102,764	102,699	65	0.1%	136,944	134,833
Operating Expenditure										
Personnel costs	4,544	4,768	224	4.7%	40,431	39,799	(632)	(1.6%)	53,310	55,688
Outsourced Services	693	111	(582)	(524.3%)	4,182	2,089	(2,093)	(100.2%)	2,532	9,120
Treatment Related Costs	736	765	29	3.8%	5,852	7,045	1,193	16.9%	9,114	7,369
External Providers	2,849	3,003	154	5.1%	26,090	26,918	828	3.1%	35,866	29,843
Inter District Flows Expense	1,525	1,526	1	0.1%	13,747	13,734	(13)	(0.1%)	18,308	16,675
Outsourced Services - non clinical	59	123	64	52.0%	1,157	1,107	(50)	(4.5%)	1,460	1,445
Infrastructure and Non treatment related costs	1,256	905	(351)	(38.8%)	10,408	8,169	(2,239)	(27.4%)	10,915	12,787
Total Operating Expenditure	11,662	11,201	(461)	(4.1%)	101,867	98,861	(3,006)	(3.0%)	131,505	132,927
Result before Interest, Depn & Cap Charge	(92)	210	(302)	143.8%	897	3,838	(2,941)	76.6%	5,439	1,907
Interest, Depreciation & Capital Charge										
Interest Expense	64	54	(10)	(18.5%)	524	486	(38)	(7.8%)	642	650
Depreciation	102	424	322	75.9%	905	3,816	2,911	76.3%	5,085	4,156
Capital Charge Expenditure	68	68	0	0.0	603	612	9	1.5%	812	677
Total Interest, Depreciation & Capital Charge	234	546	312	57.1%	2,032	4,914	2,882	58.6%	6,539	5,482
Net Surplus/(deficit)	(326)	(336)	10	2.9%	(1,135)	(1,076)	(59)	(5.5%)	(1,100)	(3,576)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(326)	(336)	10	2.9%	(1,135)	(1,076)	(59)	(5.5%)	(1,100)	(3,576)

APPENDIX 3: STATEMENT OF FINANCIAL POSITION

Statement of financial position

As at 31 March 2014

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	26,022	29,600	(3,578)	(12.1%)	26,613
Intangible assets	1,458	1,122	336	29.9%	790
Work in Progress	2,356	528	1,828	346.2%	3,296
Other investments	132	2	130	6500.0%	0
Total non-current assets	29,968	31,252	(1,284)	(4.1%)	30,699
Current assets					
Cash and cash equivalents	9,060	6,356	2,704	42.5%	7,417
Patient and restricted funds	60	58	2	3.4%	60
Inventories	1,004	1,040	(36)	(3.5%)	1,022
Debtors and other receivables	3,223	4,614	(1,391)	(30.1%)	3,114
Assets classified as held for sale	136	136	0	0.00%	136
Total current assets	13,483	12,204	1,279	10.5%	11,749
Total assets	**43,451**	**43,456**	**(5)**	6.4%	**42,448**
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	14,195	12,195	2,000	16.4%	12,195
Employee entitlements and benefits	3,164	3,461	(297)	(8.6%)	3,475
Total non-current liabilities	17,359	15,656	1,703	10.9%	15,670
Current liabilities					
Interest-bearing loans and borrowings	250	250	0	0.00%	250
Creditors and other payables	7,832	8,374	(542)	(6.5%)	8,142
Employee entitlements and benefits	8,993	8,124	869	10.7%	8,273
Total current liabilities	17,075	16,748	327	2.0%	16,665
Total liabilities	34,434	32,404	2,030	6.3%	32,335
Equity					
Crown equity	69,729	71,729	(2,000)	(2.8%)	69,729
Other reserves	19,569	19,569	0	0.00%	19,569
Retained earnings/(losses)	(80,320)	(80,285)	(35)	0.0%	(79,224)
Trust funds	39	39	0	0.00%	39
Total equity	9,017	11,052	(2,035)	(18.4%)	10,113
Total equity and liabilities	**43,451**	**43,456**	**(5)**	**(0.0%)**	**42,448**

APPENDIX 4: CASHFLOW

Statement of cash flows

For period ending 31 March 2014

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				2013/14	2012/13
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Cash flows from operating activities										
Cash receipts from Ministry of Health, patients and other revenue	9,903	11,391	(1,488)	(13.1%)	101,001	102,519	(1,518)	(1.5%)	136,704	135,453
Cash paid to employees	(4,148)	(4,892)	744	(15.2%)	(44,961)	(41,958)	(3,003)	7.2%	(55,948)	(55,710)
Cash paid to suppliers	(740)	(1,780)	1040	(58.4%)	(12,238)	(16,204)	3966	(24.5%)	(21,335)	(31,744)
Cash paid to external providers	(2,984)	(3,003)	19	(0.6%)	(27,300)	(26,918)	(382)	1.4%	(35,866)	(31,499)
Cash paid to other District Health Boards	(1,390)	(1,526)	136	(8.9%)	(12,537)	(13,734)	1197	(8.7%)	(18,308)	(15,019)
Cash generated from operations	641	190	451	237.0%	3965	3705	260	7.0%	5,247	1,480
Interest paid	(64)	(54)	(10)	18.5%	(524)	(486)	(38)	7.8%	(642)	(648)
Capital charge paid	(68)	(68)	0	0.00	(747)	(612)	(135)	22.1%	(812)	(677)
Net cash flows from operating activities	509	68	441	646.5%	2694	2607	87	3.3%	3,793	155
Cash flows from investing activities										
Interest received	45	20	25	125.0%	451	180	271	150.6%	240	229
(Increase) / Decrease in investments	0	0	0		0	0	0		0	0
Acquisition of property, plant and equipment	(688)	(258)	(430)	166.7%	(2,194)	(2,322)	128	(5.5%)	(3,300)	(3,436)
Acquisition of intangible assets	0	(17)	17	(100.0%)	5	(153)	158	(103.3%)	0	(1,706)
Net cash flows from investing activities	(643)	(255)	(388)	152.2%	(1,738)	(2,295)	557	(24.3%)	(3,060)	(4,913)
Cash flows from financing activities										
Proceeds from equity injections	0	0	0		0	0	0		0	3,600
Repayment of equity	0	0	0		(68)	0	(68)		0	(68)
Cash generated from equity transactions	0	0	0		(68)	0	(68)		0	3,532
Borrowings raised	0	0	0		2000	0	2000		0	0
Repayment of borrowings	0	0	0		0	0	0		0	0
Payment of finance lease liabilities										
Net cash flows from financing activities	0	0	0		1932	0	1932		0	3,532
Net increase in cash and cash equivalents	(134)	(187)	53	(28.3%)	2,888	312	2576	825.1%	1,765	(1,226)
Cash and cash equivalents at beginning of period	9,194	6,543	2651	40.5%	6,172	6,044	128	2.1%	6,044	7,398
Cash and cash equivalents at end of year	9,060	6,356	2,704	42.5%	9,060	6,356	2704	42.5%	7,809	6,172

RESOLUTION TO EXCLUDE THE PUBLIC

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

SOURCE: **Board Secretariat**

DATE: **9 May 2014**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8 & 9 and the information items contained in the report.

ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the "Act) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 21 February 2014	For the reasons set out in the previous Board agenda.	
2.	Chief Executive and Chair – Verbal update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
3.	Clinical Leaders Verbal Update	Protect the privacy of natural persons To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) S9(2)(j)
4.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Draft Annual Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Loan Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	CT Scanner Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j)
8.	Amendment to HBL Master Banking Services and treasury Services Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)

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

3. SUMMARY

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

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

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

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

Clause 33 of the Act also further provides:

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

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

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

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

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

Report Prepared by: Board Secretariat

WEST COAST DHB – MEETING SCHEDULE

FEBRUARY – DECEMBER 2014

DATE	MEETING	TIME	VENUE
Thursday 20 February 2014	TATAU POUNAMU	2.00PM	Board Room, DHB Corporate Office
Friday 21 February 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 20 March 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 20 March 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 20 March 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 10 April 2014	TATAU POUNAMU	3.00pm	Poutini Waiora
Friday 4 April 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 1 May 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 1 May 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 1 May 2014	QFARC	1.30pm	Boardroom, Corporate Office
Friday 9 May 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 12 June 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 12 June 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 12 June 2014	QFARC	1.30pm	Boardroom, Corporate Office
Friday 27 June 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 24 July 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 24 July 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 24 July 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 24 July 2014	TATAU POUNAMU	2.00pm	Kahurangi Room, Grey Hospital
Friday 8 August 2014	BOARD	10.00am	West Coast Regional Council
Thursday 11 September 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 11 September 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 11 September 2014	QFARC	1.30pm	Boardroom, Corporate Office
Friday 26 September 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 23 October 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 October 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 October 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 23 October 2014	TATAU POUNAMU	3.00pm	Board Room, DHB Corporate Office
Friday 31 October 2014	BOARD	10.00am	West Coast Regional Council
Thursday 27 November 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 November 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 November 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 4 December 2014	TATAU POUNAMU	3.00pm	Board Room, DHB Corporate Office
Friday 12 December 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth

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