West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 11 December 2015
10.15am

St John
Waterwalk Road
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

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 11 December 2015 commencing at 10.15am

KARAKIA			***10.15am***
ADMINISTRATION			***10.15am***
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *6 November 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*
6.	**Clinical Leader's Update**	Karyn Bousfield *Director of Nursing & Midwifery*	*10.45am – 10.55am*
7.	**Wellbeing, Health & Safety Update**	Michael Frampton *Programme Director*	
8.	**Finance Report**	Justine White *General Manager, Finance*	*10.55am – 11.05pm*
9.	**Revised Terms of Reference – Community & Public Health & Disability Support Advisory Committee** *(Any feedback from the CPH&DSAC Committee will be provided at the meeting)*	*Board Secretariat*	*11.05pm – 11.15pm*
10.	**Revised Terms of Reference – Hospital Advisory Committee** *(Any feedback from the Hospital Advisory Committee will be provided at the meeting)*	*Board Secretariat*	*11.15am – 11.25am*
11.	**Revised Terms of Reference – Quality, Finance, Audit & Risk Committee** *(Any feedback from the QFARC Committee will be provided at the meeting)*	*Board Secretariat*	*11.25am – 11.35am*
12.	**Memorandum of Understanding with Tatau Pounamu**	Michael Frampton *Programme Director*	*11.35am – 11.45am*

13. **Reports from Committee Meetings**

- CPH&DSAC
  3 December 2015
  (Late paper due to timing of meetings)

  Elinor Stratford — *Chair, CPH&DSAC Committee* — *11.45am - 11.55am*

- Hospital Advisory Committee
  3 December 2015
  (Late paper due to timing of meetings)

  Sharon Pugh — *Chair, Hospital Advisory Committee* — *11.55am – 12.05pm*

14. **Resolution to Exclude the Public** — *Board Secretariat* — *12.05pm*

INFORMATION ITEMS

- 2016 Meeting Schedule

.

ESTIMATED FINISH TIME ***12.05pm***

NEXT MEETING

Friday 12 February 2016

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 • President Greymouth Riverside Lions Club • Justice of the Peace
Warren Gilbertson	• Chief Operating Officer, Development West Coast • Director, Development West Coast Subsidiary Companies • Trustee, West Coast Community Trust • Board Member, Mainland Football
Helen Gillespie	• Peer Support Counsellor, Mum 4 Mum • Employee, DOC – Healthy Nature, Healthy People Project Coordinator
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 • Employee - Damien O'Connor's Electorate Office
Peter Neame	• Wite Wreath Action Against Suicide – Member
Sharon Pugh	• Shareholder, New River Bluegums Bed & Breakfast

Elinor Stratford	• Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Elected Member, Arthritis New Zealand, Southern Regional Liaison Group • President New Zealand Federation of Disability Information Centres
Joseph Thomas	• 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 • Te Kawhai Tumata – Committee 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, Waterwalk Road, Greymouth
on Friday 6 November 2015 commencing at 10.15am

BOARD MEMBERS

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

APOLOGIES

An apology was received and accepted from David Meates for the Public Meeting.

EXECUTIVE SUPPORT

Michael Frampton (Programme Director), Karen Bousfield (Director of Nursing & Midwifery); Gary Coghlan (General Manager, Maori Health); Libby Doran (Accountability Coordinator, Planning & Funding); Kathleen Gavigan (General Manager, Buller); Mark Newsome (General Manager, Grey/Westland); Phil Wheble (Team Leader, Planning & Funding); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

Gary Goghlan led the Karakia

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Sharon Pugh advised that she is no longer a member of the Greymouth Business & Promotions Association.
Helen Gillespie advised that she is now the Healthy Nature, Healthy People Project Coordinator at DOC.

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 (43/15)
(Moved Joseph Thomas/seconded Elinor Stratford - carried):

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 25 September 2015 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted. The meeting asked that Mental Health Progress Report be added back onto this list.

4. CHAIR'S UPDATE

The Chair provided updates as follows:

- New Zealand Health partnerships – appointment of Directors
  - Food Services – Canterbury DHB is still looking at the options around this and it is our intention to dovetail off this.
  - NIP is on track again and currently a lot of work is being undertaken in this area.
  - Laundry – We are now out of the national contract and will continue with our current contract with Canterbury Linen Services.
- South Island Alliance – this is progressing well. The intention is for some Executive members to travel within DHBs to look at how they are operating with a view to more sharing of systems and information.
- The announcement regarding Fletchers as the preferred contractor for the first stage of the Grey Hospital development.
- The extension of the HRPG to 2018.

Resolution (44/15)
Moved Peter Ballantyne/seconded Joseph Thomas – carried)
That the Board:

i. notes the Chair's verbal update.

5. CHIEF EXECUTIVE'S UPDATE

In the absence of the Chief Executive Michael Frampton, Programme Director, presented this report which was taken as read.

He highlighted the following points:

- There is a lot taking place in the Primary and Community space
- A staff meeting re facilities was held recently. Most staff seem positive about the development. We may see some early site works before the end of the year
- Gary Coghlan provided the Board with an update on Maori Health due to the information provided in the report being out of date.

Discussion took place regarding community consultation in Reefton and the Board noted that this process commenced with staff and community forums and this is now more of an Alliance process with Terms of Reference developed and a further meeting later in the month.

A query was made regarding whether the Mental Health Liaison role will be rolled out to other areas and the Board noted that this is a work in progress over a 5 month period and a decision re this will be made after that.

The Board noted that a community meeting had been held in South Westland but attendance had not been that great. The messages delivered were positively received. A further meeting has also been held in HariHari and changes were also positively received there.

Mark Newsome, General Manger, Grey/Westland spoke regarding an Australasian College of Rural and Remote Medicine Conference he had presented at in Adelaide regarding the West Coast Telehealth. He commented that the West Coast appears to be well ahead of others who have challenges around getting clinicians to use this technology.

Resolution 45/15)
(Moved Helen Gillespie/seconded Peter Neame– carried)
That the Board:

i. notes the Chief Executive's update; and

6. CLINICAL LEADERS REPORT

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

Ms Bousfield highlighted the following:

- Recruitment for Nurse Entry to Practice (NETP), Nurse Entry to Specialty Practice (NESP) and Midwifery First Year of Practice MFYP) has commenced. The West Coast will be employing 5 NETP, one or two NESP and one or two MFYP graduates for 2016. As the year progresses vacancies will continue to be reviewed and more graduate nurses may be engaged.
- Nursing roles continue to evolve and roles are continuing to be reviewed going forward to support work in the Community.
- The Calderdale Framework implementation is progressing well.
- The Health & Disability Commission recently complimented the Gunter story DVD. This will come to a future Board meeting.
- Discussion took place regarding the implementation of the vulnerable children's act and the Board noted that a presentation to the CPH&DSAC Committee is scheduled on Child & Youth Health.

Resolution (46/15)
(Moved Helen Gillespie/seconded Michelle Lomax – carried)
That the Board:

i. notes the Clinical Advisor's update.

7. WELLBEING, HEALTH AND SAFETY UPDATE

Michael Frampton, Programme Director, presented this update which was taken as read.

The Board noted that the independent review has commenced in Canterbury and will commence on the West Coast on 9 November 2015. Whilst it may not be possible due to timing issues for Gavin to attend a Board meeting for the visibility of the Board there will be a work programme developed.

Wellbeing Workshops were held in October and feedback from these has been very positive.

In regard to vaccinations the Board noted that whilst the rates are fairly low they are an increase on last year. It was also noted that there does not appear to be any major reason for people who do not get immunised.

Resolution (47/15)
(Moved Helen Gillespie/seconded susan Wallace – carried)
That the Board:

i. notes the Wellbeing, Health & Safety Update.

8. 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 September 2015 was a deficit of $0.140m, which was $0.045m unfavourable against the budgeted deficit of $0.095m. The year to date position is now $0.008m favourable.

Ms White commented that it is pleasing to note another favourable result for September. The Board noted that the October results have not yet been finalised.

The Board also noted that there are some challenges around treatment related costs which is due to the type of patients presenting.

The Chair commented that the approved Annual Plan budgeted deficit is now $878k which reflects the added revenue added into the sector by the Ministry of Health.

Resolution (48/15)
(Moved Helen Gillespie/seconded Joseph Thomas – carried)
That the Board:

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

9. 2015/16 ANNUAL PLAN UPDATE

Libby Doran, Accountability coordinator, Planning & Funding, provided the Board with an update on the approved 2015/16 Annual Plan. The Board noted that the formal letter of approval has now been included in the final version of the Annual Plan.

Board members were provided with a copy of the Annual Plan.

Resolution (49/15)
(Moved John Vaile/seconded Kevin Brown – carried)
That the Board:

i. Notes the approval of the West Coast DHB Annual Plan for 2015/16 by the Ministers' of Health & Finance.

10. 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 22 October 2015.

The update was noted

b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 22 October 2015.

The update was noted.

c) Elinor Stratford, Board representative to the Tatau Pounamu Advisory Group, provided an update from the meeting held on 22 October 2015.

The update was noted.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (50/15)

(Moved Peter Ballantyne/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 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 25 September 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 & Risk Mitigation Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	2015/16 IEA Remuneration Review	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	2016/17 Annual Planning Process – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
7.	Non-Financial Reporting Summary Q4	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	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 11.35am.

The Public Excluded section of the meeting commenced at 11.50am and concluded at 2.50pm with a break for lunch between 12.30pm 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 11 DECEMBER 2015

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	8 May 2015	Presentation – Home Based Support Services	Presentation	To be scheduled as presenter available.
2.	8 May 2015	Presentation – Telehealth Strategic Framework	Presentation	To be scheduled as presenter available.
3.	6 November 2015	Mental Health Review	Verbal Update to be provided at Board meeting	As required

CHIEF EXECUTIVE'S UPDATE

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

SOURCE: **Chief Executive**

DATE: **11 December 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 met during November to begin discussions about priority focus areas for Annual Planning 2016/17. Members agreed that the five top priorities remain as for the 2015/16 year, namely:
  - Continuing to develop an integrated, cohesive system.
  - The importance of primary care as a key foundation, and resourcing this correctly.
  - Maori health inequity.
  - Rural lens and ensuring services work Coast-wide.
  - IT as an enabler.
- In addition to this a Maori health workshop was held just prior to the ALT meeting for the purposes of providing key areas of focus for our health system in reducing inequity. The outcomes of this workshop will form part of the Alliance planning pack that will be sent out to our workstreams to support their planning for the 2016/17 year.

B: Build Primary and Community Capacity and Capability

Primary

- **Reefton Health**
  - *Hospital* – Collaboration between the Hospital and the ARC facility is continuing, and building Reefton Hospital into a strong team.
  - *Aged Residential Care* – Currently 8 hospital level and 6 rest home level residents and one palliative care patient. Nursing vacancy has been filled.
- **South Westland Area Practice**
  - The Nurse Practitioner/Team Leader role is being advertised this week.
  - HML is due to commence in the next couple of weeks. As mentioned previously, this should reduce the after-hours burden for the nurses.
  - The recent helicopter tragedy has had an effect on the whole community of South Westland particularly our staff. We are using our usual mechanisms to support staff.
- **Greymouth Medical Centre/Rural Academic General Practice/Moana RNSs**
  - The Poutini Waiora nurse has been supported at GMC to achieve her credentialing for cervical smear taking.
  - Work is being undertaken on Cornerstone Certification indicators for GMC.
  - Collaboration is occurring with the PHO and Poutini Waiora to set up a Maori Health respiratory day. This is for screening all of our patients who are 45 years or over and are current or ex-smokers.
  - Summer newsletter for the Practices is completed and ready for release in December.

Community

- **Oral Health:** A recent meeting held between Dental Therapy staff and CDHB Oral Health Services has occurred to further progress the transalpine model. This will provide formal support from Canterbury with WCDHB retaining autonomy and management of its service. Planning for term one 2016 will be undertaken in December.
- **Public Health Nursing**
  - *Vision Hearing* – One of our Public Health Nurses will be training with Careerforce to act as a casual for this role to ensure back-up.
  - *B4School* – Our new coordinator has completed orientation. One of the DHB Nurse Educators will be supporting her with ongoing training and education for this service.
  - *School Based Health Services* – recently met with the Principal of Grey High who signed a MOU allowing Public Health Nurses to undertake HEADSSS [home, education, activities/employment, drugs, suicidality, sex and eating/safety] assessments with year 10 students from term one 2016.
- **District Nursing**
  - *Continence* – working through our current processes and reviewing possible patient direct product supply.
  - *Flexible Integrated Rehabilitation Service Team (FIRST) Development* – in Greymouth there have been regular weekly meetings with Allied Health and planning an

implementation date, tentatively 1 January, to start this plan.
    - Progress on staff training and developing goal ladders by Allied Health staff with patients prior to discharge will begin this week.
    - Allied Health staff working in the wards with a potential patient that meets the criteria for FIRST will attend the HBSS morning meeting and plan the goal ladders together from their findings and blend with the HBSS services and the goals set.
    - Time spent with IT software support to ensure a smooth process next year.
    - DN staff will cover the on-call component of this service which is anticipated to cover the entire HBSS services until 2100hrs. This will entail use of shared file for information of these patients in each area.
  - *General* – NETP numbers have been confirmed in the community nursing teams for Hokitika, Greymouth and Reefton. The Hokitika model will see the nurse spending 6 months in District Nursing and 6 months in Public Health.

- **HBSS/DN Integration:** This is working incrementally and methodically in Greymouth and Hokitika. Teams are working well together in delivery of palliative care and more complex patients. Shared files set up for access by care delivery team members. Good communication and improved relationships have improved patient care. There is a shared position in Greymouth, Buller and Hokitika. The aim is to increase this to include further shared positions. This is helping with inteRAI assessments, general reviews and client/patient concerns.

- **Home Based Support Services**
  - Coordinators are having to manage an increased workload and complexity of care.
  - Some ongoing issues with electronic system but now connected to a faster server in Canterbury.
  - Annual staff appraisals are being undertaken with 83 done so far.
  - Training has been offered to support workers as a follow-up to initial diabetes education.
  - A new programme/training booklet has been developed by Physiotherapy and HBSS [client transfer and staff back care] – the training for this is to be rolled out in December.
  - An afternoon tea has been arranged in each major area for Meals on Wheels volunteer drivers.

- **Clinical Nurse Specialists**
  - A Buller GP and senior team are working with the northern CNSs to establish a model to manage the Long Term Conditions Management. This is looking very positive and aiming for an implementation date of 1 February.
  - Successful recruitment of a 0.6FTE RN from the wards to work in the Chemotherapy clinic. This position utilises existing FTE that has been transferred to Community Services.
  - A number of the CNS group have undertaken further post graduate study this year and are awaiting results.
  - The Palliative Nurse Specialists have been having a busy time with high patient numbers. They are working very closely with District/HBSS and increasingly Allied Health.

C: Implement the Maori Health Plan

- **Understand the Impact of Cancer for Maori:** Three hui have been held with over 140 people attending a presentation that was delivered by Dr Melissa Cragg on Understanding the Impact of Cancer for Maori. The audience included a mix of Maori community and health professionals with over 10 doctors and a large number of nurses attending.
- The research funded through the Faster Cancer Treatment (FCT) national initiative identifies challenges and opportunities in regard to the cancer pathway and Maori and will provide a good platform for discussion and planning here locally. The key findings are defined below:
    - The data that was available for analysis was not of a high quality and difficult to utilise for effective analysis;
    - It appears that Māori are presenting late or not at all for diagnosis and treatment;
    - It appears that Māori are coming into the system via ED rather than GP referral;
    - There are small numbers of Māori on the FCT register;
    - There are small numbers of Māori accessing hospice/palliative services; and
    - Often Māori patients have co-morbidities that make their case complex.
- These findings have been developed into recommendations for implementation and include: improving the quality of ethnicity data, ensuring the health workforce is culturally competent, relationships between services and whānau are improved and patient navigation for whānau is facilitated.
- We look forward to being involved in the second stage of this project which will be led through the Southern Cancer Network and will include working with other South Island DHBs to improve the availability of ethnicity specific data and to engage with stakeholders, consumers, providers, networks to identify issues and options specific to each DHB with the view of implementing service improvements.
- **Maori Health Profiles:** The DHB Maori Health Profiles 2015 have been released by Te Ropu Rangahau Hauora a Eru Pomare, University of Otago Wellington. The reports focus on the health status of Maori, and in particular where there are inequalities compared to non-Maori and will help to create a picture of our DHBs population at a given time. They will be useful to support the development of the 2016/2017 Maori Health Plans and for planning within our DHB and within other health organisations. A small group from the DHB, and Community and Public Health, participated in a seminar focused on the newly released Māori Health Profiles. This was led by Bridget Robson and Shirley Simmonds (Eru Pomare Health Research Centre) and provided an opportunity for those across the health sector to focus on the content of the profiles and gain insights from those who developed them and consider next steps in supporting Maori health improvement.
- **Maori Health Plan 2016/2017:** The first planning session for the development of the 2016/2017 Maori Health Plan was held on 12 November and involved our health partners from the West Coast PHO, Community and Public Health, Poutini Waiora and members of Tatau Pounamu. The purpose of the meeting was to identify top priorities that can be communicated to the Alliance Leadership team to ensure targeted focus on these areas within workstream workplans for 2016/2017. Matt Reid Planning Analyst, CDHB presented some key findings from the 2015 Maori Health Profile which led the discussion and provided emphasis on those areas that may not already be included in the Maori Health Plan and Annual Plan as part of the Ministry targets.

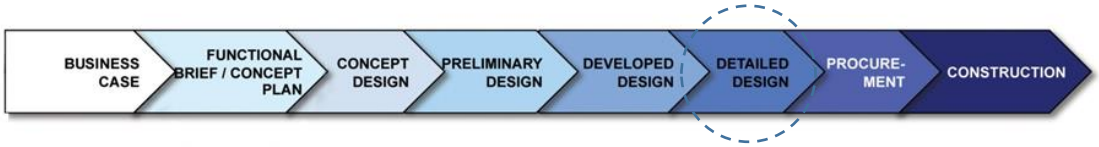
- **Health Workforce New Zealand (HWNZ) Hauora Maori Training Funding Study 2016:** Applications have been requested from staff who show a commitment to developing formal competencies in their current roles, and who are wanting to develop their potential to move into other health sector roles. Applicants are encouraged to complete a clinically and culturally focused NZQA accredited Certificate or Diploma (level 3 to Level 7) of the National Framework. The funding is for the Maori non-regulated health and disability workforce, therefore allied health staff, cultural workers, managers etc. (excluding clinical staff) and will cover such things as tuition fees, travel, accommodation, clinical release and clinical and cultural supervision. Funding and the numbers on these training programmes are limited. Applications close on Friday 4 December 2015.

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES

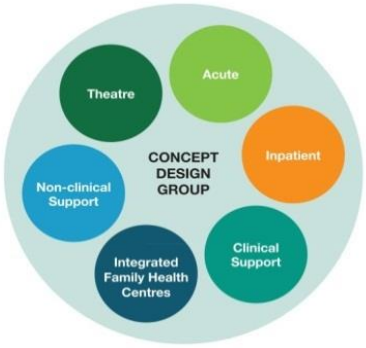
A: Facilities Maintenance Report

- Business as usual at all sites with emphasis on working through infrastructure issues and liaising with design teams for the new developments.
- Boiler surveys are now underway.
- Roof waterproofing is now underway at McBrearty Ward and also ED. This includes battening down of loose structure and application of a temporary rubber product to ensure the roofs remain watertight until the new developments come along.
- Fire and Generator maintenance contracts have been tendered and are currently going through the internal DHB sign off process. Medical air compressors/vacuum pumps and anaesthetic gas scavenging systems are presently being evaluated.
- A compliance audit has been carried out by the fire engineers from MARSH (DHB Insurance Brokers) and we await the results of this audit.
- 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.
- Buller Health Services buildings received new Building Warrants and include the following:
    - CS93048 Main Hospital, Medical Centre, Garage and Linen Store
    - CS93042 Kynnersley Home
    - CS93053 Boiler House & Workshop Complex
- As a requirement of the Grey Districts long term plan, Grey Base has been chosen for a Building Warrant of Fitness Audit. This will take place at the end of November. The purpose is to check the BWOF is on display, check maintenance and reporting procedures and general checks on some specified systems.

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.
- WCDHB user groups have been reviewing the recently issued Detailed Design Plans and are providing feedback to the design team. This phase of design is expected to continue through until mid-February 2016.
- The design team has also been updating the user groups on various aspects and specifications for the building such as finishes, doors, hardware, hand basins and joinery.
- Work in regard to 'Wayfinding', which assists users to find their way in a complex environment, such as a new hospital facility, has commenced at WCDHB. A new look for WCDHB signage has been agreed and is in alignment with international standards, as well as being welcoming, clear, non-ambiguous and consistently implemented.
- Fletcher Construction has now formally commenced and at this stage in the project their work involves investigating existing site infrastructure as well as planning and sequencing required for the pre-construction phase of the facility development.
- Fletcher Construction also held a very well attended meeting in Greymouth on 9 November to engage local contractors and suppliers as part of the pre-construction phase for the facility development.



RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Nursing

- Hospital Services has 14 FTE less than at the same point last year and resource continues to match activity and throughput. It is a credit to all nursing staff who have worked hard to achieve this.
- The final decision on the consultation paper for changing all nursing contracts to reflect the model of care was presented. Further engagement with our nursing staff will occur to have further conversations on model of care, specialist and generalist nursing, and other issues that may concern them.
- Greymouth Hospital continues to support Reefton and Granger House where possible with Registered Nurses. Secondary services have staff seconded into areas such as District and Kahurangi.
- Over the last month the hospital actual utilisation has remained similar to the last two months. Medical had a number of overflows in Barclay for the month and paediatrics also experienced an increase. When wards have reached capacity, this has been managed with

staff moving to areas of need, and quality care continuing to be delivered.

- The final stages of recruiting a senior ED nurse are underway and it is envisaged she will be able to start in the New Year. Two staff members from the wards are being trained and will move to ED permanently.
- We welcomed the new CNS Orthopaedic and Plastics. She brings a wide range of knowledge and skill to the position.
- Sick leave has increased over the last two weeks, coupled with high occupancy, the casual use and some overtime has been utilised to cover.
- Health targets are on track.

Medical

- It is with pleasure that we can announce the Medical Directors:
    - Mr Pradu Dayaram, Medical Director Facilities Development
    - Dr Graham Roper, Medical Director Patient Safety and Outcomes
    - Dr Cameron Lacey, Medical Director Medical Council, Legislative Compliance and National Representation
- A medical workforce plan has been developed; bringing various pieces of work into one document that describes activities within each specialty area and plans for the advancement of some transalpine services.
- Work has been done to expand a RHM registrar to better support Mental Health and Geriatrics and we will be recruiting for this position shortly.
- Recruitment for next year is almost complete with one RMO position remaining which is tentatively filled.
- Interviews and offers to RHM specialists are ongoing at present with one commencing work in late November and another commencing in mid-January and another likely mid-June.
- An interview for a General Physician has occurred and hoping to progress this.
- Work with CDHB to better support junior doctors is occurring, particularly around accreditation of clinical attachments and training.

Allied Health

- The Associate Director of Allied Health has resigned. Arrangements have been made for interim cover. The position has been advertised and closes on 3 December.
- The WCDHB Pharmacy department now has its own page on the WCDHB intranet. Whilst this is still under construction, it will be a great resource for the Pharmacy department's staff and the other departments who access the services they provide, once completed. The pharmacy section can simply be accessed from any WCDHB workstation under "Health Areas and Departments".
- Allied Health participated in the selection of 2015 Studentships and Scholarships recipients. Students currently completing Allied Health degrees (inc. SLT, Social Work, Physiotherapy and Occupation Therapy) are among the recipients.
- Additional computers are in the process of being installed in the Buller Health Centre for Allied Health staff. This will facilitate access to online resources including those required for patient care and interdisciplinary practice.
- Members of the Occupational Therapy, Physiotherapy and Dietetic teams are working with nursing staff to prevent inpatients getting pressure sores during admission. They are currently in the process of auditing hospital beds to ensure they are fit for purpose.
- The Canterbury DHB IT team has worked with the WCDHB Medical Technician team to roll out new Holter cardiac monitors and the associated IT system. This system enables

results to be provided faster (a reduction of 4 – 5 days) and stored in patient electronic records on Health Connect South. This will allow hospital staff and GPs to access data. Patients have provided positive feedback about the new monitors.

- Allied Health staff will participate in supervision training due to be run in early December. This will assist to increase the number of Allied Health staff who can provide supervision across the District.
- Buller Community Health Centre Radiology department were offering reduced services due to a staff leave requirements (planned and unplanned). Grey Base Hospital Radiology department provided some cover in Buller during this time. They report this arrangement worked well for patients.
- Violence Intervention Programme Strategic Plan is currently being reviewed.
- The CYFs Social worker in Hospital role is currently being reviewed as per the scheduled review of the MOU between the WCDHB, Police and CYFs.
- Amount of referrals from rest homes to physiotherapy has increased. Clinical Manager Physiotherapy is liaising with Planning & Funding to assess how this is best managed.
- Clinical Manager Social Work reports an increase in the number of referrals to his team to assist patients, and their families, to complete Enduring Power of Attorney paperwork. He speculates that this is because of the change in the type of patients presenting to hospital in that patients are presenting with a higher degree of complexity than before.
- Members of Allied Health met with the Chief Executive to showcase some of their achievements over the last 12 months on 17 November.
- Difficulties recruiting to speciality position prevail for Physiotherapy (i.e. Paediatric position). Liaison with colleagues in CDHB is underway as they are about to finalise the recruitment of two similar positions. There may be candidates applying who are suitable for West Coats position.
- Allied Health participated in goal ladder training alongside other staff involved in rolling out the FIRST model across the District. This is another significant step towards rolling out this model.
- Recommendations from the review of the WCDHB Child Protection Services Team have been significantly progressed. A report on outcomes achieved will be issued to key stakeholders including Executive Director of Allied Health, General Manager Grey/Westland and People & Capability Advisor.

Mental Health Services

- **Kahurangi Dementia Service**
    - Recently the team provided an education day for registered health staff which was well attended by a wide cross-section of disciplines. Presenters were Dr Cameron Lacey, Dr Matthew Croucher and Paula Mason CNM. Topics covered were timely diagnosis for Dementia, Medicolegal aspects of treatment and direction of travel for the Dementia Service.
    - Changes in legislation regarding Night Safety and the clinical approach in the Dementia Inpatient Unit have resulted in the unit no longer utilising the two bedrooms that were the designated night safety rooms. There is a stable population of 20 patients and 1 on the urgent waitlist, with two patients returning to Allen Bryant Life care facility on 3 December.
    - The current Outreach Dementia nurse is vacating the position. Plans are underway to recommend to replace this position with a Clinical Nurse Specialist. The service continues to review its processes in line with changes in the wider older person's services in the community. Currently there are 60 open referrals from Haast to

Karamea.

- **Acute Inpatient Unit**: Another very busy month has been experienced in the unit with full occupancy and high levels of acuity evidenced by the majority of clients being under the Mental Health Act. Staffing levels have improved with all vacancies now filled.
- **Ombudsman visits:** The unannounced visits under the Crimes of Torture Act 1989 to Kahurangi Dementia Unit and the Acute Inpatient Unit took place last month. The draft report has now been received which is very positive – the only recommendations relate to ensuring that staff update their calming and restraint training and that some policies and procedures were overdue for review. Dates for the provision of Calming and Restraint training were identified at the time of this inspection and the training has now been completed and the overdue procedures are included in the schedule of policy and procedure review currently underway.
- **Staffing:** The resignation of Anne Tacon, Associate Director of Mental Health Nursing, has been received with much regret. Anne has been involved in a broad range of work providing senior nursing expertise into all aspects of the Mental Health Service, but she has also been very proactive in enhancing integration between mental health and secondary services.
- **TACT (Triage Assessment Crisis and Treatment team):** The level of activity in the TACT team has increased this year and is supported by the following figures which represent a snapshot of some components of the TACT activity for the first quarter for 2015 [July – Sept] when compared with the same quarter in 2014.

Activity	**July– Sept 2014**	**July– Sept 2015**
Number of assessments	**64**	**105**
Outcome of assessment:		
Admission to Acute Inpatient unit	13	21
Placed under the MH Act	9	9
Proportion of assessments on weekends and after 5 pm	**60%**	**55%**
Usual residence of people assessed:		
Buller	10	10
Westland	12	26
Greymouth	39	59
Out of area/ no fixed abode	1	10

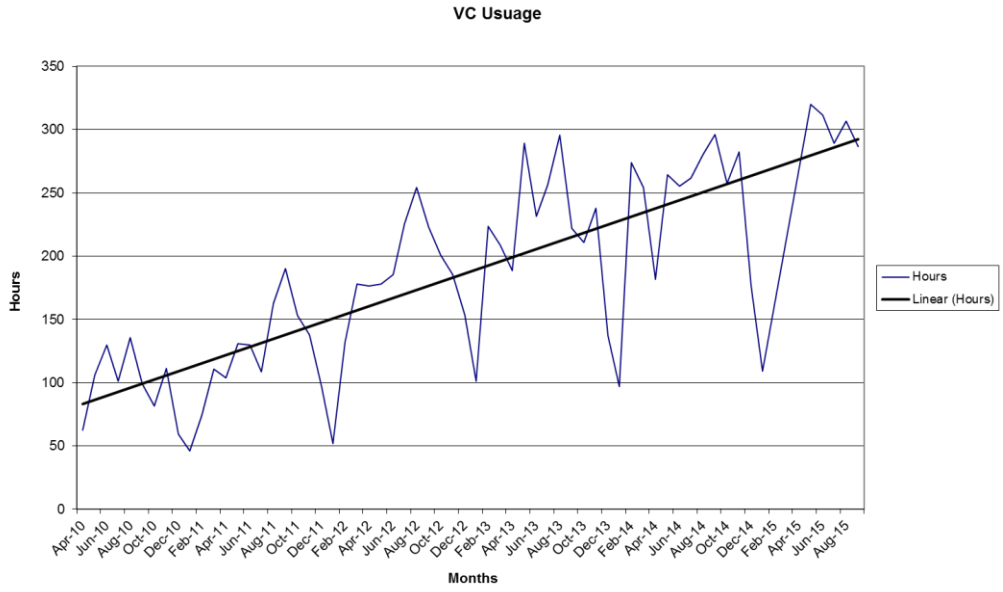
- This snapshot confirms that the trend noted for most of 2015 of increased activity within the team has continued with a corresponding increase in the number of admissions to the Acute Inpatient Unit. This sustained trend of increased activity may be a result of the teams' concerted efforts to apply the "Any door is the right door" approach to triage as part of the strategy to provide easier access to services for the community.

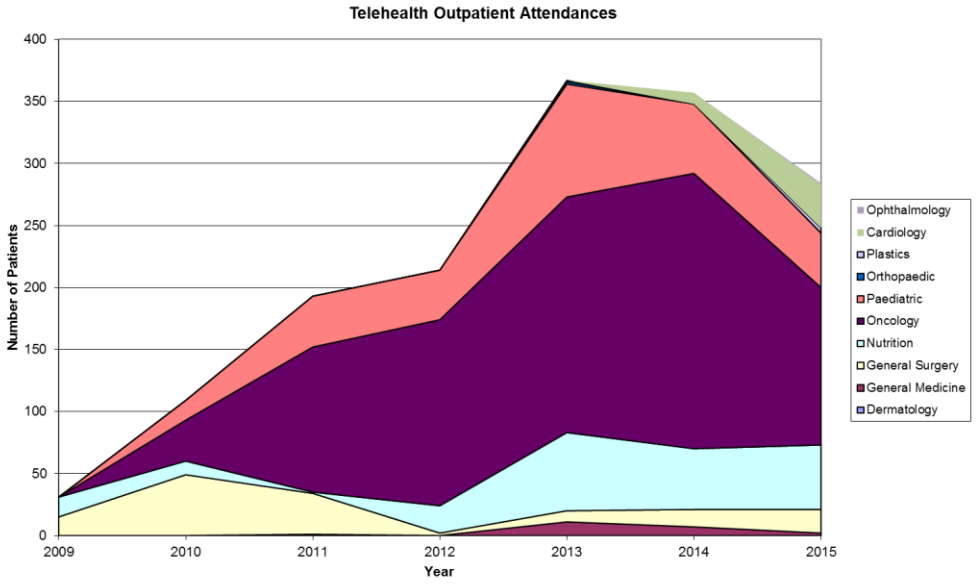
A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast

- The following transport initiatives are now embedded and continue, including:
  - non-acute patient transport to Christchurch through ambulance transfer;
  - the St John community health shuttle to assist people who are struggling to get to health appointments in Greymouth, and;
  - the Buller Red Cross community health shuttle transport service between Westport and Grey Base Hospital.
- We will report on changes to these services or new transport initiatives as they arise.

B: Champion the Expanded use of Telemedicine Technology

- Planning & Funding and John Garrett, are revising telehealth strategies, and that coupled with new reporting will identify further opportunities for increased use.
- WCDHB has expanded its video conferencing capacity considerably within the last several years; see below graph for monthly usage details.





INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Implement the Complex Clinical Care Network [CCCN]

- The CCCN is providing specialist support and coordination of services for people with complex needs across the West Coast. InterRAI assessors have worked hard to increase InterRAI assessment coverage among those receiving long term HBSS, as well as a goal-based care plan.
- An integration plan that uses existing FTE to enable a supported discharge response in the Buller is being trialled. Lessons from this will be used to implement the model Coast-wide. Recruitment for the falls prevention position continues.
- The cognitive impairment pathway working group will be meeting in December to consider progress and prioritise next steps.

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

- The closure of Kynnersley Home has been accompanied by the strengthening of community services for older persons to enable them to keep well at home for longer. This has involved:
  - The reassignment of the Diversional Therapist role to the community. This is proving to be a highly successful initiative with 28 referrals in its first six weeks. Work is being documented to enable evaluation of the initiative. Plans are also underway to: increase activities available to older people in Granity; identify and address factors contributing to isolation; and link people to community activities, including transport.
  - To support our direction of providing more care in the community, an Enrolled Nurse (EN) position in District Nursing has been filled and the RN (Registered Nurse) Coordinator role for District Nursing/Home Based Support Services (HBSS) has been increased.
  - Two workshops have been held for Buller clinicians. The first was on the restorative model of care. Dr Matthew Parsons outlined the model, the need for this approach, and the evidence that supports its effectiveness. The second was a workshop on goal

ladders - an essential part of care planning within the restorative model.

- At the latter workshop, the implementation plan for the Flexible Integrated Rehabilitation Service Team (FIRST) in Buller was agreed by key clinicians and heads of services. The service will operate as an integrated system and members of the inter-disciplinary team (IDT) will contribute to a shared care plan and goal ladder which will be updated as necessary. The focus is initially on supported discharge for those requiring allied health input during admission. An IDT meeting will be held after the daily Huddle when necessary, and the system will be co-ordinated through HBSS. Once the system is well established, the focus will broaden to include early intervention and complex needs. FIRST will then also be implemented in other areas.
- Support from the Housing Working Group for a home insulation enterprise (a Whanau Ora initiative) as well as discussions with a community housing trust considering expansion into Buller. We are establishing a database within the DHB to track demand for healthy homes. DHB staff will be contacting vulnerable people to assess their need for warm, dry housing - commencing with those households who have children under 5 years and older people over 65 years with respiratory diseases. The group includes the Buller District Council, WINZ, Housing NZ and the West Coast DHB. It is expected that a representative of the Ministry of Social Development will also join the group as it manages the waiting list for Housing NZ properties.

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

- Work on nurse clinics with Poutini Waiora, the PHO, respiratory nurses, and general practice is ongoing and is building on the success of the spirometry clinics. A number of conversations have also occurred with clinical staff around the planned and unplanned project that will aim to provide greater access to primary care for our community. This work will continue through to the New Year as more resources including Registrars, Rural Hospital Medicine Specialists (RHMS), and General Practitioners, come on board.

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 October 2015 was a deficit of $0.202m, which was $0.128m unfavourable against the budgeted deficit of $0.074m. The year to date position is now $0.197m unfavourable.

	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	139	(17)	156	876	(58)	934
Provider Arm	(341)	(57)	(284)	(1,365)	(234)	(1,131)
Consolidated Result	(202)	(74)	(128)	(489)	(292)	(197)

B: Implement Employee Engagement and Performance Management Processes

- **Employee Health and Wellness**: Staff wellbeing workshops held in Greymouth and Westport in early October were well attended. Feedback via the online survey tool was

extremely positive. Injury Management through Safety 1st is being well utilised with an average of 10 incidents per month being reported. This is in line with the number that used to be reported through a manual system. Occupational Health pre-employment assessments and returning to work programmes are being supported through the Advisor and the Canterbury OH team. The Health and Safety Systems Review has concluded and a report is currently being prepared.

- **Recruitment:** During October, there has been recruitment to 31 vacancies. Two part time Rural Hospital Medical Specialists have been employed and a third full time candidate is coming on board. The Paediatric Physiotherapist role did not receive any applications; however we are currently exploring the option of the candidates that applied for the same role in Canterbury. Nursing remains steady with two new Rural Nurse Specialists for South Westland and Ngakawau being advertised. Recruitment is currently underway for a new RMO coordinator.
- **Learning and Development:** The Coast learning offerings are completed for 2015. Discussions around offerings on the Coast for 2016 are happening with the operations team and the wider Organisation Development team. It is proposed offerings made available for the CDHB will be advertised on the Coast in 2016 as they were this year. The WCDHB staff will have some options to attend courses at venues on the Coast for these Canterbury offerings. The Orientation and Essential skills face-to-face days will be combined into 1 day (Orientation for 1 hour and Mandatory content remainder of the day). L&D will liaise with CDHB on Orientation/mandatory legislation and policies/procedures to ensure that there is a transalpine approach. The application to develop online learning modules for essential skills was approved on 23 November. Work will now begin liaising with Canterbury to produce generic modules where possible, thus reducing duplication and standardising content. Studentships are organised by L&D Advisor and run from 16 November till 24 December. The four students will participate in DHB projects and receive $5,000 gross each over that period. Scholarship awards for 20 recipients will be presenting at the end of November. These students will receive $500 for their current enrolment in a NZ University or Polytechnic studying in a health related career. This model is being assessed by the People and Capability Organisational Development Unit for use in Canterbury – an innovative approach to connecting people to health that may have applicability in other DHB's.
- **Organisational Development:** Investigation into a 'Showcase' type event in Greymouth preparing the workforce and public for the new Grey Base Hospital has commenced by the Organisational Development Team utilising the skills and tools of the CDHB Design Lab. This work is being developed over December.

C: Effective Clinical Information Systems

- **Mental Health Solution:** The Mental Health Solution as previously reported, is requiring significant additional work. Information is still being captured and displayed in Health Connect South. WCDHB, CDHB and Orion are continuing working to resolve the issues as a matter of urgency.
- **National Infrastructure Platform:** The service establishment date for when WCDHB can consume services from the National Infrastructure Platform has been delayed. There are a number of discussions and activities occurring to determine a new date for service establishment. It is anticipated the completion of these activities will not occur until February 2016.

- **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, Uninterruptable Power Supply system and improvements to medtech32 all being completed.

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

External Communications

- Media interest:
    - Grey base rebuild/facilities
    - Rest home temporary management
    - Smokefree pregnancy incentives
    - South Westland proposal for change outcomes
    - Nursing contract changes
    - Maori health issues
    - DHB Annual plan
    - Buller GP waiting times
    - Kawatiri Birthing Unit progress
    - Buller IFHC
- Media releases were issued on:
    - West Coast popular with students
    - New Grey health facilities one step closer

Internal Communications

- CE Update – early November
- Weekly global update email
- Facebook posts on WCDHB Careers page
- Healthy eating policy (with Healthy West Coast)

External engagement

- Hospital history advisory committee
- Water testing communications (with Community and Public Health)
- Grey Power presentation (Michael Frampton)
- Pregnancy & Parenting Education communications (with CDHB)

External publications

- Focus on Patients: Quality Accounts

Healthy Environment & Lifestyles	**PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES**

Key Achievements/Issues of Note

- **Health Promoting Schools**: On 16 November CPH hosted an interactive workshop 'Improving Outcomes for Māori, Pasifika and Minoritised Students and their Families Within our School Communities'. Laurayne Tafa, a consultant with Cognition Education, facilitated the workshop. There was a positive response from West Coast schools, with the 34 participants representing ten schools. The participants unanimously asked for Phase II of these interactive workshops to be brought to Te Tai Poutini in

Term 1 of 2016, to continue this korero. Phase II invites community organisations and school partners to become involved in supporting school communities to notice inequities, respond with actions by accelerating equity and measure the impact on those who need to benefit the most.

- **Appetite for Life Hokitika:** CPH has recently completed the delivery of an Appetite for Life course in Hokitika. This course was run at Poutini Waiora and the participants in their Hauora Pai programme were invited to attend, along with local Kaumātua. It has been very rewarding running this programme and there have been some really positive changes made by participants. For example, at a recent hui at the local marae, brown bread was served without butter, and fewer cakes were served. This is a small but very positive step.
- **Early Childhood Nutrition:** CPH has been continuing work with Early Childhood Centres to support the development of healthy kai policies. Recently we visited Scenicland and helped them to develop their healthy kai policy, which they implemented with the goal of achieving a gold standard in the Heart Foundation's Healthy Heart Awards. We also provided resources with healthy lunch ideas for parents to take home. We are now looking at running a parent question and answer session in the near future, which has worked well in the past.
- **Alcohol Licensing:** CPH has recently taken the lead in setting up Alcohol Harm Reduction Groups in the Buller, Grey and Westland. These groups include representatives of all three reporting agencies under the Sale and Supply of Alcohol Act 2012 and the attendees have found them very useful. They have helped to 'personalise" the relationship between Police, District Licensing staff and CPH in each of the districts and during the regular meetings district specific issues can be discussed.
- **Smoke-free Enforcement:** CPH's newly appointed Smokefree Enforcement Officer attended Smoke-free Enforcement Officers Training in Wellington in October. At a recent West Coast Tobacco Free Coalition meeting it was decided to make a media release aimed at providing people with information about the law relating to Smokefree workplaces, workplace smoking policies and how to make a workplace smokefree complaint.
- **Buller Community Profile:** Concern has been expressed by the Buller Inter-Agency group regarding increasing pressure being experienced by local services (including health, social and education) as a result of major job losses and other changes in the community. To help identify how best to support the Buller community, CPH is developing a Buller Community Profile. As well as pulling together available data from numerous existing data sources, local service providers are being interviewed to provide an opportunity to identify local strengths, priorities and develop a set of baseline indicators.

Report prepared by: David Meates, Chief Executive

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

Target	Q2 14/15	Q3 14/15	Q4 14/15	**Q1 15/16**	Target	Status	Progress
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours[1]	99.4%	99.4%	99.7%	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 1.
Improved Access to Elective Surgery West Coast's volume of elective surgery	878 YTD	1,288 YTD	1,721	480[2]	517 YTD	✗	**480** elective surgical cases were delivered to Coasters in the year to date September 2015, representing 92.8% of our year-to-date target delivery. While we were 37 discharges short of our year-to-date target this quarter, it is not anticipated there will be any difficulty in making up this shortfall next quarter.
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	72.7%	62.5%	50%	50%	85%	✗	Work around the **faster cancer treatment health target** continues, with 50% of patients (4/8) having received their first cancer treatment or other management within 62 days of being referred. Small numbers remain challenging.
Increased Immunisation Eight-month-olds fully immunised	82%	89%	85%	88.4%	95%	✗	While West Coast DHB has not met the **increased immunisation health target,** we are pleased to have increased coverage by 3%, vaccinating 88.4% of our eligible population in Quarter 1. Just one child was missed this quarter—due to being away on holiday. This means 99%% of the eligible consenting population were immunised.
Better Help for Smokers to Quit **Hospitalised** smokers receiving help and advice to quit[3]	92.8%	97.8%	97.8%	91.1%	95%	✗	During Quarter 1, West Coast DHB staff provided 91.1% of hospitalised smokers with smoking cessation advice and support –missing the target by just eleven smokers. This follows stable performance in previous quarters as well as the first two months of Quarter 1. Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator investigates each missed smoker.
Better Help for Smokers to Quit Smokers attending **primary** care receive help and advice to quit	78.3%	94%	90.2%	84.5%	90%	✗	Performance against the **primary care better help for smokers to quit health target** shows a decrease in Quarter 1, not meeting the target at 84.5%. This drop was expected following a national definition change, with the target's focus now not only on smokers expected to present to general practice, but the West Coast population as a whole.
More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	82.6%	90.3%	91.1%	91%	90%	✓	Performance against the **more heart and diabetes checks health target** has been maintained this quarter, once again meeting the target with a preliminary result of 91%.

[1] *This report is calculated from both Greymouth and Buller Emergency Departments.*
[2] *Coding delays have meant this result is preliminary. More recent results show 487 discharges were complete as at the end of September 2014, reflecting 94.2% of target.*
[3] *Results may vary slightly due to coding timeframes*

CLINICAL LEADERS UPDATE

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

SOURCE: **Clinical Leaders**

DATE: **11 December 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
The West Coast DHB assigns $30,000 annually to the Sponsorship fund, to be given to students studying in an undergraduate, health related career and who have resided on the West Coast. There was great interest in both the Studentship and Scholarship Awards:

- 34 students applied for the Scholarship Awards. Twenty were selected for the $500.00 funds, 6 of these were of Maori or Pacific Island heritage.
- 18 students applied for the Studentship Programme, of which 4 were selected; 1 of whom is of Maori or Pacific Island heritage. The funds of $5,000 are paid as wages for work experience for 6 weeks prior to Christmas, and include completing projects that improve clinical practice and improved patient experience.

Planning continues for ongoing nurse and midwife education into 2016, with career planning, professional development planning, certification and service requirements informing the plans. Where appropriate and possible, courses are delivered on the West Coast for improved access and reduced travel for clinicians.

The CMO role process has been completed and we have welcomed them to the clinical leadership team. Appointments as follows:
Medical Director | Medical Council, Legislative Compliance and National Representation – Dr. Cameron Lacey
Medical Director | Patient Safety and Outcomes – Dr. Graham Roper
Medical Director | Facilities Development – Mr. Pradu Dayaram

The Associate Director of Allied Health has resigned and as a result recruitment has commenced for this role with applications closing December 3rd and we have Janette Anderson in an Acting ADAH role.

Quality and Safety
Clinical Leaders have been participating in the Quality and Patient Safety walk arounds. This is an opportunity for teams to highlight to senior managers any quality initiatives they have undertaken and for senior managers to review and observe quality in action. Managers may take the opportunity to speak with patients as well as staff. This activity ensures the focus on quality continues and is well supported by the Executive Management Team.

A project has been underway to develop a single electronic standing orders package for Canterbury and West Coast Rural and Urban Primary Care. The Canterbury West Coast Standing Orders Development Group in association with HealthPathways and HealthLearn have begun the launch of the standing orders package in Canterbury. The West Coast version of the standing orders will be released on the West Coast early in 2016. Standing orders will be released in phases as they are made available on HealthPathways. The West Coast PHO is currently planning additional training for Rural Nurse Specialists to further support clinical expertise and skill sets as part of the new sustainable approach to Standing Orders.

Facilities Planning
For Greymouth, detailed design continues with the architects working hard on these drawings. A blessing of the site is planned for 11 December 2015, with preliminary site works to commence before Christmas.

For Buller, there has been significant engagement and planning with the local clinical teams re the new facilities with the implementation business case submitted to the Capital Investment Committee.

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 Clinical Board vacancies are currently being filled including consumer roles.

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, Executive Director, Allied Health

WELLBEING HEALTH AND SAFETY

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

SOURCE: **People and Capability**

DATE: **11 December 2015**

Report Status – For:	Decision	Noting √☐	Information ☐

1. ORIGIN OF THE REPORT

Employee wellbeing, health and safety is a critical area of focus for the West Coast DHB. This report is provided in order that Board members are aware of the organisation's direction of travel, priorities, progress and performance in this area. It also responds to the priority that the West Coast DHB Board is placing on wellbeing, health and safety.

2. RECOMMENDATION

That the Board:

i. Notes and supports the direction outlined in this paper.

3. UPDATE

General

- The repositioning of the organisation's HR department into a People and Capability function that better supports and enables our people across the business is progressing at pace. Wellbeing, health and safety is a critical organisational priority, and is one of four business units within the restructured team. The team is being strategically refocused on wellbeing, health and safety *policy*, *strategy* and *resource development* to support the business.

- The Health and Safety Systems Review has been completed and the report is being prepared. The participation in the forums provided was indicative of the commitment by staff to promote health and safety in the workplace. It is evident that we have a very solid base on which to continue building robust health and safety systems and processes for the wellbeing of our staff, patients and others visiting our sites and to meet compliance with the new health and safety legislation due to be implemented in April 2016. The report will indicate areas where improvements can be made and a plan for how this can be implemented across the organisation as we move into the future.

Wellbeing

- Two Staff Wellbeing Workshops have been conducted on the West Coast. Feedback on these sessions, which are an initiative developed in Canterbury, continues to be unanimously positive.

Occupational Health

- The annual staff influenza program concluded in mid-September. Approximately 46% of staff were vaccinated. This is a slight increase in the uptake from last year and the team is working on promotion of the campaign to increase vaccination for 2016.

Safety

- Health and safety representatives continue to update hazard registers which are then loaded onto the intranet.
- Education sessions on the proposed health and safety legislation will be delivered to management groups and information resources are under development for all staff use.

Injury Management

- The transition to the online Safety 1st employee event system has gone well. Early trends indicate an increase in muscular-skeletal sprain and strain injuries up from 20% for the April to June quarter 2014 to 38% for the quarter April to June 2015. The West Coast DHB will benefit from planned education sessions which include proactive injury management and occupational health information

Report prepared by: Marilyn McLeod, Health and Safety Manager

Report approved for release by: Michael Frampton, GM People and Capability

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: **11 December 2015**

Report Status – For: **Decision** ☐ **Noting** ☑ **Information** ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the financial results for the period ended 31 October 2015.

3. DISCUSSION

Overview of October 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 October 2015 was a deficit of $0.202m, which was $0.128m unfavourable against the budgeted deficit of $0.074m. The year to date position is now $0.197m unfavourable. The table below provides the breakdown of October's result.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,011	7,015	(4)	×	27,957	28,045	(88)	×
Governance & Administration	78	69	9	√	285	276	9	√
Funds & Internal Eliminations	4,762	4,738	24	√	18,928	18,967	(39)	×
	11,851	11,822	29	√	47,170	47,288	(118)	×
EXPENSES								
Provider								
Personnel	4,924	5,045	121	√	20,246	20,180	(66)	×
Outsourced Services	11	8	(3)	×	21	32	11	√
Clinical Supplies	689	617	(72)	×	2,659	2,468	(191)	×
Infrastructure	1,180	818	(362)	×	4,206	3,263	(943)	×
	6,804	6,488	(316)	×	27,132	25,943	(1,189)	×
Governance & Administration	78	69	(9)	×	285	276	(9)	×
Funds & Internal Eliminations	4,623	4,755	132	√	18,052	19,025	973	√
Total Operating Expenditure	11,505	11,312	(193)	×	45,469	45,244	(225)	×
Surplus / (Deficit) before Interest, Depn & Cap Charge	346	510	(164)	×	1,701	2,044	(343)	×
Interest, Depreciation & Capital Charge	548	584	36	√	2,190	2,336	146	√
Net surplus/(deficit)	(202)	(74)	(128)	×	(489)	(292)	(197)	×

4. APPENDICES

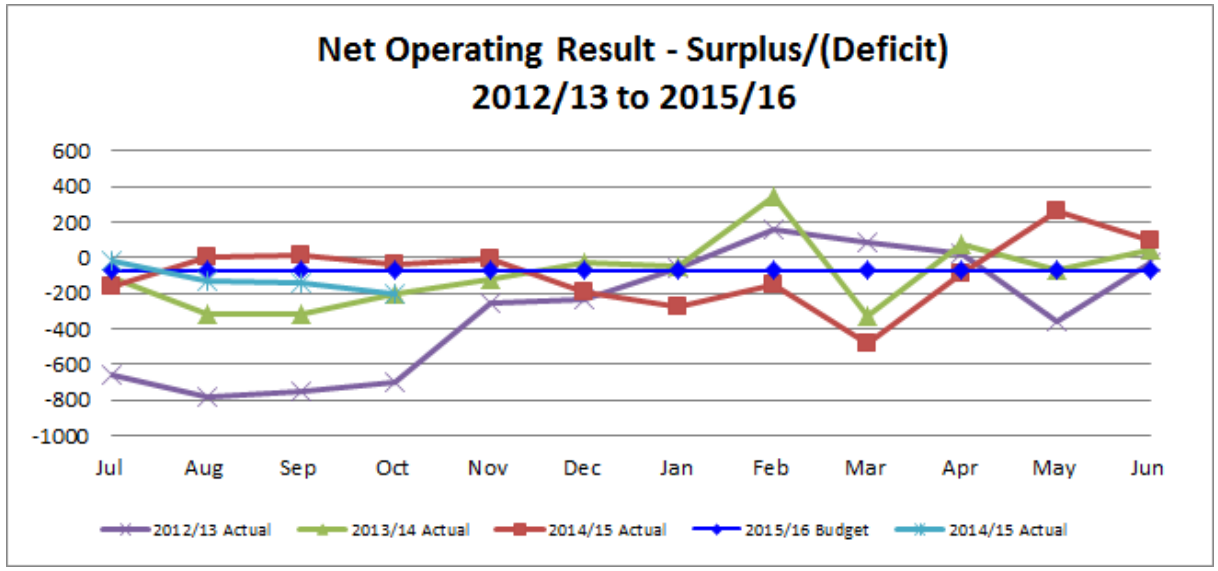
Appendix 1:	Financial Results for the period ending 31 October 2015
Appendix 2:	Statement of Comprehensive Revenue & Expense – October 2015
Appendix 3:	Statement of Financial Position – October 2015
Appendix 4:	Cashflow – October 2015

Report prepared by: Justine White, General Manager: Finance

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – OCTOBER 2015

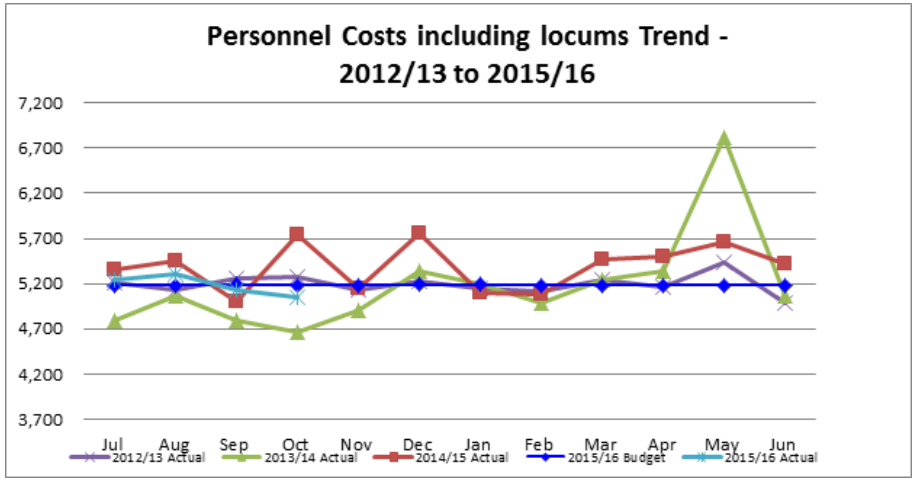
	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Surplus/(Deficit)	(140)	(73)	(67)	91%	X	(489)	(293)	(196)	67%	X

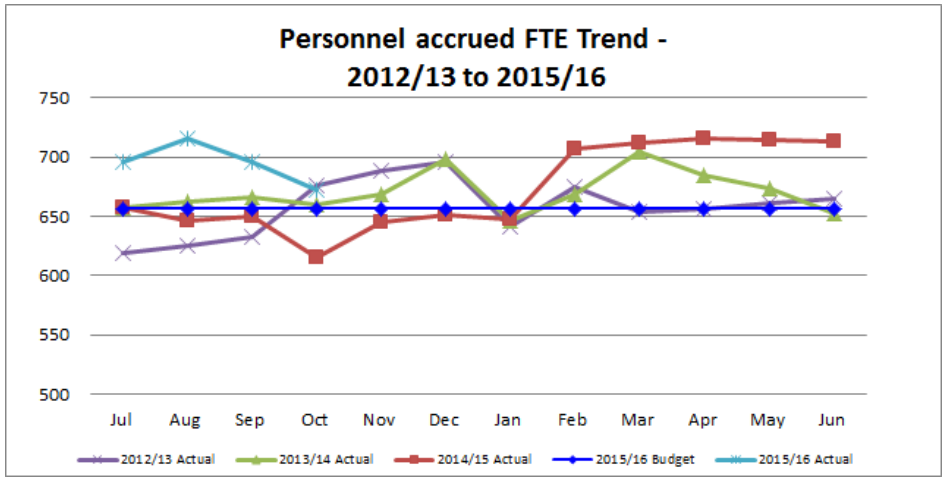


We have submitted an Annual Plan with a planned deficit of $878k, which reflects the financial results anticipated in the facilities business case, after adjustment for the increased revenue as notified in July 2015. This month's result reflects a significant cost incurred this month in relation to redundancies associated with the closure of the Kynnersley rest home in Buller, although these costs were incurred in October these are expected to be recovered over the balance of the financial year through reduced ongoing costs.

KEY RISKS AND ISSUES

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

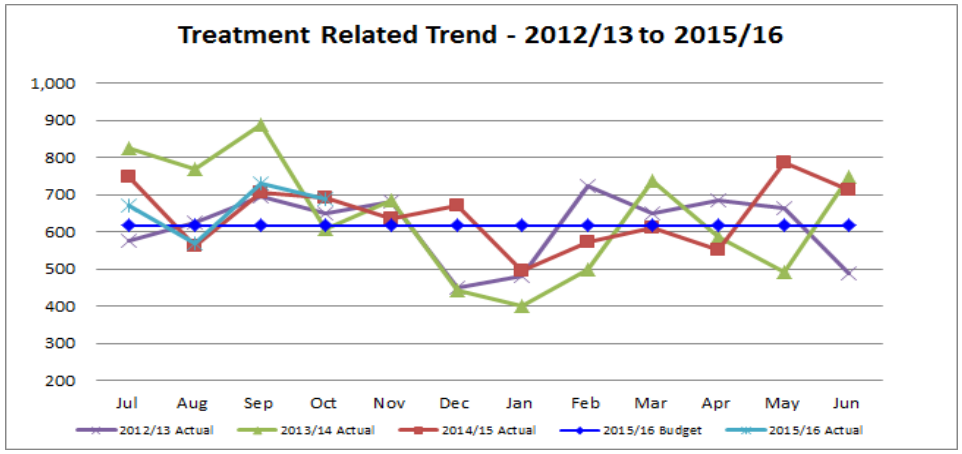


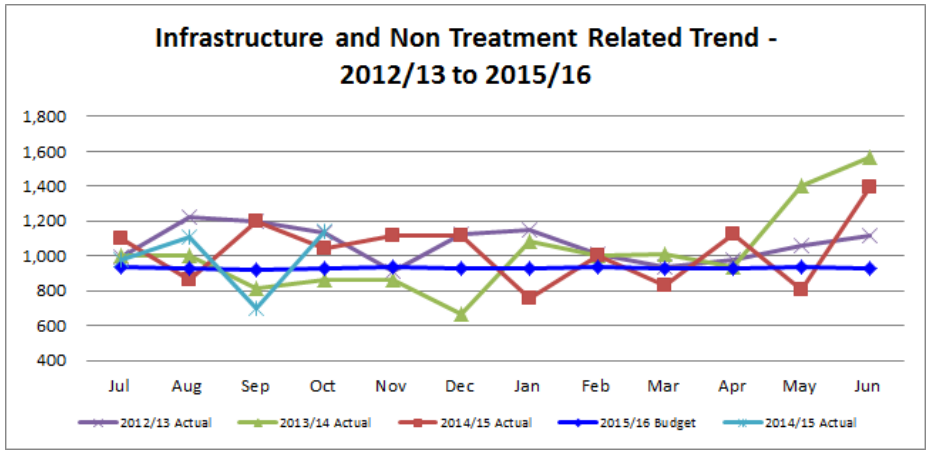


KEY RISKS AND ISSUES

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



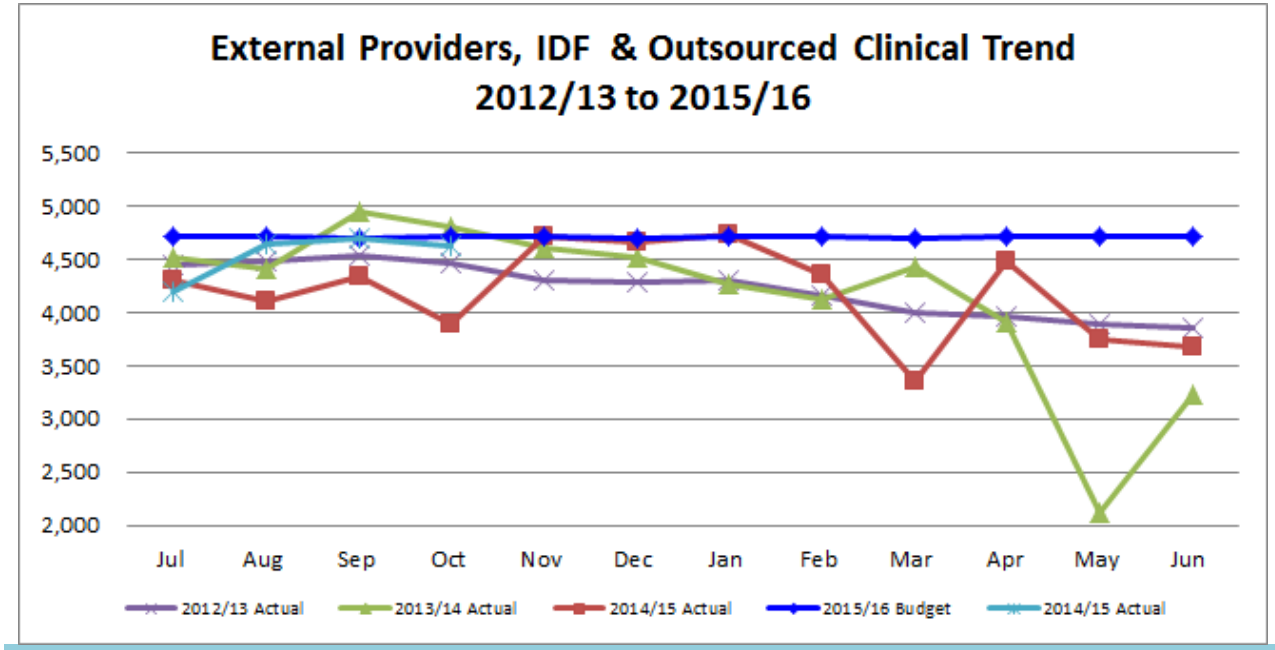


KEY RISKS AND ISSUES

Treatment related costs tend to be managed within predicted levels, despite fluctuations on a month to month basis. We continue 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

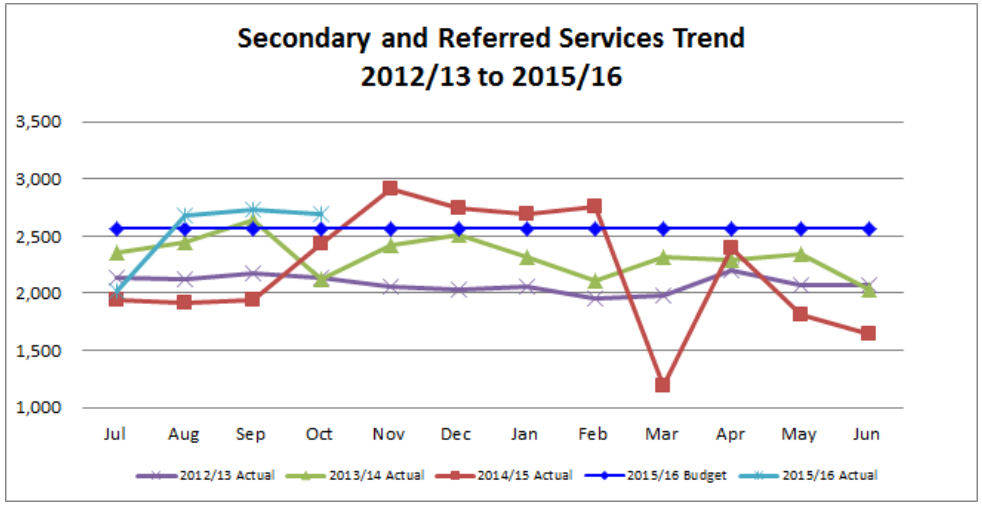
Capacity constraints within the system require continued monitoring of trends and demand for services.

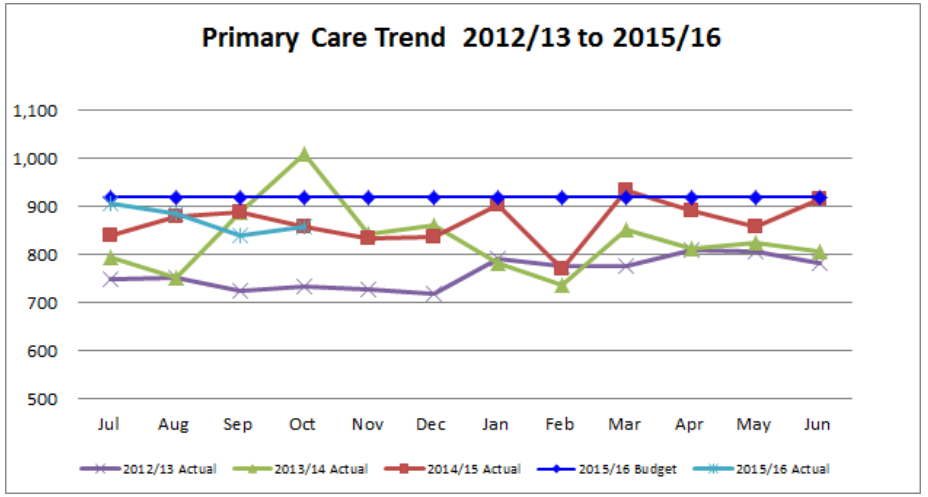
Planning and Funding Division

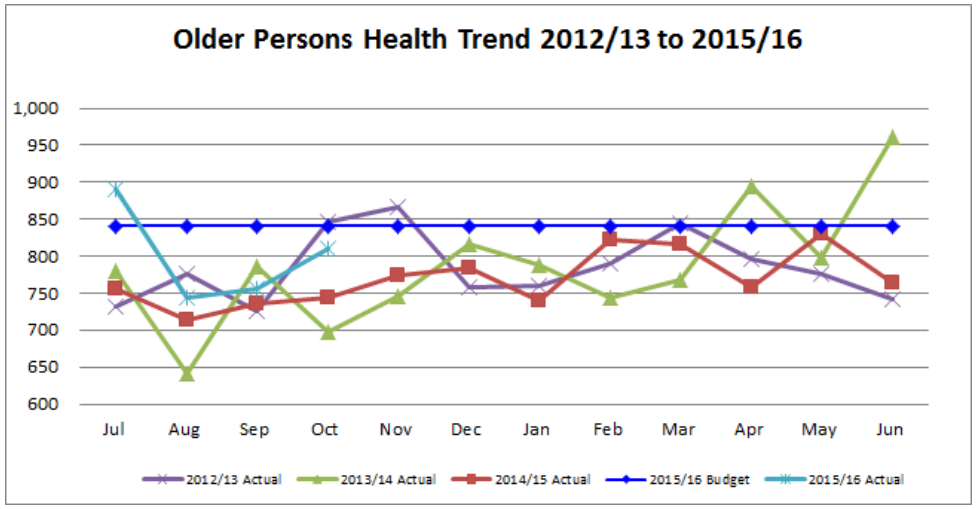
Month Ended October 2015

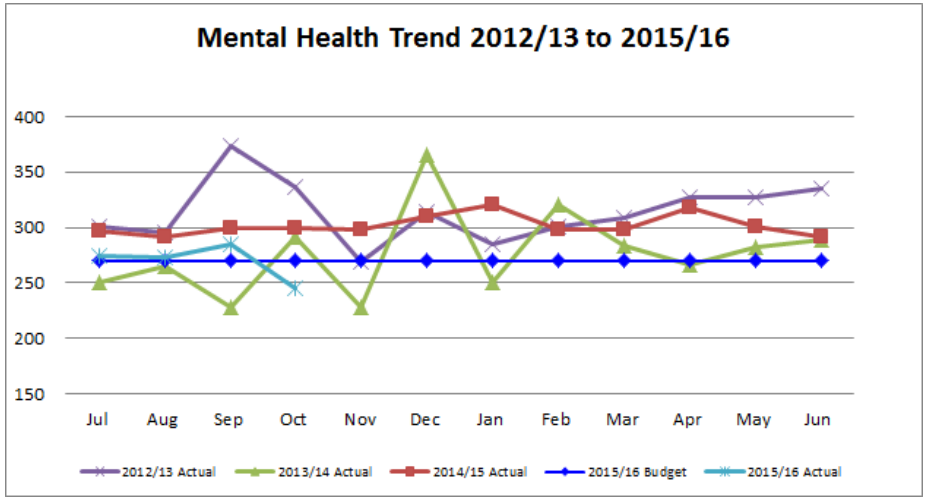
Current Month						Year to Date					2015/16
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance			Annual Budget
$000	$000	$000	%			$000	$000	$000	%		$000
					Primary Care						
18	31	13	43%	✓	Dental-school and adolescent	109	123	14	12%	✓	369
31	26	-5	-18%	✗	Maternity	124	105	-19	-18%	✗	316
0	1	1	100%	✓	Pregnancy & Parent	0	3	3	100%	✓	8
0	3	3	100%	✓	Sexual Health	0	11	11	100%	✓	33
1	4	3	74%	✓	General Medical Subsidy	13	17	4	25%	✓	50
509	513	4	1%	✓	Primary Practice Capitation	2,035	2,051	15	1%	✓	6,152
91	91	0	0%	✓	Primary Health Care Strategy	364	364	0	0%	✓	1,093
88	87	-1	-1%	✗	Rural Bonus	352	350	-2	-1%	✗	1,049
5	5	0	-2%	✗	Child and Youth	17	20	3	13%	✓	59
4	13	8	65%	✓	Immunisation	31	50	20	39%	✓	151
4	5	1	20%	✓	Maori Service Development	15	19	4	20%	✓	57
42	52	10	20%	✓	Whanua Ora Services	167	209	42	20%	✓	626
2	18	16	90%	✓	Palliative Care	21	72	51	71%	✓	215
9	6	-3	-47%	✗	Community Based Allied Health	35	25	-10	-38%	✗	76
9	12	3	27%	✓	Chronic Disease	35	48	13	27%	✓	144
46	53	7	14%	✓	Minor Expenses	176	213	37	17%	✓	639
858	**920**	**61**	**7%**	✓		**3,492**	**3,679**	**187**	**5%**	✓	11,036
					Referred Services						
56	23	-32	-139%	✗	Laboratory	127	93	-34	-36%	✗	279
628	663	35	5%	✓	Pharmaceuticals	2,442	2,653	211	8%	✓	7,960
684	**687**	**3**	**0%**	✓		**2,569**	**2,746**	**177**	**7%**	✓	8,239
					Secondary Care						
260	263	3	1%	✓	Inpatients	913	1,051	138	13%	✓	3,152
38	126	88	70%	✓	Radiolgy services	462	503	42	8%	✓	1,510
90	114	23	20%	✓	Travel & Accommodation	423	454	31	7%	✓	1,362
1,619	1,375	-244	-18%	✗	IDF Payments Personal Health	5,749	5,501	-248	-5%	✗	16,502
2,007	**1,877**	**-130**	**-7%**	✗		**7,546**	**7,509**	**-37**	**0%**	✗	22,526
3,550	**3,483**	**-66**	**-2%**	✗	**Primary & Secondary Care Total**	**13,607**	**13,934**	**327**	**2%**	✓	**41,801**
					Public Health						
26	25	-2	-8%	✗	Nutrition & Physical Activity	89	98	9	9%	✓	294
	0	0		✓	Public Health Infrastructure	0	0	0		✓	0
11	11	0	-3%	✗	Tobacco control	44	43	-1	-3%	✗	129
	0	0		✓	Screening programmes	0	0	0		✓	0
38	**35**	**-2**	**-6%**	✗	**Public Health Total**	**134**	**141**	**7**	**5%**	✓	**423**
					Mental Health						
-27	6	32	583%	✓	Dual Diagnosis A&D	6	22	16	74%	✓	66
0	2	2	100%	✓	Eating Disorders	0	8	8	100%	✓	23
20	20	0	0%	✓	Child & Youth Mental Health Services	80	80	0	0%	✓	240
5	5	0	-2%	✗	Mental Health Work force	27	20	-7	-37%	✗	60
61	61	0	0%	✓	Day Activity & Rehab	243	243	0	0%	✓	729
11	11	0	0%	✓	Advocacy Consumer	43	43	0	0%	✓	128
81	81	0	0%	✓	Other Home Based Residential Support	323	323	0	0%	✓	970
11	11	0	0%	✓	Advocacy Family	44	44	0	0%	✓	132
20	10	-10	-100%	✗	Community Residential Beds	53	39	-14	-36%	✗	117
0	0	0		✓	Minor Expenses	0	0	0		✓	0
65	65	0	0%	✗	IDF Payments Mental Health	259	259	0	0%	✗	776
246	**270**	**24**	**9%**	✓		**1,078**	**1,081**	**3**	**0%**	✓	3,242
					Older Persons Health						
0	9	9	100%	✓	Information and Advisory	0	38	38	100%	✓	114
0	0	0	100%	✓	Needs Assessment	0	0	0	100%	✓	1
74	70	-5	-7%	✗	Home Based Support	298	279	-19	-7%	✗	837
3	8	5	59%	✓	Caregiver Support	17	32	15	47%	✓	96
235	281	46	16%	✓	Residential Care-Rest Homes	1,047	1,123	76	7%	✓	3,370
8	5	-4	-79%	✗	Residential Care-Community	22	19	-3	-18%	✗	56
369	360	-9	-3%	✗	Residential Care-Hospital	1,374	1,439	65	5%	✓	4,318
	0	0		✓	Ageing in place	0	0	0		✓	0
10	0	-10		✗	Day programmes	37	0	-37		✗	0
18	15	-3	-21%	✗	Respite Care	35	60	25	42%	✓	180
1	1	0	0%	✓	Community Health	5	5	0	0%	✓	15
	1	1	100%	✓	Minor Disability Support Expenditure	1	5	5	87%	✓	16
91	91	0	0%	✓	IDF Payments-DSS	363	363	0	0%	✓	1,090
810	**841**	**29**	**3%**	✓		**3,199**	**3,364**	**165**	**5%**	✓	10,092
1,056	**1,111**	**53**	**5%**	✓	**Mental Health & OPH Total**	**4,276**	**4,444**	**168**	**4%**	✓	**13,333**
4,643	**4,630**	**-13**	**0%**	✗	**Total Expenditure**	**18,017**	**18,519**	**503**	**3%**	✓	**55,558**

EXTERNAL PROVIDER COSTS









FINANCIAL POSITION

	Month Actual $'000	Month Budget $'000	Month Variance $'000		Annual Budget $'000
Equity	12,007	8,722	3,285	38% ✓	9,083
Cash	5,563	9,250	(3,687)	-40% ✗	10,201

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 COMPREHENSIVE REVENUE & EXPENSE

For period ending 31 October 2015

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 15/16	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	11,421	11,331	90	0.8%	45,381	45,324	57	0.1%	135,973	134,166
Inter DHB Revenue	1	5	(4)	(80.0%)	4	20	(16)	(80.0%)	60	36
Inter District Flows Revenue	111	128	(17)	(13.3%)	486	512	(26)	(5.1%)	1,560	1,497
Patient Related Revenue	236	262	(26)	(9.9%)	994	1,048	(54)	(5.2%)	3,144	3,000
Other Revenue	82	75	7	9.5%	305	303	2	0.8%	1,188	1,162
Total Operating Revenue	11,851	11,801	50	0.4%	47,170	47,207	(37)	(0.1%)	141,925	139,861
Operating Expenditure										
Personnel costs	5,042	5,112	70	1.4%	20,720	20,452	(268)	(1.3%)	61,352	64,688
Outsourced Services	11	8	(3)	(37.5%)	21	32	11	34.4%	96	82
Treatment Related Costs	689	617	(72)	(11.7%)	2,659	2,468	(191)	(7.7%)	7,404	7,736
External Providers	2,939	3,097	158	5.1%	12,044	12,390	346	2.8%	37,190	35,196
Inter District Flows Expense	1,684	1,532	(152)	(9.9%)	6,008	6,127	119	1.9%	18,368	14,789
Outsourced Services - non clinical	0	73	73	100.0%	96	292	196	67.1%	876	325
Infrastructure and Non treatment related costs	1,140	907	(233)	(25.7%)	3,924	3,612	(312)	(8.6%)	11,157	12,350
Total Operating Expenditure	11,505	11,346	(159)	(1.4%)	45,472	45,373	(99)	(0.2%)	136,443	135,166
Result before Interest, Depn & Cap Charge	346	455	(109)	(24.0%)	1,698	1,834	136	7.4%	5,482	4,695
Interest, Depreciation & Capital Charge										
Interest Expense	56	68	12	17.6%	219	282	63	22.3%	828	732
Depreciation	415	395	(20)	(5.1%)	1,660	1,580	(80)	(5.1%)	4,740	4,238
Capital Charge Expenditure	77	66	(11)	(16.7%)	308	264	(44)	(16.7%)	792	772
Total Interest, Depreciation & Capital Charge	548	529	(19)	(3.6%)	2,187	2,126	(61)	(2.9%)	6,360	5,742
Net Surplus/(deficit)	(202)	(74)	(128)	(173.0%)	(489)	(292)	(197)	(67.5%)	(878)	(1,047)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(202)	(74)	(128)	(173.0%)	(489)	(292)	(197)	(67.5%)	(878)	(1,047)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

Statement of financial position

As at — 31 October 2015

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	26,161	24,841	1,320	5.3%	25,844
Intangible assets	848	651	197	30.3%	1,346
Work in Progress	1,555	1,568	(13)	(0.8%)	512
Other investments	567	567	0	0.0%	637
Total non-current assets	29,131	27,627	1,504	5.4%	28,339
Current assets					
Cash and cash equivalents	5,563	9,250	(3,687)	(39.9%)	6,775
Patient and restricted funds	72	60	12	20.0%	79
Inventories	991	1,100	(109)	(9.9%)	1,030
Debtors and other receivables	12,115	4,218	7,897	187.2%	8,275
Assets classified as held for sale	136	136	0	0.0%	136
Total current assets	18,877	14,764	4,113	27.9%	16,295
Total assets	48,008	42,391	5,617	13.2%	44,634
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	11,195	11,195	0	0.0%	10,695
Employee entitlements and benefits	2,769	2,895	126	4.4%	2,746
Total non-current liabilities	13,964	14,090	126	0.9%	13,441
Current liabilities					
Interest-bearing loans and borrowings	3,250	3,250	0	0.0%	3,750
Creditors and other payables	9,725	7,248	(2,477)	(34.2%)	8,464
Employee entitlements and benefits	8,926	9,081	155	1.7%	9,244
Total current liabilities	21,901	19,579	(2,322)	(11.9%)	21,458
Total liabilities	35,865	33,669	(2,196)	(6.5%)	34,899
Equity					
Crown equity	71,753	70,693	(1,060)	(1.5%)	70,761
Other reserves	22,082	19,569	(2,513)	(12.8%)	19,569
Retained earnings/(losses)	(81,828)	(81,579)	249	0.3%	(80,463)
Trust funds	0	39	0	0.0%	39
Total equity	12,007	8,722	(3,285)	(37.7%)	9,906
Total equity and liabilities	47,872	42,391	5,481	12.9%	44,805

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

Statement of cash flows

For period ending 31 October 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	12,499	11,757	742	6.3%	46,202	47,031	(829)	(1.8%)
Cash paid to employees	(5,080)	(5,112)	32	0.6%	(21,652)	(20,452)	(1,200)	(5.9%)
Cash paid to suppliers	(2,057)	(1,638)	(419)	(25.6%)	(5,411)	(6,548)	1,137	17.4%
Cash paid to external providers	(2,959)	(3,097)	138	4.5%	(12,166)	(12,390)	224	1.8%
Cash paid to other District Health Boards	(1,664)	(1,532)	(132)	(8.6%)	(5,886)	(6,127)	241	3.9%
Cash generated from operations	739	378	361	95.5%	1,087	1,514	(427)	(28.2%)
Interest paid	(56)	(60)	4	6.7%	(219)	(240)	21	8.8%
Capital charge paid	(26)	(66)	40	60.6%	(257)	(264)	7	2.7%
Net cash flows from operating activities	657	252	405	160.7%	611	1,010	(399)	(39.5%)
Cash flows from investing activities								
Interest received	34	44	(10)	(22.7%)	121	176	(55)	(31.3%)
(Increase) / Decrease in investments	0	0	0		0	0	0	0.0%
Acquisition of property, plant and equipment	(120)	(322)	202	62.7%	(862)	(1,288)	426	(33.1%)
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(86)	(278)	192	(69.1%)	(741)	(1,112)	371	33.4%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0		0	0	0	0.0%
Repayment of equity	0	0	0		86	0	86	
Cash generated from equity transactions	0	0	0		86	0	86	
Borrowings raised								
Repayment of borrowings	26	0	26		(41)	0	(41)	
Payment of finance lease liabilities	0	0	0		0	0	0	
Net cash flows from financing activities	26	0	26		45	0	45	
Net increase in cash and cash equivalents	597	(26)	623	(2396.2%)	(85)	(102)	17	(16.7%)
Cash and cash equivalents at beginning of period	4,966	10,189	(5,223)	(51.3%)	4,966	10,189	(5,223)	(51.3%)
Cash and cash equivalents at end of year	5,563	10,163	(4,600)	(45.3%)	4,881	10,087	(5,206)	(51.6%)

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE – REVISED TERMS OF REFERENCE

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

SOURCE: **Board Secretariat**

DATE: **11 December 2015**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT.

The purpose of this report is to seek formal approval from the Board for the revised Terms of Reference for the Community & Public Health and Disability Support Advisory Committee.

2. RECOMMENDATION

That the Board:

i. Notes that due to the timing of the Committee meetings any feedback/changes from the CPH&DSAC Committee will be provided at the meeting; and
ii. Formally adopts the revised Terms of Reference for the Community & Public Health and Disability Support Advisory Committee.

3. SUMMARY

The current Terms of Reference for the Community & Public Health and Disability Support Advisory Committee were adopted by the Board in 2010.

Attached as Appendix 1 are the draft revised Terms of Reference for the Committee showing the proposed amendments as tracked changes.

The revised Terms of Reference were placed before the Community & Public Health & Disability Support Advisory Committee at its meeting on 3 December 2015 to allow it to review the content and provide feedback and a recommendation to the Board for the formal adoption of the revised terms of reference. Due to the timing of the meeting coinciding with the distribution of the Board papers any feedback from the Committee will be provided and discussed at the Board meeting.

4. APPENDICES

Appendix 1: Revised Terms of Reference Community & Public Health and Disability Support Advisory Committee (tracked changes)

Report prepared by: Kay Jenkins, Board Secretariat

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE – REVISED TERMS OF REFERENCE

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

INTRODUCTION

The Community and Public Health Advisory Committee and the Disability Support Advisory Committee are Statutory Committees of the Board of the West Coast District Health Board established in terms of Sections 34 and 35 of the New Zealand Public Health and Disability Act 2000 (the Act). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the West Coast District Health Board.

The West Coast District Health Board has determined that the same body of persons shall comprise both Committees and that the meetings shall be combined into one meeting. The membership of the joint committee shall include some members with a specific interest or knowledge of Disabilities and some with a specific interest or knowledge in Community and Public Health. For ease of reference the Committee shall be referred to as the "Community and Public Health and Disability Support Advisory Committee.

These Terms of Reference will apply from 11 December 2015 to 30 April 2017 at which time they will be reviewed by the newly elected Board of the West Coast District Health Board who will also review the membership of the Committee.

FUNCTIONS

The Community and Public Health and Disability Support Advisory Committee has specific aims and functions prescribed within the NZ Health and Disability Act 2000 (Schedule 4, Clauses 2 & 3). These apply to the roles of the two separate advisory Committees, which form the joint Committee and exist in addition to these terms of reference. A summary of these functions and aims is set out below.

"The functions of the Community and Public Health and Disability Support Advisory Committee, with respect to Community and Public Health, are 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*

The functions of the Community and Public Health and Disability Support Advisory Committee, 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 this advice is to ~~assist~~ ensure the disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, ~~to~~ promotes the inclusion and participation in society, and maximises the independence~~,~~ of people with disabilities within the resident population of the West Coast District Health Board. This advice should not be inconsistent with the New Zealand Disability Strategy.

The Committee will effect these functions by:

- Reviewing the Health Needs Assessment and making appropriate recommendations to the Board.

- Reviewing the draft~~District~~ Annual Plan ~~and District Strategic Plan~~ and making appropriate recommendations to the Board.
- Reviewing information regarding environmental and demographic changes within which the West Coast District Health Board is working.
- Identifying Key Priority Actions from the ~~District~~ Annual Plan and other Strategic Plans to monitor progress. (Management will report on key deliverables and measurable achievements associated with these Key Priority Actions).
- Where there are issues raised in other Board Committees, such as the Hospital Advisory Committee, that signal a risk to the health of our community or affect the health or disability support needs of the resident population that may be more appropriately considered by Community and Public Health Advisory Committee & Disability Support Advisory Committee, then updates may be presented to Community and Public Health Advisory Committee & Disability Support Advisory Committee on the issue and potential work programmes as it relates to the ~~District~~ Annual Plan.
- Ultimately the Committee will develop a clear set of community outcomes that reflect the West Coast District Health Board priority needs of our population which could then be reported on and monitored.
- Monitoring, reporting and making appropriate recommendations to the Board on those issues that fall within its terms of reference arising from; referrals from other Committees, matters delegated to it by the Board and from direct reporting to it. To facilitate this, Management will provide exception reporting to the Committee to measure against financial and operational issues. (Responsibility for the monitoring of individual contracts rests with management).
- Reviewing and evaluating summary information from internal and external audits on those areas which relate to community and public health and disability contracts and operational issues and monitoring progress made by management in implementing any recommendations arising from those audits.
- Providing advice to the Board on the priorities for funding that maximise the overall health gain for the population that the Committee serves, as prescribed in the Boards accountability documents.

KEY PROCESSES

- The Board approves the Annual Plan, associated Regional Plans and any individual strategies developed to meet the health and disability needs of ~~our~~ the West Coast population.
- 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~~ approved Strategic Plans and the Disability Support Action Plan of the West Coast District Health Board.
- Any ~~paper~~ report or piece of work being presented to the ~~c~~Committee should identify how it links to the Annual Plan (the annual workplan of the West Coast District Health Board).
- Any update on progress with implementation must identify the risks or barriers to the delivery of the strategies.

ACCOUNTABILITY

The Community and Public Health and Disability Support Advisory Committee is a Statutory Committee of the Board and as such its members are accountable to the Board and will report regularly to the Board.

- Members of the Community and Public Health and Disability Support Advisory Committee are to carry out an assessment role but are not to be advocates of any one health sector group. They are to act in an impartial and objective evidence based manner (where evidence is available) for the overall aims of the Committee.

- Legislative requirements for dealing with conflicts of interest will apply to all Community and Public Health and Disability Support Advisory Committee members, and members will abide by the West Coast District Health Board's External Communications Policy and Procedure and Standing Orders.
- The Committee Chair will ~~annually~~ during each Board term review the performance of the Community and Public and Disability Support Advisory Committee and members.

LIMITS ON AUTHORITY

The Community and Public Health and Disability Support Advisory Committee must operate in accordance with directions from the Board and, unless the Board delegates specific decision making power to the Committee, it has no delegated authority except to make recommendations or provide advice to the Board.

- The Community and Public Health and Disability Support Advisory Committee provides advice to the Board by assessing and making recommendations on the reports and material submitted to it.
- The Community and Public Health and Disability Support Advisory Committee should refer any issues that fall within the Terms of Reference of the other Board committees to those committees.
- Requests by the members of the Community and Public Health and Disability Support Advisory Committee for work to be done by management or external advisors (from both within a meeting and external to it) should be made via the Committee Chair and directed to the Chief Executive or their delegate. Such requests should fall within the. Annual Plan.
- There will be no alternates or proxy voting of Committee members.
- ~~All Community and Public Health and Disability Support Advisory Committee members must comply with the provisions of Schedule 4 of the Act relating in the main to:~~
  - ~~The term of members not exceeding three years~~
  - ~~A conflict of interest statement being required prior to nomination.~~
  - ~~Remuneration~~
  - ~~Resignation, vacation and removal from office.~~
- The management team of the West Coast District Health Board makes decisions about the funding of services within the Board approved parameters and delegations.

RELATIONSHIPS

The Community and Public Health and Disability Support Advisory Committee is to be cognisant of the work being undertaken by the other Committees of the West Coast District Health Board to ensure a cohesive approach to health and disability planning and delivery. and as such will be required to have effective relationships with:

- the Board
- the Clinical Board and Senior ~~c~~Clinical ~~s~~Staff of the West Coast District Health Board
- other Statutory Committees of the West Coast District Health Board
- Tatau Pounamu Ki Te Tai o Poutini Manawhenua Advisory Group
- the community of the West Coast District Health Board
- The Consumer Council and ~~c~~Consumer ~~g~~Groups
- ~~m~~Management of the West Coast District Health Board.

This will also be achieved through the sharing of agendas which are available on the West Coast DHB website and the regular meetings of the Chairs of the Committees.

Management will provide the Community and Public Health and Disability Support Advisory Committee with updates on the work of other government agencies, funders or territorial local authorities that may affect the health status of the resident population of the West Coast District Health Board.

TERM OF MEMBERSHIP

~~These Terms of Reference shall be reviewed in February 2011.~~

The Act states that Statutory Committee members must not be appointed for a term exceeding three years. Although members are eligible for reappointment it is appropriate that membership is reviewed by newly elected Boards to consider the skills-mix of the committee and allow for a diverse and representative cross section of the community to have input into decision making.

MEMBERSHIP OF THE COMMITTEE

The Community and Public Health and Disability Support Advisory Committee will ordinarily comprise a mix of Board members and appropriate members selected from the Community up to a maximum of eleven members. The Board in selecting members will have regard to the need for the Committee to comprise an appropriate skill mix including people with special interests in community and public health and also in disability and Maori and Pacific health issues. However, the Board may appoint advisors to the Committee from time to time, for specific periods, to assist the work of that Committee.

Members of the Community and Public Health and Disability Support Advisory Committee will be appointed by the Board who will comply with the requirements of the Act.

The Chair of the Community and Public Health and Disability Support Advisory Committee will be a member of the Board and will be appointed by the Board, who may also appoint a Deputy Chair of the Committee. If not appointed as members of the Committee, the Chair and Deputy Chair of the Board are to be appointed as ex-officio members of the Community, Public Health and Disability Support Advisory Committee with speaking rights and voting rights.
Board members who are not members of the Committee will receive copies of agendas of all meetings and may attend meetings of the Committee with speaking rights for those meetings that they attend.

The Chair, Deputy Chair and members of the Community and Public Health and Disability Support Advisory Committee shall continue in office for a period specified by the Board until such time as:

- The Chair, Deputy Chair or member resigns; or
- The Chair, Deputy Chair or member ceases be a member of the Community and Public Health Advisory Committee or the Disability Support Advisory Committee in accordance with clause 9 of Schedule 4 of the Act; or
- The Chair, Deputy Chair or member is removed from that office by notice in writing from the Board or
- The Chair or Deputy Chair ceases to be a member of the Board.

~~The Act states that Statutory Committee members must not be appointed for a term exceeding three years. Although members are eligible for re-appointment it is appropriate that membership is reviewed by newly elected Boards to consider the skills mix of the Committee and allow for a diverse and representative cross section of the community to have input into the Committee's deliberations~~

- All Hospital Advisory Committee members must comply with the provisions of Schedule 4 of the Act relating in the main to:
  - The appointment term of members.
  - A conflict of interest statement being required prior to nomination.
  - Remuneration and
  - Resignation, vacation and removal from office.

MEETINGS

The Community and Public Health and Disability Support Advisory Committee will meet regularly as determined by the Board with the frequency and timing taking into account the workload of the Committee.

- Subject to the exceptions outlined in the Act, the date and time of the Community and Public Health and Disability Support Advisory Committee meetings shall be publicly notified and be open to the public. The agenda, any reports to be considered by the Committee and the minutes of the Committee meeting will be made available to the public as required under the Act.
- Meetings shall be held in accordance with Schedule 4 of the Act and with the West Coast District Health Board's Standing Orders, adopted by the Board in May 2001 (and as amended from time to time).
- In addition to formal meetings, Committee members may be invited to attend workshops or fora for briefing and information sharing.

REPORTING FROM MANAGEMENT

- Management will provide exception reporting to the Community and Public Health and Disability Support Advisory Committee to measure against performance indicators and key milestones as identified by the Committee.
- Management will also provide the Community and Public Health and Disability Support Advisory Committee with updates on the work of other government agencies or territorial local authorities that may affect the health status of the resident population of the West Coast District Health Board.
- Management will provide such reports and information as necessary to enable the statutory committees to fulfil their statutory obligations.

MANAGEMENT SUPPORT

- In accordance with best practice, and the delineation between governance and management, key support for the Community and Public Health and Disability Support Advisory Committee will be provided by the General Manager, Planning and Funding as required. The General Manager will be involved in the preparation of agendas, reports and minutes of the Committee in liaison with the Chair of the Committee.
- In practice, attendance at the part or whole of the meetings by management and other support staff should be determined by the Chair based on items on the agenda.
- The Community and Public Health and Disability Support Advisory Committee will also be supported by Community and Public Health staff and by internal secretarial, clinical support, hospital, planning and funding and financial management staff as required.
- The Board may appoint advisors to the Community and Public Health and Disability Support Advisory Committee from time to time, for specific periods, to assist the work of that committee. The

committee may also, through management, request input from advisors to assist with their work. ~~Such advisors may be sourced internally using internal resources or at management's discretion out-sourced from external consultants in which case the West Coast District Health Board policies on probity and tendering will be followed.~~

REMUNERATION OF COMMITTEE MEMBERS

In accordance with ~~Ministerial direction and board resolutions~~Cabinet Guidelines, members of the Community and Public Health and Disability Support Advisory Committee will be remunerated for attendance at meetings at the rate of $250 per meeting up to a maximum of ten meetings, with a total maximum payment of $2,500 per annum ~~($2,500)~~. The Committee Chair will be remunerated for attendance at meetings at the rate of $312.50 per meeting, again up to a maximum of ten meetings, with a total maximum payment of $3,125 per annum~~year ($3,125)~~. Ex-officio members are not remunerated.

These payments are made for attendance at public meetings and do not include workshops.

- Any officer or elected representative of an organisation who attends committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive remuneration.
- The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at Committee meetings whilst being paid by their employer.
- Reasonable attendance expenses (i.e.: reasonable travel-related costs) for Committee members may be paid. Members should adhere to the West Coast District Health Board's travel and reimbursement policies.

Adopted by the West Coast District Health Board – ~~28th July 2011~~11 December 2015.

HOSPITAL ADVISORY COMMITTEE REVISED TERMS OF REFERENCE

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

SOURCE: **Board Secretariat**

DATE: **11 December 2015**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT.

The purpose of this report is to seek formal approval from the Board for the revised Terms of Reference for the Hospital Advisory Committee.

2. RECOMMENDATION

That the Board:

i. Notes that due to the timing of the Committee meetings any feedback/suggested changes from the Hospital Advisory Committee will be provided at the meeting; and
ii. Formally adopts the revised Terms of Reference for the Hospital Advisory Committee.

3. SUMMARY

The current Terms of Reference for the Hospital Advisory Committee were adopted by the Board in 2010.

Attached as Appendix 1 are the draft revised Terms of Reference for the Committee showing the proposed amendments as tracked changes.

The revised Terms of Reference were placed before the Hospital Advisory Committee at its meeting on 3 December 2015 to allow it to review the content and provide feedback and a recommendation to the Board for the formal adoption of the revised terms of reference. Due to the timing of the meeting coinciding with the distribution of the Board papers any feedback from the Committee will be provided and discussed at the Board meeting.

4. APPENDICES

Appendix 1: Revised Terms of Reference Hospital Advisory Committee (tracked changes)

Report prepared by: Kay Jenkins, Board Secretariat

TERMS OF REFERENCE – HOSPITAL ADVISORY COMMITTEE

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

INTRODUCTION

The Hospital Advisory Committee is a Statutory Committee of the Board of the West Coast District Health Board established in terms of Section 36 of the New Zealand Public Health and Disability Act 2000 (the Act). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the West Coast District Health Board. These Terms of Reference will apply from 11 December 2015 to 30 April 2017 at which time they will be reviewed by the newly elected Board of the West Coast District Health Board who will also review the membership of the Committee.

FUNCTIONS

The functions of the Hospital Advisory Committee (as per Schedule 4 of the NZ Health & Disability Act 2000) are to:

- "*monitor the financial and operational performance of the hospital and specialist services of the West Coast District Health Board; and*
- *assess strategic issues relating to the provision of hospital and specialist services by the West Coast District Health Board; 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 District Health Board.

ACCOUNTABILITY

The Hospital Advisory Committee is a Statutory Committee of the Board and as such its members are accountable to the Board and will report regularly to the Board.

- Members of the Hospital Advisory Committee are to carry out an assessment role but are not to be advocates of any one health sector group. They are to act in an impartial and objective evidence based manner for the overall aims of the Committee.
- Legislative requirements for dealing with conflicts of interest will apply to all Hospital Advisory Committee members and members will abide by the West Coast District Health Board's ~~External Communications~~ Media Policy and ~~Procedure~~ it's probity and Standing Orders.
- The Committee Chair will ~~annually~~ review the performance of the Hospital Advisory Committee and members ~~during each term of the Board.~~

LIMITS ON AUTHORITY

The Hospital Advisory Committee must operate in accordance with directions from the Board and, unless the Board delegates decision making power to the Committee, it has no delegated authority except to make recommendations or provide advice to the Board.

- The Hospital Advisory Committee provides advice to the Board by assessing and endorsing recommendations on the reports and material submitted to it.

- Requests by the Hospital Advisory Committee for work to be done by management or external advisors should be made by the Chair and directed to the Chief Executive or their delegate (the Principal Administrative Officer).
- There will be no alternates or proxy voting of Committee members.
- ~~All Hospital Advisory Committee members must comply with the provisions of Schedule 4 of the Act relating in the main to:~~
  - ~~The term of members not exceeding three years~~
  - ~~A conflict of interest statement being required prior to nomination.~~
  - ~~Remuneration~~
  - ~~Resignation, vacation and removal from office.~~

RELATIONSHIPS

The Hospital Advisory Committee is to be cognisant of the work being undertaken by the other Committees of the West Coast District Health Board to ensure a cohesive approach to health and disability planning and delivery and as such will be required to develop relationships with:

- the Board
- other Committees of the West Coast District Health Board.
- The Clinical Board and Senior ~~c~~Clinical ~~s~~Staff of the West Coast District Health Board
- M~~m~~anagement of the West Coast District Health Board
- ~~Manawhenua ki Te Tai o Poutini~~
- Tatau Pounamu ~~ki Te Tai o Poutini~~ Manawhenua Advisory Group
- the ~~c~~Community of the West Coast
- ~~c~~Consumer ~~g~~Groups

TERM OF MEMBERSHIP

~~These Terms of Reference shall apply until 31 December 2013 at which time they will be reviewed by the newly elected Board of the West Coast District Health Board who will also review the membership of the Committee~~. ~~An interim review will also be carried out by the Committee in June 2009.~~

The Act states that Statutory Committee members must not be appointed for a term exceeding three years. Although members are eligible for reappointment it is appropriate that membership is reviewed by newly elected Boards to consider the skills-mix of the committee and allow for a diverse and representative cross section of the community to have input into decision making.

MEMBERSHIP OF THE COMMITTEE

The Hospital Advisory Committee will ordinarily comprise a mix of Board members and members selected from the Community up to a maximum of ten members. ~~However t~~The Board may also appoint advisors to the Committee from time to time, for specific periods, to assist the work of that Committee.

- Members of the Hospital Advisory Committee will also be appointed by the Board who will comply with requirements of the Act and provide for Maori representation on the Committee.
- The Board will not appoint to the Hospital Advisory Committee any member who is likely to regularly advise on matters relating to transactions in which that member is specifically interested. All members of the Hospital Advisory Committee must make appropriate disclosures of interest.

- The Chair of the Hospital Advisory Committee will be a member of the Board and will be appointed by the Board, who may also appoint a Deputy Chair of the Committee. If not appointed as members of the Committee, the Chair and Deputy Chair of the Board and Chairs of other Advisory Committees will be ex-officio members of the Hospital Advisory Committee with full speaking and voting rights.
- Board members who are not members of the Committee will receive copies of agendas of all meetings and may attend meetings of the Committee with speaking rights for those meetings that they attend.

The Chair, Deputy Chair and members of the Hospital Advisory Committee shall continue in office for the period specified by the Board or until such time as:

- the Chair, Deputy Chair or member resigns; or
- the Chair, Deputy Chair or member ceases to be a member of the Hospital Advisory Committee in accordance with clause 9 of Schedule 4 of the Act; or
- the Chair, Deputy Chair or member is removed from that office by notice in writing from the Board~~.~~; or
- The Chair or Deputy Chair ceases to be a member of the Board.

- All Hospital Advisory Committee members must comply with the provisions of Schedule 4 of the Act relating in the main to:
  - The appointment term of members.
  - A conflict of interest statement being required prior to nomination.
  - Remuneration and
  - Resignation, vacation and removal from office.

MEETINGS

The Hospital Advisory Committee will meet as determined by the Board or the Committee in accordance with the Act, with the frequency/timing taking into account the times and dates of the other Committee meetings and the Board meetings.

- Subject to the exceptions outlined in the Act, the date and time of the Committee meetings shall be publicly notified and the public are allowed to attend. The agenda, any reports to be considered by the Committee, and the minutes of the Committee will be made available to the public.
- Meetings shall be held in accordance with Schedule 4 of the Act and with the West Coast District Health Board's Standing Orders, adopted by the Board on 19 January 2001 (as amended from time to time).
- In addition to formal meetings the Committee members may be required to attend workshops or forums for briefing and information sharing.

REPORTING FROM MANAGEMENT

Management will provide exception reporting to the Hospital Advisory Committee to allow measurement against the financial and operational performance indicators of the Hospital and Specialist Service of the West Coast District Health Board.

MANAGEMENT SUPPORT

In accordance with best practise and the delineation between governance and management, key support for the Hospital Advisory Committee will be from staff designated from the Chief Executive Officer from time to time who will assist in the preparation of agendas, reports and provision of information to the Committee in liaison with the Chair of the Committee.

- The Hospital Advisory Committee will also be supported by clinical staff ~~(including the Chief Medical Advisor , Director of Nursing and Midwifery and the Executive Director of Allied Health) and by internal secretarial support, community and public health, planning and funding and financial management staff as required.~~ and other staff as required

- The Board may appoint advisors to the Hospital Advisory Committee from time to time, for specific periods, to assist the work of that Committee. The Committee may also, through management, request input from advisors to assist with their work. ~~Such advisors may be sourced internally using internal resources or at management's discretion out-sourced from external consultants in which case the West Coast District Health Board policies on probity and tendering will be followed.~~

REMUNERATION OF COMMITTEE MEMBERS

In accordance with~~ Ministerial direction~~Cabinet Guidelines, members of the Hospital Advisory Committee will be remunerated for attendance at meetings at the rate of $250 per meeting up to a maximum of ten meetings, with a total maximum payment per annum ~~(~~of $2,500~~)~~. The Committee Chair will be remunerated for attendance at meetings at the rate of $312.50 per meeting, again up to a maximum of ten meetings, with a total maximum payment per annum of ~~(~~$3,125~~)~~. Ex officio members are not remunerated.

- These payments are made for attendance at public meetings and do not include workshops.
- Any officer or elected representative of an organisation who attends committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive remuneration.
- The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at Committee meetings whilst being paid by their employer.
- Reasonable attendance expenses (ie reasonable travel-related costs) for Committee members may be paid. Members should adhere to the West Coast District Health Board's travel and reimbursement policies.

Adopted by the West Coast District Health Board – ~~28th July 2011~~11 December 2015

REVISED TERMS OF REFERENCE – QUALITY, FINANCE, AUDIT AND RISK COMMITTEE

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

SOURCE: **Board Secretariat**

DATE: **3 December 2015**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT.

The purpose of this report is to seek formal approval from the Board for the revised Terms of Reference for the Quality, Finance, Audit & Risk Committee.

2. RECOMMENDATION

That the Board:

i. Notes that due to the timing of the Committee meetings any feedback/suggested changes from the Quality, Finance, Audit & Risk Committee will be provided at the meeting; and
ii. Formally adopts the revised Terms of Reference for the Quality, Finance, Audit & Risk Committee.

3. SUMMARY

The current Terms of Reference for the Quality, Finance, Audit & Risk Committee were adopted by the Board in 2010.

Attached as Appendix 1 are the draft revised Terms of Reference for the Quality, Finance, Audit & Risk Committee showing the proposed amendments as tracked changes.

The revised Terms of Reference were placed before the Quality, Finance, Audit & Risk Committee at its meeting on 3 December 2015 to allow it to review the content and provide feedback and a recommendation to the Board for the formal adoption of the revised terms of reference. Due to the timing of the meeting coinciding with the distribution of the Board papers any feedback from the Committee will be provided and discussed at the Board meeting.

4. APPENDICES

Appendix 1: Revised Terms of Reference QFARC Committee (tracked changes)

Report prepared by: Kay Jenkins, Board Secretariat

TERMS OF REFERENCE – QUALITY, FINANCE, AUDIT & RISK COMMITTEE

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

INTRODUCTION

The Quality, Finance, Audit and Risk Committee is a sub-committee of the West Coast District Health Board established pursuant to Clause 38 of Schedule 3 of the New Zealand Public Health and Disability Act (2000). These Terms of Reference are supplementary to the provisions of the Act and to the Standing Orders of the West Coast District Health Board ~~and are effective from 28th July 2011.~~ These Terms of Reference will apply from 11 December 2015 to 30 April 2017 at which time they will be reviewed by the newly elected Board of the West Coast District Health Board who will also review the membership of the Committee.

FUNCTIONS

The functions of the Quality, Finance, Audit and Risk Committee of the Board are to:

- Monitor the overall financial performance and financial position of the West Coast DHB (which incorporates the funder and hospital & specialist services; ~~and~~
- Review any additional budget requests above the Chief Executive's delegation and make recommendations to the Board on these (for example on major IT projects and F&E purchases), and taking note of those projects under the control of the HRPG; and
- Monitor and ensure that the clinical risks relative to the responsibilities of the West Coast DHB funder and provider arms are appropriately monitored, addressed and mitigated; ~~and~~
- Monitor the financial and non-financial risks, of the West Coast DHB both as funder and provider, including Major Property Projects and taking note of projects under the control of the HRPG; ~~and~~
- Support, promote and monitor the development and continuance of a quality and safety environment across the West Coast District health system in order to ensure the sustainable provision of patient centred, quality and safety focused, evidence based and systems minded health care to the population served by the West Coast DHB; ~~and~~
- Review the external audit process and monitor the effectiveness of the internal audit functions and review and approve the relevant audit plans and progress made by management in implementing recommendations that arise from both internal and external audits, including audits of non government providers; ~~and~~
- Monitor the financial separation of the funder and hospital of the West Coast DHB;~~;~~ ~~and~~
- Oversee the effectiveness of management control of West Coast DHB assets including Major Property Projects and taking note of projects under the control of the HRPG; ~~and~~
- Review the financial and risk components of the West Coast DHB Annual Plan ~~and~~
- Review the West Coast DHB annual financial statements and disclosures; ~~and~~
- Make recommendations to the Board as appropriate, relative to its functions; and
- Support, promote and monitor the continuance of a health and safety environment and culture at the West Coast District Health Board and ensure that health and safety risks faced by the Board are appropriately addressed, monitored and mitigated and ensure that the Board receives regular reports in regard to meeting its health and safety obligations.~~.~~

It will also be a function of the Quality, Finance, Audit and Risk Committee to make recommendations to the Board on:

- the robustness of the financial and risk components of the West Coast DHB's Annual Plan (AP), and associated plans and Regional Health Services Plan.
- the West Coast DHB's financial statements and disclosures; and
- On those finance-related policies which require Board approval, including delegation of authority policies.

ACCOUNTABILITY

The Quality, Finance, Audit and Risk Committee is a sub-committee of the Board and as such its members are accountable to the Board and will report regularly to the Board.

- The Board may delegate to the Quality, Finance, Audit and Risk Committee the authority to make decisions or take action on its behalf, or if it deems appropriate any of the functions, duties or powers of the Board (note: in the event of the Board delegating decisions to the Committee the requirements of Schedule 3, Clause 5 of the Act will apply to the Committee).
- Members of the Quality, Finance, Audit and Risk Committee are to carry out an assessment and monitoring role but are not to be advocates of any one health sector group. They are to act in an impartial and objective evidence based manner for the overall aims of the Committee.
- The Committee Chair and the Board Chair will ~~annually~~ review the - performance of the Quality, Finance, Audit and Risk Committee during each Board term.

LIMITS ON AUTHORITY

The Quality, Finance, Audit and Risk Committee must operate in accordance with directions from the Board and unless the Board delegates decision making power to the Committee it has no delegated authority except to make recommendations or provide advice to the Board

- The Quality, Finance, Audit and Risk Committee provides advice to the Board by assessing and endorsing recommendations on the reports and material submitted to it.
- Requests by the Quality, Finance, Audit and Risk Committee for work to be done by management or external advisors should be made by the Chair in consultation with the Board Chair and directed to the Chief Executive.
- There will be no alternates or proxy voting of Committee members.
- All Quality, Finance, Audit and Risk Committee members must comply with the provisions of Clause 38, Schedule 3 (committees and membership) Clauses 38 and 39 Schedule 4 (disclosures of interest) of the New Zealand Health and Disability Act 2000 and Board policy.

RELATIONSHIPS

The Quality, Finance, Audit and Risk Committee is to be cognisant of the work being undertaken by the other committees of the West Coast District Health Board to ensure a cohesive approach to health and disability planning and delivery.

TERM OF MEEMBERSHIP

~~These terms of reference shall apply until February 2014 at which time they will be reviewed by the newly elected Board of the West Coast District Health Board who will also review the membership of the committee. These terms of reference may be reviewed earlier if deemed necessary by the Board.~~

The Act states that Statutory Committee members must not be appointed for a term exceeding three years. Although members are eligible for reappointment it is appropriate that membership is reviewed by newly elected Boards to consider the skills-mix of the committee and allow for a diverse and representative cross section of the community to have input into decision making.

MEMBERSHIP OF THE COMMITTEE

- The Chairperson of the Quality, Finance, Audit and Risk Committee will be a member of the Board (though not the Board Chair) and will be appointed by the Board. The Board may also appoint a Deputy Chairperson to the Committee. If not appointed as members of the Committee, the Chair and Deputy Chairperson of the Board will be ex-officio members of the Quality, Finance, Audit and Risk Committee and will have voting rights. Board members who are not members of the QFARC Committee may attend meetings of the Committee with speaking rights upon prior arrangement with the Board Chair.

- The number of members of the Audit, Risk and Finance Committee shall be determined by the Board.
- The Board will not appoint to the Quality, Finance, Audit and Risk Committee any member who is likely to regularly advise on matters relating to transactions in which that member is specifically interested. The Chair, Deputy Chair and members of the Quality, Finance, Audit and Risk Committee will continue in office for the period specified by the Board or until such time as:
    - the Chair, Deputy Chair or member resigns; or
    - the Chair, Deputy Chair or member ceases to be a member of the Quality, Finance, Audit and Risk Committee in accordance with clause 9 of Schedule 4 of the Act; or
    - the Chair, Deputy Chair or member is removed from office by notice in writing from the Board; or.
    - The Chair or Deputy Chair cease to be a member of the Board.

- The Quality, Finance, Audit and Risk Committee may form sub committees from time to time, for specified periods and purposes, as it deems necessary to assist the Committee, with the approval of the Board.
- It is appropriate that membership is reviewed by newly elected Boards to consider the skills-mix of the Committee and allow for appropriate input into decision making.

- The Board may appoint additional members to the Committee from time to time, for specific periods as it deems necessary, to assist in the work of the Committee, as below;

1. *Appointing (co-opting) a non-Board member on to the Quality, Finance, Audit and Risk Committee of the West Coast DHB.*
    - The appointment of a non West Coast DHB Board member as a committee member to the Audit Risk and Finance Committee will require a Board resolution. (clause 38. 1. (b) NZPHDA)
    - The appointment will carry the same duties and responsibilities as other committee members, and be governed by the legislation in place.
    - The new appointee will have voting rights.
    - The position will be remunerated as detailed in the legislation and be no different from other members (Cabinet Office Circular CO (09) 5 and letter Minister of Health 11 September 2003).

2. *Appointment as an advisor or consultant to the ~~Audit Risk and~~ Quality Finance Audit and Risk Committee.*
    - The appointment of an advisor or consultant to the ~~Audit Risk and~~ Quality, Finance, Audit and Risk Committee will require a Board resolution, unless appropriate delegation has been granted to the CEO or committee to employ.
    - The terms and conditions of the appointment will be specified, including the duration of the appointment and remuneration.
    - The new appointee ***will not*** have voting rights and is not a member of the Committee in terms of the NZPHDA.

MEETINGS

The Quality, Finance, Audit and Risk Committee will meet six weekly, or as determined by the Board with the frequency/timing taking into account the times and dates of the other Advisory Committee meetings, and the Board meetings, but primarily the availability of relevant reports of the West Coast DHB. Meetings shall be held in accordance with Schedule 4 of the New Zealand Public Health and Disability Act and the West Coast DHB's Standing Orders.

It is not a requirement that the Quality, Finance, Audit and Risk Committee meetings are held as public meetings unless the requirements of Schedule 3, Clause 5 of the Act apply in respect to delegated authority to make decisions on behalf of the Board being delegated to the Committee. Minutes and reports of the Committee will, however, be recorded as appropriate within the public open and public excluded sections of the Board agenda in accordance with Section 32 of Schedule 3 of the New Zealand Public Health and Disability Act 2000.

REPORTING FROM MANAGEMENT

Management will provide appropriate reporting to the Quality, Finance, Audit and Risk Committee to measure against financial performance, both clinical and non-clinical risk and quality, management controls, internal and external audits and contract performance as required.

MANAGEMENT SUPPORT

In accordance with best practice and the delineation between governance and management, key support for the Quality, Finance, Audit and Risk Committee will be from the Chief Executive Officer or his delegate who will assist in the preparation of agendas, reports and provision of information to the Committee in liaison with the Chair of the Committee.

REMUNERATION OF COMMITTEE MEMBERS

In accordance with Ministerial direction, members of the Quality, Finance, Audit and Risk Committee will be remunerated for attendance at meetings at the rate of $250 per meeting up to a maximum of ten meetings, with a total maximum payment of $2,500 per annum ~~($2500)~~. The Committee Chair will be remunerated for attendance at meetings at the rate of $312.50 per meeting, again up to a maximum of ten meetings with a total maximum payment of $3,125 per annum ~~($3125~~). These payments may be reviewed by Ministerial direction.

Any officer or elected representative of an organisation who attends committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive payment.

The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at Committee meetings whilst being paid by the employer.

Reasonable attendance expenses (i.e. reasonable travel related costs) for Committee members may be paid. Members should adhere to the West Coast DHB's travel and reimbursement policies.

Adopted by the West Coast District Health Board
~~28 July 2011~~
11 December 2015

TATAU POUNAMU KI TE TAI O POUTINI
Manawhenua Advisory Group

Ko ngā mātāpono e whakahaere nei i ngā mahi me ngā tikanga a Te Rūnanga o Ngati Waewae raua ko Te Rūnanga o Makaawhio me Te Poari Hauora ki Te Tai Poutini.

MEMORANDUM OF UNDERSTANDING

BETWEEN

TE RŪNANGA O NGATI WAEWAE AND TE RŪNANGA O MAKAAWHIO

AND THE

WEST COAST DISTRICT HEALTH BOARD

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

Te Rūnanga o Ngāti Waewae

Te Runanga o Makaawhio

TABLE OF CONTENTS

1 Ngā Mana

Parties

"Te Rūnanga O Ngati Waewae raua ko Te Rūnanga O Makaawhio"
"Kia eke a Poutini Ngāi Tahu ki te whakaoranga tonutanga"
"Raise up the wellbeing and restore health of the people of the West Coast"

1.1 For the purposes of this relationship Te Rūnanga o Ngati Waewae and Te Rūnanga o Makaawhio agree that together they will comprise Poutini Ngai Tahu and be represented in their relationship with the West Coast District Health Board by Tatau Pounamu Manawhenua Advisory Group.

1.2 This Memorandum of Understanding is signed on behalf of Poutini Ngai Tahu by the respective chairs' of Te Rūnanga o Ngati Waewae and Te Rūnanga o Makaawhio.

1.3 This Memorandum of Understanding recognises the special relationship and obligations upon the West Coast District Health Board in exercising its Treaty partnership with Poutini Ngai Tahu, as represented by Te Runanga o Makaawhio and Te Runanga o Ngati Waewae.

"West Coast District Health Board"
"Whānau ora ki te Tai Poutini"
"Health and wellbeing for families of the West Coast"

1.4 The West Coast District Health Board has statutory objectives and functions set out in the New Zealand Public Health and Disability Act 2000 and has particular objectives to improve, promote and protect the health of people and communities and for reducing health disparities by improving health outcomes for Maori and other population groups - see Appendix 1: New Zealand Public Health and Disability Act 2000 Section 22(1)(a)-(h).

1.5 This Memorandum of Understanding is signed by the chair on behalf of the West Coast District Health Board.

1.6 This agreement between the parties does not affect the West Coast District Health Board from ability to interact and enter into relationships with other stakeholders in the region including Māori from other iwi living within the West Coast District Health Board's region.

2 Te Take

Purpose

2.1 This document articulates agreed principles to improve health outcomes for Māori consistent with the philosophy of the New Zealand Public Health and Disability Act 2000, and sets the guidelines for an enduring collaborative relationship between the parties.

3 Te Putake

Foundation

3.1 The parties acknowledge that the Treaty of Waitangi is a founding document of Aotearoa/ New Zealand and as such lays an important foundation for the relationship between the Crown and Māori. The parties wish to record their agreed understanding of how this Treaty based relationship, focused on health, will improve Māori health outcomes.

4 Ko Ngā Matāpono O Te Nohongā Tahi

Principles of the relationship

The following principles will guide the relationship:

4.1 Acknowledgement of the importance of the Treaty of Waitangi (as referred to in clause 3.1);

4.2 Acknowledgement of the shared interest of all parties in the development and implementation of policy and legislation in the health sector on behalf of the community;

4.3 Commitment to work together within an environment of trust (whakapono) honesty (pono), respect (whakaute), and generosity (manaakitanga) towards each other, recognising and understanding the capabilities and constraints each party brings to the relationship.

4.4 Both parties acknowledge their role as guardians and stewards for generations that will follow. It is recognised that each party will have different lines of accountability enabling each party to develop and grow in its own way while recognising and acknowledging difference.

4.5 To provide a framework for the parties to work together towards improving Māori health outcomes by:

a) Efficient use and allocation of resources;
b) Effective representation;
c) Discussing and reaching agreement on key issues of West Coast District Health Board strategic plans in respect to Māori.
d) Acknowledging and respecting the accountabilities of each party in the planning and decision making process.

5 Ko Ngā Tikanga Mo Te Mahi Tahi

Process for working together

5.1 The process for all parties working together is outlined in the Tatau Pounamu Terms of Reference (see Appendix 2).

6 Ngā Āhuatanga Me Ngā Kawenga

Roles and responsibilities

6.1 The West Coast District Health Board and Tatau Pounamu will work together on activities associated with the planning of health services for Māori in Te Tai Poutini rohe.

6.2 The West Coast District Health Board and Tatau Pounamu will take responsibility for the activities listed below:

6.2.1 The West Coast District Health Board will:

a) Involve Tatau Pounamu in matters relating to the strategic development and planning and funding of Māori health initiatives in the Te Tai Poutini rohe;

b) Establish and maintain processes to enable Maori to participate in, and contribute to strategies for Maori health improvement

c) Continue to foster the development of Maori capacity for participating in the health and disability sector and for providing for the needs of Maori

d) Include Tatau Pounamu in decision making process that may have an impact on Poutini Ngāi Tahu; and

e) Feedback information to Tatau Pounamu on matters which may impact on the health of Māori in Te Tai Poutini rohe.

6.2.2 Tatau Pounamu will:

a) Involve West Coast District Health Board in matters relating to the development and planning of Māori health and disability.

b) Feedback information to Ngā Rūnanga o Poutini Ngāi Tahu as required;

c) Advise West Coast District Health Board on matters which may impact on the health of Māori in Te Tai Poutini rohe;

d) Assist West Coast District Health Board to acquire appropriate advice on the correct processes to be used so as to meet Poutini Ngāi Tahu kawa (custom/protocol) and tikanga (rules of conduct).

7 Ngā Hui

Meetings

7.1 All meetings shall be consistent with the guidelines as described in the Tatau Pounamu Terms of Reference.

7.2 Establish a relationship between the chair Tatau Pounamu and chair and/or deputy chair, West Coast District Health Board through meetings held (three times per annum); the chair and/or deputy chair of the West Coast District Health Board shall be invited to attend no less than one Tatau Pounamu meeting per annum.

7.3 Tatau Pounamu will invite the West Coast District Health Board bi-annually to meet on a marae.

8 Nga Rawa

Resourcing

8.1 The West Coast District Health Board will provide administrative support resources for this relationship as outlined in the Tatau Pounamu Terms of Reference.

8.2 Tatau Pounamu members will be paid meeting fees and actual and reasonable expenses associated with attendance at meetings as stated in the West Coast District Health Board and committee members manual.

9 Ko Ngā Rawa Hei Whakatutuki I Ngā Mahi I Raro I Ngā Ture

Statutory and contractual obligations

9.1 The parties acknowledge that this Memorandum of Understanding is not legally enforceable, but that this does not diminish the intention of the parties to meet the expectations and undertakings of this Memorandum of Understanding.

10 Te Mana Kokiri

Authority to speak

10.1 The parties agree that they will not make any statement on the other's behalf to any third party without the express authorisation of the other party.

11 Te Noho Matatapu

Confidentiality

11.1 The parties agree that unless otherwise required by law, or by mutual agreement, they will keep confidential all information acquired as a result of this agreement.

11.2 The parties specifically acknowledge that information relating to or produced by the relationship may be required to be released under the Official Information Act 1982.

12 Tirohanga Hou Me Ngā Whitinga

Review and variation

12.1 This Memorandum of Understanding records a commitment to an enduring collaborative relationship. The parties acknowledge that over time the nature and focus of the relationship may evolve to reflect changing circumstances. Therefore, the parties will meet solely for the purpose of reviewing this Memorandum of Understanding in two years, and every three years subsequent for a review of the Memorandum of Understanding to be undertaken;

12.2 The parties may at any time amend this agreement

13 Whakataunga Raruraru

Problem resolution

13.1 In the event of any dispute arising out of the subject matter of this Memorandum of Understanding the parties agree to the following process:

a) In the first instance the chairs of the parties will meet and use their best endeavours to resolve the dispute;

b) If following a) the dispute is not resolved, the parties will engage in mediation through an agreed process.

14 Term of Memorandum of Understanding

14.1 This Memorandum of Understanding commences upon signing by both parties;

14.2 This Memorandum of Understanding may be terminated by mutual agreement or by either party giving three months notice to the other party.

SIGNED ON BEHALF OF THEIR RESPECTIVE ORGANISATIONS

Name..... FRANCOIS TUMMING .....

Designation/Title ..... CHAIRMAN ..... Date..... 14-7-2011 .....

For Te Runanga O Ngati Waewae

Name..... Paul Madgwick .....

Designation/Title ..... Chairman ..... Date..... 14/7/11 .....

For Te Runanga O Makaawhio

Name..... Kim Colman P McCORMACK .....

Designation/Title ..... Chair ..... Date..... 14/7/11 .....

For West Coast District Health Board

APPENDIX 1

New Zealand Public Health and Disability Act 2000.

Section 22(1)(a)-(h)

22 Objectives of DHBs

(1) Every DHB has the following objectives:

(a) to improve, promote, and protect the health of people and communities:

(b) to promote the integration of health services, especially primary and secondary health services:

(c) to promote effective care or support for those in need of personal health services or disability support services:

(d) to promote the inclusion and participation in society and independence of people with disabilities:

(e) to reduce health disparities by improving health outcomes for Maori and other population groups:

(f) to reduce, with a view to eliminating, health outcome disparities between various population groups within New Zealand by developing and implementing, in consultation with the groups concerned, services and programmes designed to raise their health outcomes to those of other New Zealanders:

(g) to exhibit a sense of social responsibility by having regard to the interests of the people to whom it provides, or for whom it arranges the provision of, services:

(h) to foster community participation in health improvement, and in planning for the provision of services and for significant changes to the provision of services:

APPENDIX 2

Tatau Pounamu Terms of Reference

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: **11 December 2015**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9 & 10 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 6 November 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 & Risk Mitigation Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Non-Financial Reporting Summary Q1	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Agreement for Home and Community Support Services	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	Resolution to support the Buller IFHS Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	2016/17 Annual Planning Process – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Board Direction and Assessment Survey	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
10.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)

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

3. SUMMARY

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

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

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

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

Clause 33 of the Act also further provides:

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

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

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

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

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

Report Prepared by: Board Secretariat

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2016

DATE	MEETING	TIME	VENUE
Thursday 28 January 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 January 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 January 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 February 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 10 March 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 March 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 March 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 1 April 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 April 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 April 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 April 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 13 May 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 9 June 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 9 June 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 9 June 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 June 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 July 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 July 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 July 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 August 2016	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 8 September 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 8 September 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 September 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 September 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 October 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 October 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 October 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 4 November 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 1 December 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 1 December 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 1 December 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 9 December 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

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