

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



BOARD MEETING

**Friday 13 February 2015
2.00pm**

**St John
Waterwalk Road
GREYMOUTH**

ALL INFORMATION CONTAINED IN THESE MEETING
PAPERS IS SUBJECT TO CHANGE

WEST COAST DISTRICT HEALTH BOARD MEMBERS

Peter Ballantyne (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*)
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*)
Justine White (*General Manager, Finance*)
Lee Harris (*Senior Communications Advisor*)
Kay Jenkins (*Minutes*)

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
On Friday 13 February 2015 commencing at 2.00pm

KARAKIA**2.00pm****ADMINISTRATION****2.00pm**

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**

- 12 December 2014

3. **Carried Forward/Action List Items****REPORTS****2.05pm**4. **Chair's Update
(Verbal Update)**Peter Ballantyne
Chairman

2.05pm – 2.15pm

5. **Chief Executive's Update**David Meates
Chief Executive

2.15pm – 2.30pm

6. **Clinical Leader's Update**Karyn Bousfield
Director of Nursing & Midwifery

2.30pm – 2.40pm

7. **Finance Report**Justine White
General Manager, Finance

2.40pm – 2.50pm

8. **Report from Committee Meetings**

- CPH&DSAC
29 January 2015

Elinor Stratford
Chair, CPH&DSAC Committee

2.50pm – 3.00pm

- Hospital Advisory Committee
29 January 2015

Sharon Pugh
Chair, Hospital Advisory Committee

3.00pm – 3.10pm

- Tatau Pounamu Advisory Group
29 January 2015

Elinor Stratford
Board Representative to Tatau Pounamu

3.10pm – 3.20pm

9. **Resolution to Exclude the Public***Board Secretariat*

3.20pm

AFTERNOON TEA**3.20pm – 3.30pm****INFORMATION ITEMS**

- 2015 Meeting Schedule

ESTIMATED FINISH TIME**3.30pm****NEXT MEETING**

Friday 27 March 2015

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	
Peter Ballantyne Chair	<ul style="list-style-type: none"> • 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 • Director, Brackenridge Estate Limited
Kevin Brown	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Peer Support Counsellor, Mum 4 Mum • Employee, DOC
Michelle Lomax	<ul style="list-style-type: none"> • Kawatiri Action Group – Past Member • Autism New Zealand – Member • West Coast Community Trust – Trustee • Buller High School Board of Trustees – Joint Chair • St John Youth Leader
Peter Neame	<ul style="list-style-type: none"> • President, Multiple Sclerosis Society, West Coast
Elinor Stratford	<ul style="list-style-type: none"> • Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Chair of Victim Support, Grey/Westland district • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Advisor MS/Parkinson West Coast • Elected Member, Arthritis New Zealand, Southern Regional Liaison Group
Sharon Pugh	<ul style="list-style-type: none"> • Shareholder, New River Bluegums Bed & Breakfast • Chair, Greymouth Business & Promotions Association

Joseph Thomas	<ul style="list-style-type: none"> • Chief Executive, Development West Coast • Ngati Mutunga o Wharekauri Asset Holding Company Limited – Chair • Motuhara Fisheries Limited – Director • Ngati Mutunga o Wharekauri Iwi Trust – Trustee & Member • New Zealand Institute of Management Inc – Member (Associate Fellow) • New Zealand Institute of Chartered Accountants – C A, Member
John Vaile	<ul style="list-style-type: none"> • Director, Vaile Hardware Ltd • Member of Community Patrols New Zealand
Susan Wallace	<ul style="list-style-type: none"> • Tumuaki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board • Father member of Hospital Advisory Committee • Member of Tatau Pounamu • Father employee of West Coast District Health Board • Director, Kōhatu Makaawhio Ltd • Appointed member of Canterbury District Health Board • Chair, <u>Poutini Waiora</u> • Area Representative-Te Waipounamu Maori Womens’ Welfare League

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Water Walk Road, Greymouth
on Friday 12 December 2014 commencing at 1.30pm

BOARD MEMBERS

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

APOLOGIES

An apology was received and accepted from Michelle Lomax.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Michael Frampton (Programme Director); 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); and Kay Jenkins (Minutes).

Susan Wallace started the meeting with a Mihi and led the Karakia. The Board acknowledged the passing of Francie Hicks.

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

Joseph Thomas advised that he is now a Board Member of the Economic Development Agencies of New Zealand.

Declarations of Interest for Items on Today's Agenda

Joseph Thomas signalled an interest in the letter to be tabled by the Chair from Development West Coast.

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS**Resolution (49/14)**

(Moved Joseph Thomas/seconded Helen Gillespie - carried):

“That the minutes of the Meeting of the West Coast District Health Board held at the Regional Council, Greymouth on Friday 31 October 2014 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. HEALTH & SAFETY LEGISLATION PRESENTATION

This item is to be presented later in the meeting.

5. CHAIR'S UPDATE

The Chair spoke about the visit this morning by the Minister of Health. The Chair had met for 30 minutes with the Minister and he has advised that he will meet with the Board later in the year. The Minister also met with the Chief Executive and Clinicians. He was pleased with the relationship between the West Coast and Canterbury and very impressed with the Telemedicine demonstration.

The Chair also provided updates from recent meetings he had attended:

- HBL Update;
- Partnership Group Meeting;
- Performance Improvement Framework Workshop;
- National Leadership Meeting
 - Jenny Black is now Chair of the National Chair's Group;
 - The Minister is keen to see some services undertaken Secondary Care move to Primary Care;
 - The Minister's main focus is on: Obesity; Mental Health; and Child Poverty.

Resolution (50/14)

Moved Peter Ballantyne/seconded Susan Wallace – carried)

That the Board:

- i. notes the Chair's verbal update.

6. CHIEF EXECUTIVE'S UPDATE

Michael Frampton, Programme Director presented The Chief Executive's Update which was taken as read. He commented on the following:

- Buller and Reefton – it is hoped to have some proposals to discuss with the Board in the New Year.
- It is pleasing to see that some good traction has been made in the recruitment space.
- Good progress has been made with Maternity in Buller.
- A hugely significant milestone was achieved in November with the implementation of Health One which allows us to link Primary Care and Secondary Care information.

A query was made regarding Air New Zealand decisions regarding flights on the West Coast and the Board noted that the DHB had expressed its disappointment that there had been no consultation around this.

A letter from Development West Coast regarding facilities development and opportunities this may provide for local businesses. The Board asked that this letter be forwarded to the Partnership Group for noting and their further action.

Resolution (51/14)

(Moved Helen Gillespie/seconded Susan Wallace– carried)

That the Board:

- i. notes the Chief Executive's update; and

- ii. supports the contents of the letter from Development West Coast and forwards to the Partnership Group for noting and further action.

7. CLINICAL LEADERS REPORT

Karen Bousfield, Director of Nursing and Midwifery, and Stella Ward, Executive Director of Allied Health, presented the Clinical Leaders Update. The report was taken as read.

The Board noted that some exciting quality initiatives are underway including on-line nursing procedures.

It was also noted that the process for the recruitment of an Assistant Director of Allied Health has gone well and an offer is likely to be made from this process.

Resolution (52/14)

(Moved Kevin Brown/seconded Sharon Pugh – carried)

That the Board:

- i. notes the Clinical Advisor's updates.

8. FINANCE REPORT

Justine White, General Manager, Finance, presented this report. Ms White spoke to the Finance Report for October 2014 which was taken as read. The report advised that the consolidated West Coast District Health Board financial result for the month of October 2014 was a deficit of \$0.040m, which was \$0.035m unfavourable against the budgeted deficit of \$0.005m. The year to date position is now \$0.191m unfavourable.

Resolution (53/14)

(Moved Peter Neame/seconded Helen Gillespie – carried)

That the Board:

- i. Notes the financial result for the period ended 30 September 2014

David Meates joined the meeting at 2.30pm.

9. MAORI HEALTH PLAN UPDATE

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

The update was noted.

Resolution (54/14)

(Moved Elinor Stratford/seconded John Vaile – carried)

That the Board:

- i. Notes the Maori Health Plan Update

10. MATERNITY REVIEW UPDATE

Mark Newsome, General Manager, Grey/Westland, presented this update which was taken as read.

The Board noted that a small number of recommendations are slightly behind timetable but management are comfortable with where these currently sit.

Resolution (55/14)

(Moved Helen Gillespie/seconded Sharon Pugh – carried)

That the Board:

- i. notes the report on progress against recommendations from the Maternity Review.

11. 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 27 November 2014.

The update was noted

- b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 27 November 2014.

She mentioned in particular: Patient ambulance transport and DNAs.

The update was noted.

- c) Elinor Stratford provided a verbal update on the Tatau Pounamu Advisory Group meeting held on 4 December 2014.

The update was noted.

4. HEALTH & SAFETY LEGISLATION - PRESENTATION

The Chair welcomed Garth Galloway, Chapman Tripp and Greg Brogden, Senior Corporate Solicitor, and Marilyn McLeod, Health & Safety Manager, who provided a presentation and overview of the new Health & Safety Legislation.

The Chair thanked the presenters.

12. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (56/14)

(Moved Susan Wallace/seconded John Vaile – 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 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)
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1.	Confirmation of minutes of the public excluded meeting of 31 October 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 Emerging Issues – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
4.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	South Island PICS	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Capital Expenditure 2014/15	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
7.	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”;

There being no further business the public open section of the meeting closed at 4.00pm.

The Public Excluded section of the meeting commenced at 4.00pm and concluded at 4.50pm.

Peter Ballantyne, Chair

Date

CARRIED FORWARD/ACTION ITEMS

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

**WEST COAST DISTRICT HEALTH BOARD
CARRIED FORWARD/ACTION ITEMS AS AT 12 DECEMBER 2014**

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1	12 December 2014	Maternity Review update.	Progress against review recommendations to be provided to the Board at alternate meetings. Last update provided on 26 September 2014.	Further update at today's meeting.
2.	4 April 2014	Telemedicine	Topic for Presentation when time allows.	Presentation when time allows.
3.	31 October 2014	Mental Health Review Update	Progress to be provided to Board.	Update at 23 April Meeting

TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 13 February 2015

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

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

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

2. RECOMMENDATION

That the Board:

- i. notes the Chief Executive's update.



A: Reinvalidate the West Coast Alliance

Alliance Leadership Team

- The Alliance Planning Day took place in December. Following the session, the workstreams have received guidance on the direction and priorities for the Annual Planning process for the 15/16 year.

Buller IFHS Workstream

- A successful one day workshop was held in early December, focused on progressing service integration within the Buller Integrated Family Health Service. Clinicians and community organisations are committed to working as one team, one service. Technology enablers including a single patient management system and providing mobile smart devices for community nursing and allied health clinicians will support this approach.

B: Build Primary and Community Capacity and Capability

Primary

- **Reefton Health:**
 - *Medical Centre* – work is underway to ensure that resources are best matched to patient needs. Two RNS are undertaking Post Graduate study in the first semester. The PG papers are funded by HWNZ [Health Workforce New Zealand] and required by the RNS to ensure competency in practice around Standing Orders. A new Practice Manager began in January.
 - *Aged Residential Care* – Essential maintenance is being undertaken to comply with infection control requirements.
 - *Hospital* – acute presentations to the hospital are between 14 and 23 per month. The majority of these presentations are non-urgent and could be seen by a General Practitioner during working hours. Work is underway to better understand the ongoing requirements for this service.
 - *Training/Education* – regular in-service training from the H&D Advocacy Service is starting in February. Two monthly in-service sessions will be held for all staff covering Code of Rights, Informed Consent, Dealing with Complaints, and other topics yet to be decided.
 - *Community Engagement* – stakeholder meetings are ongoing with the final meeting held on 27 January.

- **South Westland Area Practice:** Two nursing staffing changes have occurred; the nursing team leader has resigned the 0.4 FTE and will continue as a Rural Nurse at Haast. The Franz nurse who has been on LWOP since last April has elected to resign the role.

- **General:**
 - A NETP Registered Nurse commenced working at Greymouth Medical Centre in January 2015.
 - The PHO is providing some extra help at Greymouth Medical Centre with cardiovascular risk assessment recalls.

- **Practice Management:**
 - Dr Greville Wood has been appointed as Clinical Lead at Buller Health until July 2015 completing the practice management structure of Practice Manager, Clinical Lead and Nurse Team Lead.
 - Ongoing training and education continues for Practice Managers.
 - The Buller Practice Manager and Nurse Lead are undertaking “Leading Others” course at the end of January. Other Practice Managers are also interested in attending this course later in the year.
 - The DHB commissioned Rural Nurse Specialist review is anticipated and will provide direction in regard to further recruitment.
 - All Practices have been advised that Patient Enrolment Registers are open and to accept new enrolments at the DHB General Practices.

- **GP Recruitment:**
 - Two DHB employed GPs have started work in South Westland. They currently share a 0.8 FTE position, increasing to cover all South Westland GP sessions in April.

- South Westland, Buller and Grey Health are all fully staffed using a mix of Better Health contracted and DHB employed staff. Additional GP sessions at Reefton to support the resident doctor commence in February.
 - Buller Medical peer review sessions are now available for the Reefton GP to join through videoconferencing.
 - Doctors on General Practice and Rural Hospital programmes have started working at Buller and RAGP practices for the next 6 months.
 - Waiting times for routine doctor appointments were under 2 days at all sites at the end of December.
- **Financial:**
 - All practices were represented at recent finance review meetings with the GM Finance during January. These meeting highlighted opportunities for improvement.
 - Revenue plan with target expectations is in place at all practices and reported monthly.
 - KPIs for the Practice Managers have been established.
- **Documentation:**
 - Consolidation of best practice processes continues and distribution of new/updated processes through GPdocs.
 - The Strategic Communications Advisor is assisting with the development of a newsletter for the community. There will be further discussion to look at user-friendly webpages for the practices within the DHB website

Community-Based Services

- **Oral Health:** The Oral Health Service Coordinator has resigned from her role to concentrate on her quality position. Conversations are occurring with the Clinical Director, Community Dental, and Planning and Funding to identify potential support from CDHB. The new Level 1 [diagnostic] mobile unit will be operational from 2 February; this is the smaller self-drive unit.
- **District Nursing [DN]:**
 - Staff leave over the Christmas/New Year period was able to be covered from Hospital Services. This has reduced reliance on extra part-time or casual cover.
 - Two NETPs have joined the service. One nurse is starting in the Buller DN team and the second will be in the Greymouth team.
 - Intravenous Therapy in the home is trending upward so emphasis is being placed on upskilling nurses in the management of PICC lines/portacaths etc. The new Clinical Nurse Educator will be utilised to assist with this.
- **Home Based Support Services [HBSS]:**
 - DHB cars are now being used for weekend work, which will provide increased financial efficiencies. This will begin to occur during week nights, with a plan for this to occur in Hokitika and Buller also.
 - Coordination of Meals On Wheels has moved from Greymouth to Buller. The Buller HBSS coordinator has available capacity to undertake this. There is no change from the point of view of clients, and all recipients of the service have been sent a letter to inform them of the change.
 - The Clinical Manager of Aged Residential Care in Buller is working with HBSS to identify staff who may wish to gain experience in the community setting as occupancy numbers decrease.

- **Public Health Nursing:** An information roadshow starting in Buller is being planned for later this year. This will be aimed at all youth in our communities promoting healthy living with educational opportunities and information on nutrition, exercise, HPV, cervical cancer, dental hygiene and promoting free dental services until 18 years, mental health and GP services. This will be an opportunity for youth to ask questions and for agencies to promote their services.
- **B4School Checks Coordinator:** The new coordinator commenced the role in late December. She has done a large piece of work in getting records onto an electronic format which makes the administration component of the role easier and ensures increased accuracy.
- **Well Child:** Work is being undertaken on new-born registrations and ensuring referral to well child providers of choice. Work is also occurring with Poutini Waiora and gaps are being filled when their clinicians are away. This has started in Hokitika and due to roll out in Buller.
- **Vision Hearing Technician:** A vacancy has become available for the casual VHT role.

C: Implement the Maori Health Plan

- On 8 December 2014, Whanau ora hui was held in Westport. This was organised by the Maori health team, with support from Poutini Waiora staff based in the Buller. There was a very good turnout to the hui with approximately 40 people in attendance.
- The CEO for Te Putahitanga, the South Island Whanau ora Commissioning Agency, Susan Turner attended for part of the hui. Her presence was important and helpful to the community. The Buller Maori Community discussed a range of needs, issues and identified the beginnings of aspirations for the community. It was agreed that Te Putahitanga would:
 - Provide an independent facilitator to meet with the Buller community to assist in the identification of priority areas and explore ideas to deliver on the priority ideas.
 - Meet with the Buller community following the facilitated meeting to explore the community generated ideas and their alignment to the Te Putahitanga investment priority areas. The appropriate Whanau enterprise coaches will attend this meeting to assist in the development of those ideas that align to the investment priorities.
- It is anticipated that the facilitated meeting outlined above would occur in late January early February 2015. Recent feedback from Te Putahitanga indicates that this is the first time such a strong all of community response has occurred in the south island and they are excited about the opportunities working with the Buller community going forward.
- **Kia Ora Hauora:** Kia ora Hauora is a Maori workforce programme aimed at supporting Maori into the health workforce. The programme targets both Maori students and Maori already working in health and was initiated in response to the sector having a low number of Maori working within the health and disability sector.
- A recent December 2014 report re Kia Ora Hauora, South Island showed a pleasing result for Te Tai O Poutini. In terms of the number of Maori registered to the programme here on the Coast, that number is 74 by comparison Nelson Marlborough

has 85, Canterbury 304, South Canterbury 46, Southern District 220. These other districts have bigger populations so it is very pleasing to see that in terms of percentage the West Coast leads registration to Kia ora Hauora significantly.

- **Maori Health Plan 2015:** Over the next 6 weeks we will be working through the planning process and developing the first draft of the Maori Health Plan 2015/2016. We will be reviewing and refreshing the actions from last year's plans and working with key reference groups, workstreams and committees to develop new targets and actions. New elements for 2015/2016 include:
 - A greater focus on supporting and influencing breastfeeding rates with an emphasis on community development activity.
 - Specific activities that focus on improving performance against the CVD risk assessment indicator for Maori men in the 35-44 year age group.
 - A clear commitment to reducing smoking rates particularly among pregnant Maori.
 - Mental Health (Compulsory Assessment and Treatment) providing clear actions that could lead to a reduction in the use of compulsory treatment.
- The first draft of the plan is due on 6 March for the Statutory Boards, EMT, Ministry and Tatau Pounamu to provide feedback.



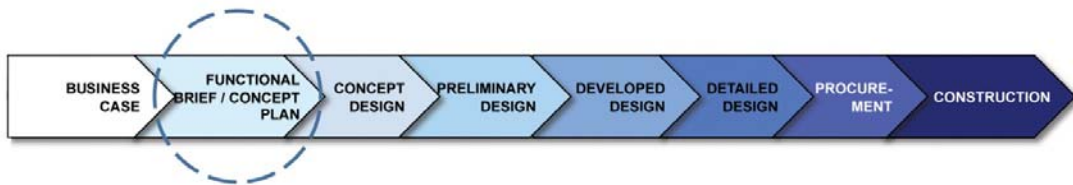
DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Report

- **McBrearty Roof:** The roofing membrane on the McBrearty Block, Wards 3 & 4 and the Community Services building all need repairs due to lack of adhesion to the substrate and breaking up of the membrane. The roof has long exceeded its design life and is well overdue for total replacement of both the membrane and some of the structural elements. Due to the limited lifespan the roofs will not be replaced but do require some remedial works. A Capex allocation of \$50k has been agreed by the Capex prioritisation committee to buy the hardware and product for a solution to recover the failing parts of the existing membrane with a liquid rubber product. This will be applied over the summer, and should enable us to keep the roof water tight for 2-3 years during the rebuild period.
- **Current Activity:** Business as usual at all sites with emphasis on working through infrastructure issues and liaising with design teams for the new developments. We have been involved (in conjunction with the MOH procurement team) in the evaluation process for the following design engineers for the new developments at Greymouth: Geotechnical/Civil/Structural/Fire/Acoustic/Mechanical/Electrical. The successful company(s) have now been appointed and design works is now underway.
- Work is ongoing aligning contracts for service where possible as contracts come out of agreement to ensure one overall system is in place for both DHB's participating in the SI Alliance workstream opportunities. The fire maintenance contract has been tendered and is currently being evaluated, this will be a combined CDHB/WCDHB contract. Generator servicing, refrigeration, lifts and cranes maintenance and medical air compressors and vacuum systems are also currently being worked on as part of the South Island Alliance initiative.

- Input into the proposed new developments is gearing up now that engineers have been appointed for the more detailed infrastructure planning and this is an area we need to focus on carefully this year.
- HR issues are being tidied up around some long standing staff issues. There is one outstanding issue that is currently being worked through via mediation.
- All sites have achieved BWOFF certification.


B: Facilities Case Update



- **Greymouth:** As previously noted, engineers have now been appointed to the project. The design team are expected to begin a new round of workstream engagement in early May as we move into Preliminary Design Phase.

- **Buller:** Request for Proposal [RFP] documents were posted to the Government Electronic Tender Site on Friday 30 January calling for proposals for architectural

consultancy services for the next stages in the design process for the Buller IFHC. Proposals have also been sought for structural, civil, mechanical, electrical and fire consultancy services, and quantity surveyor services. The closing date for these RFPs is 10 March 2015, after which an evaluation of responses will take place. In preparation for the new facility, work continues by clinical teams in Buller to further integrate services to create a seamless, better coordinated experience for the people of the Buller, whatever their health needs might be.

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

Hospital Services

- DNA rates continue to show a pleasing downward trend. There remains a continued focus on this area, with some strategies for further reduction yet to be implemented.
- The planned decrease in elective and arranged activity over the Christmas period was successfully managed. Whilst plans were in place to increase resources as required, these were not needed as volumes were as predicted. This enabled staff to take leave over the Christmas period, and activities such as maintenance within the operating theatre was able to be carried out, without disruption to service.

Nursing

- A new Clinical Nurse Educator started in January.
- Eleven New Entry to Practice [NETP] graduates join us in February. Work is beginning on a formal Nursing Workforce Strategy. This strategy will ensure that we have the right mix and skill level of nurses as we plan toward a new facility, as well as ensuring that resource matches activity.
- Nurse Managers and Clinical Nurse Managers continue to manage both annual leave and sick leave
- Staff are being supported to work across different areas, including community. Four staff members have been working on the FF&E stocktake over the Christmas period whilst production is down.
- Work has begun to review how nurses may be better utilised when required for inter-hospital transfers.

Ward Activity

- The Trendcare update has been implemented and the Trendcare Coordinator is working on the falls risk and care plans assessments.
- An integrated daily hospital report has been instituted that allows Managers to see both activity and available resource and match that accordingly.
- Hannan AT&R unit is still closed due to low patient numbers in all areas. The audits on falls risk, care plans, smoking cessation, nutrition and registration have seen an improvement this quarter meeting the Ministry targets.
- Shorter Stays Quality Framework for the Emergency Department is now fully in place. The WCDHB can now report on all aspects the Ministry requires for rural areas.
- The Lippincott procedure manual will be available for all staff by the end of March. This is an electronic manual that staff can access through apps or computers.
- The ensuite in the Critical Care Unit has been approved and work will be starting on this within the month.
- Ebola training is continuing throughout the DHB, that includes the use of PPE. Protocols are in place for triaging suspected patients. Signs remain up at all facility entrances up and down the Coast. The Ministry is continuing to update information on a weekly basis.
- A working group has been formed to review transfer policies and procedures. This will be further augmented by competencies that staff will need to obtain in order to undertake transfers to tertiary hospitals. Work is continuing on documentation with audits. Staff continue to work together on discharge planning to ensure a safe, seamless and efficient discharge process.

Maternity Services

- It has been a busy start to 2015. Staff should be acknowledged for their skill and management of this busy time. The team work and communication between areas has been highly effective, and contributed to good outcomes.
- A new link clinic room has been set up for midwives to see patients instead of using McBrearty ward. This is working well with self-employed midwives booking the room regularly.
- We were successful in acquiring support from Countdown Kids to purchase the new antenatal couch, education equipment, resuscitation trolley for the nursery and some minor equipment. This funding is appreciated and we acknowledge the fund raising

efforts of staff and community.

- The end of January sees the last of the DHB-employed case-loading midwives finish and the new model in Greymouth fully rolled out. There are currently five self-employed midwives providing care on the West Coast, with 2 more commencing in February. The transition has been smooth and staff are working through the change with a positive attitude.
- We have recruited two new graduate midwives for 2015 to work as core midwives commencing early February; this will bring the staffing level to the established FTE for the first time in several years. McBrearty ward has also taken on a new graduate registered nurse for the second half of the year. This will be a shared position with Parfitt ward as part of the development of the paediatric and maternity nursing workforce.
- Midwives education has commenced with the College of Midwives conducting a mentor course here in Greymouth. The educators' position is proving to be very successful and advertising for the permanent position will commence soon.
- Quality activities continue with patient surveys, updating of policies and procedures and monitoring of equipment.

Allied Health

- An appointment has been made to the position of Associate Director of Allied Health and it is anticipated that the appointee will commence early March 2015.
- The new Clinical Manager of Occupational Therapy Services commenced in the new year. The Occupational Therapy Department has a longstanding vacancy for a therapist specialising in paediatrics and an additional vacancy for a new graduate position at Grey Hospital.
- The Physiotherapy Services are anticipating full staffing levels by the beginning of February with the recent commencement of Physiotherapists in Grey and Buller and the pending arrival of 2 new graduates to Grey Hospital.
- Advertising is underway for the position of Clinical Manager Pharmacy Services and it is hoped an appointment will be made before the current manager leaves in March 2015. The Pharmacy Service has vacancies for a second pharmacist position and a pharmacy assistant position.
- A discussion document proposing a change in the reporting lines of Family Intervention Services to the Clinical Manager of Social Work Services has attracted considerable feedback. Independently of the document, the services have been working to establish regular forums for communication that will enhance the provision of care.
- Allied Health are actively contributing and participating in DHB-wide initiatives focused on key priorities and future models of care.

Mental Health Services

There have been a number of meetings over recent months with our Canterbury DHB colleagues as we move toward formalising our transalpine relationship in a number of areas of Mental Health. There is great value in the shared wisdom and learnings that we together can assist to improve each other's services and continue to bring to life the recommendations from the Mental Health Review.

A by-product of these meetings is that the CDHB Chief of Psychiatry and Mental Health

Director of Nursing recently spent a day on the West Coast meeting with colleagues and other clinicians. This is the first of what is planned to be six-weekly visits which will allow them to gain greater insight into the complexities of delivering mental health services on the West Coast and opportunities for further transalpine cooperation.

▪ ***Changes planned for the method of feedback from consumers on the services delivered by WCDHB mental health services:***

- The paper-based National MH Consumer Satisfaction Survey that we are required to undertake annually is to be replaced over the next 2 years by an electronic Real Time Feedback system that is being rolled out by the HDC this year.
- The WCDHB has trialled several different strategies in the past 3 years to improve the response rate from clients/families to the existing annual satisfaction survey, with some success; for example, our achievement of a response rate of 36, 66 and 46% over the preceding 3 years has rated us first and second highest in the country. However, we acknowledge that this amount of engagement and feedback with consumers and families is not sufficient alone to base improvements and changes to service delivery on. The limitations regarding the actual questions included in the national satisfaction survey has also been problematic as it does not enable each DHB to tailor the questions to elicit useful information to support, or otherwise, changes to the way services are delivered. The overall satisfaction with the services received rated for the 2012, 2013 and 2014 years was respectively 97, 78 and 92% . We are one of the few DHB's who have elected to utilise the opportunity to add our own question – we added, “*if there was one thing you could change about the WCDHB Mental health service what would that be?*” to which we received 36 responses. 11 of these responses indicated that nothing needed to be changed, but along with such comments as “*no more stw*”, there were some very relevant comments made that support the planned changes arising from the recent review of mental health services; for example:
 - *MH Social Workers need to be out in the community*
 - *More communication between all my health care providers*
 - *Medical help as well*
 - *Provide or facilitate day care in a secure environment for dementia patients*

We are therefore looking forward to the roll out of Real Time Feedback which involves the use of internet devices (tablets) to obtain immediate feedback from clients and families at the time of their contact with the service. This information can be viewed and analysed by the service on line in real time, and we can also elect to make this information available to stakeholder groups, including the public. We will also be inviting a local NGO to participate in the RTF. Real Time Feedback has been piloted in seven sites nationally over the past year, and has received very positive reports regarding its effectiveness and ease of application.

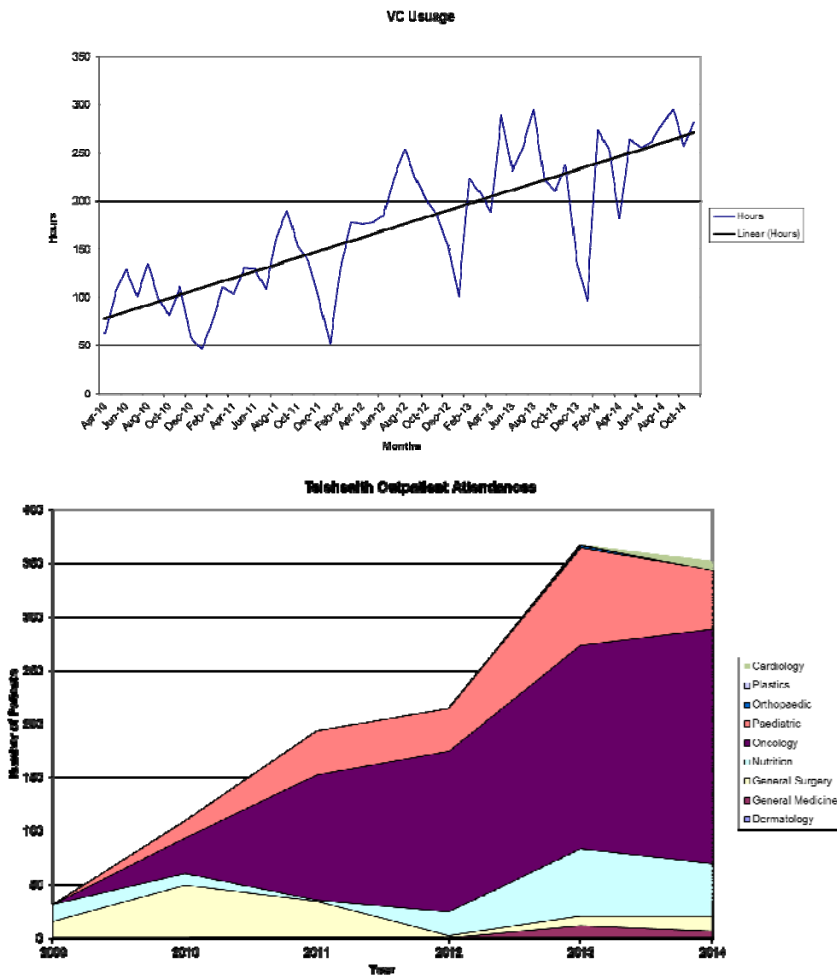
	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES
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A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast

- Regional discussions with St John as part of a South Island-wide, joint-DHB approach for the provision and pricing of non-acute ambulance transport services for inter-hospital patient transfers are still ongoing. The model that will be used for the West Coast has been finalised and only a few issues in other regions need to be addressed prior to completing the negotiation.
- St John has begun recruiting volunteers to run a new community health shuttle that will assist people struggling to find transport to get to appointments at Grey Base Hospital. The shuttle will be based in Greymouth and is proposed to begin in March 2015. Depending on demand, the service will operate around the Greymouth area including such places as Blackball and further afield to Hokitika. It will run five days a week Monday to Friday. The health shuttle initiative arose following consultation between St John, Four Square, West Coast DHB, West Coast PHO, and local community agencies and interest groups. The vehicles and set-up costs are being sponsored by Four Square as part of a wider sponsorship of similar initiatives around the South Island.
- The Buller Red Cross community health shuttle transport service between Westport and Grey Base Hospital continues to run for patients on a regular daily basis as required.

B: Champion the Expanded use of Telemedicine Technology

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





INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Implement the Complex Clinical Care Network [CCCN]

- The CCCN is tracking well for the development and implementation of a supported discharge model. Regular communication with district nursing, allied health, DHB staff and Home Based Support Services is working well in establishing the response model. Work to implement a Fracture Liaison service has commenced, in line with the regional plan.

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

- The outcome of a workshop in December is a plan to implement a “one team, one service” approach to Buller health services. This includes technology enablers such as mobile devices and a seamless access system that joins up multiple co-ordination points. Along with this is the expansion of the daily “huddle” to all areas of Buller Health to improve communication and reinforce a single team approach.
- Work will soon begin on a joint project with St John focused on improved self-management of frequent users of Buller Health Services.

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

- Predictive risk profiling and stratification of patients has now been completed. The Grey / Westland workstream is now looking at how to improve services around long term conditions in a proactive and sustainable manner.
- Meetings are underway to develop common processes between the Greymouth general practices in preparation for working together in a single location once the IFHC has been built.



BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of December 2014 was a deficit of \$0.194m, which was \$0.189m unfavourable against the budgeted deficit of \$0.005m. The year to date position is now \$0.390m unfavourable.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	0	0	0	0	0	0
Funder Arm	403	51	352	4,031	306	3,725
Provider Arm	(597)	(56)	(541)	(4,421)	(336)	(4,085)
Consolidated Result	(194)	(5)	(189)	(390)	(30)	(360)

B: Implement Employee Engagement and Performance Management Processes

Health, Safety, Occupational Health and Wellness

- EMT are considering a proposal as how to best support wellbeing initiatives for staff across the West Coast.
- Wellbeing initiatives are being progressed through 2015 with staff meeting with Kathleen Gavigan to progress.
- Injury management has provided initial education sessions and support material has been developed to assist staff experiencing musculoskeletal pain and discomfort. Sessions will be delivered to the H&S representatives at Grey Base during February and further sessions to other groups over the next quarter. The representatives will receive tools to deliver briefings to their individual teams.
- Routine Occupational Health pre-employment screening continues and the staff influenza programme for 2015 is being developed. Advertising from Canterbury will be utilised for the West Coast.
- Recommendations and key actions from the recent ACC audit have been tabled with senior management.
- An internal audit of compliance with the H&S systems will provide a gap analysis to allow a plan of action to be implemented to address any identified issues in preparation for the legislation change due later this year. Education sessions regarding legislation changes will be rolled out and delivered during 2015.
- No serious harm injuries to report.
- Work is occurring on a Health & Safety management plan regarding the boiler operation to ensure we meet the appropriate worksafe requirements for staff working in this area.

Talent Acquisition and Retention

- Requests for recruitment have been steady over the Christmas and New Year period.
- Two roles have been successfully filled in the Allied space; Associate Director of Allied Health and the HoD Occupational Therapy. Both candidates will commence in their roles within the next month.
- Nursing is in the unique position of having no vacancies but several excellent candidates looking for positions.
- Both Management Accountant roles are progressing through reference checking and offers likely to be made in the next month.
- Plans are being placed for ongoing specific recruitment strategies for the attraction of Rural Health Specialists.

HR Operations

- There are a number of negotiations taking place at this time, the Resident Medical Officers are currently being represented by the RDA. Initiation of bargaining has been received by the NZNO who are representing the nursing staff and MERAS representing the midwives. Negotiations are expected to commence in February. Negotiations also underway in February by FRST for the pharmacy staff.

Learning and Development

- The West Coast Development Calendar is currently being updated on to the intranet for staff to be informed of courses for 2015.
- Feedback has been called for from EMT on the studentship projects with this being incorporated into the final report.
- This year staff will be offered training to include the L&D courses being run in Canterbury as well as the West Coast.
- February Orientation and Essential skills has a high intake with a number of new staff and students beginning the year at the DHB. Presentations are going to be more succinct and extra learning to be accessed through the healthLearn website.
- The Administrators forum will recommence in February and is targeted at administrators, clerks, personal assistants and secretaries. The purpose of the forums is to inform, educate, promote and encourage self-learning. A number of these staff members are also undertaking the advanced minute taking course.

Organisational Effectiveness

- Only one IEA role was evaluated during December.

C: Effective Clinical Information Systems

eSign Off

- The project successfully went live on 4 December 2014. This will allow electronic sign-off by clinicians of hospital-ordered pathology tests.

National Maternity System

- WCDHB is developing a business case for the National Maternity System implementation. The business case has been completed and the project is to be implemented in the 3rd Quarter 2015.

Facilities

- A workstream has been set-up to coordinate and develop various ICT requirements in the new facility. Membership will include participation from a range of key services within WCDHB as well as CDHB Information Services.

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 seven remaining desktops to do with all laptops being completed, down from 161 units originally. The remaining desktops to complete are all laboratory PCs which are having some issues with the Windows 7 update. We are working with Canterbury Health Laboratory on this and hope to have these resolved by the end of January.

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 and remote access system, move to a new mail system, replacements of some legacy computer terminals and improvements to the Medtech32 system to increase stability.

- The UPS power system replacement has now been signed off and has been ordered. Installation to occur late February.

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

External Communications

- Our community magazine, Report to the Community was sent out to all West Coast households with the West Coast Messenger on 17 December 2014.
- The WCDHB Quality Accounts, a statutory document, was completed and sent to the Health Quality & Safety Commission. Printed copies are being distributed to Board, EMT and other interested parties. The Quality Accounts provide an update of progress on priority areas and are also available on the DHB website.
- Media interest during December/January covered a number of topics including new facilities; Meals on Wheels changes; possibility of a joint DHB/St John facility; suicide; farm bike accidents; New Year babies; home help; specialist clinics; serious adverse events; physio recruitment; Christmas/New Year staffing; and inpatient reconfiguration.
- Media releases were issued on: Christmas hours and a community update on new facilities.

Community Engagement

- The final community engagement meeting for 2014 was an update on the new Grey facilities, held at the Grey High School hall on 11 December. About 70 people attended the meeting, presented by Board Chair Peter Ballantyne and Chief Executive David Meates.
- The Stakeholder Group phase of the Buller and Reefton community conversations around health services are drawing to a close. Public meetings will be held in Westport and Reefton in the next few months to provide feedback after the board has had an opportunity to discuss options and possible outcomes from these community engagements.

Internal Communications

- Information continues to be shared with staff via the CE update, meetings and memos. Recent topics of interest include the Inpatient reconfiguration and the Buller Integrated Care projects.



Key Achievements/Issues of Note

- ***Social Impact Assessment Westland Class 4 Gaming Policy.*** Preparations are underway for a Social Impact Assessment to assess Class 4 Gambling in the Westland District. CPH is working with Westland District Council to run a workshop day on the 12 February. The assessment will inform the review of the WDC Class 4 Gambling Policy.






- ***Submissions on Regional Land Transport Plan and Regional Public Transport Policy:*** Active West Coast (AWC) has submitted on the West Coast Regional Council's Regional Land Transport Plan and the Regional Public Transport Plan. AWC's submission included support for improved route safety, development of safe-passing opportunities, the Taramakau clip-on and continued provision of the Total Mobility scheme and taxi services to assist people with disabilities and the transport disadvantaged. A call for more investment in walking and cycling was also included.
- ***Work with Police to reinforce new breath and blood alcohol limits:*** Following on from work carried out in November to help raise awareness of the new lower blood and breath alcohol limits which came into force from 1 December, CPH staff worked with Police at two alcohol checkpoints in Westport and two in Greymouth prior to Christmas. Drivers were provided with a leaflet about lower alcohol limits as well as a 'Not Beersies' water bottle or a 'Yeah Nah' pen or key ring. The promotion was a good way to raise awareness of the lower alcohol levels and to encourage people to drink non-alcoholic drinks if they are driving. It also provided a good opportunity to liaise and work with the local police staff. The 'Not Beersies' message (created by the Health Promotion Agency) was well-received.
- ***Kumara Races:*** CPH facilitated a planning meeting between CPH, Police and the Kumara Race Committee several months before the 2015 Kumara Races (held on 10 January). Health messages were shared on race day via posters at the course, a 'Not Beersies' graphic in the programme and messages over the big screen in front of the grandstand. A CPH staff member worked with Police later in the day at a checkpoint operation where drivers were screened for any alcohol consumption. Over 340 drivers were stopped and only about 6 of those driving vehicles had consumed any alcohol. None of these drivers was over the new lower alcohol limits. Many of the drivers had been designated as the driver well before the event and most drivers seemed to be aware of the new lower alcohol limits. The Kumara Race Committee is keen for a debrief meeting to be held by early February. CPH will be coordinating this meeting with members of the committee and Police.
- ***Buller water supplies:*** A major water leak affected the Punakaiki water supply and the community was put on a boil water notice on 4 January after samples taken on 2 and 3 January showed E.coli contamination. The leak meant the treatment plant was able to cope with demand and a local contractor had to fill the storage tanks directly from the stream. Council responded promptly to the incident with the support of CPH's Drinking Water Team. The leak has been identified and fixed and the system disinfected and restored to normal operation. On a more positive note, the upgrades to the filtration plant and the new UV treatment plant at Westport are up and running and they are into their commissioning period to ensure it is all working properly.
- ***Review of WCDHB Healthy Eating Policy:*** CPH is currently supporting the West Coast DHB in the review of the WCDHB Healthy Eating Policy. The current policy was developed in August 2005. As part of this project, CPH are reviewing other DHBs' policies and working in partnership with the WCDHB dieticians.

Report prepared by:





David Meates, Chief Executive

CHIEF EXECUTIVE'S UPDATE

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

Target	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target	Current Status	Progress
 <p>Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours¹</p>	99.6%	99.6%	99.6%	99.4%	95%	✓	The West Coast DHB continues to achieve impressive results against the Shorter Stays in ED Health Target , with 99.4% of patients admitted, discharged or transferred from ED within six hours during Quarter 2.
 <p>Improved Access to Elective Surgery West Coast's volume of elective surgery</p>	1,182 YTD	1,695	425 YTD	TBC	446	✗	The West Coast DHB has not met the Improved Access to Elective Surgery Health Target this quarter, having delivered 425 discharges against a 446 target. At 95.3% of our goal and only 21 discharges off target, we do not see any difficulties in meeting our year-end target. October results are sitting at 101% of target, delivering 586 discharges against a planned 580.
 <p>Shorter Waits for Cancer Treatment People needing cancer radiation therapy or chemotherapy having it within four weeks</p>	100%	100%	100%	TBC	100%	✓	The West Coast DHB continues to achieve the Shorter Waits for Cancer Treatment Health Target , with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
 <p>Increased Immunisation Eight-month-olds fully immunised</p>	89%	81%	77%	82% <i>Prelim</i>	95%	✗	Although only reaching 77% of our eligible children for the Increased Immunisation Health Target , we vaccinated 97% of consenting children against the increased 95% target with only two children missing the milestone age. This is a slight decrease on last quarter, although opt-off and declines were higher at 20.5% which continues make meeting this target challenging. Preliminary data for Quarter 2 indicates an increase is ahead.
 <p>Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit</p>	92.5%	95%	93%	TBC	95%	✗	During Quarter 1, West Coast DHB staff provided 93.3% of hospitalised smokers with smoking cessation advice and support –missing the Secondary Care Better Help for Smokers to Quit Health Target . Best practice initiatives continue, however the effects of small numbers remain challenging. The target was missed by only 4 smokers, with 19 smokers missed in total.

¹ This report is calculated from both Greymouth and Buller Emergency Departments.

Target		Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target	Current Status	Progress
	Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit ²	55.4%	61.9%	71.3%	TBC	90%		Although we are yet to meet the target, performance against the Primary Care Smokers Better Help to Quit Health Target has increased 9.4% this quarter—an encouraging result. Actions previously reported continue, with monthly practice by practice reporting expected to provide visibility for which practices need most support. Preliminary internal Karo data suggests another increase is ahead for Quarter 2, with 80% of smokers receiving help and advice to quit as at December.
	More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years ⁵	69.6%	76.6%	78.9%	TBC	90%		Performance against the More Heart and Diabetes Checks Health Target continues to steadily increase with 78.9% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years. While this is an encouraging increase, West Coast DHB is still below the national average & work continues to meet target. Preliminary internal data suggests another increase is ahead with 83% of smokers receiving help and advice to quit as at December.

² Quarterly data is sourced from the PHO Performance Programme provided by DHB Shared Services as well as PHO enrolment datasets

TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 13 February 2015

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

Recruitment has been successful for an Associate Director of Allied Health, Clinical Manager for Occupational Therapy and two Occupational Therapist vacancies.

This years Nurse Entry to Practice (NETP) graduate registered nurses have commenced. Once again we have recruited to the full Health Workforce New Zealand (HWNZ) funded positions of 11. We have also employed four Nurse Entry to Specialty Practice (NESP) graduate registered nurses within the mental health service. This year we have four Midwifery First Year of Practice (MFYP) graduates commencing on the West Coast. Two of these are self employed Lead Maternity Care midwives (LMC) and two core midwives employed at Grey Base Hospital. This combined with a successful transition to the agreed maternity model and effective recruitment of core midwives, means we will be at full FTE across the midwifery service. This includes a total of eight self employed LMCs across the Coast, in Westport, Greymouth and Hokitika. The MFYP programme provides a supportive year long structured programme for graduate midwives, with linkages to the Canterbury programme where appropriate for training days.

A proposal for change document has been released for feedback from staff, to further inform and progress the work towards the integrated and restorative model of care for rehabilitation services. This includes workforce development to support the changing model and to work with teams in the preparation for the new facility and its integrated inpatient clinical area.

Quality and Safety

With the ongoing implementation of the maternity quality and safety programme, alongside the nearly completed implementation of recommendations from the maternity review, there remains a strong focus on systems and processes that support a quality service. A total of 23 guidelines have been reviewed and are ready for final sign off and implementation. These are Canterbury DHB policies that have been reviewed and adapted with the West Coast context; this ensures consistency within a Transalpine maternity service.

The Clinical Board held a workshop at the end of 2014 and as a result will be developing a workplan for 2015 that is focused on enhancing the visibility of the Board and continuing to support a patient safety culture across the health system. There have also been a number of membership changes and better alignment with the Consumer Council planned.

Facilities Planning

Clinicians continue to be well engaged in all Facilities Design Work streams. A process has been established to facilitate engagement with the wider Allied Health work force and enable coordinated time responsive feedback to the Design Team. Pharmacy has begun a 'design lab' process to support how the community and hospital clinicians will work in the new facility.

TransAlpine:

In a follow up to the workshop held in 2014 there are a number of speciality and service discussions underway to improve the transalpine models of care and identify the workforce and other system enablers that will need to be prioritised for implementation.

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:

Stella Ward, Executive Director of Allied Health
Karyn Bousfield, Director of Nursing & Midwifery

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Finance

DATE: 13 February 2015

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 December 2014.

3. DISCUSSION

Overview of December 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 December 2014 was a deficit of \$0.194m, which was \$0.189m unfavourable against the budgeted deficit of \$0.005m. The year to date position is now \$0.390m unfavourable. The breakdown of December's result is as follows.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,449	6,957	492	√	41,474	41,742	(268)	x
Governance & Administration	305	188	117	√	1,382	1,128	254	√
Funds & Internal Eliminations	4,762	4,536	226	√	28,846	27,216	1,630	√
	12,516	11,681	835	√	71,702	70,086	1,616	√
EXPENSES								
Provider								
Personnel	4,989	4,541	(448)	x	28,115	27,246	(869)	x
Outsourced Services	616	481	(135)	x	3,591	2,886	(705)	x
Clinical Supplies	671	612	(59)	x	4,012	3,672	(340)	x
Infrastructure	1,268	842	(426)	x	7,024	5,052	(1,972)	x
	7,544	6,476	(1,068)	x	42,742	38,856	(3,886)	x
Governance & Administration	305	188	(117)	x	1,382	1,128	(254)	x
Funds & Internal Eliminations	4,359	4,485	126	√	24,815	26,910	2,095	√
Total Operating Expenditure	12,208	11,149	(1,059)	x	68,939	66,894	(2,045)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	308	532	(224)	x	2,763	3,192	(429)	x
Interest, Depreciation & Capital Charge	502	537	35	√	3,153	3,222	69	√
Net surplus/(deficit)	(194)	(5)	(189)	x	(390)	(30)	(360)	x

4. APPENDICES

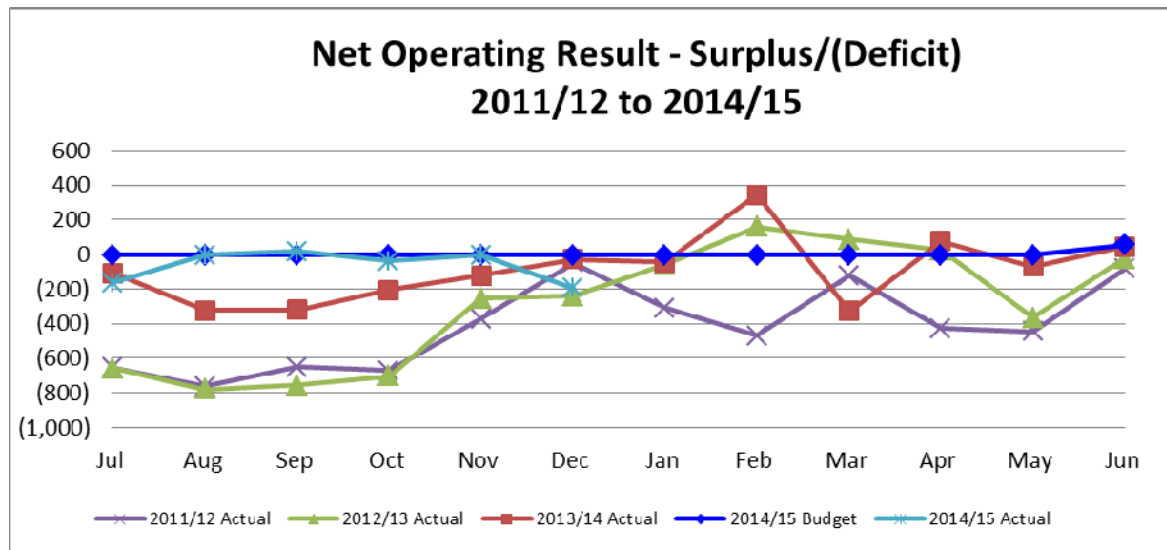
Appendix 1:	Financial Results for the period ending 31 December 2014
Appendix 2:	Statement of Financial Performance – December 2014
Appendix 3:	Statement of Financial Position – December 2014
Appendix 4:	Cashflow – December 2014

Report prepared by: Justine White, General Manager: Finance

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – DECEMBER 2014

	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance	
	\$'000	\$'000	\$'000		\$'000	\$'000	\$'000	
Surplus/(Deficit)	(194)	(5)	(189)	3780% ✗	(390)	(30)	(360)	1200% ✗

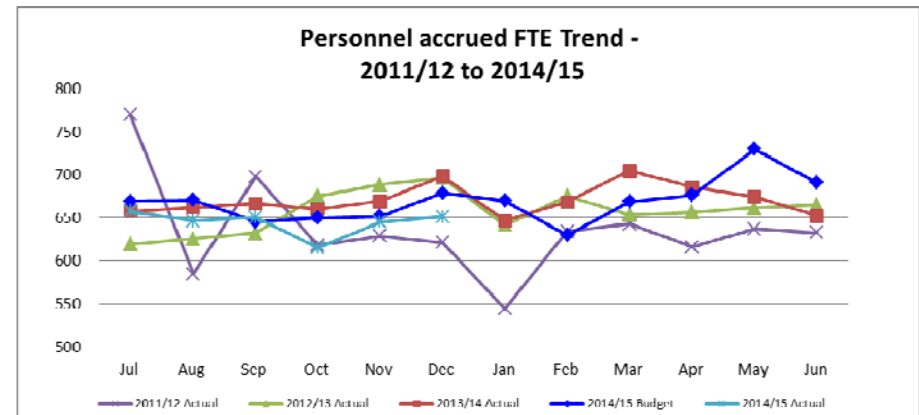
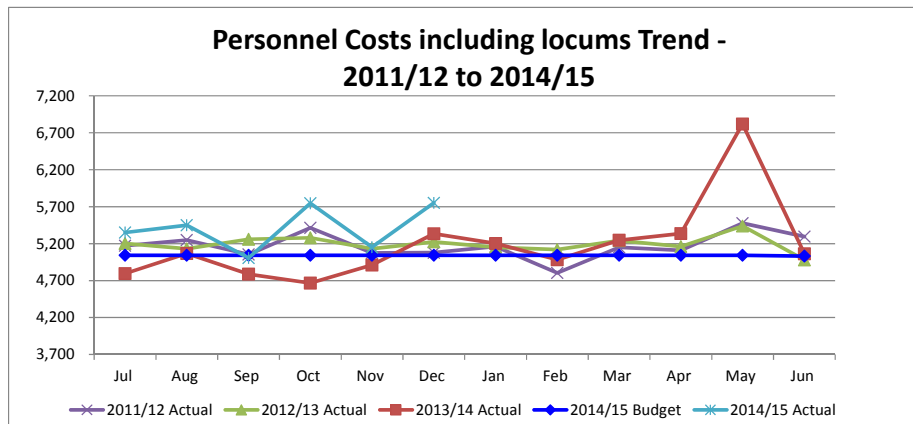


We have submitted an Annual Plan with a breakeven position.

KEY RISKS AND ISSUES

The December result has created pressure on the achievement of our full year break even position as indicated in the District Annual Plan. We are continuing to focus on priority areas to bring the deficit back into line for the full year.

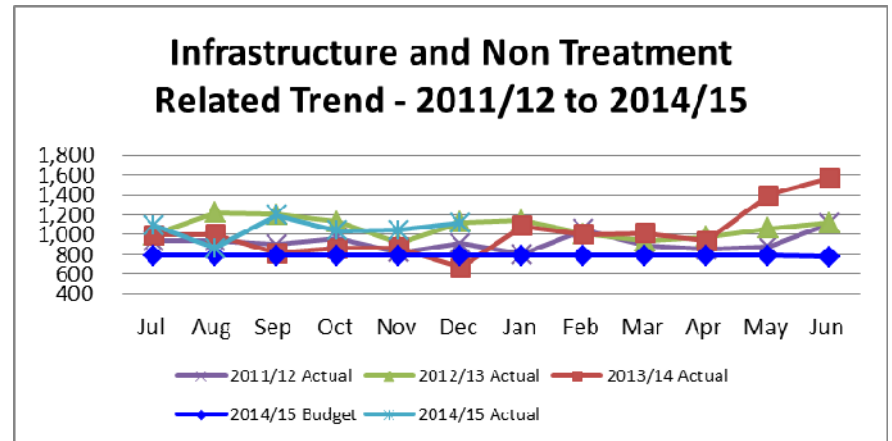
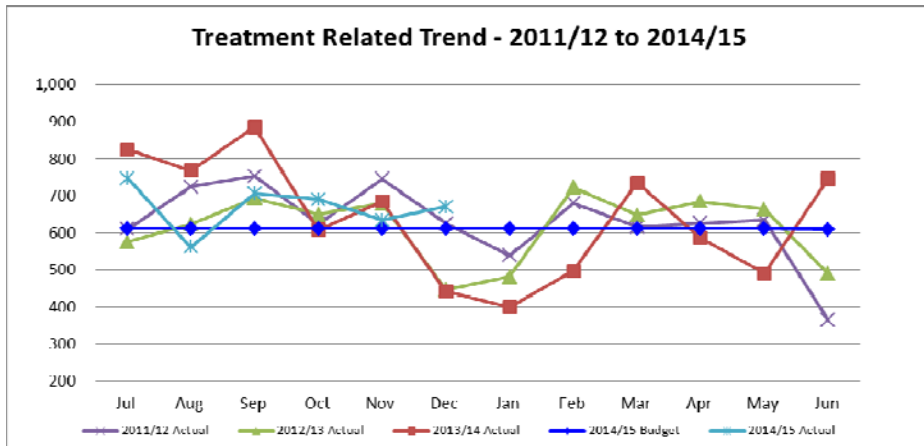
PERSONNEL COSTS/PERSONNEL ACCRUED FTE



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 have been slower to transpire than originally anticipated. This is further exacerbated by unexpected turnover which has required more reliance on short term placements, which are more expensive than permanent staff. A comprehensive review of staffing and associated costs is being completed to assist with management and mitigation of this spend.

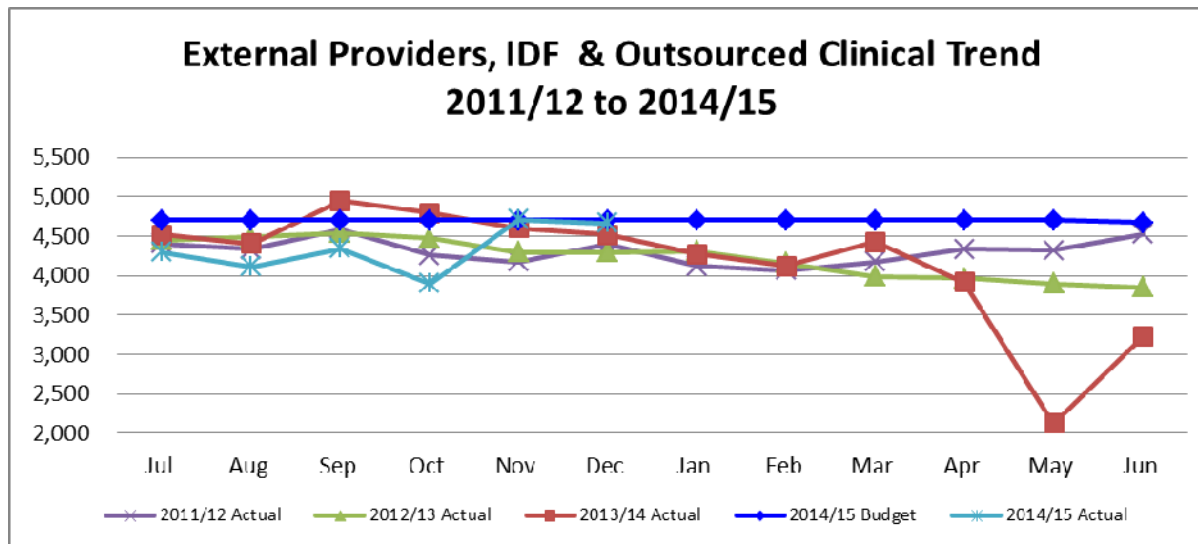
TREATMENT & NON TREATMENT RELATED COSTS



KEY RISKS AND ISSUES

Treatment related costs tend to be managed within predicted levels; we are continuing to refine contract management practices to generate savings in these areas. Timing influences infrastructure and non treatment related costs significantly, however overall we are continuing to monitor to ensure overall spend is within expected parameters. Significant effort is being made to ensure overspend in these categories is being tightly managed.

EXTERNAL PROVIDER COSTS



KEY RISKS AND ISSUES

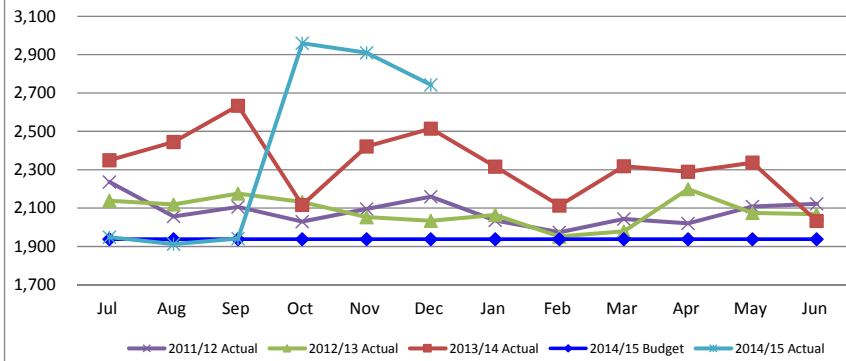
Capacity constraints within the system require continued monitoring of trends and demand for services.

Planning and Funding Division
Month Ended December 2014

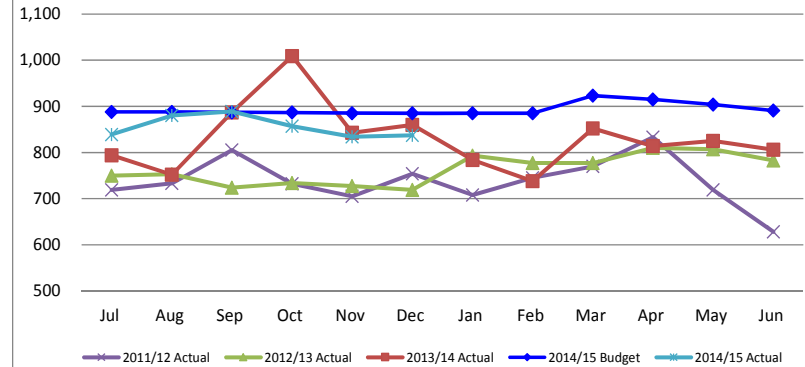
Current Month				Year to Date				2014/15	
Actual	Budget	Variance		SERVICES	Actual	Budget	Variance		Annual Budget
\$000	\$000	\$000	%		\$000	\$000	\$000	%	
				Primary Care					
28	36	8	22% ✓	Dental-school and adolescent	193	217	25	11% ✓	434
0	2	2	100% ✓	Maternity	0	10	10	100% ✓	20
0	1	1	100% ✓	Pregnancy & Parent	2	4	2	43% ✓	8
0	3	3	100% ✓	Sexual Health	0	17	17	100% ✓	33
1	3	2	51% ✓	General Medical Subsidy	12	18	6	34% ✓	36
511	522	10	2% ✓	Primary Practice Capitation	3,063	3,129	66	2% ✓	6,258
91	91	0	0% ✓	Primary Health Care Strategy	546	547	1	0% ✓	1,093
79	80	2	2% ✓	Rural Bonus	471	481	10	2% ✓	963
4	5	1	11% ✓	Child and Youth	33	29	-3	-11% X	59
-1	4	5	128% ✓	Immunisation	22	35	13	37% ✓	153
5	5	0	1% ✓	Maori Service Development	29	29	0	0% ✓	58
52	53	1	1% ✓	Whanua Ora Services	314	317	3	1% ✓	634
11	18	7	41% ✓	Palliative Care	118	109	-9	-8% X	218
0	0	0	✓	Community Based Allied Health	0	0	0	✓	0
9	9	0	1% ✓	Chronic Disease	53	53	0	0% ✓	106
47	54	7	14% ✓	Minor Expenses	281	324	43	13% ✓	647
837	885	48	5% ✓		5,136	5,320	184	3% ✓	10,722
				Referred Services					
23	24	1	4% ✓	Laboratory	140	141	1	1% ✓	283
671	730	58	8% ✓	Pharmaceuticals	4,004	4,086	82	2% ✓	7,961
694	753	59	8% ✓		4,144	4,228	84	2% ✓	8,244
				Secondary Care					
271	202	-70	-35% X	Inpatients	680	1,210	530	44% ✓	2,420
117	101	-16	-16% X	Radiology services	706	606	-99	-16% X	1,212
110	115	5	4% ✓	Travel & Accommodation	636	690	54	8% ✓	1,380
1,520	1,520	0	0% ✓	IDF Payments Personal Health	8,065	9,121	1,056	12% ✓	18,242
2,018	1,938	-80	-4% X		10,087	11,627	1,540	13% ✓	23,254
3,549	3,576	27	1% ✓	Primary & Secondary Care Total	19,368	21,175	1,807	9% ✓	42,220
				Public Health					
19	25	6	24% ✓	Nutrition & Physical Activity	92	149	57	39% ✓	298
6	7	1	17% ✓	Public Health Infrastructure	36	44	8	17% ✓	88
5	5	0	3% ✓	Tobacco control	54	29	-25	-87% X	58
0	0	0	✓	Screening programmes	-2	0	1.616	✓	0
30	37	7	20% ✓	Public Health Total	181	222	41	19% ✓	445
				Mental Health					
7	7	0	1% ✓	Dual Diagnosis A&D	42	43	1	1% ✓	86
2	2	0	22% ✓	Eating Disorders	12	12	0	1% ✓	23
20	20	0	1% ✓	Child & Youth Mental Health Services	120	122	2	1% ✓	243
17	5	-12	-239% X	Mental Health Work force	42	30	-12	-39% X	61
61	61	1	1% ✓	Day Activity & Rehab	365	368	3	1% ✓	735
11	11	0	1% ✓	Advocacy Consumer	64	65	1	1% ✓	130
81	82	1	1% ✓	Other Home Based Residential Support	485	491	6	1% ✓	982
11	11	0	1% ✓	Advocacy Family	66	67	1	1% ✓	134
10	29	19	66% ✓	Community Residential Beds	49	172	124	72% ✓	345
0	0	0	100% ✓	Minor Expenses	0	0	0	100% ✓	1
92	92	0	0% ✓	IDF Payments Mental Health	550	550	0	0% ✓	1,100
310	320	10	3% ✓		1,794	1,920	125	7% ✓	3,839
				Older Persons Health					
0	0	0	100% ✓	Information and Advisory	0	1	1	100% ✓	1
0	0	0	✓	Needs Assessment	0	0	0	✓	0
72	67	-5	-7% X	Home Based Support	409	395	-14	-4% X	784
5	9	4	44% ✓	Caregiver Support	39	53	14	27% ✓	107
274	216	-58	-27% X	Residential Care-Rest Homes	1,474	1,280	-195	-15% X	2,538
4	10	6	55% ✓	Residential Care-Community	32	60	28	47% ✓	120
356	349	-6	-2% X	Residential Care-Hospital	2,084	2,074	-10	0% X	4,114
0	0	0	✓	Ageing in place	0	0	0	✓	0
9	10	1	7% ✓	Day programmes	55	59	4	7% ✓	118
4	18	14	76% ✓	Respite Care	55	110	55	50% ✓	220
1	1	0	1% ✓	Community Health	8	8	0	1% ✓	15
0	0	0	100% ✓	Minor Disability Support Expenditure	0	1	1	100% ✓	3
58	58	0	0% ✓	IDF Payments-DSS	349	349	0	0% ✓	698
783	739	-47	-6% X		4,505	4,390	-115	-3% X	8,720
1,094	1,058	-37	-4% X	Mental Health & OPH Total	6,300	6,310	10	0% ✓	12,559
4,672	4,672	-1	0% X	Total Expenditure	25,848	27,707	1,859	7% ✓	55,223

EXTERNAL PROVIDER COSTS

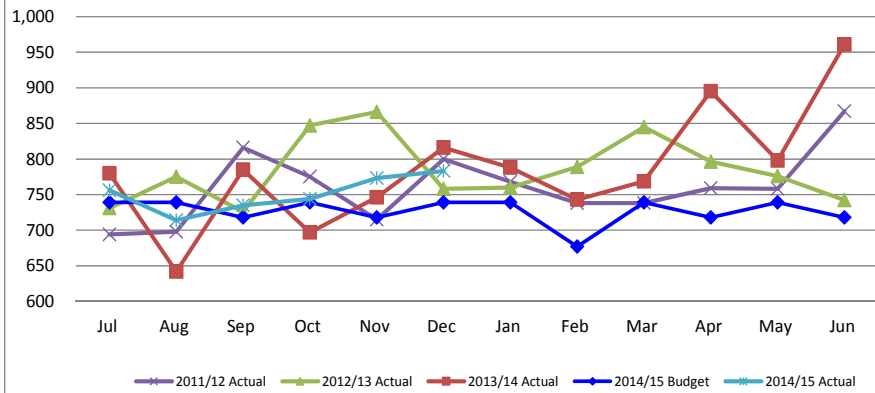
Secondary and Referred Services Trend 2011/12 to 2014/15



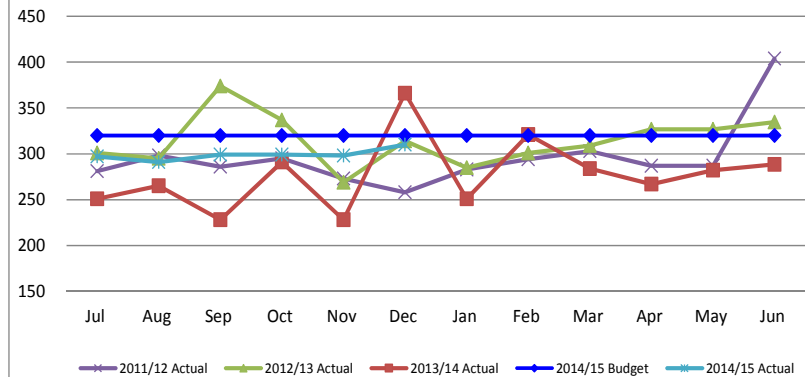
Primary Care Trend 2011/12 to 2014/15



Older Persons Health Trend 2011/12 to 2014/15



Mental Health Trend 2011/12 to 2014/15



FINANCIAL POSITION

	Month Actual	Month Budget	Month Variance		Annual Budget
	\$'000	\$'000	\$'000		\$'000
Equity	9,707	19,054	(9,347)	-49% ✘	72,537
Cash	17,633	9,521	8,112	85% ✔	10,037

KEY RISKS AND ISSUES

The equity and cash position compared to budget reflect the delay in commencing the Grey Base rebuild.

APPENDIX 2: WEST COAST DHB STATEMENT OF FINANCIAL PERFORMANCE

Statement of comprehensive income

For period ending

31 December 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	11,963	11,209	754	6.7%	68,885	67,254	1,631	2.4%	134,509	131,279
Inter DHB Revenue	1	3	(2)	(66.7%)	30	18	12	66.7%	34	20
Inter District Flows Revenue	130	129	1	0.8%	780	774	6	0.8%	1,551	1,615
Patient Related Revenue	273	230	43	18.7%	1,451	1,380	71	5.1%	2,760	2,880
Other Revenue	149	110	39	35.5%	556	660	(104)	(15.8%)	1,323	1,237
Total Operating Revenue	12,516	11,681	835	7.1%	71,702	70,086	1,616	2.3%	140,177	137,031
Operating Expenditure										
Personnel costs	5,128	4,635	(493)	(10.6%)	28,803	27,810	(993)	(3.6%)	55,613	55,477
Outsourced Services	525	377	(148)	(39.3%)	3,044	2,262	(782)	(34.6%)	4,520	6,373
Treatment Related Costs	671	612	(59)	(9.6%)	4,013	3,672	(341)	(9.3%)	7,342	7,727
External Providers	2,865	2,934	69	2.4%	16,818	17,604	786	4.5%	34,757	34,383
Inter District Flows Expense	1,730	1,670	(60)	(3.6%)	8,966	10,020	1,054	10.5%	20,465	14,486
Outsourced Services - non clinical	172	129	(43)	(33.3%)	865	774	(91)	(11.8%)	1,548	1,608
Infrastructure and Non treatment related costs	1,117	792	(325)	(41.0%)	6,430	4,752	(1,678)	(35.3%)	9,491	12,225
Total Operating Expenditure	12,208	11,149	(1,059)	(9.5%)	68,939	66,894	(2,045)	(3.1%)	133,736	132,279
Result before Interest, Depn & Cap Charge	308	532	(224)	42.1%	2,763	3,192	(429)	13.4%	6,441	4,752
Interest, Depreciation & Capital Charge										
Interest Expense	64	114	50	43.9%	379	684	305	44.6%	1,364	713
Depreciation	382	327	(55)	(16.8%)	2,380	1,962	(418)	(21.3%)	3,937	4,373
Capital Charge Expenditure	56	96	40	41.7%	394	576	182	31.6%	1,140	753
Total Interest, Depreciation & Capital Charge	502	537	35	6.5%	3,153	3,222	69	2.1%	6,441	5,839
Net Surplus/(deficit)	(194)	(5)	(189)	(3780.0%)	(390)	(30)	(360)	(1200.0%)	0	(1,087)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(194)	(5)	(189)	(3780.0%)	(390)	(30)	(360)	(1200.0%)	0	(1,087)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

West Coast District Health Board Statement of financial position

As at

31 December 2014

in thousands of New Zealand dollars

Assets

Non-current assets

Property, plant and equipment	26,057	24,822	1,235	5.0%	26,996
Intangible assets	1,259	1,421	(162)	(11.4%)	1,517
Work in Progress	296	24,900	(24,604)	(98.8%)	74
Other investments	637	545	92	16.9%	227

Total non-current assets

Current assets

Cash and cash equivalents	17,633	9,521	8,112	85.2%	7,483
Patient and restricted funds	69	60	9	15.0%	79
Inventories	1,049	1,100	(51)	(4.6%)	1,010
Debtors and other receivables	8,677	4,218	4,459	105.7%	7,686
Assets classified as held for sale	136	136	0	0.00%	136

Total current assets

Total assets

Liabilities

Non-current liabilities

Interest-bearing loans and borrowings	10,695	24,695	(14,000)	(56.7%)	10,695
Employee entitlements and benefits	2,801	2,895	(94)	(3.2%)	2,636

Total non-current liabilities

Current liabilities

Interest-bearing loans and borrowings	3,750	3,750	0	0.00%	3,750
Creditors and other payables	19,621	7,548	12,073	159.9%	9,927
Employee entitlements and benefits	9,239	8,781	458	5.2%	9,203

Total current liabilities

Total liabilities

Equity

Crown equity	70,761	79,761	(9,000)	(11.3%)	69,661
Other reserves	19,569	19,569	0	0.00%	19,569
Retained earnings/(losses)	(80,662)	(80,315)	(347)	0.4%	(80,272)
Trust funds	39	39	0	0.00%	39

Total equity

Total equity and liabilities

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	26,057	24,822	1,235	5.0%	26,996
Intangible assets	1,259	1,421	(162)	(11.4%)	1,517
Work in Progress	296	24,900	(24,604)	(98.8%)	74
Other investments	637	545	92	16.9%	227
Total non-current assets	28,249	51,688	(23,439)	(45.3%)	28,814
Current assets					
Cash and cash equivalents	17,633	9,521	8,112	85.2%	7,483
Patient and restricted funds	69	60	9	15.0%	79
Inventories	1,049	1,100	(51)	(4.6%)	1,010
Debtors and other receivables	8,677	4,218	4,459	105.7%	7,686
Assets classified as held for sale	136	136	0	0.00%	136
Total current assets	27,564	15,035	12,529	83.3%	16,394
Total assets	55,813	66,723	(10,910)	38.0%	45,208
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	10,695	24,695	(14,000)	(56.7%)	10,695
Employee entitlements and benefits	2,801	2,895	(94)	(3.2%)	2,636
Total non-current liabilities	13,496	27,590	(14,094)	(51.1%)	13,331
Current liabilities					
Interest-bearing loans and borrowings	3,750	3,750	0	0.00%	3,750
Creditors and other payables	19,621	7,548	12,073	159.9%	9,927
Employee entitlements and benefits	9,239	8,781	458	5.2%	9,203
Total current liabilities	32,610	20,079	12,531	62.4%	22,880
Total liabilities	46,106	47,669	(1,563)	(3.3%)	36,211
Equity					
Crown equity	70,761	79,761	(9,000)	(11.3%)	69,661
Other reserves	19,569	19,569	0	0.00%	19,569
Retained earnings/(losses)	(80,662)	(80,315)	(347)	0.4%	(80,272)
Trust funds	39	39	0	0.00%	39
Total equity	9,707	19,054	(9,347)	(49.1%)	8,997
Total equity and liabilities	55,813	66,723	(10,910)	(16.4%)	45,208

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

West Coast District Health Board

Statement of cash flows

For period ending

31 December 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	12,607	11,632	975	8.4%	69,655	69,792	(137)	(0.2%)	139,589	134,187
Cash paid to employees	(4,975)	(5,043)	68	(1.3%)	(32,300)	(30,258)	(2,042)	6.7%	(60,505)	(61,481)
Cash paid to suppliers	9098	(1,502)	10600	(705.7%)	(533)	(9,012)	8479	(94.1%)	(18,009)	(21,406)
Cash paid to external providers	(2,995)	(2,934)	(61)	2.1%	(17,598)	(17,604)	6	(0.0%)	(35,182)	(35,998)
Cash paid to other District Health Boards	(1,600)	(1,670)	70	(4.2%)	(8,186)	(10,020)	1834	(18.3%)	(20,040)	(12,871)
<i>Cash generated from operations</i>	12135	483	11652	2412.4%	11038	2898	8140	280.9%	5,853	2,431
Interest paid	(64)	(114)	50	(43.9%)	(379)	(684)	305	(44.6%)	(1,364)	(781)
Capital charge paid	(56)	(96)	40	(41.7%)	(394)	(576)	182	(31.6%)	(1,140)	(897)
Net cash flows from operating activities	12015	273	11742	4301.1%	10265	1638	8627	526.7%	3,349	753
Cash flows from investing activities										
Interest received	30	49	(19)	(38.8%)	260	294	(34)	(11.6%)	588	608
(Increase) / Decrease in investments	0	(40)	40		0	(380)	380		(402)	0
Acquisition of property, plant and equipment	0	(4,062)	4062	(100.0%)	(1,407)	(24,372)	22965	(94.2%)	(48,740)	(1,987)
Acquisition of intangible assets	1	0	1		(1)	0	-1		0	5
Net cash flows from investing activities	31	(4,053)	4084	(100.8%)	(1,148)	(24,458)	23,310	(95.3%)	(48,554)	(1,374)
Cash flows from financing activities										
Proceeds from equity injections	0	0	0		1101	9000	(7,899)		18,000	0
Repayment of equity	0	0	0		(68)	0	(68)		(68)	(68)
<i>Cash generated from equity transactions</i>	0	0	0		1033	9000	(7,967)		17,932	(68)
Borrowings raised	0	0	0		0	0	0		28,000	2,000
Repayment of borrowings	0	0	0		0	14000	(14,000)		0	0
Payment of finance lease liabilities										
Net cash flows from financing activities	0	0	0		1033	23000	(21,967)		45,932	1,932
Net increase in cash and cash equivalents	12,046	(3,780)	15826	(418.7%)	10,150	180	9970	5538.9%	727	1,311
Cash and cash equivalents at beginning of period	5,587	13,301	(7,714)	(58.0%)	7,483	9,341	(1,858)	(19.9%)	9,341	6,172
Cash and cash equivalents at end of year	17,633	9,521	8,112	85.2%	17,633	9,521	8112	85.2%	10,068	7,483

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 29 JANUARY 2015



TO: Chair and Members
West Coast District Health Board

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

DATE: 13 February 2015

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 29 January 2015.

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 – 29 January 2015.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) COMMUNITY & PUBLIC HEALTH UPDATE.

This report provided the Committee with updates on:

Social Impact Assessment Westland Class 4 Gaming Policy

Preparations are underway for a Social Impact Assessment to assess Class 4 Gambling in the Westland District. CPH is working with Westland District Council to run a workshop day on the 12th of February. The assessment will inform the review of the Council's Class 4 Gambling Policy.

Submissions on Regional Land Transport Plan and Regional Public Transport Policy

Active West Coast (AWC) has submitted to the West Coast Regional Council's Regional Land Transport Plan and the Regional Public Transport Plan. The main points covered in AWC's submission include support for improved route safety, development of safe-passing opportunities, the Taramakau clip-on and continued provision of the Total Mobility scheme and taxi services to assist people with disabilities and the transport disadvantaged. A call for more investment in walking and cycling was included. AWC also requested the reinstatement of the roundabout safety development of Marlborough St which was scheduled for the 14/15 year but which lost its priority rating and as a result the work has been deferred.

Work with Police to Reinforce New Breath and Blood Alcohol Limits

Following on from work carried out last November to help raise awareness of the new lower blood and breath alcohol limits coming into force from 1st December CPH staff worked with Police at two alcohol checkpoints in Westport and two in Greymouth in the weeks prior to the Christmas break. Drivers were provided with a leaflet about lower alcohol limits as well as a 'Not Beersies' water bottle or a 'Yeah Nah' pen or keyring. The promotion was a good way to raise awareness of the lower alcohol levels and to encourage people to drink non-alcoholic drinks if they are driving. It also provided a good opportunity to liaise and work with the local police staff. The 'Not Beersies' message (created by the Health Promotion Agency) was well-received.

Kumara Races

CPH facilitated a planning meeting between CPH, Police and the Kumara Race Committee several months before the event which was held on 10 January. A supply of condoms and Good Memories No Regrets posters with messages about Safe Drinking and Safe Sex were also distributed prior to the event to local hotels. Health messages were shared on race day via posters at the course, a 'Not Beersies' graphic in the programme and messages over the big screen in front of the grandstand. A CPH staff member worked with Police later in the day at a checkpoint operation where drivers were screened for any alcohol consumption. Over 340 drivers were stopped and only about 6 of those driving vehicles had consumed any alcohol. None of these drivers was over the new lower alcohol limits. It was clear that many of the drivers had been designated as the driver well before the event. Most drivers seem to be aware of the new lower alcohol limits – this was positive.

The Kumara Race Committee is keen for a debrief meeting to be held by early February. CPH will be coordinating this meeting with members of the committee and Police.

Buller Water Supplies

There is an on-going incident affecting the Punakaiki water supply and the community has been back on a boil water notice since the 4th January after samples taken on the 2nd and 3rd of January showed *E.coli* contamination. There was a leak somewhere in the distribution system which has meant the treatment plant has not been able to cope with demand and a local contractor has had to fill the storage tanks directly from the stream. This leak has now been located and fixed and then the whole system has had to be disinfected. The Council has been in communication with CPH's Drinking Water Team and they have been following the necessary steps as per the Drinking Water Standards.

On a more positive note, the upgrades to the filtration plant and the new UV treatment plant at Westport are up and running and they are into their commissioning period to ensure it is all working properly.

Review of WCDHB Healthy Eating Policy

CPH is currently supporting the West Coast DHB in the review of its Healthy Eating Policy. The current policy was developed in August 2005. As part of this project, CPH are reviewing other DHB policies and working in partnership with the WCDHB dietitians for support.

Health Promoting Schools

The Health Promoting Schools Facilitator has now completed the School Community Health and Wellbeing Review Tool with all West Coast priority schools. The tool has been used to support schools to self-review the level of integration of wellbeing into their school communities as well as identifying the current wellbeing priorities for the school. Wellbeing priorities that are being identified through the tool and subsequent conversations include; emotional/mental wellbeing, whanau engagement, strengthening partnership collaboration, healthy eating and staff wellbeing. The facilitator is now working alongside schools to develop a school community-wide plan to address these priorities throughout the year.

The report was noted.

b) PLANNING & FUNDING UPDATE

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

Key Achievements

- The West Coast continued to perform well above the ED health target during the 5-month period to 30 November 2014; with 99.6% of patients admitted, discharged or transferred within 6 hours, and 95.1% within 4 hours.
- 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. This measure is being replaced with a new Faster Cancer Treatment health target from 1 October 2014. The new target is that patients receive their first cancer treatment within 62 days of being referred with a high suspicion of cancer.
- West Coast DHB was 6 operations ahead of our Electives health target for the four months to 31 October 2014.

Key Issues & Associated Remedies

- West Coast DHB staff provided 93.3% of hospitalised smokers with smoking cessation advice and support –missing the Secondary Care Better Help for Smokers to Quit Health Target in Quarter 1, with Quarter 2 data expected in the coming weeks. Best practice initiatives continue, however the effects of small numbers remain challenging.

Upcoming Points of Interest

- **Improved Transport Options for Patients to Access Health Services**
St John are currently recruiting for volunteers to run a new community health shuttle to assist people who are struggling to get to appointments at Grey Base Hospital due to lack of suitable transport for themselves. The shuttle will be based in Greymouth and it is proposed to commence operations in March 2015. Depending on demand, the service will operate around the Greymouth area including such places as Blackball, as well as further afield to Hokitika, and run five days per week Monday to Friday. The health shuttle initiative arose following consultation between St John, Four Square, West Coast DHB,

West Coast PHO, and local community agencies and interest groups. The vehicles and set-up costs are being sponsored by Four Square as part of a wider sponsorship of similar initiatives around the South Island.

The report was noted.

c) ALLIANCE UPDATE

This report provided an update of progress made around the West Coast Alliance including:

Alliance Leadership Team (ALT)

- The Alliance Planning Day took place in December. Following the session, the workstreams have received guidance on the direction and priorities for the Annual Planning process for the 15/16 year.

Mental Health Workstream

- The initial focus of the workstream was on development of a model for Buller which would inform the Greymouth and Hokitika configuration. Buller is progressing but changes to mental health service provision will impact the whole system and cannot be achieved in isolation. Therefore the workstream is taking an increased whole-of-system approach to the changes.

Complex Clinical Care Network (CCCN)

- Progress is tracking well for development and implementation of a supported discharge model. Regular communication with district nursing, allied health, DHB staff and Home Based Support Services is working well in establishing the response model.
- Work has commenced to implement a Fracture Liaison service which is in line with the regional plan.

Grey/Westland & Buller Family Health Services (IFHS)

- Predictive risk profiling and stratification of patients has now been completed and will be used to assist primary teams to plan future services and develop a more proactive response, particularly to long term conditions.
- Meetings are underway to develop common processes between Greymouth general practices in preparation for working together in a single location once the IFHC has been built.
- The outcome of a December workshop held in Westport is a plan to implement a “one team, one service” approach to Buller health services. This includes technology enablers such as mobile devices and a seamless access system that joins up multiple co-ordination points. Along with this is the expansion of the daily “huddle” to all areas of Buller Health to improve communication and reinforce a single team approach.
- Work will soon begin on a joint project with St John focused on improved self-management of frequent users of Buller Health Services.
- The Poutini Waiora Kaupapa Maori Nurse vacancies are now filled and the KMN for Grey has been working at Greymouth Medical Centre one day a week, focussing on Cardiovascular Disease Risk Assessments for Maori patients.

Healthy West Coast

- A Healthy West Coast representative attended a National Health Board Smokefree Leadership Group to discuss national alignment of strategic plans in order to reach the

Smokefree Aotearoa 2025 goal.

- An analysis of smoking prevalence on the West Coast is being compiled by Community & Public Health, based on data from multiple sources including the 2013 census. The analysis details trends over time since 1999 and will be used as the basis for identifying gaps in service for the next three year Tobacco Control Plan.
- The “Broadly Speaking” Programme has been hosted by C&PH with HWC workstream members also invited to attend. The programme is a two session course examining the wider determinants of health, which seeks to build capacity in the health workforce to identify health needs and solutions in the context of the broader determinants. The training provides good tools for sound decision making in the context of Public Health.

Child and Youth

- Work towards the completing the Oral Health business case has been accelerated over December/January, with electrical work now completed at most schools.
- The Youth Health Action Group is working with the PHO Clinical Manager to identify Youth Champions in each of the practice’s Quality Improvement teams. These Champions will assist in developing youth-friendly environments and services at the practices.
- The Group is working with 298 Youth Health Centre in Christchurch to identify dates for Youth Friendly education sessions. These sessions will be targeted at primary and secondary staff most likely to be the first contact for young people accessing services for the first time.
- The pilot of a Secret Shopper project is complete with results and feedback provided to the next group of youth to undertake these visits (planned for January/February). The project is designed to identify what West Coast youth consider to be the key components to a youth friendly service in our region and then engage with services both over the phone and in person to see how well they align to those criteria.

Pharmacy

- Planning is underway for hospital and community pharmacies to utilise a design lab approach for the modelling of the allocated space for the provision of pharmacy services within the new Grey Integrated Family Health Centre.

The report was noted.

d) HEALTH TARGET REPORT Q1

This report is also provided to the Board as a regular update.

e) GENERAL BUSINESS

The 2015 Work Plan was discussed and Committee members were asked to inform the Chair should they wish to receive presentations to the Committee.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 29 January 2015

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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 29 January 2015 commencing at 9.00am

ADMINISTRATION 9.00am

Karakia

Apologies

1. **Interest Register**

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

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

27 November 2014

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS 9.10am

4.	Community and Public Health Update	<i>Jem Pupich Team Leader, Community and Public Health</i>	<i>9.10am - 9.25am</i>
5.	Planning & Funding Update	<i>Phil Wheble Team Leader, Planning & Funding</i>	<i>9.25am - 9.40am</i>
6.	Alliance Update	<i>Phil Wheble Team Leader, Planning & Funding</i>	<i>9.40am - 9.55am</i>
7.	Health Target Report Q1	<i>Phil Wheble Team Leader, Planning & Funding</i>	<i>9.55am - 10.10am</i>
8.	General Business - Discussion re 2015 Work Plan	<i>Elinor Stratford Chair</i>	<i>10.10am - 10.25am</i>

ESTIMATED FINISH TIME 10.25am

INFORMATION ITEMS

- Board Agenda – 12 December 2014
- Chair’s Report to last Board meeting
- Committee Work Plan 2015
- West Coast DHB 2015 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Thursday 12 March 2015

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 29 JANUARY 2015



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 13 February 2015

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 29 January 2015.

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 – 29 January 2015.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 29 January 2015. 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.

CARRIED FORWARD ITEMS

1. Patient Ambulance Transport - The Committee noted that a teleconference will take place in the next 2 weeks regarding this and indications are that a solution is getting closer.
2. DNAs – The DNA rates still show a marked reduction.

MANAGEMENT REPORT

Mark Newsome, General Manager, Grey/Westland presented this report. He highlighted the continued reduction in DNAs and commented that there is still a focus in this area and more initiatives to be implemented.

The report contained the following matters of interest to the Board:

- An integrated daily hospital report is now available to managers. This allows them to see both activity and available resource so these can be matched accordingly. This has now been in place for 2 weeks.

- The TrendCare update has been implemented and the TrendCare Coordinator is working on the falls risk and care plans assessments.
- There are currently no Nursing vacancies within Grey and Buller Hospitals.
- A new Clinical Nurse Educator commenced employment in January.
- Eleven New Entry to Practice (NetP) graduates join the DHB in February.
- Work is commencing on a formal Nursing Workforce Strategy which will ensure that the right mix and skill level of nurses as we plan forward towards the new facility.
- The Countdown Kids Appeal donation enabled the purchase of a new antenatal couch; education equipment; a resuscitation trolley for the nursery and some other additional minor equipment. This funding is very much appreciated and the fund raising by staff and the community was acknowledged.
- An Associate Director of Allied Health has been appointed and will commence in March.
- A recruitment plan is being developed to attract Rural Health Specialists (RHS) to Grey Hospital. Mr Newsome provided the Committee with some background around the role of Rural Health Specialists. It was suggested that a presentation be provided to the Committee at a future meeting.
- In the Industrial Relations area bargaining continues with the RDA representing Resident Doctors and NZNO has formally initiated bargaining for a new Nursing and Midwifery MECA. Bargaining is also scheduled to begin next month with FIRST union for a new Pharmacy Agreement.

The report was noted

FINANCE REPORT

Michael Frampton, Programme Director, presented the Finance Report for the month ending December 2014. The consolidated West Coast District Health Board financial result for the month of December 2014 was a deficit of \$0.194m, which was \$0.189m unfavourable against the budgeted deficit of \$0.005m. The year to date position is now \$0.390m unfavourable.

The Committee noted management's comments that the DHB still remained confident that with the continued changes taking place across the system, the commitment to break even and live within our means will be met but will be a significant challenge.

The report was noted.

CLINICAL LEADERS UPDATE

Karen Bousfield, Director of Nursing & Midwifery, presented this report which was provided to the Board at their last meeting.

She mentioned in particular progress around IT tools assisting clinical practices; the roll out of the on-line Lippincott procedure manual; and the TrendCare Tool and building our capability around this for the new facility.

The report was noted.

GENERAL BUSINESS

The Programme Director provided an update on the facilities project.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 27 September 2014.

Report prepared by: Sharon Pugh Chair, Hospital Advisory Committee

AGENDA

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Thursday 29 January 2015 commencing at 11.00am

ADMINISTRATION 11.00am

Karakia

Apologies

1. Interest Register

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

2. Confirmation of the Minutes of the Previous Meeting

27 November 2014

3. Carried Forward/Action Items

REPORTS/PRESENTATIONS 11.10am

4. Management Report

Mark Newsome *11.10am - 11.30am*
General Manager Grey | Westland

5. Finance Report

Justine White *11.30am - 11.45am*
General Manager, Finance

6. Clinical Leaders Report

Karyn Bousfield *11.45am – 12noon*
Director of Nursing & Midwifery

7. General Business

Sharon Pugh *12noon – 12.15pm*
Chair

ESTIMATED FINISH TIME 12.15pm

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 12 December 2014
- 2015 HAC Work Plan (Working Document)
- West Coast DHB 2015 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 12 March 2015

Corporate Office, Board Room at Grey Base Hospital.

RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 13 February 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 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 12 December 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 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)
4.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Funding Package – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

	Protect the privacy of natural persons.	S9(2)(a)
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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

JANUARY – DECEMBER 2015

DATE	MEETING	TIME	VENUE
Thursday 29 January 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 29 January 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 29 January 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 13 February 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 12 March 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 12 March 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 12 March 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 27 March 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 April 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 April 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 April 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 8 May 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 4 June 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 4 June 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 4 June 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 26 June 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 July 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 July 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 July 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 7 August 2015	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 10 September 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 September 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 September 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 25 September 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 22 October 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 22 October 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 22 October 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 6 November 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 3 December 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 3 December 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 3 December 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 11 December 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

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