West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 7 August 2015
10.15am

St John
Waterwalk Road
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

MEMBERS

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)*

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 7 August 2015 commencing at 10.15am

KARAKIA			***10.15am***
ADMINISTRATION			***10.15am***
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *26 June 2015*		
3.	**Carried Forward/Action List Items**		
REPORTS			***10.20am***
4.	**Chair's Update** **(Verbal Update)**	Peter Ballantyne *Chairman*	*10.20am – 10.30am*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*10.30am – 10.45am*
	• Health & Safety Update	Michael Frampton *Programme Director*	*10.45am – 10.50am*
6.	**Clinical Leader's Update**	Karyn Bousfield *Director of Nursing & Midwifery*	*10.50am – 11.00am*
7.	**Finance Report**	Justine White *General Manager, Finance*	*11.00am – 11.10pm*
8.	**Maternity Review Update**	Mark Newsome *General Manager, Grey/Westland*	*11.10am – 11.20am*
9.	**Report from Committee Meetings**		
	- CPH&DSAC *23 July 2015*	Elinor Stratford *Chair, CPH&DSA Committee*	*11.20am - 11.30am*
	- Hospital Advisory Committee *23 July 2015*	Kevin Brown *Deputy Chair, Hospital Advisory Committee*	*11.30am – 11.40am*
10.	**Resolution to Exclude the Public**	*Board Secretariat*	*11.40am*

INFORMATION ITEMS

- 2015 Meeting Schedule
- Vulnerable Children's Act Information

ESTIMATED FINISH TIME ***11.40am***

NEXT MEETING

Friday 25 September 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

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

	Disclosure of Interest
Peter Ballantyne **Chair**	• Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB • Retired Partner, Deloitte • Member of Council, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Spouse, Canterbury DHB employee (Ophthalmology Department) • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board • Director, Brackenridge Estate Limited
Kevin Brown	• Councillor, Grey District Council • Trustee, West Coast Electric Power Trust • Wife works part time at CAMHS • Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association
Helen Gillespie	• Peer Support Counsellor, Mum 4 Mum • Employee, DOC
Michelle Lomax	• Autism New Zealand – Member • West Coast Community Trust – Trustee • Buller High School Board of Trustees – Chair • St John Youth Leader • New Zealand School Trustees Association – Member of Marlborough/ Nelson/West Coast Regional Executive
Peter Neame	• Wite Wreath Action Against Suicide – Member
Sharon Pugh	• Shareholder, New River Bluegums Bed & Breakfast • Chair, Greymouth Business & Promotions Association
Elinor Stratford	• Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Chair of Victim Support, Grey/Westland District • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Elected Member, Arthritis New Zealand, Southern Regional Liaison Group

Joseph Thomas	• 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	• Director, Vaile Hardware Ltd • Member of Community Patrols New Zealand
Susan Wallace	• Tumuaki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board • Father member of Hospital Advisory Committee • Member of Tatau Pounamu • Father employee of West Coast District Health Board • Director, Kōhatu Makaawhio Ltd • Appointed member of Canterbury District Health Board • Chair, Poutini Waiora • Area Representative-Te Waipounamu Maori Womens' Welfare League

MINUTES

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

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Water Walk Road, Greymouth
on Friday 26 June 2015 commencing at 10.15am

BOARD MEMBERS

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

APOLOGIES

An apology was receive and accepted from Joseph Thomas

An apology for lateness was received and accepted from Kevin Brown (11.35am)

An apology for early departure as received and accepted from Susan Wallace (12.30pm).

EXECUTIVE SUPPORT

David Meates (Chief Executive); Michael Frampton (Programme Director), Karen Bousfield (Director of Nursing & Midwifery); Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan (General Manager, Buller); Mark Newsome (General Manager, Grey/Westland); Stella Ward (Executive Director, Allied Health); Phil Wheble (Team Leader, Planning & Funding); Justine White (General Manager, Finance); Lee Harris (Senior Communications Advisor); and Kay Jenkins (Minutes).

Gary Coghlan led the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Michele Lomax advised that she is a member of the Regional Executive of the New Zealand School Trustees Association, Marlborough/Nelson/West Coast.

Declarations of Interest for Items on Today's Agenda
There were no declarations of interest for items on today's agenda

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

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (25/15)
(Moved Sharon Pugh/seconded Susan Wallace - carried):

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 8 May 2015 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. CHAIR'S UPDATE

The Chair provided updates as follows:

- Meeting with Gary Howard, Mayor of Westport regarding Older Persons Health and the Buller IFHC;
- The approval by the Minister of the 2014/15 Annual Plan;
- Buller Facilities teleconferences are now being held on a fortnightly basis;
- Periodic teleconferences relative to strategic reviews: NZ Health Strategy; Funding Review; Workforce Capability;
- Partnership Group Meeting on 28 May;
- 4 June Board Workshop on preliminary design;
- New Zealand Health Partnership on track to take over from HBL;
- SI Alliance meeting on 15 June – Murray Cleverley was nominated as SI representative on the NZ Health Partnership Board.

Resolution (26/15)
Moved Michelle Lomax/seconded Sharon Pugh – carried)

That the Board:

i. notes the Chair's verbal update.

5. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, presented this report which was taken as read.

He highlighted the following points:

- Clearly the flooding in Hokitika had impacts on Aged Care facilities and was a challenge, particularly for the 45 residents who had to be evacuated from Allen Bryant Lifecare Centre. Each resident was assessed for requirements and safely relocated within other services on the West Coast.

  A tremendous effort from the CCCN, Allen Bryant staff and families and West Coast Aged Residential Care providers saw most of the residents resettled in the interim Allen Bryant facility at Greymouth Hospital, Kahurangi, Refeton Hospital and Kiwiannia Care Ltd's facilities.

- The Board noted that the other significant issue is the long process around Buller Aged Residential Care and giving clarity and certainty of the direction of travel. Consultation with O'Conor Home will be an ongoing process. The Chief Executive clarified that this is not a cost cutting drive and there is no fiscal saving to be made around this. The range of services for the population had expanded (i.e the dementia beds built by O'Conor Home). The DHB has facilities that are very run down. There are very few facilities elsewhere in the country where facilities are run and funded by DHBs. Generally people prefer to stay in their own homes and we must ensure the right supports are put in place for them.

A query was made regarding the requirements of the Vulnerable Children's Act and some information on this will be provided for the Board at the next meeting.

Discussion took place regarding the provision of Primary Mental Health Care in Buller. The board noted that this work is part of the mental health work stream and some information will come back to the next meeting to make this more visible.

Health & Safety

Michael Frampton, Programme Director, provided an update on Health & Safety. The Board noted that the DHB is in the process of going to the market to select an independent organisation to undertake a Health & Safety Audit. The Board also noted that it appears that legislation around Health & Safety has been further delayed.

Resolution 27/15)

(Moved Helen Gillespie/seconded JohnVaile– carried)

That the Board:

i. notes the Chief Executive's update; and

ii. notes the Health & Safety update

6. CLINICAL LEADERS REPORT

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

Ms Bousfield highlighted the following:

- A lot of work is taking place around nursing workforce being fit for purpose. A project is underway to develop a plan for future nursing workforce requirements within the model of care and new facilities.
- The Allied & Nursing Leadership and Innovation Group have self-selected three priority projects to support changes underway in regard to the model of care and workforce development.
- In the Quality & Safety area the Clinical Quality Improvement Team has met to re-scope and reframe its purpose. This group will remain aligned to the Health Quality & Safety Commission priorities for 2015/16.

Susan Wallace, Board member and Chair of Poutini Waiora advised that Poutini Waiora has a nurse from the DHB to support them. She thanked the DHB for allowing this to take place as just another example of an integrated health system.

Discussion took place regarding the Chief Medical Officer Role and also transalpine relationships.

Resolution (28/15)

(Moved Susan Wallace/seconded Helen Gillespie – carried)

That the Board:

i. notes the Clinical Advisor's update.

7. FINANCE REPORT

Justine White, General Manager, Finance presented this report which was taken as read.

The consolidated West Coast District Health Board financial result for the month of April 2015 was a deficit of $0.091m, which was $3.0k unfavourable against the budgeted deficit of $0.088m. The year to date position is now $0.516m unfavourable. Ms White advised that the DHB is firmly on track to meet the revised year-end target of a $1.1m deficit. She also advised that personnel and locum costs continue to be pressure points.

Discussion took place regarding the removal of the $1m transitional funding.

Resolution (29/15)
(Moved Peter Neame/seconded Susan Wallace – carried)
That the Board:

i. notes the financial results for the period ended 30 April 2015.

8. CROWN ENTITIES ACT 2004 – AMENDMENTS

Justine White, General Manager, Finance, presented the report which was taken as read.

There was no discussion on the paper.

Resolution (30/15)
(Moved Susan Wallace/seconded Elinor Stratford – carried)

That the Board:

i. notes the changes to the Crown Entities Act 2004; and

ii. approves as follows:

   a. South Island Shared Services Agency Ltd is no longer required to prepare separate financial statements, nor be audited.

9. MAORI HEALTH PLAN UPDATE

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

Kevin Brown joined the meeting at 11.30am

The Board asked that mental health be included in this report in the future.

Resolution (31/15)
(Moved Helen Gillespie/seconded Susan Wallace – carried)
That the Board, as recommended by the Community & Public Health & Disability Support Advisory Committee:
i notes the Maori Health Plan Update.

10. HEALTH TARGET REPORT – QUARTER 3

Phil Wheble, Team Leader, Planning & Funding presented this report which was taken as read.
He highlighted to the Board that there has been a fantastic effort from Primary Health and the PHO to improve these targets.

Resolution (32/15)
(Moved Sharon Pugh/seconded Michelle Lomax – carried)
That the Board:

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

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 4 June 2015.

The update was noted

b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 4 June 2015.

The update was noted.

c) Elinor Stratford provided a verbal update on the Tatau Pounamu Advisory Group meeting held on 25 June 2015.

The update was noted.

12. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (33/15)

(Moved Susan Wallace/seconded Helen Gillespie – carried)

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 & 11 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 27 March 2015 and 23 April 2015	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.	Audit Engagement Letter 2015 -18	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	HBL – FPSC Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial	S9(2)(j)

		negotiations).	
7.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	HBL – National Infrastructure Programme (NIP) Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	WCDHB Final Annual Planning Documents	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
10.	Resolution to Support Grey Hospital Preliminary Design Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
11.	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 11.55pm.

The Public Excluded section of the meeting commenced at 12.05pm and concluded at 2.20pm with a break for lunch between 12.35pm and 1.05pm.

_____ _____

Peter Ballantyne, Chair Date

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

WEST COAST DISTRICT HEALTH BOARD
CARRIED FORWARD/ACTION ITEMS AS AT 7 AUGUST 2015

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1	8 May 2015	Maternity Review Update.	Progress against review recommendations to be provided to the Board at alternate meetings.	Final update at today's meeting.
2.	8 May 2015	Presentation – Home Based Support Services	Presentation	To be scheduled.
3.	8 May 2015	Presentation – Telehealth Strategic Framework	Presentation	To be scheduled as presenter available.
4.	8 May 2015	Mental Health Review Update	Progress against review recommendations.	Scheduled for September Board Meeting
5.	26 June 2015	Mental Health Presentation	Progress undertaken since the Mental Health Review and the direction of travel/priorities going forward.	Scheduled for September Board Meeting

CHIEF EXECUTIVE'S UPDATE

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

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

SOURCE: **Chief Executive**

DATE: **7 August 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.

DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY

A: Reinvigorate the West Coast Health Alliance

Alliance Leadership Team [ALT] Activity

- The ALT received a report on the success of the Mum4Mum network and that the new survey report suggests that peer support is an effective model that should continue to be supported. At the same meeting the ALT also received a report highlighting the findings of the *Secret Shopper* project and notes the good feedback from consumers. It was discussed that other workstreams within the Alliance should look at using secret shoppers more to gain greater qualitative data to assist in looking at improving specific areas within the health system.
- The Rural Service Level Alliance, which manages the rural funding for the practices on the West Coast, reviewed the funding model and agreed, with support from general practice, to continue the model as it stands through to the 2015/16 year.
- The Alliance Support Group (ASG) held a workshop with workstream leads and ASG members in July. The workshop was to wrap up the activities that had occurred in the 2014/15 year, and document lessons learnt. Discussion then centred on the 2015/16 plans and how the lessons learnt could be used to improve workstream outcomes.

B: Build Primary and Community Capacity and Capability

Primary

- **South Westland Area Practice:** Our nursing team are being encouraged to provide feedback into the Rural Nursing Review. A health initiative called the South Westland Challenge has been running successfully [exercise and nutrition initiative], which is keeping all staff busy. In addition, a proposal for change for nursing leadership and the development of a Nurse Practitioner role for South Westland is currently being consulted on. The past few weeks have been busy due to school holidays in New Zealand and Australia and extra visitors, particularly in the Glacier region.

- **Greymouth Medical Centre | Rural Academic General Practice | Moana RNSs:** Concentration on achieving health targets continues. Staff continue to advocate uptake of the flu vaccine. Two Poutini Waiora Kaupapa Maori Nurses are commencing training in the Practices around practice nursing skills two days per week. Our Practices are attempting to work more closely with Poutini Waiora to reflect our enrolled population.

- **Reefton Health**
  - *Hospital* – rosters continue to be closely monitored to ensure staffing levels are appropriate for the workload.
  - *General* – The Reefton Nurse Manager has been seconded to the Emergency Planner/Health and Safety Advisor role from 27 July for a 3 month period. The Nurse Manager position will not be replaced during that time and interim reporting and leadership arrangements have been confirmed. Maintenance in the hospital wing is progressing; showers have been repaired and painting corridors started last week. The Reefton Health stakeholders meetings recommence Monday 27 July.

Community

- **Oral Health:** The West Coast DHB Oral Health service is working more closely with Canterbury. A good deal of work has been done with the architects to design an efficient Oral Health room for Grey and Buller IFHCs. This work is progressing and input from Canterbury is required to assist with this. The new term has started and our therapists and assistants are enthusiastic in their approach. With having a temporary Oral Health Receptionist, there has been some success in tracking children that frequently move around with their families. This will help address some of the arrears.

- **District Nursing | Home Based Support Services:**
  - Workload remains steady across all areas. There continues to be a demand for complex higher acuity care. This is requiring more time for planning and ongoing referrals for the best patient outcome and this involves more detailed documentation. There is a steady flow of palliative patients through our system that are supported by HBSS, GP services and the DN team. Poutini Waiora are working with these teams from time to time. There are some very good examples of collaboration to benefit our patients.
  - During the month, staff sickness has impacted on service delivery and hospital staff have stepped up to assist. Our DHB Trendcare Coordinator is working towards including District Nursing on our Trendcare system. This will allow us to accurately assess our patient acuity and consequent staffing needs.
  - The temporary closure of Allen Bryant Rest Home has had a minimal effect on the District Nursing team. HBSS has significant input to the people who are

being cared for by relatives. The District Nurses will support as required.

- The combined role of DN | HBSS in Buller has been very successful for both patients and staff so will be implemented in Greymouth and Hokitika.

- **Public Health Nursing:** Comprehensive planning has occurred for this term. Teams continue to work with the schools and undertaking the HEADDSS assessments for year 9 students. One of the local schools has approached us for education for staff regarding paediatric continence and this is taking place.
  - *Well Child* – the PHNs now have resources for water safety which includes handing out non-slip mats to families as per the Plunket service protocols. Stickers reminding families about water safety are also given out at the 9 month visit. Our service is working closely with Poutini Waiora sharing Well Child work across Grey and Buller areas.
  - *B4School Checks* – this service has reached its target for the percentage of children checked for the year. Planning for the next financial year is underway to ensure further success with our targets.
- **Clinical Nurse Specialists:** The northern group have had their Position Descriptions reviewed to help align more closely with the Buller IFHC and the service specifications. A similar exercise is going on with regard to reviewing the southern groups. Our CNS group are being encouraged to visit Rest Homes to consult on individual care needs and also provide education to the staff. Some of these patients have very complex needs and benefit from CNS input. By far the largest group they coordinate care for live in their own homes. The CNS role, whether it is Cardiac, Oncology, or another specialty, is pivotal to keeping people as well as possible in their own homes. This avoids ED presentations and admissions to Residential Care. These nurses maintain close links with specialists in Christchurch and run the Greymouth clinics with them. The CNS coordinates care between the patient, the GP Practice, Hospital Specialists and HBSS/DN services. The Cancer Nurse Coordinator role has been in place for two years now. This service has been independently and nationally evaluated. This shows that more patients benefit from the care and oversight of such a senior nurse. Improvements in the patient journey are shown through earlier diagnosis and support for better outcomes.

C: Implement the Maori Health Plan

- **Kia ora Hauora Work Placement Programme**: Last year the West Coast Work Placement Programme was run in September and had 7 Year 12 and 13 students attend. The programme was run over 3 days with students having access to many different careers within the health sector including, Social Work, Maori Health Provider, Laboratory, Occupational Therapy, Corporate Management, PHO, General Practice, Community Public Health. From the 7 who participated in the programme, 5 have gone on to CPIT to begin their study in nursing, 1 is at Dunedin doing the Tu Kahika programme and 1 is at Tai Poutini Polytechnic doing the pre-health sciences programme. Planning is underway for this year's programme which will be run towards the end of September.
- **Iwi Representative Board Professional Development:** The Ministry of Health under the facilitation of Ron Scott is hosting another professional development session for Iwi Representatives who sit on Boards. A member of Tatau Pounamu attended this last year and found it very valuable and it is likely one other will also attend this current one scheduled from the 30-31 July.
- **Treaty of Waitangi Workshop:** A Treaty of Waitangi workshop was held on 8 July with attendees from within the health promotion sector, maternity services,

pharmacy, dietetic services and an Obstetrician. The course was well received with the group breaking into two workshops in the afternoon to apply the Health Equality Assessment Tool (HEAT) to specific scenarios within health. Feedback was extremely positive and provided some great views on how we could deliver in a slightly different way with a whole day focused on just the Treaty and a half day on applying the HEAT tool workshops.

- **Orientation – Web-Based Maori Health Monitoring tool:** The latest DHB orientation for new staff provided a great platform to test the new web-based Maori Health Plan Monitoring tool that allows comparisons between DHBs on the 16 different Maori Health Indicators. It also provides information on performance trends, disparities between Maori and Non-Maori indicators, as well as links to seminars on best practice by the nation's top performers. The tool proved to have a powerful impact on the audience who were in attendance as we were able to graphically demonstrate the disparity between Māori and non-Māori health outcomes in a way which had not been done before. The information is updated every 24 hours with the latest Ministry of Health data. We will continue to use the tool in many different settings and with various audiences and encourage other Managers to learn about how this tool can assist in their work. It will give transparency to performance. DHBs can see whether the initiatives they are using against a certain indicator are working and if not they can try others.

- **Maori Smoking Cessation:** The Healthy West Coast Alliance workstream have set a high target for improving the access by Maori to cessation services (25% across all services). To this end, a sub-group made up of all cessation service providers and health promoters from C&PH and the PHO have developed some key actions. These include: 100% of Poutini Waiora staff receiving updated ABC training; targeted Health Promotion material to be developed detailing all cessation service providers available; Maori specific group sessions to run during Stoptober; AKP worker linking with PHO to access practice enrolment data, specifically Maori Smokers not identified as having received Brief Advice. The most recent data has shown a 5% increase in the rate of Maori accessing cessation support across all the services with 20.4% of all cessation referrals being for Maori.

- **COPD Pilot Buller:** A pilot has been conducted in the Buller region with Poutini Waiora Spirometry testing on all Maori patients with a known diagnosis of COPD. Whanau were tested and screened for smoking status with smokers being given targeted advice regarding the benefits of quitting. This has been a successful collaboration between Poutini Waiora, WCDHB, Buller Medical, CPH and the WCPHO. Of the 13 whanau who were seen, 4 were provided with NRT and 7 were given brief cessation advice. The clinic was held in the Poutini Waiora offices with home visits being made to whanau who could not make it in to the office. Poutini Waiora aim to hold another clinic in August with the aim of replicating the process in Grey and Westland.

- **Maori Health Plan 2015/2016:** Final sign off has been received from the Ministry for the 2015/2016 Maori Health Plan. Copies of the plan will be distributed widely amongst the health sector and to our community partners.

- **Te Rau Matatini – Cultural Competency training:** We have now confirmed the dates for this training as Wednesday 9 September and Tuesday 13th October at, Arahura Marae. The Kaitiaki Ahurea Level 2 programme is a New Zealand Qualifications Authority (NZQA) training scheme that was developed and delivered by Te Hau Maia to non-Maori working in Public Health. The purpose for developing this training course is to increase Māori public health gains, by:

  - Providing a foundation level of learning and understanding in cultural competencies for beginner and experienced Public Health practitioners e.g. health promoters, health protection officers, medical officers of health and

others.

- Influencing the transformation of Public Health unit practices towards a more Maori responsive Public Health services throughout Te Waipounamu.
- Participation in developing, mobilising and maintaining a Maori Public Health network throughout Te Waipounamu and Aotearoa.

- **Kaumatua Wellbeing Hui – Arahura Marae:** CPH led the co-ordination of a kaumatua wellbeing hui at Arahura Marae last month which was attended by 30 kaumatua from Te Runanga O Ngati Waewae and Te Runanga O Makaawhio. One of the main objectives of the day was to empower the kaumatua as health promoters in their whanau and community. The hui was supported by other services including Poutini Waiora, the WCDHB, Westland Medical Centre and the West Coast PHO. The day included information and discussion of the importance of immunisation, including influenza vaccination, vaccination in pregnancy and childhood vaccinations. The supporting role kaumatua can play for whanau is incredibly valuable with plans for another hui underway.

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

- Business as usual at all sites with emphasis on working through infrastructure issues and liaising with design teams for the new developments. Involvement with the building services and infrastructure design is now underway. Boiler Survey work is completed for this year.
- 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 and participating in the SI Alliance work stream opportunities. The fire maintenance contract is with procurement, this will be a combined CDHB/WCDHB contract and sign off is imminent. 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. All sites have achieved BWOF certification.
- CAPEX bids have been forwarded for consideration on 8 April.
- **Health & Safety/HSNO**: Awaiting two location certificates from Accreditation Ltd for hospital gas store and bulk liquid & manifold room. This will complete requirements under HSNO for Maintenance and Engineering. Chemical Registers 80% complete. Hazard Registers 60% complete. No reported incidents or accidents for Maintenance for this period. BOC are currently updating the liquid oxygen vessel certification.
- McBrearty roof, car park and foot path area below was temporarily closed 18-22 June during the storm. High winds caused further damage to the membrane on the unoccupied area, and wood battens are being installed to hold down the membrane.
- **Building Compliance/BWOF:** Greymouth Hospital (4 compliance schedules) has been given a new Building Warrant of Fitness. Certificates are displayed at Corporate, Dementia, Garage, Trades and Main Hospital x3. Patient Area electrical testing due (July) for the Rural Academic General Practice. Appliance testing as needed ongoing.
- **Consents:** Applied and granted for CCU single room ensuite. Application for change in conditions (extend the time) for 3 Nancarrow St house (Offices) submitted

2 April 2015 to GDC. This was declined as an extension because under the Resource Management Act we need to apply for a new consent. OPUS have started this application process for a five year consent.

- Legionella testing Grey base Hospital completed 1 May 2015 – None Detected
- **Fire Protection & Trial Evacuations:** May/June Trial Evacuations completed at:
  - Allied Health (out of date extinguisher found)
  - Linen Services
  - Parfitt Ward
  - CAHMS
  - IT & CSSD
  - GMC
  - McBrearty Ward
- Building inspection to check for compliance with Part 1 of the Fire Safety and Evacuation of Buildings Act 2006 completed at Hokitika Mental Health & Medical Centre.
- **Other Works:**
  - Boiler Management System (BMS), 25% completed.
  - A Steam shutdown for 3 hours on 17 June was needed to repair a leak on the feed water line; this was completed after hours without incident.
  - Ongoing - the liquid rubber pump has arrived to provide a more permanent solution to roof issues. Training is complete however the application will be weather dependent. Other areas of roofing also being assessed.
  - Extensive work on DHB owned houses has been undertaken allowing leased properties to be let go.
  - The Reefton dishwasher failed in early June and was out of service for approximately 3-4 weeks and has now been repaired.
  - Karamea Clinic re-roof is complete.

B: Partnership Group Update

- The anticipated date of practical completion of the new Grey Hospital and Integrated Family Health Centre [IFHC] remains March/April 2017.
- Preliminary Design of the new Grey Hospital and IFHC has been endorsed by the Joint Ministers of Finance and Health.
- Successful use of design lab | mock-up space for design of Pharmacy and Operating Theatre.
- Developed Design engagement with the clinical teams has been completed and this phase is expected to be completed at the end of August.
- An all-staff meeting was held on 10 July to communicate with staff an overview of the facility design to date and project milestones. Michael Frampton and the design team led the presentation and stepped through the facility plans to date.
- A short video providing a current progress update of the project has been uploaded onto the WCDHB website to facilitate informing all staff and the community.

- The DHB continues to progress with the Buller IFHC and development of a Master Plan and Concept design.
- Clinical teams re-engaged on 10 June for the first user group round with the appointed design team in Westport to confirm the functional brief and relationships.
- Planned engagement with the clinical teams continued on 6 July to provide feedback on a proposed floor plan.
- The Buller IFHC Master Plan and Concept Design phase is expected to be completed August 2015.

	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Nursing

- Grey Hospital continues to manage staffing on a day to day basis. Nursing leadership have presented a paper to EMT on operational strategies to manage staffing levels to ensure resource matches activity.
- Nursing staff from within the hospital are supporting staffing levels at Granger House and at Reefton Hospital as we continue to manage Aged Residential Care beds across the West Coast as a result of the flooding that has closed Allen Bryant Rest Home.
- The new Patient Transfer Service has settled in and patients and staff appreciate a well-coordinated approach to inter-hospital transfer. All problems have been mitigated with staff from St John and Grey Hospital working well together.
- IDEAL [Inclusion, Discussion, Education, Assessment, Learnings] discharge planning is being rolled out into the wards. A discharge checklist has been implemented within Morice ward; we are committed to ensuring a safe, seamless and efficient discharge process.
- Replacement equipment has been introduced into the hospital, such as emergency trollies, hoist slings and examination tables.
- Excess annual leave balances continue to be managed. Sick leave rates have been high this month.
- As part of the DNA project, e-texting is to be implemented within weeks. Texts will be sent asking for confirmation of appointments and reminders a day prior.
- The ED continues to lead the country in the six hour target and is maintaining the 95% target for smoking cessation.

Medical

- A Medical Workforce plan has been developed to bring together various streams of work. This includes work from the Transalpine Workshop, individual department plans and models of care, with particular emphasis on the role of the Rural Hospital Medicine Specialist. One of the Rural Hospital Medicine Specialists has this month begun providing acute cover within General Medicine, designed and led by clinicians over the transalpine space. Recruitment continues with offers made to two General Practitioners/RHMs.

Allied Health

- Work continues to progress implementing the recommendations from the review of

WCDHB Child Protection services' team climate, relationships and communication. Meetings to clarify roles and responsibilities, and new reporting lines, are taking place. A weekly case collaboration meeting has also commenced.

- Calderdale Framework project facilitators have instigated stage 1 of the framework [awareness raising]. Information sessions have been facilitated for Allied Health, Nursing and Rural Learning Centre staff. The facilitators have also started work on developing a project plan. The project will focus on Allied Health Assistant skill delegation in Occupational Therapy and Physiotherapy departments.
- The Mental Health Service Occupational Therapist is working with Clinical Managers of Occupational Therapy and Physiotherapy, and the Clinical Nurse Manager of Kahurangi, to explore ways to collaborate to share expertise and resources to create optimal outcomes for mental health patients. Great progress is being made.
- All Clinical Managers have been provided with feedback and support about more effectively managing their waitlists.
- The Allied Health teams have played a pivotal role in supporting Allen Bryant Aged Care residential facility residents and their families. The role of Occupational Therapists and Physiotherapists has been particularly recognised. An article is due to be published in the newspaper about the positive outcomes for a family in the Hokitika area.
- The third Allied Health & Nursing Innovation & Leadership Group project has been initiated. This project aims to improve the integration between primary and secondary services.
- Allied Health staff will receive Professional Boundary training over the next 2 months as per HDC recommendations based upon an investigation they conducted into a particular mental health case.

Mental Health Services

- **Update on Services**
  - Kahurangi Dementia Unit continues to operate at full bed capacity with the addition of Allen Bryant residents as well as several other admissions this month for assessment. Good collaboration with Grey Hospital secondary services has ensured that additional staffing for this unit to support the additional workload has been provided.
  - The acute inpatient unit has remained steady this month, with opportunities taken to manage accrued leave wherever possible. In the last quarter there have been two clients under the age of 17 who have received care in this unit – in these circumstances processes are in place to keep these clients separated from other adult clients in the ward and these instances are reported appropriately to the Director of Mental Health Services.
  - Dr John Crawshaw, Director of Mental Health, recently visited the West Coast DHB. While we wait for his formal comment, feedback at the time was positive.
  - Alcohol and Other Drug services experienced a significant increase in referrals during the months of February and March of 34 and 40 respectively compared with an average of 28 per month.
  - iCAMHS report a similar increase in referrals with 37 and 34 in the last two months.
- **Medical Staffing:** With the resignation of the previous Clinical Director Dr Stoner, in June, Dr Cameron Lacey has been appointed as Acting Clinical Director of the

Mental Health Service for an interim period of 3 months whilst the position is reviewed for a permanent replacement.

- **Operational matters addressed this month include:**
  - Participation on a Governance Group to develop a Service Provision Framework to support the newly developed Regional Youth Forensic service. This is a hub and spoke model with CDHB providing the hub and the WCDHB has a 0.7 FTE Forensic youth role based in iCAMHS.
  - Participation in the Super Youth Offending Team Governance group to facilitate collaboration with Police, Education and Health sectors.
  - The Suicide Prevention Governance Group have endorsed the Suicide Prevention and Post Vention Action plan submitted by the SP Action group, and a final version has now been submitted to the MOH for reporting in future quarterly reporting periods.
  - Re-allocation of Senior Medical Workforce within Inpatient and Community teams to better utilise the skill mix and available FTE.
  - Interim medical oversight of Kahurangi clients has been obtained via a contract with the Westland Medical Centre, whilst work continues with secondary services to establish a role for a Registrar within the mental health inpatient services.
  - Quarterly reporting on access rates, wait times, employment status and transition planning with most targets either achieved or within 10%.
  - Budget planning for 2015/16 and orientation to new designated finance personnel for MHS.
  - Good progress has been made to collate and implement the actions arising from the recommendations in outstanding London Protocol reports.
  - The Mental Health Solution is still offline whilst the work continues to address the stability of this system. There is a paper based file system in place to manage the clinical work.

	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

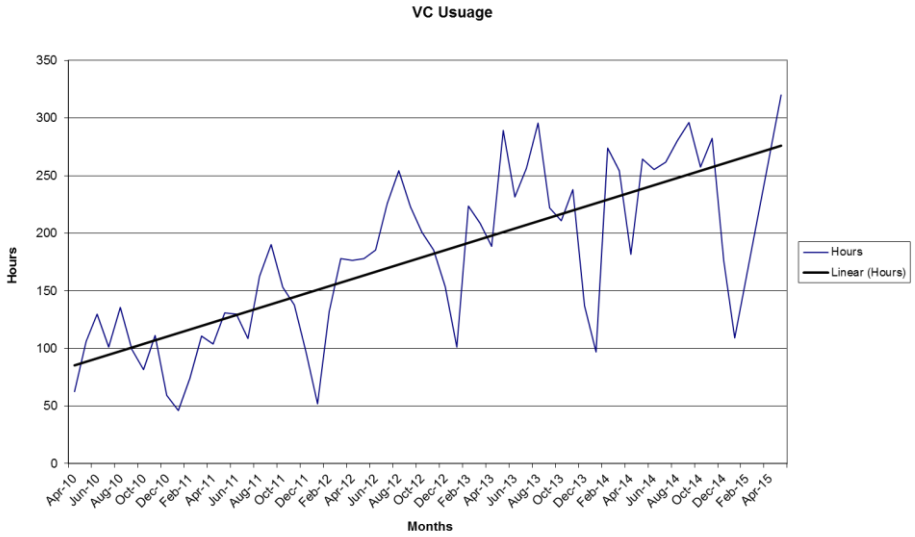
A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast

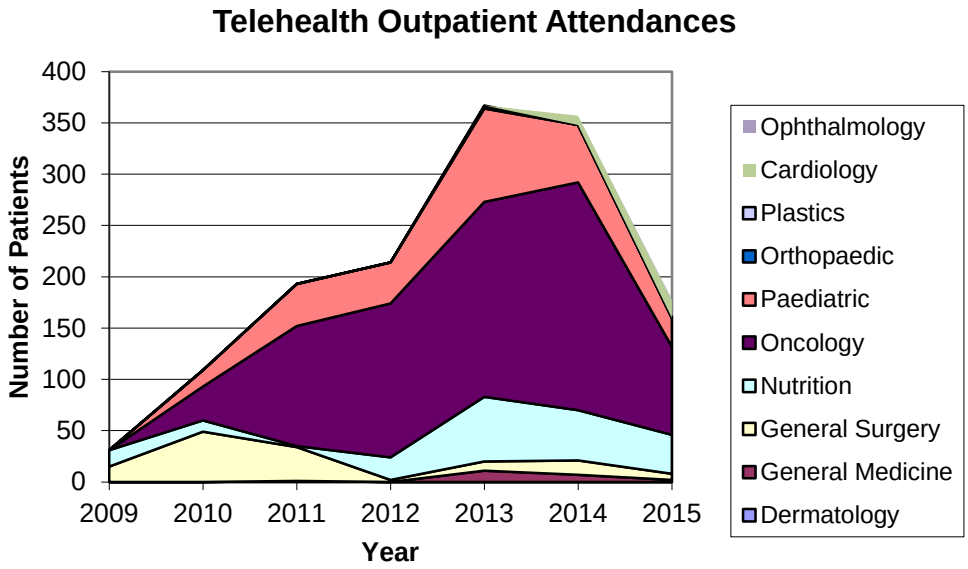
- Patient transport to Christchurch for non-acute patient ambulance transfer between DHB hospitals is now being provided via the scheduled Patient Transfer Service; the daily door to door transfer service. This new service commenced on 4 May 2015. West Coast DHB nursing staff are escorting patients on these trips.
- The new St John community health shuttle to assist people who are struggling to get to appointments in Greymouth has now commenced service. A formal dedication was planned on 19 June 2015 in Hokitika, but this was postponed by the major flooding day. The service is geared to operate five days per week Monday to Friday between Hokitika and Greymouth, as well as Blackball and Runanga as required. The health shuttle is supported by Four Square supermarkets and run by volunteers coordinated by St John. St John will ask for donations to help cover running costs, but have emphasised that the service will not be based upon people's ability to pay.

- The Buller Red Cross community health shuttle transport service between Westport and Grey Base Hospital continues to run on a daily basis as required and at no cost to patients.

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]

- All of the 45 Hokitika ARC residents, who were evacuated from Allen Bryant Lifecare on 18 June 2015 due to flooding, have been supported by the CCCN and moved to alternative care. The Ultimate Care Group, owner of Allen Bryant Lifecare, continues to care for 14 of the evacuees in their interim service at Grey Hospital. Most remaining residents have entered care in Kahurangi or Granger House. The DHB is sharing nursing resource with Granger House which has taken in the largest number of evacuees.

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

- Buller Medical's move to a two team approach is progressing well and a staged implementation has commenced.
- Work on the RMO workforce proposal, which will increase sustainability for the GP workforce continues.
- The Health of Older Persons engagement process has concluded and the future direction of services has been decided. This includes strengthening of service coordination. A staff consultation paper has been shared with staff and we are awaiting feedback to the proposed changes.
- Work continues in exploring locality based mental health services.
- A Buller IFHS-wide team of quality champions is being established.

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

- Significant work is now underway in the Grey/Westland area. This includes developing: a business model for Greymouth practices once they move into the IFHC; a model for unplanned and afterhours care; and developing a huddle to improve communication between services.
- South Westland is currently consulting with staff. This includes a proposed new structure to provide more flexible coverage across the area, as well as using HML to improve access for patients to make appointments and contact the right people at the right time.

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 June 2015 was a surplus of $0.091m, which was $0.179m favourable against the budgeted deficit of $0.088m. The unaudited year end position is now $0.009m favourable.

	Monthly Reporting			Year to Date		
	Actual $'000	Budget $'000	Variance $'000	Actual $'000	Budget $'000	Variance $'000
Governance Arm	0	0	0	0	0	0
Funder Arm	693	(151)	844	4,680	(1,812)	6,492
Provider Arm	(602)	63	(665)	(5,727)	756	(6,483)
Consolidated Result	91	(88)	179	(1,047)	(1,056)	9

B: Implement Employee Engagement and Performance Management Processes

Employee Health and Wellness

- Staff wellbeing programme is under further development with meetings with GMs occurring to discuss further.
- The Health & Safety Advisor has resigned and has been filled with a secondment for the next three months.
- Focus over the coming months is ensuring our policies are updated and supporting Safety 1st employee reporting.
- The staff influenza vaccination programme.

Learning and Development

- Presentation skills part two was held in July with the next cohort being delivered in late July.
- New administrator commences on July 27 after three months of the advisor covering this role.
- Two team building days have been attended by L&D for Dental Therapists and Maori Mental Health teams.

C: Effective Clinical Information Systems

- **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. This has now been completed with all 161 XP machines replaced.
- **Mental Health Solution:** The Mental Health Solution software based in Health Connect South has required some upgrade and to avoid risk the service has reverted to a manual process outside of the solution. Information is still being captured and displayed in Health Connect South; however the electronic workflow which comprises the Mental Health Solution software is not being used until the upgrades are complete. WCDHB, CDHB and Orion are working to complete this work.
- **eReferrals:** The stage 2 eReferrals solution is now well over 50% rolled out to the DHB, with stage 2 of the project now having completed 68 of the total 80 departments. Stage 2 provides electronic referrals from the GP practice to Health Connect South. The referrals are then printed and sent to clinicians for triaging. Stage 3, which has yet to be deployed regionally, creates a fully end to end electronic process.
- **National Patient Flow Phase 2:** The business case for phase 2 of National Patient flow has been completed and approved. The Patient Management System (iPM) upgrade has also been completed early July which is a requirement for NPF. The new version of iPM allows easier collection of data for National Patient Flow, as well as meeting 1 July mandatory reporting requirements.
- **National Infrastructure Platform:** The Board paper has been approved for the National Infrastructure Platform. Weekly project meetings are occurring. A CDHB project manager has been appointed and is assisting WCDHB on the implementation, with learnings being shared between both DHBs. Much of the networking infrastructure for the project has been implemented. A project board is being setup to act as governance for the local implementation. Next milestones are the approval of the project schedule and transition plan.

- **IT Infrastructure replacement:** An investment in upgrading some systems at the end of their life has been approved with the remote access system, mail system, terminal replacement, and improvements to medtech32 all being completed.
- The UPS power system replacement has arrived on site. Commissioning is behind schedule but progressing. The electrical work has been completed, batteries installed. A Statement of Work has been approved for the implementation of a new load balanced firewall for WCDHB. A CDHB project manager and architect are assisting with the project. Business case approved for services to replace some Windows 2003 servers. There are 92 servers within the WCDHB datacentre, of which there are 21 remaining which need to be migrated. As part of this upgrade a significant amount of work is occurring in refreshing some systems based on these 2003 servers, including the replacement of both Mail and Web gateways, upgrades to Citrix systems, as well as removal of single points of failure within desktop delivery systems.

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

External Communications

- Media interest:
  - Orthopaedics
  - Flu season updates
  - Buller IFHC
  - Kynnersley Home/Dunsford Ward and Buller Older Persons' Health
  - New Grey facilities
  - Sugary drinks policy
  - Zero fees for under 13s
  - Smoking on the West Coast
  - Patient discharge summary glitches
  - GP recruitment/Better Health contract
  - Occupational Therapy & physiotherapy wait times/numbers
  - Allen Bryant resident updates

- Media releases were issued on:
  - Zero GP and prescription fees for under 13s
  - Planning underway for Allen Bryant residents
  - South Westland challenged to get active

Internal Communications

- CE Update - July
- Weekly global update email
- Consultations – workforce
- eTexting for people who do not attend (DNA) their hospital appointment.

Key Achievements/Issues of Note

- **Westland District Council Class Four Gambling Policy:** There has been a positive outcome from the Westland District Council hearing on their Class Four Gambling Policy. CPH influenced the final policy through coordination of the social impact assessment (SIA) and attendance at the submissions hearing. The final policy is in line with the recommendations from the SIA and will be adopted at a Council meeting in late July.

- **Kaumātua Wellbeing Hui – Arahura Marae:** CPH coordinated a kaumātua wellbeing hui at Arahura Marae which was attended by 30 kaumātua from Te Rūnanga O Ngāti Waewae and Te Rūnanga O Makaawhio. The objective of the day was to empower the kaumātua as health promoters in their whānau and community. The hui was supported by other services including Poutini Waiora, the WCDHB, Westland Medical Centre and the West Coast PHO. The day included information and discussion of the importance of immunisation, including influenza vaccination, vaccination in pregnancy, and childhood vaccinations.

- **Hokitika Flood Event:** CPH assisted the Westland District Council to respond to the recent flooding in Hokitika. CPH health protection staff provided public health messages and supported Council's environmental health officer and building inspectors to carry out checks on affected buildings. While flood waters were contaminated with sewage, drinking water infrastructure was not damaged and a boil water notice was not needed. A fax was sent to primary care providers to remind them to be alert to the possibility of illnesses related to contact with floodwater.

- **Community Nutrition:** CPH is supporting a Franz Josef 100 day physical activity and healthy eating challenge through the provision of resources. We will run an Appetite for Life course and provide taster Tai Chi sessions to participants in the challenge. Following an increase in demand for nutrition support in early childhood education, CPH has worked alongside WestREAP and the Heart Foundation to deliver a third 'Eating Right from the Start' workshop in Hokitika. The workshop which for whānau and early childhood teachers focused on early childhood nutrition, healthy lunch-box options and oral health. As part of Health Promoting Schools, CPH is working with the Heart Foundation and Greymouth High School to develop an action plan to support healthy changes to the school canteen. This plan includes the implementation of a nutrition policy to support these changes and ensure school community buy-in.

- **Realignment of Tobacco Control Services:** The Ministry of Health have announced that from 30 June 2016 it will be terminating its existing contracts for face-to-face stop smoking services and all national health promotion and advocacy services for tobacco control. For CPH this will affect the Aukati Kai Paipa service. The Ministry is looking to realign and retender these services as an opportunity to enhance their contribution to achieving Smokefree Aotearoa 2025. West Coast organisations involved in Smokefree have started conversations around what model would work best for our community and a coordinated, collaborative process will take place over the coming months to respond to the tender process.

- **Alcohol Licensing:** An Alcohol Regulatory and Licensing Authority (ARLA) was held in Greymouth on 3 June and three West Coast licensed premises have had suspensions of their licenses as a result. CPH staff continue to work closely with Police and council alcohol licensing inspectors to ensure that all West Coast licensed premises comply with the Sale and Supply of Alcohol Act 2012.

Report prepared by: David Meates, Chief Executive

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

Target	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Target	Current Status	Progress
 **Shorter Stays in ED** Patients admitted, discharged or transferred from an ED within 6 hours[1]	99.6%	99.4%	99.4%	99.7%	95%	✓	The West Coast DHB continues to achieve impressive results against the **Shorter Stays in ED Health Target**, with **99.7%** of patients admitted, discharged or transferred from ED within six hours during Quarter 4.
 **Improved Access to Elective Surgery** West Coast's volume of elective surgery	425 YTD	878 YTD	1,288 YTD	1,555 YTD *May*	1,443 YTD	✓	The West Coast DHB met the **Improved Access to Elective Surgery Health Target** during Quarter 3, exceeding target by 131 discharges. 1,288 discharges against our 1,157 YTD target mean we achieved 111.3%. Results through to May remain positive, exceeding target by 112 discharges.
 **Faster Cancer Treatment**[2] Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	*New*	72.7%	62.5%	TBC	85%	✗	This is the second quarter for the revised **Faster Cancer Treatment Health Target**. Work is ongoing to improve the capture and quality of this data, and we expect there may be variation of results in the initial quarters.
 **Increased Immunisation** Eight-month-olds fully immunised	77%	82%	89%	85%	95%	✗	West Coast DHB has not met the **Increased Immunisation Health Target,** vaccinating 85% of our eligible population in Quarter 4. Opt-off & declines increased this quarter at a combined total of 16.6; a 6.6% increase on the previous quarter which is reflected in our lower results. Therefore 98% of the 'reachable' population was immunised with only two children overdue at their milestone age.
 **Better Help for Smokers to Quit** **Hospitalised** smokers receiving help and advice to quit	93%	92.8%[3]	97.8%	TBC	95%	✓	During Quarter 3, West Coast DHB staff provided **97.8%** of hospitalised smokers with smoking cessation advice and support –meeting the **Secondary Care Better Help for Smokers to Quit Health Target**. Best practice initiatives continue, however the effects of small numbers remain challenging. Result reflects 99.7% of discharges coded.
 **Better Help for Smokers to Quit** Smokers attending **primary** care receive help and advice to quit[4]	71.3%	78.3%	94%	TBC	90%	✓	Performance against the **Primary Care Better Help for Smokers to Quit Health Target** has improved 15.7% during Quarter 3, meeting and exceeding target with a result of 94%. The DHB is very pleased to have met target for the first time, attributing success to the install of patient dashboard as well as long standing best

[1] *This report is calculated from both Greymouth and Buller Emergency Departments.*
[2] *This target replaces the Shorter Waits for Cancer Treatment target from Quarter 2 onwards. The new target is that 85% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer.*
[3] *This was previously reported as 94.7%, when 97% of discharges had been coded. This result has changed due to 100% completion of coded discharges.*
[4] *Quarterly data is sourced from the PHO Performance Programme provided by DHB Shared Services as well as PHO enrolment datasets*

Target	Q1 14/15	Q2 14/15	**Q3 14/15**	Q4 **14/15**	Target	**Current Status**	**Progress**
							practice initiatives. Preliminary internal data suggests this trend continues through Quarter 4.
More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years[5]	78.9%	82.6%	90.3%	TBC	90%	✓	Performance against the **More Heart and Diabetes Checks Health Target** has increased 7.6% this quarter, meeting the target for with a result of 90.3%. The DHB is very pleased to have met target for the first time, attributing success to the install of patient dashboard as well as long standing best practice initiatives. Preliminary internal data suggests this trend continues through Quarter 4.

CLINICAL LEADERS UPDATE

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

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

SOURCE: **Clinical Leaders**

DATE: **7 August 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
Workplans are being written to support the implementation of new ways of working for the developing nursing workforce and structure. The nursing leadership team have worked together to propose innovations to enable the transition, elements include the introduction of TrendCare to new clinical areas such as community nursing and more effective rostering.

The third round of students under the DEU model arrive this month with 10 students in the medical and surgical clinical areas. There will be a full review and evaluation of the DEU model at the completion of this round of students.

Quality and Safety
In conjunction with the Health Quality and Safety Commission (HQSC), the WCDHB is working on a project to reduce harm from opioids. The goal is to reduce harm by 25% nationally by June 2016. The harm identified by the WCDHB and 10 other DHBs is constipation, which is a common side effect of opioid pain relief, and can cause significant harm.

The focus on falls prevention in the hospital is seeing positive results with no falls reported in clinical areas for over 30 days. Front line clinical staff are expected to maintain a heightened level of vigilance and proactive assessment and intervention to reduce any falls risk.

One of our nurses, who is undertaking the Nga Manukura o Apopo Maori Nursing Leadership training, has identified a quality initiative to improve care from a cultural perspective. This project will produce resources and direction for ongoing care of patients who have identified cultural requirements, and to support health professionals to provide appropriate care.

Facilities Planning
The developed design phase is nearing completion with the formal engagement between clinical teams and design team concluded at the end of July. The next phase is detailed design with the architects working hard on detailed design drawings.

Integrated West Coast Health System:
Clinical Leaders from all parts of the West Coast system continue to be involved in leading the work of the Alliance and the Clinical Board. The renewed focus of the Clinical Board has it aligned to regional and national quality initiatives such as reducing harm from falls and consumer engagement. There are a number of vacancies that are currently being filled including consumer roles.

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

FINANCE REPORT

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

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

SOURCE: **General Manager, Finance**

DATE: **7 August 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 periods ended 31 May 2015 and 30 June 2015.

3. DISCUSSION

Overview of May and June 2015 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 May 2015 was a surplus of $0.258m, which was $0.346m favourable against the budgeted deficit of $0.088m. The year to date position is now $0.170m unfavourable. The table below provides the breakdown of May's result.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,086	6,957	129	√	75,503	76,527	(1,024)	×
Governance & Administration	65	188	(123)	×	2,478	2,068	410	√
Funds & Internal Eliminations	4,628	4,453	175	√	50,274	48,983	1,291	√
	11,779	11,598	181	√	128,255	127,578	677	√
EXPENSES								
Provider								
Personnel	5,558	4,949	(609)	×	57,922	54,439	(3,483)	×
Outsourced Services	(1)	73	74	√	67	803	736	√
Clinical Supplies	786	612	(174)	×	7,024	6,732	(292)	×
Infrastructure	748	723	(25)	×	10,188	7,953	(2,235)	×
	7,091	6,357	(734)	×	75,201	69,927	(5,274)	×
Governance & Administration	65	188	123	√	2,478	2,068	(410)	×
Funds & Internal Eliminations	3,851	4,604	753	√	46,287	50,644	4,357	√
Total Operating Expenditure	11,007	11,149	142	√	123,966	122,639	(1,327)	×
Surplus / (Deficit) before Interest, Depn & Cap Charge	772	449	323	√	4,289	4,939	(650)	×
Interest, Depreciation & Capital Charge	514	537	23	√	5,427	5,907	480	√
Net surplus/(deficit)	258	(88)	346	√	(1,138)	(968)	(170)	×

The unaudited financial result for the month of June 2015 was a surplus of $0.091m, which was $0.179m favourable against the budgeted deficit of $0.088m. The unaudited year end position is now $0.009m favourable. The table below provides the breakdown of June's result.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,925	6,957	(32)	×	82,428	83,484	(1,056)	×
Governance & Administration	69	188	(119)	×	2,547	2,256	291	√
Funds & Internal Eliminations	4,392	4,453	(61)	×	54,666	53,436	1,230	√
	11,386	11,598	(212)	×	139,641	139,176	465	√
EXPENSES								
Provider								
Personnel	5,288	4,949	(339)	×	63,210	59,388	(3,822)	×
Outsourced Services	15	73	58	√	82	876	794	√
Clinical Supplies	711	612	(99)	×	7,735	7,344	(391)	×
Infrastructure	1,198	723	(475)	×	11,386	8,676	(2,710)	×
	7,212	6,357	(855)	×	82,413	76,284	(6,129)	×
Governance & Administration	69	188	119	√	2,547	2,256	(291)	×
Funds & Internal Eliminations	3,699	4,604	905	√	49,986	55,248	5,262	√
Total Operating Expenditure	10,980	11,149	169	√	134,946	57,504	(77,442)	×
Surplus / (Deficit) before Interest, Depn & Cap Charge	406	449	(43)	×	4,695	5,388	(693)	×
Interest, Depreciation & Capital Charge	315	537	222	√	5,742	6,444	702	√
Net surplus/(deficit)	91	(88)	179	√	(1,047)	(1,056)	9	√

4. APPENDICES

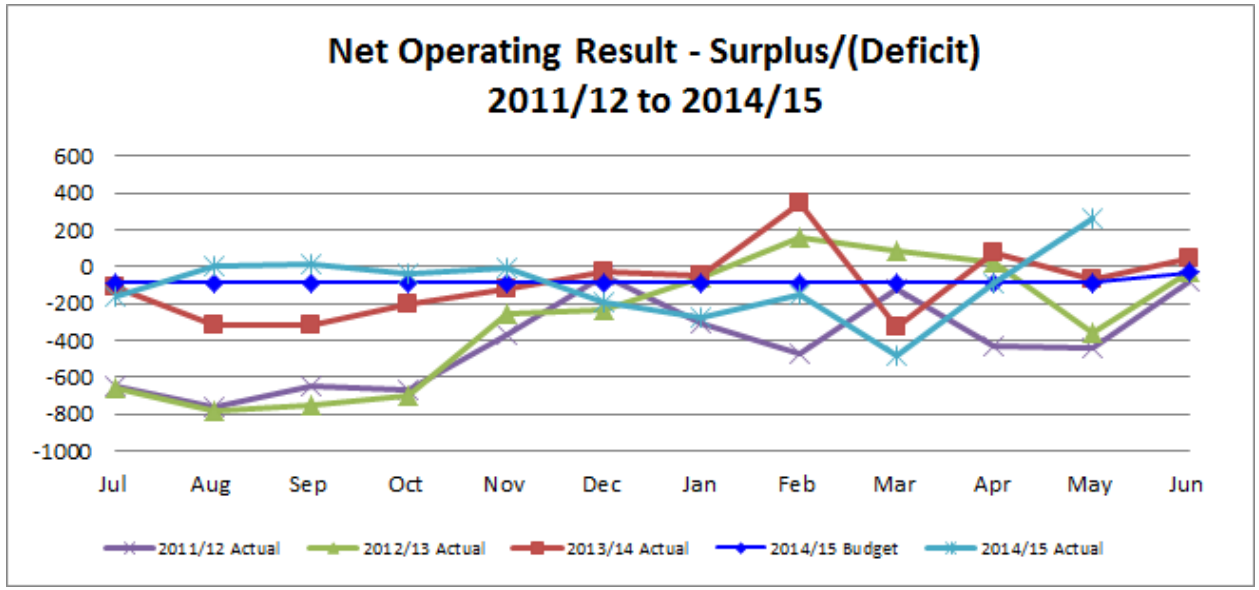
Appendix 1: Financial Results for the period ending 31 May 2015
Appendix 2: Statement of Financial Performance – May 2015
Appendix 3: Statement of Financial Position – May 2015
Appendix 4: Cashflow – May 2015
Appendix 5: Unaudited Financial Results for the period ending 30 June 2015

Report prepared by: Justine White, General Manager: Finance

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – MAY 2015

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Surplus/(Deficit)	258	(88)	346	-393% ✓	(1,138)	(968)	(170)	18% ✗	

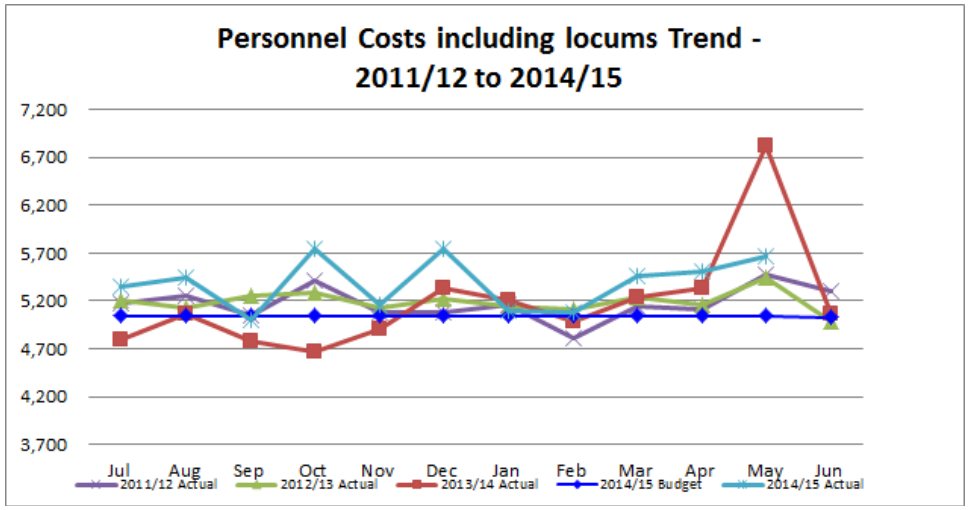


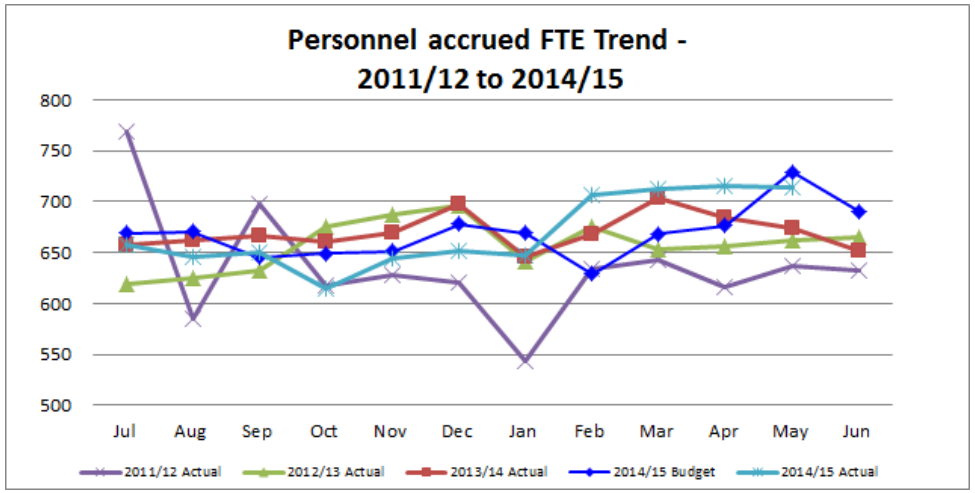
We had originally submitted an Annual Plan with a breakeven position, however due to the removal of $1m of Transitional funding we have resubmitted an annual plan with a deficit of $1m, which was been approved in May. The comparative in this graph has been adjusted to reflect the removal of $1m transitional funding as instructed.

KEY RISKS AND ISSUES

The May result has maintained pressure on the ability to achieve our full year break even position as indicated in the District Annual Plan. Significant effort has been focussed on a number of areas where it is believed that a sustained improvement in efficiency can be made. The achievement of this will be spread over the remainder months of the year, however we remain confident that we can achieve the planned position for year end.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

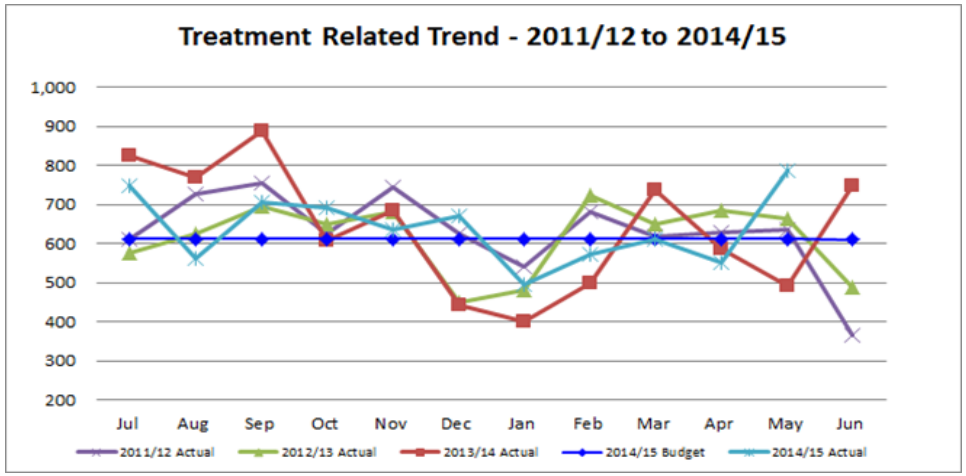


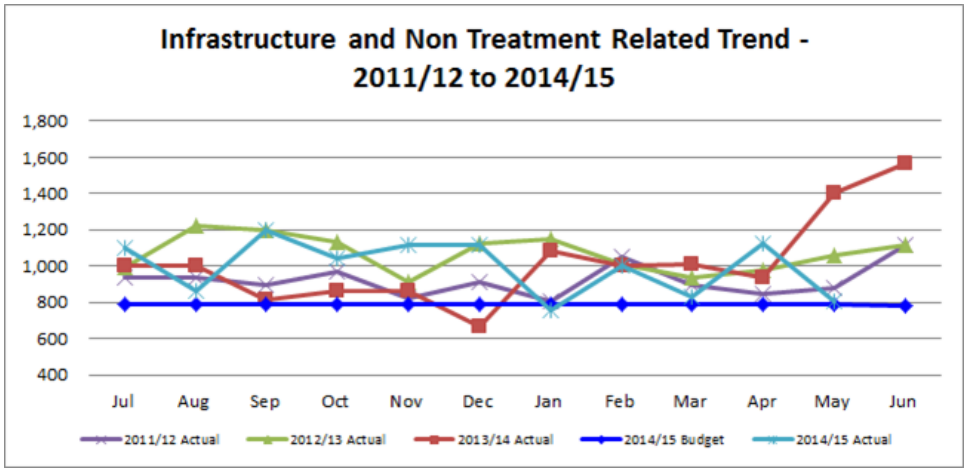


KEY RISKS AND ISSUES

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

TREATMENT & NON TREATMENT RELATED COSTS



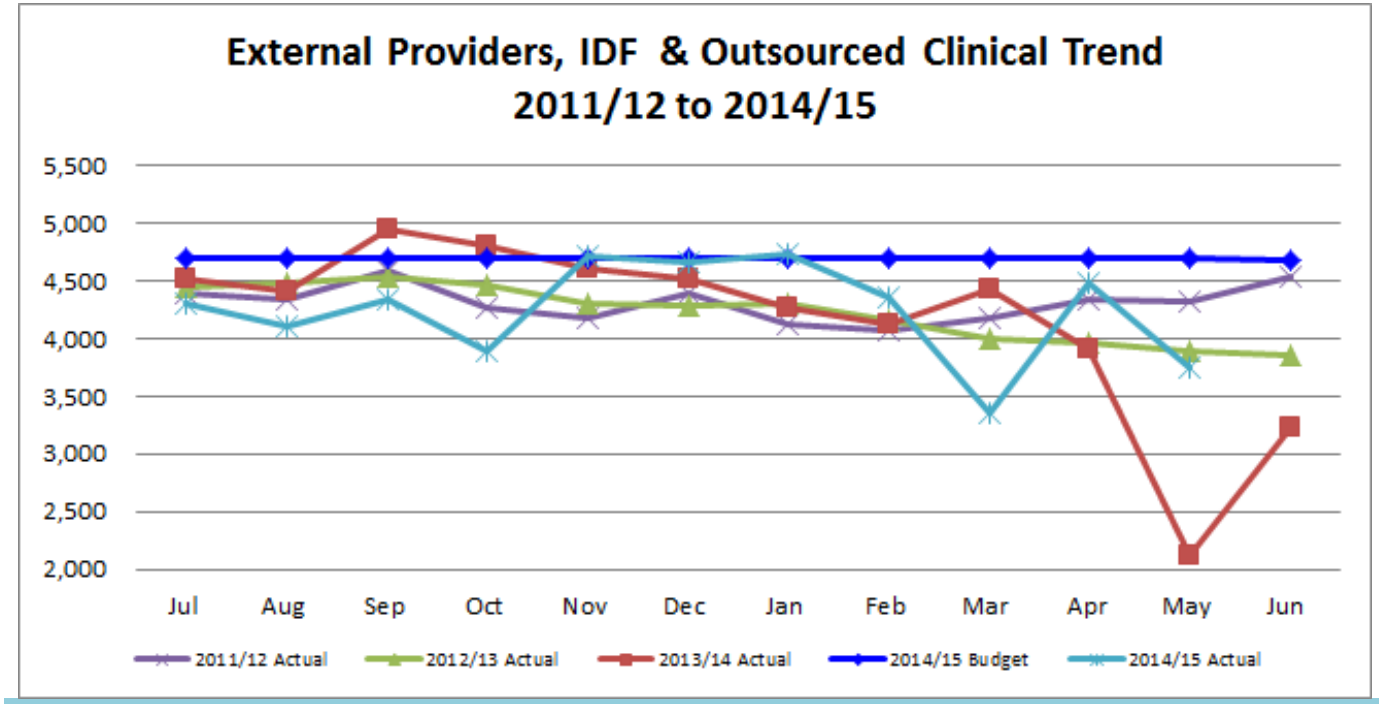


KEY RISKS AND ISSUES

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 this category significantly, however overall we are continuing to monitor to ensure overspend is limited where possible.

EXTERNAL PROVIDER COSTS



KEY RISKS AND ISSUES

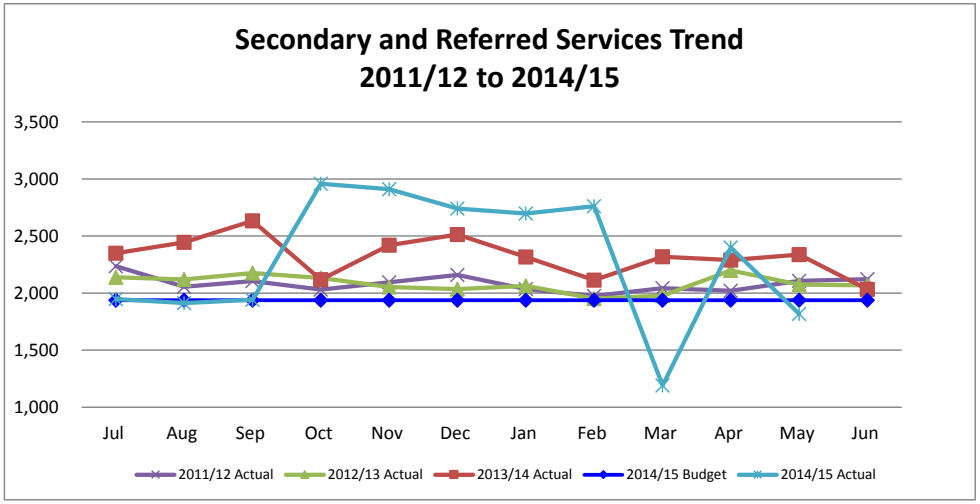
Capacity constraints within the system require continued monitoring of trends and demand for services.

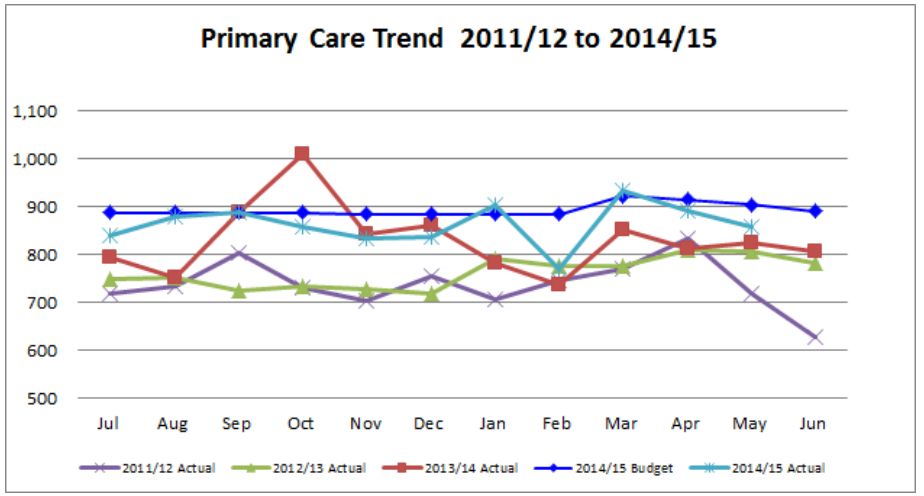
Planning and Funding Division

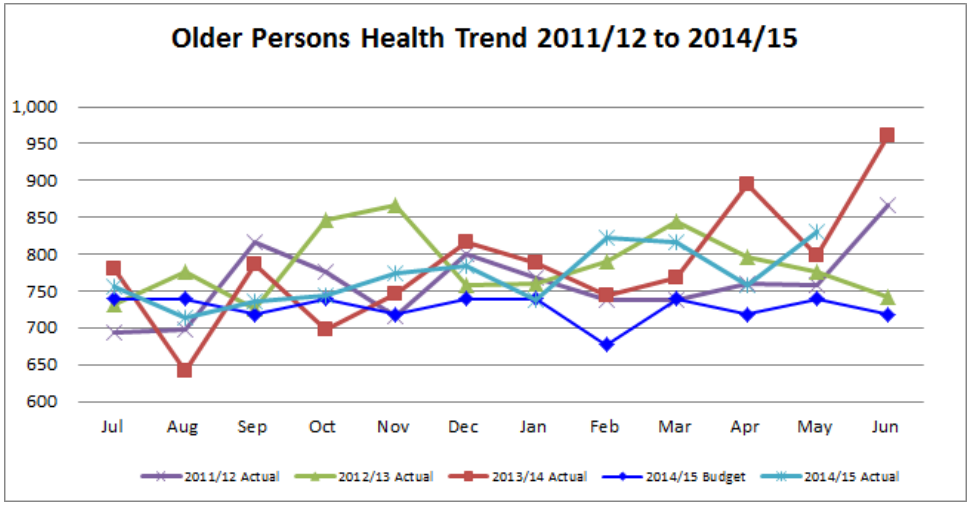
Month Ended May 2015

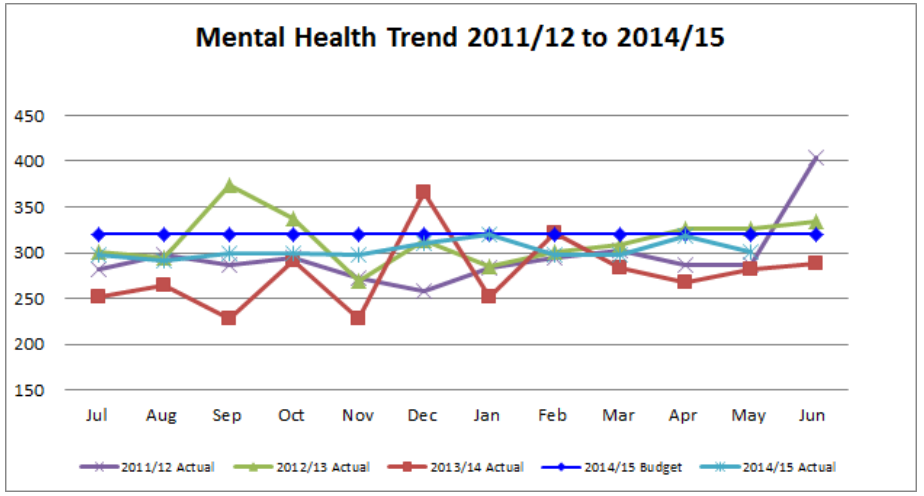
Current Month						Year to Date					2014/15
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance			Annual Budget
$000	$000	$000	%			$000	$000	$000	%		$000
					Primary Care						
24	36	12	34%	✓	Dental-school and adolescent	341	398	57	14%	✓	434
17	2	-15	-884%	✗	Maternity	60	19	-42	-225%	✗	20
0	1	1	100%	✓	Pregnancy & Parent	2	7	5	69%	✓	8
0	3	3	100%	✓	Sexual Health	0	31	31	100%	✓	33
2	3	1	45%	✓	General Medical Subsidy	21	33	12	36%	✓	36
495	522	26	5%	✓	Primary Practice Capitation	5,503	5,737	234	4%	✓	6,258
91	91	0	0%	✓	Primary Health Care Strategy	1,001	1,002	1	0%	✓	1,093
88	80	-8	-10%	✗	Rural Bonus	915	883	-32	-4%	✗	963
4	5	1	11%	✓	Child and Youth	57	54	-3	-6%	✗	59
7	23	15	67%	✓	Immunisation	118	143	25	17%	✓	153
5	5	0	2%	✓	Maori Service Development	52	53	1	1%	✓	58
52	53	1	1%	✓	Whanau Ora Services	575	581	6	1%	✓	634
18	18	1	3%	✓	Palliative Care	181	200	19	10%	✓	218
0	0	0		✓	Community Based Allied Health	0	0	0		✓	0
9	9	0	1%	✓	Chronic Disease	97	97	1	1%	✓	106
46	54	8	14%	✓	Minor Expenses	524	593	70	12%	✓	647
858	**904**	**46**	**5%**	✓		**9,447**	**9,831**	**384**	**4%**	✓	10,722
					Referred Services						
23	24	1	4%	✓	Laboratory	260	259	0	0%	✗	283
432	700	268	38%	✓	Pharmaceuticals	6,761	7,296	535	7%	✓	7,961
454	**723**	**269**	**37%**	✓		**7,021**	**7,555**	**534**	**7%**	✓	8,244
					Secondary Care						
198	202	4	2%	✓	Inpatients	1,815	2,218	403	18%	✓	2,420
110	101	-9	-9%	✗	Radiolgy services	1,224	1,111	-113	-10%	✗	1,212
120	115	-5	-5%	✗	Travel & Accommodation	1,229	1,265	35	3%	✓	1,380
936	1,520	584	38%	✓	IDF Payments Personal Health	13,433	16,722	3,289	20%	✓	18,242
1,364	**1,938**	**574**	**30%**	✓		**17,701**	**21,316**	**3,615**	**17%**	✓	23,254
2,676	**3,565**	**889**	**25%**	✓	**Primary & Secondary Care Total**	**34,169**	**38,702**	**4,533**	**12%**	✓	**42,220**
					Public Health						
26	25	-1	-4%	✗	Nutrition & Physical Activity	184	273	89	33%	✓	298
6	7	1	17%	✓	Public Health Infrastructure	67	81	14	18%	✓	88
11	5	-6	-129%	✗	Tobacco control	78	53	-25	-47%	✗	58
0	0	0		✓	Screening programmes	-2	0	1.616		✓	0
43	**37**	**-6**	**-16%**	✗	**Public Health Total**	**328**	**408**	**80**	**20%**	✓	**445**
					Mental Health						
10.8	7	-4	-51%	✗	Dual Diagnosis A&D	100	79	-21	-27%	✗	86
0	2	2	100%	✓	Eating Disorders	19	21	2	9%	✓	23
20	20	0	1%	✓	Child & Youth Mental Health Services	220	223	3	1%	✓	243
5	5	0	1%	✓	Mental Health Work force	67	56	-11	-21%	✗	61
61	61	1	1%	✓	Day Activity & Rehab	668	674	6	1%	✓	735
11	11	0	1%	✓	Advocacy Consumer	117	119	2	1%	✓	130
81	82	1	1%	✓	Other Home Based Residential Support	889	901	11	1%	✓	982
11	11	0	1%	✓	Advocacy Family	121	123	2	1%	✓	134
10	29	19	66%	✓	Community Residential Beds	97	316	219	69%	✓	345
0	0	0	100%	✓	Minor Expenses	0	1	1	100%	✓	1
92	92	0	0%	✗	IDF Payments Mental Health	1,008	1,008	0	0%	✗	1,100
301	**320**	**19**	**6%**	✓		**3,308**	**3,519**	**212**	**6%**	✓	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	-8%	✗	Home Based Support	756	720	-36	-5%	✗	784
4	9	5	59%	✓	Caregiver Support	61	98	37	38%	✓	107
281	216	-66	-30%	✗	Residential Care-Rest Homes	2,884	2,330	-554	-24%	✗	2,538
4	10	6	64%	✓	Residential Care-Community	49	110	61	55%	✓	120
392	349	-42	-12%	✗	Residential Care-Hospital	3,860	3,776	-84	-2%	✗	4,114
0	0	0		✓	Ageing in place	0	0	0		✗	0
9	10	1	9%	✓	Day programmes	100	109	9	8%	✓	118
9	18	9	49%	✓	Respite Care	103	202	99	49%	✓	220
1	1	0	1%	✓	Community Health	16	14	-2	-15%	✗	15
0	0	0	100%	✓	Minor Disability Support Expenditure	1	3	2	74%	✓	3
58	58	0	0%	✓	IDF Payments-DSS	640	640	0	0%	✗	698
830	**739**	**-93**	**-13%**	✗		**8,470**	**8,001**	**-469**	**-6%**	✗	8,720
1,130	**1,058**	**-74**	**-7%**	✗	**Mental Health & OPH Total**	**11,778**	**11,521**	**-257**	**-2%**	✗	**12,559**
3,849	**4,660**	**811**	**17%**	✓	**Total Expenditure**	**46,275**	**50,631**	**4,356**	**9%**	✓	**55,223**

EXTERNAL PROVIDER COSTS









FINANCIAL POSITION

	Month Actual $'000	Month Budget $'000	Month Variance $'000			Annual Budget $'000
Equity	8,959	27,116	(18,157)	-67%	✗	28,016
Cash	6,762	12,886	(6,124)	-48%	✗	10,068

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

For period ending 31 May 2015

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 14/15	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	11,315	11,126	189	1.7%	122,967	122,386	581	0.5%	133,509	131,279
Inter DHB Revenue	1	3	(2)	(66.7%)	35	33	2	6.1%	34	20
Inter District Flows Revenue	130	129	1	0.8%	1,420	1,419	1	0.1%	1,551	1,615
Patient Related Revenue	233	230	3	1.3%	2,753	2,530	223	8.8%	2,760	2,880
Other Revenue	100	110	(10)	(9.1%)	1,080	1,210	(130)	(10.7%)	1,323	1,237
Total Operating Revenue	11,779	11,598	181	1.6%	128,255	127,578	677	0.5%	139,177	137,031
Operating Expenditure										
Personnel costs	5,665	5,043	(622)	(12.3%)	59,280	55,473	(3,807)	(6.9%)	60,505	61,839
Outsourced Services	(1)	22	23	104.5%	67	242	175	72.3%	264	158
Treatment Related Costs	786	612	(174)	(28.4%)	7,025	6,732	(293)	(4.4%)	7,342	7,727
External Providers	2,824	2,934	110	3.7%	31,335	32,274	939	2.9%	34,757	34,383
Inter District Flows Expense	1,026	1,670	644	38.6%	14,951	18,370	3,419	18.6%	20,465	14,486
Outsourced Services - non clinical	(102)	76	178	234.2%	352	836	484	57.9%	912	1,461
Infrastructure and Non treatment related costs	809	792	(17)	(2.1%)	10,956	8,712	(2,244)	(25.8%)	9,491	12,225
Total Operating Expenditure	11,007	11,149	142	1.3%	123,966	122,639	(1,327)	(1.1%)	133,736	132,279
Result before Interest, Depn & Cap Charge	772	449	323	71.9%	4,289	4,939	650	13.2%	5,441	4,752
Interest, Depreciation & Capital Charge										
Interest Expense	51	114	63	55.3%	679	1,254	575	45.9%	1,364	713
Depreciation	398	327	(71)	(21.7%)	4,026	3,597	(429)	(11.9%)	3,937	4,373
Capital Charge Expenditure	65	96	31	32.3%	722	1,056	334	31.6%	1,140	753
Total Interest, Depreciation & Capital Charge	514	537	23	4.3%	5,427	5,907	480	8.1%	6,441	5,839
Net Surplus/(deficit)	258	(88)	346	393.2%	(1,138)	(968)	(170)	(17.6%)	(1,000)	(1,087)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	258	(88)	346	393.2%	(1,138)	(968)	(170)	(17.6%)	(1,000)	(1,087)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 31 May 2015

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	25,040	24,782	258	1.0%	26,996
Intangible assets	1,045	1,246	(201)	(16.1%)	1,517
Work in Progress	544	43,790	(43,246)	(98.8%)	74
Other investments	643	567	76	13.4%	227
Total non-current assets	27,272	70,385	(43,113)	(61.3%)	28,814
Current assets					
Cash and cash equivalents	6,762	12,886	(6,124)	(47.5%)	7,483
Patient and restricted funds	70	60	10	16.7%	79
Inventories	1,074	1,100	(26)	(2.4%)	1,010
Debtors and other receivables	7,998	4,218	3,780	89.6%	7,686
Assets classified as held for sale	136	136	0	0.0%	136
Total current assets	16,040	18,400	(2,360)	(12.8%)	16,394
Total assets	43,312	88,785	(45,473)	(51.2%)	45,208
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	11,195	39,195	28,000	71.4%	10,695
Employee entitlements and benefits	2,937	2,895	(42)	(1.5%)	2,636
Total non-current liabilities	14,132	42,090	27,958	66.4%	13,331
Current liabilities					
Interest-bearing loans and borrowings	3,250	3,250	0	0.0%	3,750
Creditors and other payables	7,996	7,248	(748)	(10.3%)	9,927
Employee entitlements and benefits	8,975	9,081	106	1.2%	9,203
Total current liabilities	20,221	19,579	(642)	(3.3%)	22,880
Total liabilities	34,353	61,669	27,316	44.3%	36,211
Equity					
Crown equity	70,761	88,761	18,000	20.3%	69,661
Other reserves	19,569	19,569	0	0.0%	19,569
Retained earnings/(losses)	(81,410)	(81,253)	157	0.2%	(80,272)
Trust funds	39	39	0	0.0%	39
Total equity	8,959	27,116	18,157	67.0%	8,997
Total equity and liabilities	43,312	88,785	(45,473)	(51.2%)	45,208

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 31 May 2015

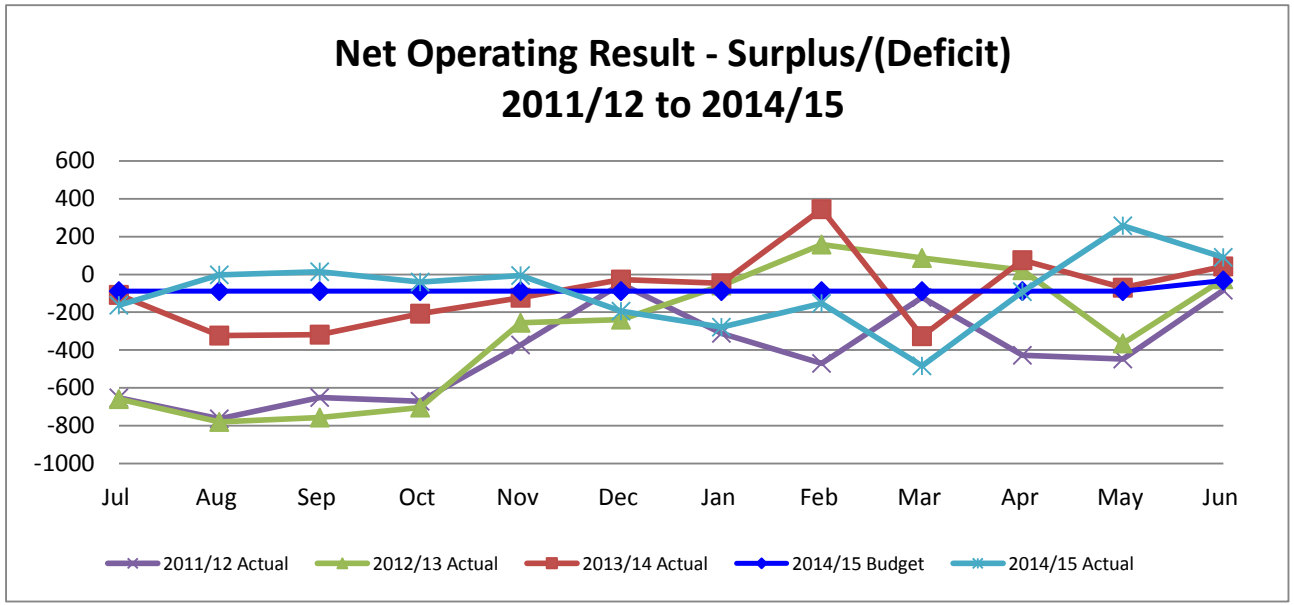
in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	10,507	11,549	(1,042)	(9.0%)	116,323	127,039	(10,716)	(8.4%)
Cash paid to employees	(5,722)	(5,043)	(679)	(13.5%)	(59,615)	(55,473)	(4,142)	(7.5%)
Cash paid to suppliers	(480)	(1,502)	1,022	68.0%	(9,261)	(16,522)	7,261	43.9%
Cash paid to external providers	(2,896)	(2,934)	38	1.3%	(32,697)	(32,274)	(423)	(1.3%)
Cash paid to other District Health Boards	(954)	(1,670)	716	42.9%	(13,589)	(18,370)	4,781	26.0%
Cash generated from operations	455	400	55	13.8%	1,161	4,400	(3,239)	(73.6%)
Interest paid	(51)	(114)	63	55.3%	(615)	(1,254)	639	51.0%
Capital charge paid	(65)	(96)	31	32.3%	(722)	(1,056)	334	31.6%
Net cash flows from operating activities	(116)	(210)	94	(44.8%)	(176)	(2,310)	2,134	(92.4%)
Cash flows from investing activities								
Interest received	49	49	0	0.0%	468	539	(71)	(13.2%)
(Increase) / Decrease in investments	0	0	0		0	(402)	402	(100.0%)
Acquisition of property, plant and equipment	(56)	(4,062)	4,006	98.6%	(2,072)	(44,682)	42,610	(95.4%)
Acquisition of intangible assets		0	0		(2)	0	(2)	
Net cash flows from investing activities	(7)	(4,013)	4,006	(99.8%)	(1,606)	(44,545)	42,939	96.4%
Cash flows from financing activities								
Proceeds from equity injections	3,000	0	3,000		4,101	18,000	(13,899)	(77.2%)
Repayment of equity	(2,972)	0	(2,972)		(3,040)	0	(3,040)	
Cash generated from equity transactions	28	0	28		1,061	18,000	(16,939)	
Borrowings raised								
Repayment of borrowings	0	7,000	(7,000)		0	28,000	(28,000)	
Payment of finance lease liabilities	0	0	0		0	0	0	
Net cash flows from financing activities	0	7,000	(7,000)		0	28,000	(28,000)	
Net increase in cash and cash equivalents	(95)	(4,223)	4,128	(97.8%)	(721)	3,545	(4,266)	(120.3%)
Cash and cash equivalents at beginning of period	6,402	4,532	1,870	41.3%	7,483	9,341	(1,858)	(19.9%)
Cash and cash equivalents at end of year	6,307	309	5,998	1941.1%	6,762	12,886	(6,124)	(47.5%)

APPENDIX 5: UNAUDITED FINANCIAL RESULTS FOR THE PERIOD ENDING 30 JUNE 2015

FINANCIAL PERFORMANCE OVERVIEW – JUNE2015

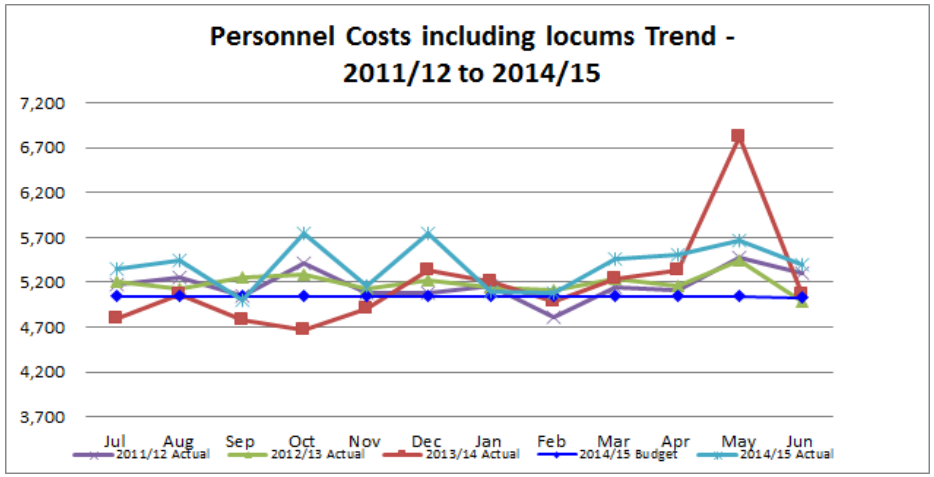
	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Surplus/(Deficit)	91	(32)	123	-384%	✓	(1,047)	(1,000)	(47)	5%	✗

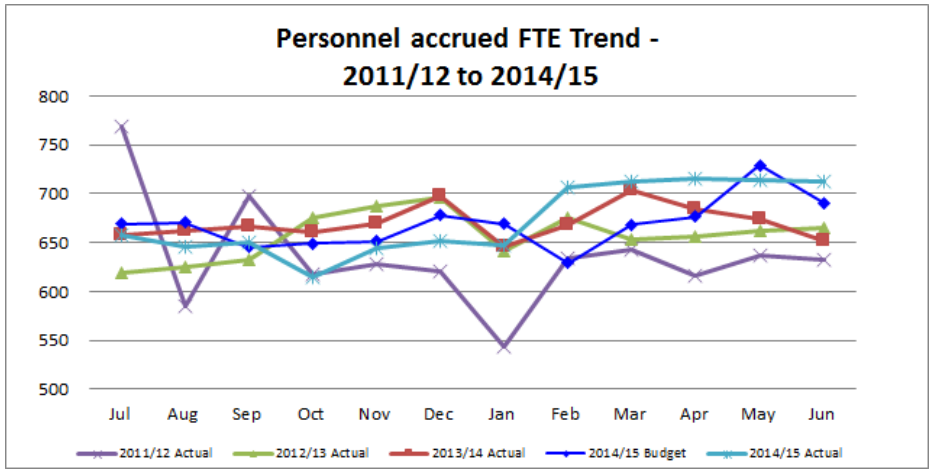


We had originally submitted an Annual Plan with a breakeven position, however due to the removal of $1m of transitional funding we have resubmitted an annual plan with a deficit of $1m, which was approved in May. The comparative in this graph has been adjusted to reflect the removal of $1m transitional funding as instructed.

KEY RISKS AND ISSUES

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

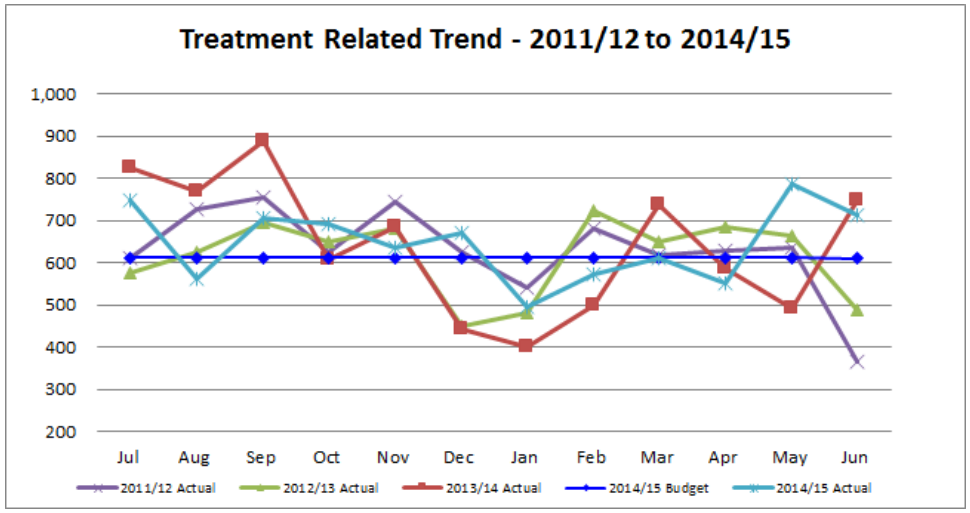


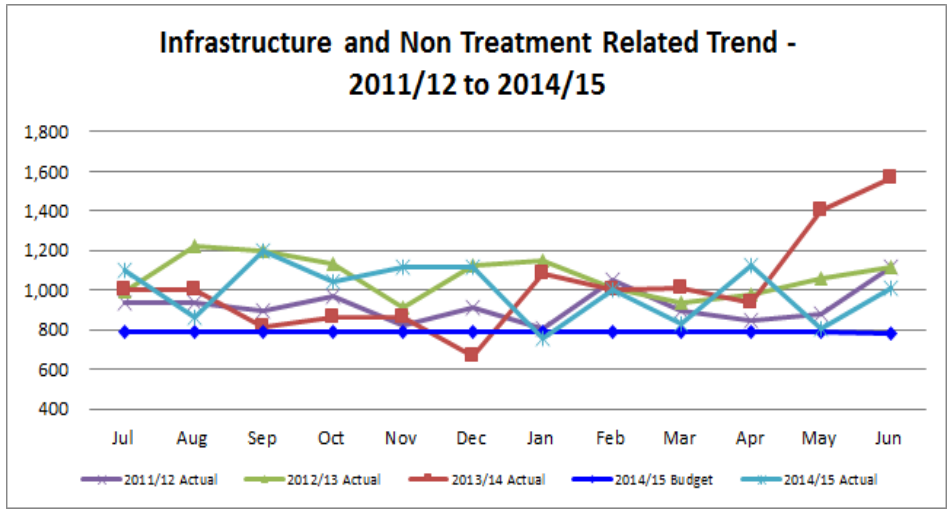


KEY RISKS AND ISSUES

Although better use of stabilised rosters and leave planning has been embedded within the business, this stability is frustrated by unexpected turnover which in turn requires more reliance on short term placements, which are more expensive than permanent staff. A comprehensive review of staffing and associated costs has been completed to assist with management and mitigation of this spend for the future, in addition we are actively exploring options for our workforce to reposition the resources to areas where they are most required.

TREATMENT & NON TREATMENT RELATED COSTS



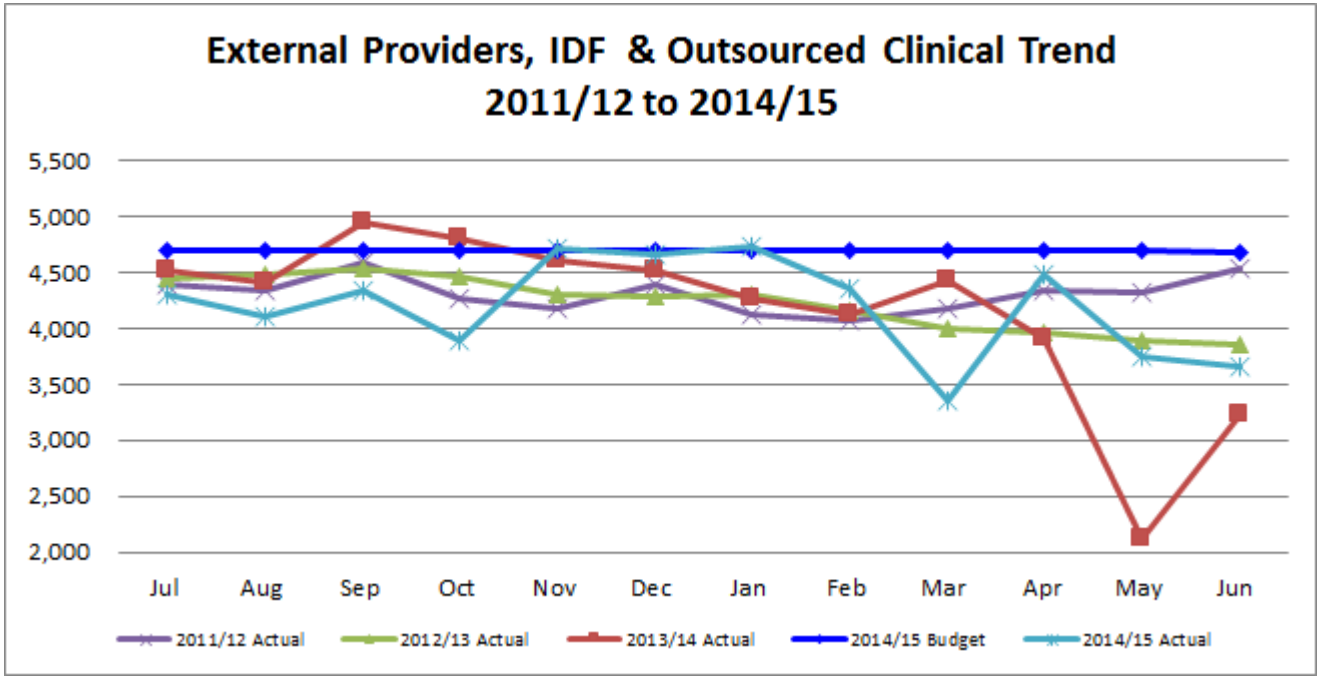


KEY RISKS AND ISSUES

Treatment related costs tend to be managed within predicted levels; we are continuing to refine contract management practices to generate savings in these areas.

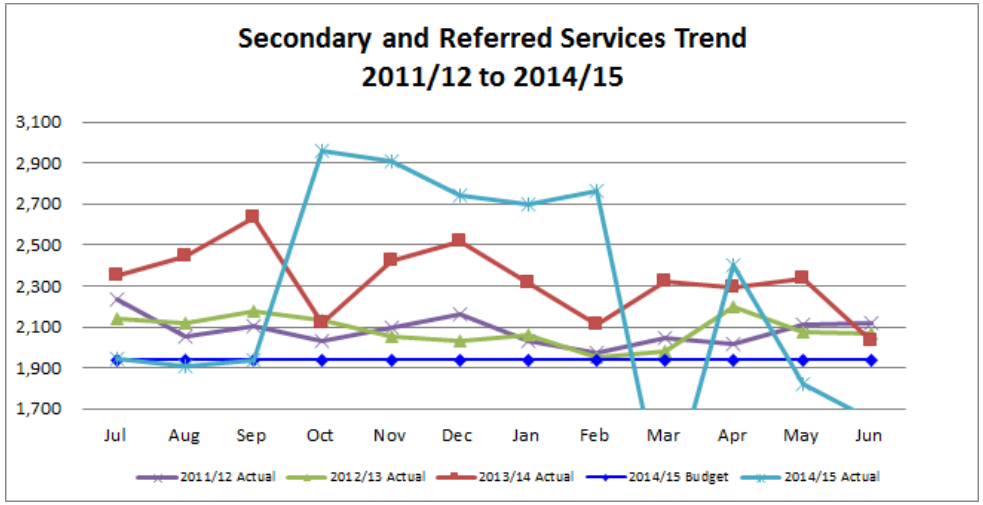
Timing influences this category significantly, however overall we are continuing to monitor to ensure overspend is limited where possible.

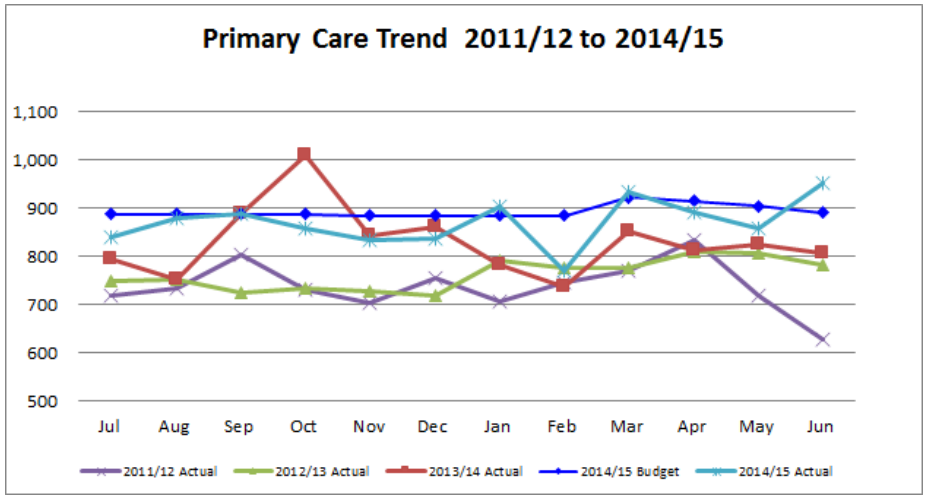
EXTERNAL PROVIDER COSTS

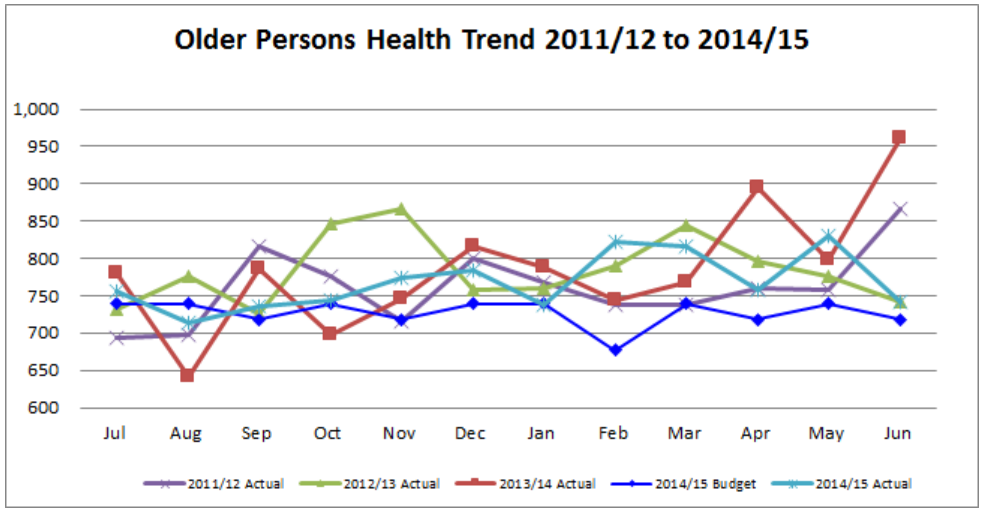


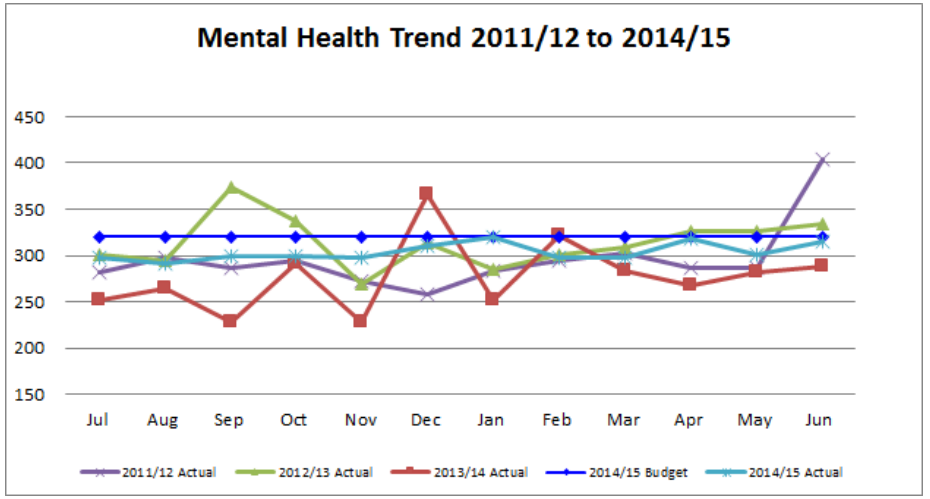
KEY RISKS AND ISSUES

EXTERNAL PROVIDER COSTS









MATERNITY REVIEW – UPDATE ON PROGRESS

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

SOURCE: **General Manager, Grey/Westland**

DATE: **7 August 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

At the West Coast DHB Board meeting on 12 December 2014, an update on progress to date against recommendations from the maternity review was provided. The Board noted progress and requested that quarterly updates be provided.

Attached as Appendix 1, is an updated report on the status of work in relation to the recommendations, with associated narrative comment.

2. RECOMMENDATION

That the Board;

i. Notes the report of progress against recommendations from the maternity review.

3. APPENDICES

Appendix 1: Traffic Light Report on Progress

Report prepared by: Mark Newsome, General Manager Grey/Westland

✓ Complete | Underway & on schedule | Ongoing work behind schedule | Yet to commence and/or over timeframe | Yet to commence

Status		Recommendation	Progress
Maternity Services on the West Coast			
IMMEDIATE	✓	It is essential to maintain a secondary obstetric service at Grey Base Hospital for exactly the same reasons that maintaining such a service is challenging; geographical isolation, recruitment and retention difficulties (removal of secondary service would impact upon recruitment of LMC workforce), and transport difficulties as a result of terrain and weather.	▪ *A secondary obstetric service continues at Grey Base Hospital.*
6 MONTHS	✓	Planned births no longer occur at Buller Hospital due to; low numbers of births, risks associated with intrapartum transfer when transport is not rapidly available; and unavailability of midwives for the majority of births outside the locality.	▪ *Kawatiri maternity unit opened again for planned birthing on 1 March 2015. The Haslett Partnership have been contracted to provide unit management and leadership as well as 24/7 on call cover to clinically support LMC midwives for planned birthing, to provide inpatient postnatal care and to be available for any emergencies.*
6 MONTHS	✓	A primary maternity service [antenatal, postnatal and emergency delivery] in Westport is essential due to isolation.	▪ *Antenatal, postnatal and labour and primary care labour and birth are currently available in Westport.*
2 YEARS *Due June 2015*	✓	Models of care for maternity services should help determine the design of the new IFHC and hospital facilities at Grey Base Hospital.	▪ *A model of care based on self-employed LMC midwives has been implemented across the West Coast. This model has acted to determine the design for new facilities.*
2 YEARS *Due June 2015*	✓	The model of care for primary maternity must engage GPs working alongside midwives in providing antenatal care based in the IFHCs.	▪ *The recommendation to develop and fund a system of primary care referrals between GPs and midwives has been implemented September 2014.*
IMMEDIATE	✓	The arrangements for inpatient care in Buller Health must be urgently reviewed to ensure they are safe. Women must be attended on site 24/7 by a midwife when an inpatient.	▪ *Inpatient postnatal care service specifications have been included in the contract with the Haslett Partnership and the arrangements include the provision of high quality postnatal care for all mothers and babies in Kawatiri.*
2 YEARS *Due June 2015*	✓	Buller Health clinical leaders must ensure closer collaboration between all disciplines including joint education and simulation training.	▪ *MDT has been organised for Buller Health and WCDHB maternity service.* ▪ *A maternity services educator has been appointed for WCDHB and has completed some education sessions for the nursing staff.* ▪ *A transalpine lead for WCDHB Obstetric quality initiatives has been appointed and commenced in December 2014.*

✓ Complete | Underway & on schedule | Ongoing work behind schedule | Yet to commence and/or over timeframe | ☐ Yet to commence

Status		Recommendation	Progress
2 YEARS *Due June 2015*	✓	The WCDHB needs to reimburse LMCs who provide inpatient care while patients are in the Kawatiri Maternity Unit in Buller—using a similar model to Golden Bay.	▪ *The Haslett partnership has been contracted by WCDHB to ensure that inpatient postnatal care is provided in the Kawatiri maternity unit.*
Transport & Patient Transfers			
1 YEAR *Due June 2014*	✓	Development of an elective transfer policy for specific conditions [e.g. severe pre eclampsia or twins].	▪ *Completed*
6 MONTHS *Due Dec 2013*	✓	The current *Emergency In Utero Transfer Policy* needs clarification and refining.	▪ *Completed*
6 MONTHS *Due Dec 2013*	✓	The *Neonatal Transfer Policy* needs reviewing and updating.	▪ *Completed*
6 MONTHS *Due Dec 2013*	✓	Agreement reached with CDHB to determine the process for facilitation and responsibility of timely transfers.	▪ *Completed*
6 MONTHS *Due Dec 2013*	✓	Clear guidelines need to be developed, documented, and widely distributed to assist staff in managing the transport / transfer process within the DHB and DHB to DHB—ensuring timely, appropriate and safe care for all women and babies transferred.	▪ *Completed*
ONGOING	✓	Work with CDHB Birthing Suite Transport Coordinator to ensure CDHB staff have a clear understanding of the environment West Coast staff practice in.	▪ *This recommendation has become embedded as senior staff are aware of the environment West Coast DHB staff are working in.*
ONGOING	✓	Ensure all staff who may be called upon in an emergency undergo ***STABLE*** and ***PROMPT*** training to enable them to provide best possible care whilst retrieval is pending.	▪ *Training is occurring and continues to ensure all staff will have the required skills. Training is available both on the West Coast and in Canterbury.* ▪ *A WCDHB educator has been appointed and can embed these training sessions to occur on an annual basis.* ▪ *A transalpine obstetric lead for quality initiatives has been appointed and this will enable facilitation of PROMPT or similar simulation training.*

✓ Complete Underway & on schedule Ongoing work behind schedule Yet to commence and/or over timeframe Yet to commence

Status		Recommendation	Progress
6 MONTHS *Due Dec 2013*	✓	Clinical contingencies should be developed to cover options when weather conditions interfere with the above agreed plans.	▪ *Completed.*
1 YEAR *Due June 2014*	✓	Develop information material for women to ensure they understand the transfer/ transport processes on the West Coast.	▪ *Completed.*
6 MONTHS *Due Dec 2013*	✓	fFN (Fetal Fibronectin)Testing be introduced	▪ *fFN testing currently occurs at WCDHB. Parto-sure, the point of care test has not been approved for use at CDHB.*
6 MONTHS *Due Dec 2013*	✓	Establish a workable policy for transfer from Buller, which addresses issues of patient safety. This must include addressing the perverse situation of a possible cardiac event being higher priority than an actual maternity event.	▪ *Transfer policy has moved maternity transfers to the EAS arm of St. John to expedite transfer by ambulance.*
6 MONTHS *Due Dec 2013*	✓	Ensure the ability of St John's to provide a timely service whilst dependent on volunteers to provide this.	▪ *Ongoing and also closely linked to the South Island work underway with all DHB's investigating a more robust and workable patient transfer system. Move to EAS arm of St John has also progressed this recommendation.*
Workforce			
1 YEAR *Due June 2014*		CDHB and WCDHB Department of Obstetrics and Gynaecology are working towards becoming a Transalpine service with shared management and accountability lines and appropriate protected dedicated time to enable quality and service development activities.	▪ *A Service Level Agreement is currently being developed between CDHB and WCDHB in order to enable the Obstetric lead for Clinical and Patient Quality and Safety, transalpine role to be sustainable in the longer term.* ▪ *WC Liaison O&G role formalised.*
1 YEAR *Due June 2014*	✓	A full departmental and individual credentialing process should occur.	▪ *Process for credentialing currently being developed and to be implemented by May 2015.* ▪ *Completed May 2015*

✓ Complete | Underway & on schedule | Ongoing work behind schedule | Yet to commence and/or over timeframe | ☐ Yet to commence

Status		Recommendation	Progress
1 YEAR *Due June 2014*	✓	A specific piece of work needs to be commissioned by WCDHB and CDHB to find ways to solve the problems of recruitment and retention for isolated DHBs and the O&G staff. This work needs to involve the SMO body at both DHBs, the NZMC, the ASMS, RANZCOG and consideration be given as to whether HWNZ be involved.	▪ *A letter to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) education advisory committee has been written to request that CDHB and SDHB are training sites in New Zealand for the DRANZCOG Advanced training programme. A proposal to HWNZ to fund the DRRANZCOG Advanced has been completed outlining how Rural Hospital Medical Specialist's can contribute to a rural hospital maternity service once the DRANZCOG Advanced training programme is implemented in New Zealand. This has been submitted as a sustainable proposal to address the problems of recruitment and retention for isolated DHBs.*
1 YEAR *Due June 2014*	✓	Commit to a community based primary midwifery model, claiming from Section 88 of the New Zealand Health and Disability Act 2000 maternity notice, and make changes to the current model so this occurs.	▪ *WCDHB has moved to a self-employed community based LMC model of care.*
1 YEAR *Due June 2014*		A review of the roles of a potential Transalpine Director of Midwifery and the current WCDHB Director of Nursing and Midwifery be undertaken to develop a workable model.	▪ *This work is underway.*
6 MONTHS	✓	Design and develop a maternity service quality plan that supports the delivery of safe clinical outcomes for the West Coast community and is consistent with the New Zealand Maternity Standards.	▪ *The MQSP operations group have developed a maternity service quality plan.*
ONGOING	✓	Implement the Shared Maternity Record of Care (SMRoC) as per the National Maternity Clinical Information System and Shared Maternity Record of Care Business Case [2012].	▪ *A business case for the National Maternity Clinical Information system has been approved by WCDHB.* ▪ *Implementation is planned to commence in May 2015 with a go live date set for the end of August 2015.* ▪ *This has been delayed due to national implementation issues.*

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 23 JULY 2015

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

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

DATE: **7 August 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 4 June 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 –23 July 2015.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) DISABILITY ACTION PLAN UPDATE

An update on the Disability Action Plan was presented to the Committee by Kathy O'Neill, Service Development Manager Planning & Funding.

The consultation process commenced in May 2015 with 3 disability focused forums in Westport, Hokitika and Greymouth, where the draft West Coast DHB Strategic Disability Action Plan was introduced and feedback was sought on the Priorities for Action that would be the focus for the next 2 years. The forums were jointly organised and delivered with the New Zealand Federation of Disability Information Centres who are assessing the need to restart a Disability Resource Service on the West Coast. Since the forums the West Coast DHB Strategic Disability Action Plan has been circulated electronically and targeted meetings have occurred with key networks and organisations. The most robust feedback has occurred via the face to face meetings and these will continue over the coming weeks with the re-circulation of the amended plan with the proposed priorities for action which has been gathered as a result of this process.

The Action Plan is primarily adult focused and it is recommended that the United Nations Convention on the Rights of the Child (UNCROC) be included as a core document that has informed the development of the plan and is used to inform the priorities for action.

The West Coast DHB Strategic Disability Action Plan is being developed in a parallel process with the Canterbury DHB Strategic Disability Action Plan. Feedback received in Canterbury has a strong theme for priority actions to be targeted at improving the Canterbury DHB's processes as an employer of people with disabilities. This has been less strongly voiced to date on the West Coast. However, an opportunity exists to explore the applicability of the Canterbury DHB priority actions to the West Coast DHB.

The following actions (which are the draft Canterbury DHB actions) were supported by the Committee for consideration for the West Coast DHB.

Canterbury DHB as an employer

People and Capability has targeted work in the following areas:

- Review current recruitment process and action any opportunities to remove barriers and taking affirmative action, to ensure people with disabilities have equity in employment within the Canterbury DHB.
- As part of a staff wellbeing survey seek feedback from existing employees who identify as having a disability on their experience of working for the Canterbury DHB and explore any opportunities to improve.

Other Opportunities

- Establishing a Disability Action Group that has membership of key people that can contribute to progressing the identified actions. This needs to be carefully considered in terms of its terms of reference and key relationship with the West Coast DHB Consumer Council.
- Identify and collate existing data collected within the Canterbury health system and work with the Office of Disability Issues who are collaborating with New Zealand Statistics to develop a more comprehensive profile of the disability population.
  For the West Coast this process needs to include separating the West Coast population data from Nelson Marlborough as the disability survey undertaken as part of the 2013 Census combines the population data from both districts.
- Develop an outcomes framework that progress can be measured against.

The development of a West Coast DHB Disability Strategy is nearing conclusion with the consultation phase due to end in August 2015 and the final draft circulated back to the Committee for approval prior to it going to EMT and coming to the Board meeting in October 2015.

b) COMMUNITY & PUBLIC HEALTH UPDATE.

This report was provided to the Committee with updates as follows:

Kaumātua Wellbeing Hui – Arahura Marae

Community & Public Health coordinated a kaumātua wellbeing hui at Arahura Marae last month which was attended by 30 kaumātua from Te Rūnanga O Ngāti Waewae and Te Rūnanga O Makaawhio. One of the main objectives of the day was to empower the kaumātua as health promoters in their whānau and community. The hui was supported by other services including Poutini Waiora, the WCDHB, Westland Medical Centre and the West Coast PHO. The day included information and discussion of the importance of immunisation, including influenza vaccination, vaccination in pregnancy and childhood vaccinations. The supporting role kaumātua can play for whānau regarding vaccination was emphasised. Twelve kaumātua who had not had their influenza vaccination received it at the hui. Health resources were also provided, and areas of interest for future hui were identified.

Te Pūtahitanga: SEED Whanau Ora Westport Project

Community & Public Health staff have attended and provided input into all the Te Pūtahitanga Whānau Ora project hui. The Draft Road Map will be presented to the community shortly and CPH will identify how it can support its implementation.

Hokitika Flood Event

Community & Public Health assisted the Westland District Council to respond to the recent flooding in Hokitika. Working with the Emergency Management Group at Council, CPH health protection staff provided public health messages and supported Council's environmental health officer and building inspectors to carry out checks on affected buildings. Forty-five people were evacuated from a rest home and another 35 residents were displaced and sheltered in hotels or other homes. While flood waters were contaminated with sewage, drinking water infrastructure was not damaged and a boil water notice was not needed. A fax was sent to primary care providers to remind them to be alert to the possibility of illnesses related to contact with floodwater.

Community Nutrition

Our nutrition health promoter has recently completed Appetite for Life (AFL) training, and AFL is back up and running in the community with the first course currently being delivered in Greymouth. CPH is also supporting a Franz Josef 100 day physical activity and healthy eating challenge through the provision of resources. CPH will be running an AFL course beginning in July and will provide taster Tai Chi sessions to participants in the challenge.

Following an increase in demand for nutrition support in early childhood education, CPH has worked alongside WestREAP and the Heart Foundation to deliver a third 'Eating Right from the Start' workshop in Hokitika. The workshop which was for both whānau and early childhood teachers, focused on early childhood nutrition, healthy lunch-box options and oral health.

As part of the Health Promoting Schools programme, CPH is working with the Heart Foundation and Greymouth High School in developing an action plan to support healthy changes to the school canteen. This plan includes the implementation of a nutrition policy to support these changes and ensure school community buy-in.

Realignment of Tobacco Control Services

The Ministry of Health have announced that from 30 June 2016 it will be terminating existing contracts for face-to-face stop smoking services and all national health promotion and advocacy services for tobacco control, purchased by the Ministry of Health. For CPH this will affect the Aukati Kai Paipa service. Instead the Ministry is looking to realign and retender these services as an opportunity to take a fresh look at the services currently delivered in terms of their contribution to the achievement of Smokefree Aotearoa 2025. Organisations on the West Coast

involved in Smokefree have started conversations around what model would work best for our community and a coordinated, collaborative process and response will take place over the coming months in regards to the tender process.

Alcohol Licensing
An Alcohol Regulatory and Licensing Authority (ARLA) was held in Greymouth on 3 June and three West Coast licensed premises have had suspensions of their licenses as a result.

The reserved decisions from ARLA issued later in June resulted in a two week suspension of trade for Revington's Hotel. In addition, their license has only been renewed for one year, their licensed hours have been limited to a 1am closing and there are several reporting requirements imposed on the licensee to ensure that they have good procedures and policies in place to prevent incidents of the type which resulted in their suspension (including grossly intoxicated patrons on premises, assaults and disorder). The Beachfront Hotel in Hokitika also had their on license suspended for five days for failing a controlled purchase operation run by Hokitika Police and CPH. There was also a negotiated voluntary suspension of 24 hours agreed with the Greymouth Railway Hotel. This was the result of intoxication found on the premise by police in July last year.

Community & Public Health staff continue to work closely with Police and council alcohol licensing inspectors to ensure that all West Coast licensed premises comply with the Sale and Supply of Alcohol Act 2012.

Westland District Council Class Four Gambling Policy
There has been a positive outcome from the Westland District Council hearing regarding their Class Four Gambling Policy. CPH had an influence on the final policy through the coordination of the social impact assessment (SIA) and attendance at the submissions hearing. The final policy is in line with the recommendations from the SIA and is to be adopted at the Council meeting to be held towards the end of July.

Discussion took place regarding the West Coast DHB Breastfeeding Plan and the Committee will be provided with a copy of this plan when it becomes available.

The report was noted.

c) 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 continues to perform well above the 95% 6-hour ED health target for the 11 months to 31 May; with 99.5% of patients admitted, discharged or transferred within 6 hours, and 95.1% within just 4 hours.
- West Coast DHB was 112 discharges ahead of our electives health target for the YTD target at the end of May 2015.
- During Quarter 3, West Coast DHB staff provided 97.8% of hospitalised smokers with smoking cessation advice and support – our best result to date and meeting the **secondary** care better help for smokers to quit health target.
- West Coast DHB is pleased to have met both primary care targets for the first time. During Quarter 3, performance against the primary care better help for smokers to quit health target improved 15.7% with a result of 94%. Performance against the more heart and diabetes checks health target increased 7.6%, with a result of 90.3%.

- Following a challenging year, the B4 School Check service is pleased to have completed screening for 391 4-year olds—representing 92% of the eligible population and exceeding target for the year.

Key Issues & Associated Remedies

- The Hokitika flood in June caused the full evacuation of Allen Bryant Lifecare aged residential service. A total of 45 rest home and hospital residents were safely relocated within other services on the Coast. While the ARC sector is under pressure, prioritisation principles have been established and contracting processes enhanced.

Upcoming Points of Interest

- **Primary Mental Health Services**
  The PHO primary mental health team is now fully staffed despite recruitment challenges. This will support better integration with SMHS and NGOs so that clients receive the level of intervention required regardless of where they present. NGOs are working together to ensure services are provided in an integrated way.

The report was noted.

d) ALLIANCE UPDATE

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

Alliance Leadership Team

- The ALT notes the success of the Mum4Mum network and that the new survey report suggests that peer support is an effective model that should continue to be supported.
- The ALT received a report highlighting the findings of the Secret Shopper project and notes the good feedback from consumers.
- The ALT continues to support the need to appoint to the distributed CMO roles and notes the roles are important to progress the Alliance workplans.
- The ALT recommends that change leadership for the move to the new IFHC be prioritised.

Mental Health Workstream

- NGOs are working together to develop a collaborative model for delivery of support services, including vocational, Community Support Work, housing, peer and respite. Achieving this is dependent on offering the NGOs some degree of certainty regarding their future role so they can be confident about investing in co-location etc. Clarifying roles between clinical and support services is recommended so that mechanisms for strengthening the interface can develop.

Health of Older Persons

- The Allan Bryant evacuation of 45 people is having significant impact on Aged Residential Care bed capacity across the West Coast. This is being managed by the Complex Clinical Care Network and has delayed the implementation of some planned activities by a few weeks.
- The Falls Champion/Supported Discharges role has been offered but not yet accepted.

Grey/Westland & Buller Family Health Services (IFHS)

- Significant work is now underway in the Grey Westland area. This includes developing: a business model for Greymouth practices once they move into the IFHC; a model for unplanned and afterhours care; and developing a huddle. South Westland are developing a new structure to provide more flexible coverage across the area, as well as using HML to improve access for patients to make appointments and contact the right people at the right time.

- Buller Medical's move to a two team approach is progressing well and a staged implementation has commenced.
- Work on the RMO workforce proposal which will increase sustainability for the GP workforce is also nearing completion.
- The Health of Older Persons Engagement process has concluded and the future direction of services has been articulated and provided to staff for feedback. This includes strengthening of service coordination.
- A staff consultation paper is also being developed for locality based mental health services. This incorporates the shift in resource required to implement a stepped care approach.
- A Buller IFHS-wide team of quality champions has been established.

Healthy West Coast

- HWC have been engaging in the Ministry of Health Realignment of Tobacco Services discussions with members attending the provider consultation workshop on June 16th.
- Performance against the primary care health targets is tracking well for year-end, as is the secondary smokefree health target.
- The first pregnant woman enrolled in the incentivised smokefree pregnancy programme has successfully remained smokefree two weeks post-delivery with two more women due to reach this milestone in July.

Child and Youth

- Work is underway to develop the proposed collaborative model of care for Well Child Tamariki Ora Services on the Coast following a period of change for two of the three providers. The first phase of this involves developing a central database for all service referrals to monitor coverage and level of service delivery.
- The workstream has engaged a consumer representative to bring patient and whanau perspectives to planning and development of future services.
- Youth Friendliness Training has been delivered with positive initial feedback. Formal feedback will be collected by The Collaborative Trust 4-6 weeks post training. The attendees at the Westport session have begun locally networking to discuss youth service improvements.

- **Pharmacy**
- Hospital and community pharmacies are continuing to participate in the detailed design user group process in parallel to a separate design lab process. The detailed design will be used as the starting point in the design lab to test functionality and work flow efficiency. The design lab was built on Grey Valley Couriers premises in Greymouth, with hospital and community pharmacy staff attending the lab between 1-4 July 2015.
- Further analysis work is needed for the sterile unit in the hospital pharmacy. Provision in the floor plan has been made, but the details and options for this require further investigation. The hospital pharmacy manager will lead this work and is to provide a business case outlining options for decision.

The report was noted.

e) GENERAL BUSINESS

Cheryl Brunton provided an update to the committee on the work being carried out around the Smoking Prevalence Plan. More information will be provided to the committee at the next meeting, along with the Tobacco Control Plan

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

AGENDA

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 23 July 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**
   4 June 2015

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS — 9.10am

4.	**Disability Action Plan Update**	Kathy O'Neill *Service Development Manager, Planning & Funding*	*9.10am - 9.25am*
5.	**Community and Public Health Update**	Claire Robertson *Team Leader, Community and Public Health*	*9.25am – 9.35am*
6.	**Planning & Funding Update**	Phil Wheble *Team Leader, Planning & Funding*	*9.35am - 9.45am*
7.	**Alliance Update**	Phil Wheble *Team Leader, Planning & Funding*	*9.45am - 9.55am*
8.	**General Business**	Elinor Stratford *Chair*	*9.55am – 10.15am*

ESTIMATED FINISH TIME — 10.15am

INFORMATION ITEMS

- **Board Agenda – 26 June 2015**
- **Chair's Report to last Board meeting**
- **Committee Work Plan 2015**
- **West Coast DHB 2015 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: Thursday 10 September 2015

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 23 JULY 2015

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

SOURCE: **Acting Chair, Hospital Advisory Committee**

DATE: **7 August 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 2 July 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 – 23 July 2015.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 23 July 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

The carried forward items were noted.

MANAGEMENT REPORT

Mark Newsome, General Manager, Grey/Westland presented this report. He highlighted the following notable features:

- Cross system support of Aged Residential Care capacity issues;
- Continued ESPI compliance; and
- Further embedding of the Maternity model of care.

He advised that the patient flow diagrams that were considered to be outdated at the April meeting are still being worked on in conjunction with Planning & Funding to give more context around what is being illustrated. It is hoped that this information will be available for the next meeting.

In addition the Committee noted the following:

- DNAs – there has been a slight increase since the last report and management are trying to understand the reasons for this. E-texting of appointments is planned to go live on 1 August 2015.
- The new patient transfer service has settled in and patients and staff are appreciating a well coordinated approach to inter-hospital transfers.
- The Allen Bryant Rest Home closure has meant that 46 rest home beds were lost overnight. All staff have been working to support thi extraordinary closure due to flooding. Nursing staff from within the hospital are supporting staffing levels at both Grainger House and Reefton Hospital as we continue to manage Aged Residential Care beds across the West Coast. The old Hannan Ward space is also being used to accommodate Allen Bryant residents.
- Due to the accommodation required for Allen Bryant residents Chemotherapy has been moved to the Kahurangi meeting room.
- The Nurses MECA offer is out for ratification of members.

The report was noted

FINANCE REPORT

Mark Newsome, General Manager, Grey/Westland, presented the Finance Report for the month ending May 2015. The consolidated West Coast District Health Board financial result for the month of May 2015 was a surplus of $0.258m, which was $0.346m favourable against the budgeted deficit of $0.088m. The year to date position is now $0.170m unfavourable.

Mr Newsome advised that the main variances are in personnel costs which is likely to continue. The Committee noted that this is monitored on a daily basis to ensure we are not overstaffing areas with an intention to reduce locum usage

The Committee also noted that as with nursing there is also a medical Strategic Plan which has just been circulated to EMT.

Mr Newsome commented that going forward the financial position is incredibly tight. The budgets have not yet been loaded down to cost centre managers however this work is taking place currently. In order to meet our commitment to the Minister to live within our means the organisation will be working very hard to achieve savings.

The report was noted.

CLINICAL LEADERS UPDATE

Karyn Bousfield, Director of Nursing & Midwifery presented this report which was provided to the Board at their last meeting. The Committee noted that the Clinical Quality Improvement Team has met to re-scope and reframe the purpose and focus of the group. Paul Norton, Quality Manager, has taken over the leadership of this team and the Clinical Leaders will continue to be actively engaged to support clinicians in decision making and the roll our of quality and safety initiatives.

The report was noted.

GENERAL BUSINESS

The Board Chair provided the Committee with an update on the facilities development project.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 4 June 2015.

Report prepared by: Kevin Brown Acting Chair, Hospital Advisory Committee

AGENDA

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

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Thursday 23 July 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**
   04 June 2015

3. **Carried Forward/Action Items**

REPORTS/PRESENTATIONS — 11.10am

4.	**Management Report**	Mark Newsome *General Manager Grey | Westland*	*11.10am - 11.30am*
5.	**Finance Report**	Justine White *General Manager, Finance*	*11.30am - 11.45am*
6.	**Clinical Leaders Report**	Karyn Bousfield *Director of Nursing & Midwifery*	*11.45am – 12noon*
7.	**General Business**	Sharon Pugh *Chair*	*12noon – 12.15pm*

ESTIMATED FINISH TIME — 12.15pm

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Board Agenda – 26 June 2015**
- **2015 HAC Work Plan (Working Document)**
- **West Coast DHB 2015 Meeting Schedule**

NEXT MEETING:

Date of Next Meeting: 10 September 2015
Corporate Office, Board Room at Grey Base Hospital.

RESOLUTION TO EXCLUDE THE PUBLIC

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

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

SOURCE: **Board Secretariat**

DATE: **7 August 2014**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 26 June 2015	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.	Ministry of Health Deficit Funding 2014-15	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Delegation for Annual Accounts	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	HBL – Food & Linen Business Cases	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	Audit New Zealand – Fraud Risk Assessment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)

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

3. SUMMARY

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

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

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

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

Clause 33 of the Act also further provides:

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

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

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

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

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

Report Prepared by: Board Secretariat

About the Vulnerable Children Act 2014

On 1 July 2014 the Vulnerable Children Act and other associated legislation passed into law. The Act forms a significant part of comprehensive measures to protect and improve the wellbeing of vulnerable children and strengthen our child protection system.

The reforms were proposed in the White Paper for Vulnerable Children and the Children's Action Plan, which were released in October 2012 after significant consultation with the public that resulted in almost 10,000 submissions.

The Children's Action Plan and the Vulnerable Children Act 2014 rest on the belief that no single agency alone can protect vulnerable children. For the first time, five chief executives of government agencies are jointly accountable for acting together to develop and implement a plan to protect our children from harm, working with families/whānau and communities.

A number of measures have been enacted to keep our children safe. These include standard safety checking for paid staff in the government-funded children's workforce and new requirements for government agencies and their funded providers to have child protection policies.

The Vulnerable Children Act, and two other related Acts amending the Children, Young Persons, and Their Families Act and the KiwiSaver Act, was developed by a multi-agency team of officials from the Vulnerable Children's Board group of agencies.

The measures in the Vulnerable Children Act 2014 contribute to the Government's Better Public Services result to reduce the number of physical assaults on children.

The legislative changes are being phased in over several years, together with associated Children's Action Plan initiatives. These include four Children's Teams, with another six Children's Teams to be established during 2015, and development of common competencies for all children's workers.

Altogether, the changes provide a framework for professionals from the different sectors to work better together to help children. By breaking down the barriers to information sharing and cross-sector working, and brokering more targeted service provision, we can ensure children get better access to the services they need.

The National Children's Directorate is coordinating implementation of the Vulnerable Children Act across government agencies and state services (including the Ministries of Education, Health, Justice, Social Development, NZ Police, DHBs and School Boards).

Further communication will follow about how and when the changes will affect people, and the support that is planned to help make the changes as easy as possible.

If you have any questions, please contact: admin@childrensactionplan.govt.nz

Summary of Vulnerable Children Act changes

Joint accountability: Chief Executives from the Ministries of Education, Health, Justice, Social Development and the NZ Police must jointly develop and report against a vulnerable children's plan to collectively achieve the Government's priorities for vulnerable children. The plan will be reviewed every three years and reported on annually.

Child protection policies: certain state services and their contracted or funded providers of children's services must adopt child protection policies, covering the identification and reporting of child abuse and neglect. In addition to the five government agencies, this requirement will apply in time to the Ministry of Business, Innovation and Employment, Te Puni Kōkiri, district health boards, boards of trustees of state and state-integrated schools, and sponsors of partnership schools kura houra.

Child protection policies help build a culture of child protection. We want everyone who works with children to understand their child protection role, be able to recognise when things aren't rights and to know what action to take to prevent abuse and neglect.

The overarching purpose of the child protection policies is to provide information and processes to improve the identification and reporting of child abuse and neglect.

- The requirement for child protection policies applies "as soon as is practicable" for government-funded service providers, except for schools. Schools will be subject to this requirement at a later date – in up to two years.
- Embedding the new child protection policies will take time and the Children's Action Plan Directorate is supporting each sector to improve their practice.
- As part of this process, each government agency will guide organisations in their sector on how to assess their current policies and ensure they meet the new expectations.
- We want to ensure all organisations implement high quality policies that safeguard the children accessing their service.

Safe children's workforce: the Act introduces new requirements to ensure children are safe with the people who work with them by implementing:

- a new standard safety check for all paid staff in the government-funded children's workforce,
- workforce restrictions preventing people with certain serious convictions from roles that involve working alone with, or with primary responsibility for, children. This restriction is subject to an exemptions process.

The safety of children is at the heart of everything we do. Safety checks will make it easier to identify the small number of people who are a risk to children. These requirements will be phased in over several years, with more detail on implementation to be developed over coming months. In the meantime, government agencies and sector representatives are working together to:

- Determine what the legal requirements for the standard safety check should be and how best to articulate these in a clear - way in regulations

- Implement the exemptions process for the workforce restriction, to ensure a timely process is available for all affected workers
- Decide how to support implementation of the new requirements in each sector, including guidelines and specialised training if necessary.

Summary of changes to Children, Young Persons and their Families Act and KiwiSaver Act

Alongside the Vulnerable Children Act, amendments to the CYPF Act and the KiwiSaver Act include:

Safety of subsequent children: ensure the safety of subsequent children of adults who have had a child or young person permanently removed from their care due to abuse or neglect, or where the adult has been convicted of the murder, manslaughter, or infanticide of a child or young person in his or her care

Special guardianship: provide more security and stability for children entering 'Home for Life' placements through new special guardianship provisions

Child-centred care and protection: ensure a better future for children receiving a Child, Youth and Family response, through a more child-centred approach

Kiwisaver: improve the long-term financial future of children in care by enrolling them into KiwiSaver and make relevant KiwiSaver decisions without needing the consent of other guardians

Disabled children: ensure all options for support and in-home care are considered for children and their families/whanau before making any decisions about out-of-home care.

Who do we contact if we need help?

For more information visit the Children's Action Plan website: www.childrensactionplan.govt.nz

If you have any questions, please email: admin@childrensactionplan.govt.nz

FEBRUARY 2015

Vulnerable Children Act 2014 - Frequently Asked Questions

What's changed for the five agencies responsible for vulnerable children?

The Chief Executives of the Ministries of Education, Health, Justice, Social Development and NZ Police are now jointly accountable for working together to develop, deliver and report on a cross-agency plan to protect vulnerable children and improve their wellbeing.

These agencies (and all providers they contract to deliver children's services) must have child protection policies that guide staff to identify and report child abuse and neglect. The new policies will directly affect frontline staff in the way that they work.

Which agencies are required to adopt child protection policies?

To support better identification of child abuse and neglect, the Act requires certain state services, District Health Boards and school boards, and their contracted and funded providers, to have child protection policies in place. The state services covered by this requirement are the Ministries of Education, Health, Justice, and Social Development, NZ Police, the Ministry of Business, Innovation and Employment, and Te Puni Kōkiri.

What about business, community and volunteer organisations?

Unless they are contracted or funded by one of the above agencies to deliver children's services, it is voluntary for non-government funded organisations to follow the same guidelines. It is expected that many will take part so that they are seen to hold the same high standards. Support, guidance and advice will be provided to help any business and volunteer organisations who want to meet the new higher standards.

How will these policies make a difference?

Many people who work with children are in a position to recognise abuse or neglect and take action – however not everyone knows what to do about it. Policies will raise awareness and help make it clear.

What is the timeframe for child protection policies?

The requirement for child protection policies applies "as soon as is practicable" for government-funded service providers. The one exemption to this is schools, which will be subject to the requirements at a later date, up to two years from commencement of the Act.

We recognise that the new requirements will take time to embed, and so we will be working with each sector over the coming months to identify the level of support required to improve practice.

What will the child protection policies need to include? Do you have an example of one?

Child protection policies will need to contain provisions on identifying and reporting child abuse and neglect. Agencies are currently working together to identify other useful information that might also

be recommended for inclusion. The Children's Action Plan will provide guidelines and model policies to ensure good practice and consistency.

Will agencies need to check with contractors that they have child protection policies?

Agencies subject to the requirement must ensure that their contracting and funding arrangements with organisations that provide children's services include a requirement that services adopt a child protection policy as soon as is practicable.

Information about how to implement this requirement will be made available by sector agencies over the coming months.

What does screening and vetting involve?

- Identity verification - proof people are who they say they are, including former identities
- Information requirement – reliable data about history and behaviour, Police vetting
- Risk assessment – judgement-based assessment will be designed
- Periodic re-assessment – information should be updated and reassessed every three years

Why is screening and vetting necessary?

We know that some child abusers seek positions working with children. There is a large workforce employed by central government or on government contracts and those working with children will be subject to standard, thorough checks to ensure safety.

Who does screening and vetting apply to?

Everyone in the children's workforce employed (or contracted) by central government (roughly 280,000 people) to deliver services to children will be subject to screening and vetting. The same screening and vetting requirements will be phased in for the children's workforce employed or contracted by local government at a later date.

What about the workforce restriction?

The Act contains a workforce restriction to prevent people with relevant serious convictions from working alone with children. There will be an exemption process to allow employees to make a case for themselves if previous convictions are revealed that meet the criteria for the workforce restriction.

What is the timeframe for standard safety checks?

The requirements for standard safety checking do not come into force immediately, and will be phased in over several years. Future announcements will explain implementation more fully.

What's the definition of the children's workforce? Who is in, and who is out?

The children's workforce is made up of all workers who have regular or overnight contact with children, without a parent or guardian being present, as part of their role. Children's workers are "core workers" if they work alone with children or have primary responsibility for children. Core workers are subject to a workforce restriction if they have specified convictions.

While vetting and screening specifically applies to paid employees of government-funded services, the Children's Action Plan aims to drive change right across the workforce.

What are the processes for standard safety checks? Where can we find them?

The processes for standard safety checking will be developed over the coming months, and will be subject to consultation with sector representatives. Once finalised, agencies will work with their sectors to help them implement this new process.

I see the Act contains a list of "specified offences" – do I need to take any action if I know an employee has a conviction for one of these offences?

In addition to the safety checking requirements, the Act introduces a restriction on the employment of persons with certain specified convictions from working in core children's workforce roles – the workforce restriction. This requirement will be phased-in over several years.

The restriction is subject to an exemptions process, and exemptions will be able to be granted by certain key government agencies. More information for affected employers and employees will be made available in the coming months. In the meantime, employers are not required to take any action.

What will happen to those who don't comply with the legislation?

If departments don't comply with the requirement to have child protection policies, this could be a performance or employment matter. If a contracted or funded provider fails to comply, they could be held to account by the funder. The standard safety check requirements are backed by criminal penalties for non-compliance. Information about how to meet legal obligations will be made available when needed. No immediate action is required beyond an awareness that new requirements will be commencing in the coming years. More information will be available about timings in the coming months.

What support is there to enact this legislation?

We recognise that the new legislation will take time to embed. Government agencies will be working with each sector to identify the level of support required to improve practice over the coming months.

What do I do if I suspect abuse? What can my organisation do to identify and respond to abuse?

We all have a role to play in keeping New Zealand children safe and strong. Preventing child abuse and neglect is everyone's responsibility. If you are worried about a child that you know, ask yourself what you can do to help, get in touch with a community agency or contact Child, Youth and Family.

Organisations that want to understand more about safeguarding children accessing their services, including information on identifying and responding to abuse, should see the Child, Youth and Family *Working Together Guide.*

http://www.cyf.govt.nz/keeping-kids-safe/if-you-are-worried/looking-out-for-at-risk-children-and-families.html

Who do we contact if we need help?

For more information visit the Children's Action Plan website: www.childrensactionplan.govt.nz

If you have any questions, please email: admin@childrensactionplan.govt.nz

FEBRUARY 2015

Safety checking the children's workforce

Children have a fundamental right to have all their needs met and to be safe from abuse and neglect. The Government is committed to growing a safe and competent children's workforce who can play their part in keeping vulnerable children safe.

Safety checking and the workforce restriction are one of several initiatives to enhance the safety and competency of professionals who work with children. The other initiatives are:

- Child protection policies
- Core competencies
- Children's Teams and local workforce development.

The Vulnerable Children Act 2014 introduces new requirements for organisations funded by state services that employ or contract people to work with children.

These safety checking requirements start phasing-in from 1 July 2015 and entail:

- a new mandatory children's worker safety checking process for all paid staff in the state-funded children's workforce, and
- a prohibition on people with certain serious convictions from working in roles that involve working alone with children, or having primary responsibility for or authority over them (called the workforce restriction).

While safety checking specifically applies to paid employees of State-funded services, the Children's Action Plan aims to drive change over time right across the children's workforce.

Key dates

Safety checking requirements are being phased in over several years to give the children's workforce time to comply. The timeline for all children's workers to be safety checked is:

1 July 2015, Commencement date	All new State-funded core workers need to be safety checked before starting work in a new role
1 July 2016	All new, State-funded non-core workers need to be safety checked before starting work starting in a new role
1 July 2018	All existing State-funded core workers need to have been safety checked by this date
1 July 2019	All existing State-funded non-core workers need to have been safety checked by this date

Safety checks for employees and contractors will need to be updated every three years after each check is completed.

Safety checking

Safety checks will make it easier to identify the small number of people who are a risk to children.

The Act describes the required safety checks in broad terms. The detailed requirements are in the Vulnerable Children (Requirements for Safety Checks of Children's Workers) Regulations 2015.

The changes affect both regulated (those who require registration and annual practising certificates) and unregulated children's workers and apply to both core and non-core children's workers:

- *core children's workers* are paid or funded by state sector agencies and work alone with, or have primary responsibility or authority over, children (examples of roles that may meet this definition include: doctors, teachers, nurses, paediatricians, youth counsellors and social workers),
- *non-core children's workers* are paid or funded by state sector agencies and have regular, but limited, child contact (examples of roles that may meet this definition include: non-teaching school staff, general hospital staff and many social and health workers).

In both cases, children's workers need to be paid workers or contractors, or be undertaking unpaid work as part of an education or vocational training course, for the legislative requirements to apply.

Employers will be responsible for ensuring safety checking their employees has been done and the Act creates criminal penalties for organisations that don't do the required checking.

The safety checking regulations include:

- Confirmation of the identity of the children's worker, for example sighting the required documents, or by using an electronic service, such as the RealMe identity verification service.
- Collection and consideration of a range of information about the candidate, including a work history, a referee check, and an interview of the candidate, and third party checks with their professional registration body or licensing authority (as appropriate)
- Police vet are required.
- Evaluation of this information and assessment of the risk the person would pose to the safety of children if employed or engaged as a children's worker, including consideration of whether the role is a core children's workforce role.

Business, non-government and voluntary organisations that are not contracted or funded by the state services are also encouraged to voluntarily adopt these practices.

Safety checking will affect around 280,000 children's workers in central government or working for government funded services - 180,000 core workers and 100,000 in non-core workforce.

Q&As about safety checking

Why do we need safety checking?

People who have abused children, or who could do so in the future, may seek to work with children. Consistent, robust safety checking helps assess whether people might pose a risk. That's why legislation has been passed that strengthens safety checking requirements for children's workers - so that people who work with children will keep them safe.

The Vulnerable Children Act 2014 sets clear expectations for consistent safety checking across the children's workforce.

Consistent safety checking (sometimes referred to as vetting and screening) can help assess whether people pose a risk to children, and provide a way of preventing known abusers from entering the children's workforce.

Who is in the children's workforce and needs to be safety checked?

The roughly 280,000 paid people who are employed or contracted by state funded organisations to deliver services to children will eventually need to be safety checked.

The same safety checking requirements will be phased in for children's workers who are employed or contracted by local government at a later date.

The children's workforce is made up of paid workers who have regular or overnight contact with children as part of their role, without a parent or guardian being present. Children's workers are core workers if they work alone with children or have primary responsibility, or authority, over children.

Core workers are subject to a workforce restriction if they have convictions for offences specified in the Vulnerable Children Act 2014. People with a conviction for a specified offence will not be able to take up or continue to work in a core worker role without applying for and achieving an exemption.

Employers who appoint or continue to employ a person with a conviction who doesn't hold an exemption after the restriction comes into force will be breaking the law.

Safety checking is not required in law for people whose contact with children is part of a private arrangement, including where the worker has been selected by a child's parents (eg baby sitters). It also doesn't apply to people parents have employed or engaged using money paid to them as an entitlement or under other 'individualised funding' arrangements.

While safety checking specifically applies to paid employees of government-funded services, the Children's Action Plan is encouraging this change in employment practice right across the children's workforce.

Who is in the core workforce and in the non-core workforce?

The Act creates two categories of children's workers: core children's workers and non-core children's workers. The required children's worker safety check is the same for each group, but the requirements come into force earlier for core children's workers. Core workers are also subject to the workforce restriction.

Core children's workers are paid or funded by state sector agencies and work alone with, or have primary responsibility or authority over, children (examples of roles that may meet this definition are: doctors, teachers, nurses, paediatricians, youth counsellors and social workers);

Non-core children's workers are paid or funded by state sector agencies and have regular, but limited, child contact (examples of roles that may meet this definition are: non-teaching school staff, general hospital staff and many social and health workers).

In both cases, children's workers need to be paid workers, or to be undertaking unpaid work as part of an education or vocational training course, for the legislative requirements to apply.

What does a safety check involve?

The Vulnerable Children (Requirements for Safety Checks of Children's Workers) Regulations 2015 mandate common examples of good practice for pre-employment checking, including:

- Confirmation of the identity of the children's worker, for example sighting the required documents, or by using an electronic service, such as the RealMe identity verification service.
- Collection and consideration of a range of information about the candidate, including a work history, a referee check, and an interview of the candidate. In addition, third party checks with their professional registration body or licensing authority (as appropriate) and a Police vet are required.
- Evaluation of this information and assessment of the risk the person would pose to the safety of children if employed or engaged as a children's worker, including consideration of whether the role is a core children's workforce role.

Do I need to carry out the whole safety check for my existing workforce?

No. For children's workers who are already employed or engaged by the organisation, fewer checks are required: confirmation of identity, checks with the relevant professional registration body or licensing authority, a fresh New Zealand Police vet, and a risk assessment based on these checks.

This recognises that some checks (interviews, referee checks) are not appropriate for existing workers.

What checks are required for the three-yearly rechecks?

When updating a check every three years the following checks are required: confirmation of any changes of officially recorded name, updating the checks with the relevant professional registration body or licensing authority, a fresh New Zealand Police vet, and a risk assessment based on these checks.

What if our organisation already does safety checking?

Many organisations, particularly within the State sector, already have checks in place to ensure that unsuitable people do not work with children. However, the White Paper for Vulnerable Children and the Children's Action Plan identified the need for more consistent, high quality safety checking for the children's workforce.

Three issues were of particular concern:

- while many organisations have checks in place, they are often based on historic norms and in some cases appear inadequate
- even where requirements exist in a given sector, there are gaps which undermine their effectiveness (e.g. there can be an over-reliance on clean criminal records and little consistent identity verification carried out)
- potential abusers are able to exploit gaps and gain the trust of employers to enter the workforce in roles where checks are less stringent.

To address these concerns, the Vulnerable Children Act 2014 requires state sector agencies and the organisations they fund to provide regulated services to ensure safety checks of their paid employees are done to a new regulatory standard, with criminal penalties for non-compliance.

Organisations may rely on checks that meet the standard (i.e., have met or exceeded all of the regulatory requirements) that they conducted up to three years previously (i.e., for previous employees or contractors starting in a new role/contract) and on checks done by individuals or organisations on behalf of the specified organisation.

However, if the person is going to be employed or engaged as a core worker, their New Zealand Police vet needs to have been done to this standard to make sure the right level of information was released. If not, another New Zealand Police vet will be needed.

What is the timeframe for standard safety checks?

Safety checking requirements are being phased in over several years. The date the first phase of standard safety checking requirements will be legally required is 1 July 2015. The first safety checking requirement is that all new core workers entering the children's workforce will be safety checked to the new standard before they begin work as a children's worker.

What about the workforce restriction?

The Vulnerable Children Act 2014 prohibits people with serious convictions from working alone with children. The restrictions are specified in Schedule 2 of the Act and apply to people with convictions involving children and/or violent behaviour, including child abuse and sexual offending.

From 1 July, the workforce restriction applies to new core workers. This means the workforce restriction applies immediately to people seeking new roles are core workers.

From July 2016, when an organisation knows any core worker has been convicted of any of the specified offences, they will have to suspend the worker from all relevant (e.g. *core worker*) duties. People with specified convictions will be able to apply for an exemption.

I see the Act contains a list of "specified offences" – what should I do if I know an employee has a conviction for one of these offences?

In addition to safety checking requirements, the Act prohibits employing people with specified convictions from working in core worker roles – the workforce restriction. This requirement starts at the same time as the safety checking requirements.

The restriction is subject to an exemptions process.

How do I apply for an exemption to the workforce restriction?

People with an offence specified in the Vulnerable Children Act 2014 may apply for an exemption.

If it's decided the person does not pose an undue risk to the safety of children, an exemption will be issued which has the effect of removing the prohibition on employing the person as a core worker.

The onus is on the individual to apply for an exemption and to provide information so that a decision can be made.

Child safety will always come first and the exemption process will be a robust and fair consideration of individual circumstances.

Who is responsible for carrying out safety checks?

Employers are responsible for ensuring safety checks are done. Others can complete checking for them on their behalf but the responsibility lies with employers.

Who is responsible for safety checking Children's Teams?

Children's Team Directors ensure all people working with Children's Teams are properly safety checked.

Everyone involved in a Children's Team is safety checked early in the establishment process – Children's Team members, Lead Professionals, Child Action Team members (if assessed as necessary) and Local Governance Group members.

Will I need to safety check my nanny or babysitter?

No, privately employed children's workers like nannies and babysitters don't need to be safety checked.

We are however encouraging everybody who employs children's workers to take care in selecting safe and competent people and making informed decisions about who they entrust the care of their children to.

We are making best practice safety checking guidelines widely available and are encouraging a widespread culture of child protection that will help all New Zealand children thrive, belong and achieve. All children have a fundamental right to be safe.

How is the self-employed workforce expected to meet safety checking requirements and who oversees this?

The VCA applies to some, but not all, self-employed persons or sole practitioners:

- If a self-employed person or sole practitioner is contracted by a State service, then they will need to be safety checked by that State service if they fall within the definition of a children's worker.
- Similarly, if a self-employed person or sole practitioner is contracted by an organisation (or individual) that receives funding from a State service to provide regulated activities, the funded organisation or individual will be required to ensure that a safety check of the practitioner is done.

This latter requirement may also capture a small number of self-employed or sole practitioners who have formed separate legal entities, and are employed or engaged by them (for example, companies where a practitioner is both employed by the company and its sole shareholder).

This can create a situation where there is a conflict of interest or no clear person positioned to do the required safety checking. This is a known issue, and agencies have been considering sector-specific solutions as part of their implementation planning. A separate screening service may be made available for the use of the self-employed and sole practitioners in such cases. Announcements about such a service, if one is developed, will be available at www.childrensactionplan.govt.nz.

In the interim, enforcement of the requirements will recognise these practical limitations.

Who will see the safety check information?

We expect only the person responsible for the hiring decision and the potential employee will be able to see the safety check information. In all cases the Privacy Act 1993 must be observed.

How often do safety checks need to be done?

Specific aspects of safety checking will need to be updated every three years. For Children's Teams, this will be the responsibility of the Children's Team Directors. For the wider children's workforce, this will be the responsibility of employers.

What will happen to those who don't comply with the legislation?

We expect enforcement of the workforce restriction in the first years of operation will be educative in approach. We are offering communication, advice and support in the first instance to build the knowledge base and capability of the workforce.

Where organisations are monitored or audited by a government agency, compliance may be checked. Charges may be laid where there is on-going non-compliance.

Will employers retain vetting information provided to them by the Police?

If a New Zealand Police vet is done as part of a safety check, employers may be advised by New Zealand Police to destroy New Zealand Police-supplied vetting information after a period of time, unless required to retain it for auditing purposes. If you destroy the vetting information, you will still need to keep a record of who has been New Zealand Police vetted and when.

However employers will be able to develop policies or information retention processes beyond that and some may choose to do so. State sector agencies will make more information available about their information management approaches in the coming months.

How do I check if children's workers who look after my children have been safety checked?

In the first instance you can ask their supervisor or employer (e.g. the principal, child care centre supervisor or GP practice manager). If they aren't sure, they can contact their head office or the State organisation that funds or partially funds them.

What do I do if I have any concerns about a person who I have safety checked?

Organisations should have clear policies (as part of their child protection policy) about responding to concerns about staff members employed by the organisation, or where concerns are raised about a person applying for a role with the organisation. It is expected that all allegations are taken seriously.

You should notify Child, Youth and Family of the suspected child abuse or, if the child is in immediate danger, contact the New Zealand Police immediately. Safety of the child or children is paramount.

The decision to follow-up an allegation of abuse by an employee or other person should be made in consultation with Child, Youth and Family and the New Zealand Police. This will ensure any actions taken do not undermine any investigations being conducted by the external agencies.

The person, if an employee, should also be informed of their right to seek support from the relevant union or representative body.

It is vital to follow your organisation's Human Resources policies and disciplinary procedures, guided by the worker's employment contract/collective employment contract and relevant statutory obligations.

How do I safety check potential new children's workers? Do you have any information or advice on best practice safety checking?

Advice on interpreting the new requirements, including good practice guidance, is available in the publication *Children's worker safety checking under the Vulnerable Children Act* which is available at www.childrensactionplan.govt.nz.

Another resource that may be helpful is *Safer Recruitment, Safer Children.* This is a set of good practice guidelines released in advance of the changes in the VCA. It gives organisations advice on selecting safe people to work with children, and elaborates on the content in this document. It was developed in partnership between the Ministry of Education and Child Matters, a Hamilton-based NGO with child protection expertise. This resource is also available at www.childrensactionplan.govt.nz.

While it isn't compulsory for everybody, we are encouraging all employers of people who work closely with children to safety check their children's workers. This will help us all to build a culture of child protection in New Zealand and we want to help employers and others to do the right thing.

You can also seek specific advice from any of the seven State services that are working together to implement the Children's Action Plan – the Ministries of Education, Health, Justice, Social Development, the NZ Police and Te Puni Kōkiri. You will find information and contact details on all their websites, and an easy way to access all of this from our website.

Who do we contact if we need help?

For more information visit our website: www.childrensactionplan.govt.nz

If you have any questions or want to subscribe to our monthly newsletter, please email: admin@childrensactionplan.govt.nz

Vulnerable Children Act – Scope of the Standard Safety Checking Requirements

Specified organisations are going to be required to undertake new standard safety checks of children's workers they employ or engage. This means they'll need to ensure that:

A Children's workers they employ or enagage (including contractors) are safety checked to the required standard

B Three-yearly re-checking is done for all children's workers they continue to employ or engage

C They do not employ or engage any person as a core worker (see definition 3 below) who has a specified offence, unless the worker has an exemption.

There are three steps to applying the Act:

1. Is an organisation a specified organisation?

- Is it any of the State services (section 2 State Sector Act 1988)?; or
- Is it receiving money from a State service to provide regulated services (unless it's receiving money via individualised funding arrangements)?
- and Does it employ or engage children's workers to perform a regulated service?

What are the regulated services?

Any service that is listed in Schedule 1 of the Act (as listed on the following page)

Specified organisations are subject to the Act

2. Are the specified organisations employees or contractors "children's workers"?

Children's workers:

- People providing a regulated service; and
- Whose work may or does involve regular or overnight contact with a child or children; and
- This takes place without a parent or guardian of the child, or of each child, being present

Regular or overnight: at least once a week; or on at least 4 days each month, or overnight

Contact: physical, oral communication or via electronic communication

These workers need to be safety checked

3. Are any of the specified organisations employees or contractors "core children's workers"?

Core children's workers are children's workers whose work requires or allows them to be:

- The only children's worker present; or
- The children's worker who has primary responsibility for, or authority over, the child or the children present

Workers who have specified convictions cannot be employed in these roles unless they have an exemption

Vulnerable Children Act – Scope of the Standard Safety Checking Requirements

What are the regulated services?

Welfare, support, and justice services

1. services provided (including the performance or exercise of functions and powers) under the *Children, Young Persons, and Their Families Act 1989* by the department responsible for the administration of that Act, or by any care and protection co-ordinator or youth justice co-ordinator
2. services provided at, or in relation to the operation of, any residence within the meaning of *section 2(1)* or *364* of the Children, Young Persons, and Their Families Act 1989 (excluding, for the avoidance of doubt, services provided by an individual with whom a child is placed under *section 362* of that Act)
3. services provided by any person, organisation, or body approved under *section 396* or *403* of the Children, Young Persons, and Their Families Act 1989
4. services provided (including the performance or exercise of functions and powers) under any order, direction, or recommendation of a court made under the *Children, Young Persons, and Their Families Act 1989*, the *Care of Children Act 2004*, or the *Adoption Act 1955* by—
   a. (i) the department responsible for the administration of the *Children, Young Persons, and Their Families Act 1989*; or
   b. (ii) any other person, organisation, or body
5. services provided by any person, body, or organisation pursuant to any decision, recommendation, or plan made by a family group conference under the *Children, Young Persons, and Their Families Act 1989*
6. services provided at prisons, secured facilities, and children's health camps
7. services provided as part of a condition of bail made under the *Bail Act 2000*
8. services and facilities of the kind referred to in *sections 4(a)* and *7(2)(b)(i)* of the Children, Young Persons, and Their Families Act 1989
9. social or support services, including (but not limited to) victim support services, drug and alcohol rehabilitation services, and childcare services
10. mentoring and counselling services
11. youth services and youth work
12. participating in a telephone communication service that is likely to be used wholly or mainly by children
13. moderating an electronic interactive communication service that is likely to be used wholly or mainly by children (but a person does not moderate a public electronic interactive communication service unless he or she has access to the content of the matter or contact with users of the service)
14. services provided to escort, track, or transport children for the purposes of the *Children, Young Persons, and Their Families Act 1989*
15. out-of-school care and recreational services

Health services

16. services provided at a public hospital
17. services provided at a publicly funded medical practice or facility, including blood and cancer centres, treatment centres, outreach clinics, and mental health services
18. services provided through medical practices belonging to primary health organisations (PHOs)
19. services provided by health practitioners
20. Well Child Tamariki Ora (WCTO) services (eg, Plunket)
21. home-based disability support services
22. residential disability support services
23. ambulance services
24. maternity services, including lead maternity carers and midwives

Education services

25. education services provided at a registered school (as defined in *section 2(1)* of the Education Act 1989)
26. early childhood services (as defined in *section 309* of the Education Act 1989)
27. education services provided by a trades academy, a service academy, or an alternative education provider for or on behalf of a school
28. education services provided at any off-site location for or on behalf of a registered school or early childhood service, including teen parent units, school camps, and learning centres
29. services provided to ensure enrolment and attendance at school in accordance with *sections 20* and *25* of the Education Act 1989
30. services provided at a playgroup (as defined in *section 309* of the Education Act 1989)
31. services provided at any location on behalf of a limited child care centre (as defined in *section 2(1)* of the Health and Safety in Employment Act 1992)

Transport services

32. work driving a vehicle that is being used only for the purpose of conveying children and any persons supervising or caring for the children (for instance, school bus services)

Policing services

33. specialist child and family policing services provided by Police employees (as defined in *section 4* of the Policing Act 2008)

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.