West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 13 May 2016
10.15am

Lecture Theatre, Greymouth Hospital
and then
St John
Waterwalk Road
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

MEMBERS

WEST COAST DISTRICT HEALTH BOARD MEMBERS

Peter Ballantyne (Chair)
Kevin Brown
Warren Gilbertson
Helen Gillespie
Michelle Lomax
Peter Neame
Sharon Pugh
Elinor Stratford
Joseph Thomas
Francois Tumahai
John Vaile

Executive Support

David Meates (*Chief Executive)*
Karyn Bousfield *(Director of Nursing & Midwifery)*
Michael Frampton *(General Manager, People & Capability)*
Kylie Parkin (*Acting General Manager, Maori Health)*
Kathleen Gavigan *(General Manager, Buller)*
Carolyn Gullery *(General Manager, Planning & Funding)*
Mark Newsome *(General Manager, Grey/Westland)*
Kylie Parkin (*Acting General Manager, Maori Health)*
Vicki Robertson (*Interim Medical Director Patient Safety and Outcomes)*
Stella Ward *(Executive Director, Allied Health)*
Philip Wheble (T*eam Leader, Planning & Funding)*
Justine White *(General Manager, Finance and Corporate Services)*
Lee Harris (*Senior Communications Advisor)*
Kay Jenkins (*Minutes)*

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 13 May 2016 commencing at 10.15am

PLEASE ASSEMBLE AT THE LECTURE THEATRE, GREYMOUTH HOSPITAL			***10.15am***
	Presentation		
	Telehealth Update	John Garrett *Telehealth Clinical Leader, Canterbury/West Coast*	***10.20am***
PLEASE MOVE TO ST JOHN, WATERWALK ROAD			***10.50am***
KARAKIA			***11.00am***
ADMINISTRATION			***11.05am***
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *1 April 2016*		
3.	**Carried Forward/Action List Items**		
REPORTS			***11.15am***
4.	**Chair's Update (Verbal Update)**	Peter Ballantyne *Chairman*	*11.15am – 11.25am*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*11.25am – 11.40am*
6.	**Clinical Leader's Update**	Karyn Bousfield *Director of Nursing & Midwifery* Mr Pradu Dayaram *Medical Director, Facilities*	*11.40am – 11.50am*
7.	**Wellbeing, Health & Safety Update**	Michael Frampton *General Manager, People & Capability*	*11.50am – 12noon*
8.	**Finance Report**	Justine White *General Manager, Finance*	*12noon – 12.10pm*
9.	**Board Member Media Contact Policy**	Peter Ballantyne *Chairman*	*12.10pm – 12.20pm*
10.	**West Coast DHB Revised Standing Orders**	Peter Ballantyne *Chairman*	*12.20pm – 12.30pm*

11. **Reports from Committee Meetings**

- CPH&DSAC *28 April 2016*	Elinor Stratford *Chair, CPH&DSA Committee*	*12.30pm – 12.40pm*
- Hospital Advisory Committee *28 April 2016*	Sharon Pugh *Chair, Hospital Advisory Committee*	*12.40pm – 12.50pm*

12. **Resolution to Exclude the Public** — *Board Secretariat* — *12.50pm*

INFORMATION ITEMS

- 2016 Meeting Schedule

ESTIMATED FINISH TIME ***12.50pm***

NEXT MEETING

Friday 24 June 2016

11. **Reports from Committee Meetings**

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INFORMATION ITEMS

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NEXT MEETING

Friday 24 June 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 • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board
Kevin Brown	• Councillor, Grey District Council • Trustee, West Coast Electric Power Trust • Wife 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 • Hon Vice President West Coast Rugby League
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	• West Coast Community Trust – Trustee • St John Youth Leader • Employee - Damien O'Connor's Electorate Office • Te Ha Kawatiri – Co-ordinator • Chair, West Coast/Tasman Labour Electorate Committee
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 • 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 • Chief Executive, Ngai Tahu Seafood
Francois Tumahai	• Te Runanga o Ngati Waewae - Chair • Poutini Environmental - Director/Manager • Arahura Holdings Limited - Director • West Coast Regional Council Resource Management Committee - Member • Poutini Waiora Board - Co-Chair • Development West Coast – Trustee • West Coast Development Holdings Limited – Director • Putake West Coast – Director • Waewae Pounamu – General Manager • Westland Wilderness Trust - Chair • Wife, Lisa Tumahai, is Chair, Tatau Pounamu Advisory Group
John Vaile	• Director, Vaile Hardware Ltd • Member of Community Patrols New Zealand

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 1 April 2016 commencing at 10.15am

BOARD MEMBERS

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

APOLOGIES

An apology was received and accepted from Peter Neame.
An apology for lateness was received and accepted from Susan Wallace (10.35am)

EXECUTIVE SUPPORT

David Meates (Chief Executive); Karen Bousfield (Director of Nursing & Midwifery); Carolyn Gullery (General Manager, Planning & Funding); Kathleen Gavigan (General Manager, Buller); Mark Newsome (General Manager, Grey/Westland); Kylie Parkin (Acting General Manager, Maori Health); Vicki Robertson (Medical Director, Patient Safety and Outcomes); Phil Wheble (Team Leader, Planning & Funding); Stella Ward (Executive Director, Allied Health); Justine White (General Manager, Finance); Lee Harris (Communications Manager); and Kay Jenkins (Minutes).

Joseph Thomas led the Karakia

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Joseph Thomas asked that his new interest as Chief Executive of Ngai Tahu Seafood be noted.

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 (8/16)
(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 12 February 2016 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. CHAIR'S UPDATE

The Chair provided updates on as follows:

- National Chairs Strategy Meeting 9 March.
- National Leadership meeting 10 March
- HRPG Meetings and
- Meeting with Mayors and teleconference with Minister of Health re facilities

Deputy Chair, Joseph Thomas provided an update from the South Island Alliance meeting held on 15 February which he had attended in the Chair's absence.

The Board noted that the Memorandum of Understanding with Tatau Pounamu was signed at their meeting last evening.

Resolution (9/16)
Moved Kevin Brown/seconded Warren Gilbertson – carried)
That the Board:

i. notes the Chair's verbal update.

5. CHIEF EXECUTIVE'S UPDATE

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

Mr Meates commented that health sits on the most amazing productivity story and our greatest challenge is how to bring this story to life and what it actually means.

Discussion took place regarding the flooding in South Westland. The Chief Executive advised that it is too soon to draw any conclusions around whether this has caused any ongoing health issues. He added that there will be an underlying set of pressures and stresses sitting in that community and it is often not until later that further issues develop.

Discussion also took place regarding the point in the Facilities Maintenance Report around the risk and compliance audit undertaken by Marsh the DHB Insurance broker. Justine White, General Manager, Finance and lead CFO for insurance nationally provided the Board with some background around the insurance programme.

A query was made regarding the Legionella issue in Buller and the Board noted that this was picked up as part of routine testing and actions were taken to mitigate it.

A query was made regarding the public consultation undertaken in Buller around Older Persons Health. The Board noted that updates around this will come back to the Board through the CPH&DSAC Committee at the appropriate time.

Discussion took place regarding the number of Age Residential Care beds available in Buller and also regarding the quality of care provided and the process around audits.

Resolution 10/16)
(Moved Michelle Lomax/seconded Joseph Thomas – carried)
That the Board:

i. notes the Chief Executive's update.

6. CLINICAL LEADERS UPDATE

Karen Bousfield, Director of Nursing and Midwifery, presented the Clinical Leaders Update. The report was taken as read. She acknowledged the appointment of Jane George as Associate Director of Allied Health who commenced on the West Coast on 21 March 2016.

The Board noted that the Nursing Workforce Strategy 2015-2018 has been approved and released. The ongoing development of the West Coast nursing workforce is essential to ensure a fit for purpose Coast-wide nursing team, which includes nursing structure, ways of working and the growth and development of individual nurses.

Ms Bousfield advised that a focus will remain on workforce data intelligence to ensure we have a sustainable and appropriate workforce across the system. This includes recruitment and retention, workforce metrics and the efficient utilisation of TrendCare data and other tools to support staffing decisions and variance management on a shift by shift basis.

In the Workforce Capability and Capacity area, the ability to ensure we have the right people with the right skills in the right place is essential for the provision of effective and safe care. Well developed education and career plans for individual nurses will support this, alongside succession planning, development of expanded practice roles, ongoing development of the generalist skill-set and connection and engagement with regional and national workforce development activities.

Nurses will provide clinical leadership, and nursing workforce engagement will support the development and implementation of new ways of working. A partnership model will be used where nurses will design nursing. There will be focus groups and development days through the next 18 months

In the Quality & Safety area April sees the highlight on falls prevention, with the April Falls campaign from the Health Quality Safety Commission. There will be activities in the clinical areas to increase awareness and improve assessment, documentation and care planning around falls.

Clinical teams are preparing to address the corrective actions from the recent Certification Audit. An action plan will be developed to support this.

Resolution (11/16)
(Moved Joseph Thomas/seconded Elinor Stratford – carried)
That the Board:

i. notes the Clinical Advisor's update.

7. WELLBEING, HEALTH AND SAFETY UPDATE

Mark Lewis, Wellness, Health & Safety Manager, presented this update which was taken as read. Discussion took place regarding the facilities rebuild and the Board noted that even though this contract is held by the Ministry of Health the Health & Safety reports for all the construction will be visible to the Board to ensure they are satisfied with this aspect. It was also noted that it is anticipated that all these elements will be reported to the QFARC committee with exception reporting to the Board.

Resolution (12/16)
(Moved John Vaile/seconded Helen Gillespie – 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 January 2016 was a deficit of $0.083m, which was $0.016m favourable against the budgeted deficit of $0.099m. The year to date position is now $0.151m unfavourable.

Resolution (13/16)
(Moved: Elinor Stratford /seconded: Susan Wallace – carried)
That the Board:

i. notes the financial results for the period ended 31 January 2016.

9. HEALTH TARGET REPORT –Q2

Phillip Wheble, Team Leader, Planning & Funding, presented the report which was taken as read.

Resolution (14/16)
(Moved: Helen Gillespie/seconded: John Vaile – carried)
That the Board:

i. notes the West Coast's performance against the health targets; and
ii. notes that this information has also been provided to the Community & Public Health & Disability Support Advisory Committee

10. MAORI HEALTH PLAN UPDATE

Kylie Parkin, Acting General Manager, Maori Health, presented this update which was taken as read.

Resolution (15/16)
(Moved: Joseph Thomas/seconded: Warren Gilbertson – carried)
That the Board:

i. notes the Maori Health Plan Update

11. WEST COAST DHB DISABILITY ACTION PLAN

Carolyn Gullery, General Manager, Planning & Funding presented this paper which was recommended to the Board for endorsement by the Community & Public Health & Disability Support Advisory Committee.

Discussion took place regarding the tension that exists around disability services which are funded by the Ministry of Health and other long term conditions suffered by the disabled population.

Resolution (16/16)
(Moved: Elinor Stratford/seconded: Michelle Lomax – carried)

That the Board, as recommended by the Community & Public Health & Disability Advisory Committee:

i. approves the Strategic Disability Action Plan with Priority Actions for 2016/17; and
ii. approves the proposed governance structure and proposed implementation of the Priority Actions

12. 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 10 March 2016.

The update was noted

b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 10 March 2016.

The update was noted.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (17/16)

(Moved Peter Neame/seconded Kevin Brown – carried)

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9 & 10 and the information items contained in the report.

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 12 February 2016.	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.	West Coast DHB Draft 2016/17 Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5a	West Coast DHB Draft	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial	S9(2)(j)

	2016/17 Maori Health Plan	negotiations).	
5b	West Coast DHB 2016/17 Public Health Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5c.	2016/17 Draft Regional Health Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Risk and Risk Mitigation Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
7.	New Zealand Health Partnerships Accountability Documents 2015/16	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	Reagent Rental Coagulation Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	2016 Electoral Procedural Matters	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
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";

There being no further business the public open section of the meeting closed at 11.55am.

The Public Excluded section of the meeting commenced at 12noon and concluded at 3.00pm with a break for lunch between 12.55pm and 1.45pm.

_____ _____

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 13 MAY 2016

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	11 December 2015	Presentation – Home Based Support Services	Presentation	Scheduled for 24 June 2016.
2.	11 December 2015	Presentation – Telehealth Strategic Framework	Presentation	On today's Agenda.
3.	11 December 2015	Mental Health Services	Updates to be provided as available	Verbal Update at today's meeting

CHIEF EXECUTIVE'S UPDATE

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

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

SOURCE: **Chief Executive**

DATE: **13 May 2016**

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

- In March the Alliance Leadership Team reviewed the workplan for expanding the use of Telehealth across the Coast and the accompanying report showing the percentage of patients seen via telehealth. This report is to prompt conversations around the use of telehealth with our clinical staff, and we are already seeing this occurring.
- The ALT also reviewed the final drafts of the workstream workplans for 2016/17 Annual Planning. The ALT provided feedback to the workstreams around the volume of work and needing to be realistic in what could be achieved.
- The Alliance Leadership Team will meet again on 28 April.

B: Build Primary and Community Capacity and Capability

Primary

- **South Westland Area Practice**
  - *HML* - A working Policy and Procedures document has been developed and implemented for HML/WCDHB integration. Ongoing review and data analysis of health care call provision since HML introduction has commenced. Community presentations for HML roll out have occurred and will be repeated. Issues arising from the implementation of HML have been addressed, resolved and systems changed as appropriate.
  - *RNS* - mobile phone numbers have been changed so that patients can only access services by calling HML. Monitoring reasons for call outs/overtime is being done. This includes clinical discussion situations and appropriateness of actions.
- **Greymouth Medical Centre/Rural Academic General Practice**
  - A new Practice Nurse at GMC commenced work in early March and has completed her orientation. A new Practice Nurse from Northland has recently commenced orientation at RAGP. She replaces the nurse who resigned earlier in the year.
  - RAGP is working to improve its performance with Integrated Performance and Incentive Framework (IPIF) targets.
  - Progression of the planned/unplanned concept will continue to develop.
- **Reefton Health**
  - Hospital – GP cover confirmed through to the end of June. Recent clinics held at the hospital to vaccinate eligible members of the community against influenza and provide CVD checks were a success.
  - Aged Residential Care – Currently 8 hospital level and 4 residential level residents.

Community

- **Oral Health**
  - The Therapists will be attending Professional Development later this month in Canterbury. This will assist in making them feel part of a larger team and help reduce professional isolation. There will be 3 days throughout the year that they will attend.
  - The Oral Health Clinical Director will also be spending a day with the Therapists in Greymouth in May. This is primarily to answer any questions the Therapists have and review x-rays. It is also an opportunity to undertake some peer review.
- **Public Health Nursing:**
  - A small but busy team with full FTE. Next term there will be a lot of work happening in the HEADSSS assessment area. These nurses also do significant work with the B4School Coordinator.
  - *Vision Hearing* – The PHN who is learning to be a VHT has commenced her Careerforce training. She is orientating with our permanent VHT and will become a reliever in this service.
  - *B4School* – Train the Trainers have had their first workshop following the B4School Check Coordinator undertaking this workshop at the end of last year. Feedback from this training was extremely positive. A similar training day will be offered in South Westland.

- **District Nursing**
  - There is a plan to start a full review of Policies and Procedures within the service so that the service is ready for any future audit processes. The service will work with the Quality Team on this.
  - Work continues on integrating HBSS and the District Nursing service and the new HBSS manager is fully supportive of this service direction.
  - Some positive service situations have been addressed in regard to staffing and supervision for the safety of patients and clients.
  - The Grey District Nursing team have been involved in wound/pressure injury assessment and advice on management of same across DHB services, and inclusive of the aged residential care facilities.
  - Along with integrating HBSS with District Nursing, we are seeing increased collaboration with Allied Health, particularly Occupational Therapy.
  - *Buller* – this small team is under pressure with high volumes and high needs patients, i.e. palliative or complex wounds.
  - *Reefton* – the Reefton team are managing well with a new NETP staff member. This NETP will move to the GP Practice mid-year.
  - *Hokitika* – the new NETP has settled well into the team and is functioning well. This has brought the team to full established FTE after the retirement of a long serving District Nurse.
- **Home Based Support Services**
  - Some health and safety concerns have been raised for workers such as manual handling and family members smoking. These issues are being worked through by HBSS management and the clients and families.
  - Some support workers are unwilling to travel long distances in their own car even with in-between travel payments, making it difficult to staff remote areas that only have a few clients.
  - A Buller Registered Nurse in the service has resigned and replacement is being reviewed.
  - Good progress has been made with testing for ContinueCare software. This will reduce time and paperwork for coordinators and payroll staff as carers will phone in on arrival and departure of client's homes.
  - Compulsory orientation catch-up has been proposed for HBSS workers to comply with the DHB requirements that all staff need to complete.
- **Clinical Nurse Specialists:** A 0.5FTE Stroke Clinical Nurse Specialist has been recruited from Morice Ward. She will commence duties in a few weeks.

C: Implement the Maori Health Plan

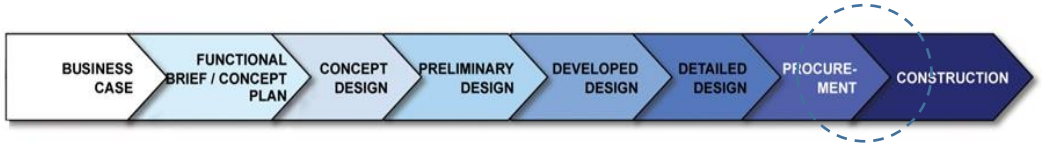
- **The Maori Health Action Plan:** The first draft of the Maori Health Plan is with the Ministry awaiting their feedback. Further to the National priorities within the plan there have been three local priorities identified in close consultation with Tatau Pounamu, Community Public Health, West Coast PHO and Poutini Waiora. These are as follows:
  - Identification of cultural frameworks to address suicide prevention issues affecting Maori
  - Improving oral health for Rangatahi and Tamariki
  - Reducing the risk factors contributing to long term conditions by improving nutrition, increasing physical activity and reducing obesity.

- When the Ministry feedback is incorporated into the plan it will be provided to the Boards for their approval.
- **Hauora Maori Workforce Development:** We have seven people from the West Coast participating in the Level 4 Certificate in Hauora Maori and in the Level 6 Diploma in Hauora Maori. The Certificate explains the principles and key concepts of Hauora based on a Maori world view. It also explores Maori models of Hauora and their application in a work context and examines the application of more operational tools such as assessment, referral and Maori methods of communication used by kaimahi in a Hauora context. The Level 6 Diploma builds on this to examine Maori health initiatives such as auahi kore, korikori tinana, tamariki ora, whanau ora and the Treaty of Waitangi. We now have a considerable number of Kaimahi across the sector who have completed the certificate and have progressed on to the Diploma and are working in either public health, the DHB or the Maori Health Provider. They are supported by Health Workforce NZ through the DHB Hauora Maori training fund.
- **Improving the Cancer Pathway for Maori (Phase 2) - Extend the Maori Cancer Pathway Project to other South Island DHBs:** This project has been divided into two parts. Part 1 is the implementation of a specific initiative to address elements of the system that inhibit equity in the cancer care for Maori. The initial implementation is within Nelson/Marlborough where the 2014/15 project has set the scene for this further development. Concurrently the Southern Cancer Network have some existing resource to support Part 2 of the project and after an RFP process have contracted Dr Melissa Cragg to roll out the Maori Cancer pathway project to other South Island DHBs – the primary purpose of this work will be to identify issues and options confirmed for each DHB, create connections forming the platform for designing and implementing service improvements. We look forward to working with Dr Cragg on this piece of work. Dr Cragg has already delivered the findings of Phase 1 of the Nelson/Marlborough research to various audiences within the health sector and Maori community. This research confirmed that Maori often present late or not at all for diagnosis and treatment resulting in poorer outcomes.
- **Poutini Waiora:** A mihi whakatau was held on 26 April to welcome two new Kaimahi to the organisation and in to the positions of Mama and Pepi and Tamariki ora Nurse within the Maori Health Provider. These two positions will work very closely together to provide a wraparound service focused on the delivery of timely access to well child core checks for Tamariki and providing support in antenatal education, breastfeeding education and support, parenting, oral health education, nutrition advice and linking into other services as required for Mum and baby from conception.
- **Cervical Screening - Te Herenga Hauora and South Island Southern Cancer Network: Cervical Screening Project:** THH and the SCN have been considering how best to maximise the 'inequalities resource' within SCN for the next 18 months. A component of the resource has been committed to supporting Cancer Pathway Projects for Maori as part of the Faster Cancer Treatment initiative in conjunction with Nelson Marlborough. The priority identified across the South Island, with the guidance from Te Herenga Hauora is to support the uptake of both the breast and cervical screening programmes as per the objectives below.
    - Public Health to conduct a literature review of current performance and understanding the barriers to the up-take of the cervical screening programme.
    - Stocktake of cervical screening stakeholder and services across the South Island and from the analyses, develop, implement and evaluate proposed changes.

A: Facilities Maintenance Report

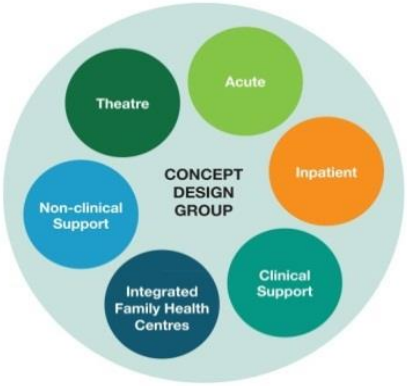
- Activity has been concentrated on preparing the sites for the oncoming winter months as much as possible. This has entailed additional structural bracing to some flat roof areas at Greymouth Hospital and also application of waterproofing materials.
- Design meetings are ongoing regarding the electrical and mechanical infrastructure in preparation for the tender documentation for the new hospital building services installations. The building services package is now out to tender.
- Preparation is underway regarding data gathering for the forthcoming AOG electricity tender later this year.
- Maintenance upgrades of the DHB housing stock is well underway following a release of CAPEX and this will be accelerated prior to winter for external works.
- Patient Area electrical testing continues.
- Issues identified with Boiler 1 - work is currently underway to address this.
- Maintenance on heating systems continues, and incinerator.
- Generator issues previously reported have been resolved.
- At Buller Hospital Domestic Hot Water interim monthly heat disinfection has been put in place to reduce the risk of Legionella bacteria returning, while other mitigations are investigated. Water sampling for general bacteria and Legionella species has increased from 6 monthly (MOH) guidelines to 3 monthly.
- Fire Protection & Trial Evacuations continue as planned.

B: Partnership Group Update



- The facility redevelopment project has now moved into the Procurement phase as Detailed Design was completed and released to Fletcher Construction Company on 21 March 2016.
- The West Coast Partnership Group, the Ministry of Health and WCDHB are currently stepping through addressing the new Health and Safety regulations as a result of the introduction on 04 April 2016 of the Health and Safety at Work Act.
- Fletcher Construction Company has been managing the tender process for all trade packages and all tenders will be submitted by the end of April 2016.
- A Fixed Price Lump Sum will then be submitted by Fletcher Construction Company for review to the West Coast Partnership Group in May.
- As previously reported, the Minister of Health reassured West Coast representatives that the facility project would commence at the end of May.
- **Buller:** As previously reported, the DHB submitted a revised Implementation Business Case (IBC) for the Buller Integrated Family Health Centre (IFHC) to the National Health Board for consideration by the Capital Investment Committee (CIC) at its meeting on 9 March 2016. The DHB continues to await a response

from the CIC.



RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Nursing

- Our new Trendcare Coordinator is working closely with staff and CNMs to ensure predictions and actualisation data is above 95%. This helps Nurse Managers match staffing to demand in keeping with safe staffing standards. This will place secondary services in a good position for the role out of CCDM (Care Capacity and Demand Management) in the new facility.
- Staff continue to move across areas as need demands. The Manager from Granger/Kowhai Manor has joined the discharge planning group to discuss some innovative ways to ensure seamless movement of patients between facilities.
- The Nurse Educator and CNS Stroke Nurse roles have been filled with an internal applicant who will be joining the team in early May.
- Bed occupancy for the medical ward has remained reasonably constant at 87% for March. The surgical ward is slightly up with an average occupancy of 64% compared to last month of 57%. Critical care occupancy remains static at 56%. McBrearty Ward had occupancy of 63% for March compared to 91% for February. Parfitt ward is up from 39% to 51% whilst Kahurangi Dementia unit sits stable at 84%.
- Sick leave for the hospital has decreased to 2.8% for March from 4.1% in February.

Allied Health

- The Associate Director of Allied Health has commenced in her role. Her orientation has covered a range of services and connecting with partners in health delivery.
- Three abstracts have been accepted for the upcoming National Allied Health Conference to be held in Auckland in May. These abstracts cover the topics of:
  - *Inpatient discharge planning – a functional approach*
  - *Community diversional therapy to address social isolation in a rural town*
  - *Pressure care project – ensuring pressure care is managed appropriately to meet patient need.*
- They will be presented by members of the Speech Language Therapy and Occupational Therapy teams, including the Diversional Therapist. The theme of this year's conference is "Leading The Change".
- Social Work participated in the Emergency Response in Franz Josef in late March, when the Waiho River burst its bank, causing the evacuation of more than 180 people. Wellbeing interaction was provided to about 30 Franz residents who lost their belongings during the flood.

- Allied Health staff across all services have participated in a range of training over the last eight weeks including Motivational Interviewing, Falls Prevention, Suicide Prevention and discipline specific web-based training sessions.
- Difficulties recruiting to speciality positions prevail for Physiotherapy (i.e. Paediatric position). As there were no suitable candidates for the West Coast position applying through CDHBs recent recruitment round, the decision has now been made to recruit a generalist physiotherapist. Discussions are underway with the Clinical Team Leader – Physiotherapy for Women's and Child Health at the Christchurch and Women's Hospital Campus to set up peer support and training opportunities for WCDHB physios. Other recruitment underway currently includes backfill for the staff identified for FIRST, compressed pharmacist and pharmacy interns, psychology and occupational therapy.
- The first of the Nutrition Service telehealth clinics has been held, as part of a foundation project exploring outpatient service delivery via this medium. It is hoped that this project will provide a solid foundation for us to build additional clinics and professional services onto.
- The current state review of Allied Health has been completed, with feedback sessions and formal reporting under development. This review has examined referral rates, averages of time spent with people using Allied Health services and frequency of these interactions, travel time and other usual business activity.
- A Service Accreditation process is underway for the provision of basic equipment. This will initially be implemented in outlying areas, where timeliness of equipment provision could otherwise be impacted by distance from base issues. Mentoring and practical support is being provided by CDHB.
- A procurement process is under development for a Fluoroscopy replacement, with the aim for this to be ready for tender process around November. It had initially been hoped the equipment would be sustained through to the new hospital; however this is now unlikely to be so.
- Following implementation of the WCDHB Pharmacy department intranet page, Allied Health are constructing intranet pages for the other disciplines, utilising links with CDHB Allied Health informatics and other DHBs. We hope to run a 'design the Allied Health logo' competition across the DHB and community in the coming weeks, as we begin to introduce our intranet presence.
- Work on the WCDHB Allied Health Workforce Action Plan continues to progress. The incoming ADAH has met with the CDHB Allied Health Change Architect and WCDHB Project Management to ensure that this plan aligns with the CDHB Allied Health Workforce Action Plan and facilitates further transalpine initiatives.
- Members of the Occupational Therapy department have been working with district nursing staff in a local residential care facility. This has created the opportunity to enhance our working relationships, and it is anticipated that new ways of working together will continue to develop.
- Nutrition services across the district have come together to strengthen their collaboration, and enhance their ability to work with families where childhood obesity has been identified.

Medical

- 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. There are some conversations now occurring

as to the best way to progress some of these plans in several of the services.

- A recent interview for a General Physician is looking encouraging.
- Junior Medical Staffing has remained static; several offers have been made to RMO's for quarter 3 and 4. A timeline and recruitment plan around the junior workforce has been agreed with CDHB Recruitment and the Resident Doctor Support Team which will provide more structure and transparency around junior doctor recruitment. Annual recruitment has commenced, our promotional material updated and already we have had some interest.
- We continue to recruit for Rural Hospital Medicine specialists.
- Work with CDHB to better support junior doctors is progressing around accreditation of clinical attachments and training with MCNZ.
- Discussions to occur with Ashburton and Rural in working closer together and how we may share staff, training, etc.

Mental Health Services

- **2016/17 Priorities**: Initial project scoping is underway to progress the 2016/17 priorities to improve crisis responsiveness services; ensure service delivery and care is contemporary; progress integrated stepped care service delivery (primary, community, secondary) and transform provider arm services.
- **Future Services Change Programme:** The provider arm has engaged in planning work that seeks changes to current clinical models of care and service configurations linked to the wider DHB integrated services change programme and the 2014 mental health review. A number of tasks are completed including planning for staff consultation. The future change programme is sponsored by WCDHB & CDHB executives. The provider arm change methodology is cognisant of recent national policy and guidance including: the updated health strategy; commissioning framework for mental health and addiction; and shifting services guidelines.
- **Nationally Consistent De-escalation and Personal Restraint Training:** Training has rolled out to an initial group of WCDHB staff. Further training courses are planned for May.
- **ICAMHS**: Meetings are underway with school Principals in the district to discuss a range of topics including access to mental health services.

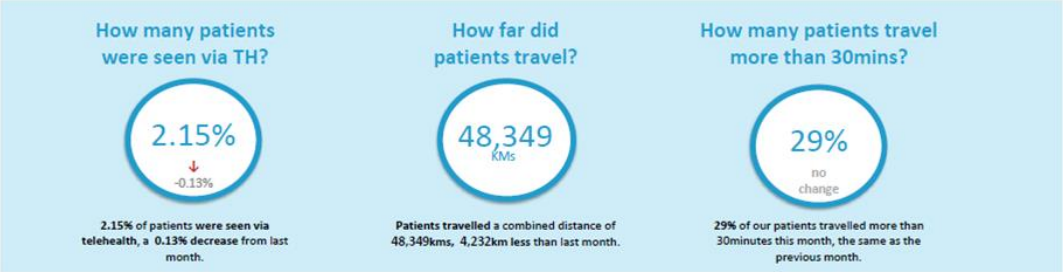
DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

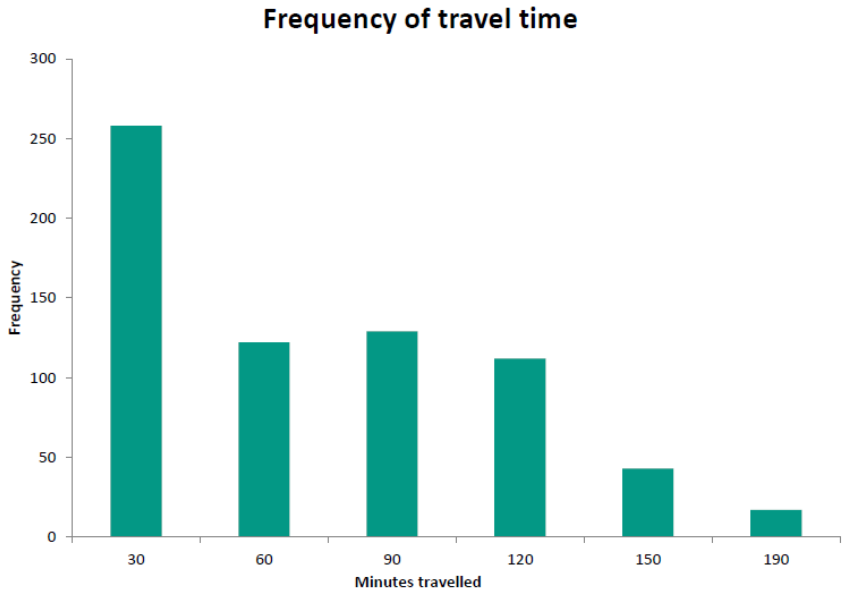
A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast

- 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.

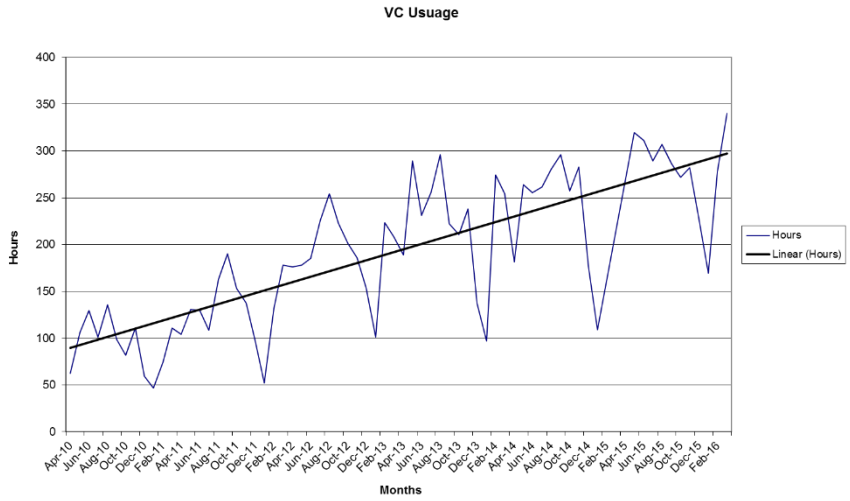
B: Champion the Expanded use of Telemedicine Technology

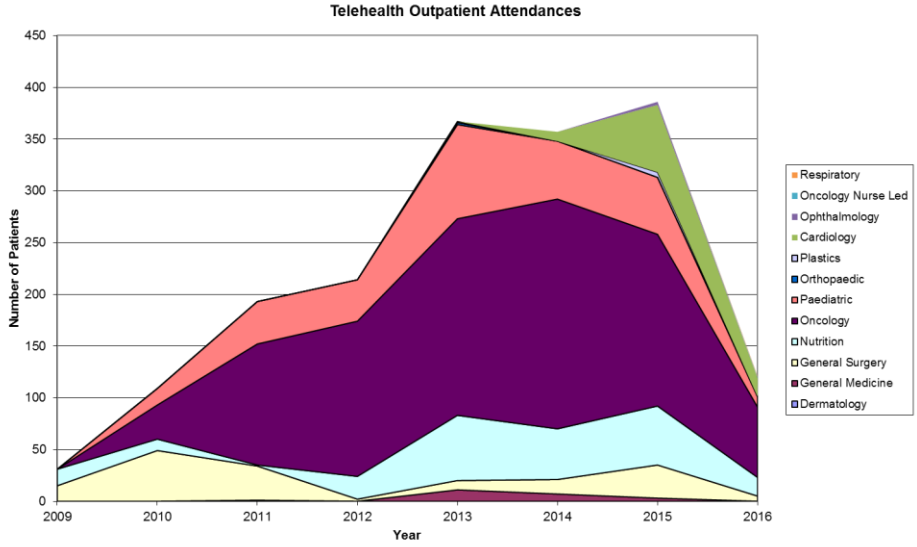
- Local work is focussed on developing a strategic plan which will be driven by a dashboard. As a consequence of this, a targeted approach is being taken to working with SMOs.
- The following is data for one way travel in March for all West Coast patients attending OP appointments in West Coast facilities.
- A primary objective of this work is to reduce the travel burden to our patients, and work will focus on reducing the number of patients travelling more than 30 minutes.





- Support will first be provided for those clinicians who are keen to embrace this mode of care delivery, with support to investigate waiting lists and identify specific patients.
- A specific stream of this work will investigate using Telehealth more in primary care.
- At a regional level, work is continuing on a South Island Telehealth Strategy, with a focus on interoperability across the region.
- See below for general usage information.





INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Implement the Complex Clinical Care Network [CCCN]

- A Coast-wide falls champion has been appointed and commences in late April. The purpose of the position is to deliver an in-house falls prevention programme for those people over 75 with falls risk. Referrals to this service will be through the Complex Clinical Care Network (CCCN).
- The Community Geriatrician from the CCCN spoke about Frail Older Persons at a two day Health and Wellbeing Hui run by Poutini Waiora. Along with this, a group has been formed to look at the Frail Elderly Pathway as part of an ongoing service improvement process.

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

- Evening clinics have commenced with a focus on flu immunisation and cervical smears. These have had an excellent uptake and consideration will be given to providing evening clinics on a regular basis. The waiting time for a routine appointment is currently one working day. Urgent appointments are being provided on the day.

- Further support has been provided via CCCN with the provision of Allied Health leadership for FIRST Supported Discharge for Buller including Reefton. This is a welcome addition to the Buller IFHS inter-disciplinary team.
- Work plans are being finalised for the coming year. The Buller IFHS Workstream will be focused on improving Maori health outcomes particularly in relation to:
  - breastfeeding at six months,
  - the oral health of children under five years, and,
  - healthy lifestyles—building on the success of the spirometry clinics.
- These initiatives will commence with a Matariki Hui in June. The Workstream will also focus on improving health literacy in men, particularly in relation to cancer. Buller Medical Services recently supported Mitre 10 and the Cancer Society in a local initiative to promote cancer awareness in men. We have also commenced an initiative to improve access for Maori for alcohol and drug assessment and treatment services.
- The team at Buller Medical Services are preparing for the Cornerstone Accreditation visit in August. This is providing the opportunity to review our systems and processes and identify areas for quality improvement.

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

- Greymouth primary practices along with other health professionals have met to discuss and develop consistent practices across primary care in Greymouth. This includes consistent processes between pharmacies and GPs; a common IT platform and use of HealthOne; and, opportunities to have some outpatient clinics based in the practices. Another meeting will be held in April and will include representatives from Clinical Nurse Specialists and Allied Health.
- The Home Care Medical (HML) call centre trial for South Westland has started. The three objectives of this project are to increase access to communities for booking appointments at the general practice, allowing administration staff in South Westland to provide greater support to clinical staff and reducing the burden of afterhours work for our Rural Nurse Specialists. Meetings have occurred with the practice team in South Westland and communities in Hari Hari and Fox. Overall there has been positive feedback from both communities and the staff. Further community meetings will be held in Haast and Franz in coming months.
- Work is underway to look at opportunities to move minor plastics work currently conducted by our specialist team into primary care. We are currently engaging with specialists to ensure any system developed is safe and robust.
- A report on the use of telehealth and patient travel times has been developed to further encourage discussions in the use of telehealth and how we can provide care closer to home for some patients that are currently travelling to appointments.

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 March 2016 was a deficit of $0.109m, which was $0.010m unfavourable against the budgeted deficit of $0.099m. The year to date position is now $0.158m 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	355	(36)	391	2,466	(308)	2,774
Provider Arm	(464)	(63)	(401)	(3,449)	(517)	(2,932)
Consolidated Result	(109)	(99)	(10)	(983)	(825)	(158)

B: Implement Employee Engagement and Performance Management Processes

- In August 2015, a series of decisions regarding the People and Capability function were announced. These decisions emerged from a Proposal for Change that recommended the fundamental repositioning of a traditional human resources department into a People and Capability function. The essence of this function is about people at the heart of our strategy and ways of working.
- To achieve this, four new People and Capability teams and a People and Capability Leadership Team have been established. The recent appointment of Paul Lamb, Manager, People and Capability Services completes the Leadership Team.
- **Organisational Development**: The OD team brings together a number of teams that were previously divided between the Business Development Unit [BDU] and Learning and Development functions.
- The OD team supports our people to innovate and improve the quality, pace and sustainability of change through:
  - Developing distributed leadership;
  - Building individual and team capability;
  - Aligning focus, efforts and resources;
  - Improving processes; and
  - Supporting the ongoing evolution of our culture and environment.
- The current strategic focus of the OD team is the development of a revised approach to OD, while continuing to support:
  - Lean and process improvement;
  - Leadership development and other capability building initiatives;
  - Infrastructure development, with a specific focus on the e-learning platform that will support 30,000 people working across South Island health systems; and
  - Facility development.
- **Wellbeing, Health and Safety:** This team is responsible for developing and bringing to life wellbeing, health and safety. It is also responsible for managing our occupational health service and ACC partnership programme.
- The team recently began refreshing their purpose, approach and work plan. What is emerging from the initial work to date is an approach focused on:
  - Enabling and validating wellbeing, health and safety.
  - Supporting wellbeing, health and safety at the coalface.
  - Building wellbeing, health and safety capability and culture.
- The current focus also includes the response to our recent external health and safety systems review, which has identified a range of opportunities for continuous improvement. The wellbeing of our people represents one of our biggest strategic challenges and risks. The team are preparing for the 2016 staff wellbeing survey, and beginning an engagement process that will inform the wellbeing strategy.

- Additionally, the 2016 flu vaccination programme has commenced, led by the occupational health team.
- **People and Capability Operations**: This team provides People and Capability operational leadership and business support for our people. They are fully embedded in the organisation, partnering with clinical and operational leaders.
- In doing so, the team is responsible for working with our circa 50 line managers and 1,000 people in relation to employment and industrial relations, supporting and coaching line managers, and supporting the implementation of People and Capability initiatives, policies, processes and tools.
- The team is currently focused on building relationships with our people, refining and clarifying policies in line with new legislation, standardising and making visible People and Capability processes, resources and advice, and generally supporting line managers to help keep our people well.
- **People and Capability Services:** This team brings together a number of services that were previously divided between the Finance and Corporate Services function and the People and Capability function, including:
  - Shared Services;
  - Payroll;
  - People Information Systems;
  - Roster Support; and
  - Recruitment.
- This team continues to support our business-as-usual operations while:
  - Coming together as a single team;
  - Strengthening our customer focus;
  - Refining our people processes [from recruitment, on-boarding and induction, performance planning and appraisal, career and succession planning etc]; and
  - Developing a work programme to deliver a single integrated People Information System that supports the employee lifecycle of our circa 1,000 people.

C: Effective Clinical Information Systems

- **Mental Health Solution:** Following a recent upgrade, the Mental Health service will be planning to bring areas within Mental Health back on line in a gradual manner as necessary preparation tasks such as retraining and data uploading are completed.
- **Staff Wifi and Patient Wifi:** A closed tender for this work has been submitted. Once successfully implemented this will extend the existing staff wifi and patient wifi currently in use within CDHB to the WCDHB. It is planned that implementation will be completed by end of 2nd Quarter 2016.
- **Joining WCDHB and CDHB domains:** Detailed planning is underway to join the WCDHB and CDHB computer domains. This will allow shared intranet access and access resources from the other DHB with the home DHB's username/password.
- **New Facility Work:** ISG is participating in a number of ICT related facility meetings. The network design for the new facility has been finalised and tender documents for this, security, AV and nurse are open to the market at the moment.
- **IT Infrastructure replacement:** An investment in upgrading some systems at the end of their life continues. This includes remote access, terminals, UPS, servers and switches.

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

External Communications

- Media interest:
    - Gastroenterology availability
    - Nutrition and physical activity funding
    - Suicide prevention activities
    - New facilities – cost savings
    - Specialist appointments
    - Fluoridation
    - Legionella in Buller
- Media releases were issued on:
    - Media alert for South Westland flooding
    - West Coast celebrates 999,999th electronic referral

Internal Communications

- Weekly global update email
- Maori Health Plan communications planning

External engagement

- Discussions with Community and Public Health about Food & Drink policy, and safe water
- Facebook posts on WCDHB Careers page – Working for the West Coast DHB; Flu heroes of the West Coast
- Twitter posts on WCDHB Careers page

.	**PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES**

Key Achievements/Issues of Note

- **AgFest:** A CPH staff member worked with West Coast PHO staff and other health professionals at the Men's Health Tent at AgFest, which was held on Friday 15 and Saturday 16 April at Cass Square in Hokitika. There was a very pleasing response from men to having a health check including blood pressure and blood sugar and a large number of West Coast farmers received a free influenza vaccination. Information and support was also available about smoking cessation and mental wellbeing. This event was a great opportunity to engage with people who are not always regular users of health services.
- **Franz Josef Flood Event:** CPH were involved in the emergency response to recent Franz Josef flooding event, with a particular focus on potential public health issues arising from damage to the sewage ponds and diesel storage. Our staff have also been involved in working with staff from West Coast Regional Council and Westland District Council to ensure these issues are addressed in the recovery phase.
- **Council Annual Plan Submissions:** CPH staff are currently working on submissions to three West Coast council Draft Annual Plans, and have already made a

submission on the Grey District Council's draft plan. CPH has also facilitated the Active West Coast submission to the Grey District Council.

- **Alcohol Licensing:** The Westland District Licensing Committee has postponed the hearing into the application for a new bottle store in Hokitika to 23 May. CPH arranged a meeting with the West Coast Fire Service Safety Officer and secured his involvement in the assessment of all West Coast liquor licence applications. The Fire Safety Officer will ensure that all premises have an up to date approved evacuation plan.
- **Kaumātua Wellbeing Hui:** The recent kaumātua wellbeing project hui was focused on Dementia and Alzheimer's, as this was of particular interest to the kaumātua involved. Alzheimers NZ and the WCDHB both presented at the hui, with over 30 kaumātua present.
- **DHB Healthy Food and Drink Policy:** The final draft of the nationally aligned DHB Healthy Food and Drink Policy has been developed through the national DHB food and beverage environments network. The Ministry of Health has been leading the consultation on this document with key national stakeholders such as unions and food services, while CPH has been leading the consultation with local stakeholders. This has included the WCDHB Executive Management Team, the Consumer Council, Healthy West Coast Governance Group and the local policy working group. The final document will be the minimum expectations for DHBs to meet, then the WCDHB will need to develop a WCDHB specific policy that is required to go through the local endorsement process by 30 June 2016.
- **Health Promoting Schools:** CPH coordinated the delivery of the 'Accelerating Equity' interactive workshop for schools and school partners at Grey High School this week. This is a follow on from the introductory workshop held last year. Over 40 participants (including rangatahi) attended the workshop with representation from schools Coast-wide and school partners such as Homebuilders and Poutini Waiora. Schools were able to share the changes they had made since the previous workshop and this workshop enabled them to build on this and start designing specific actions to reduce inequity in their school community.

Report prepared by: David Meates, Chief Executive

Health Target progress

Quarterly & progress data

Target	Q4 14/15	Q1 15/16	Q2 15/16	**Q3 15/16**	Target	Current Status	Progress
 **Shorter Stays in ED** Patients admitted, discharged or transferred from an ED within 6 hours[1]	99.7%	99.7%	99.6%	99.6%	95%	✓	The West Coast DHB continues to achieve impressive results against the **shorter stays in ED health target**, with **99.6%** of patients admitted, discharged or transferred from ED within six hours during Quarter 3.
 **Improved Access to Elective Surgery** West Coast's volume of elective surgery	1,721	480 YTD	1,130 YTD	1,442 YTD	1,371 YTD	✓	**1,442** elective surgical cases were delivered to Coasters in the year-to-date March 2016, meeting target at 105.2% of our year-to-date target delivery.
 **Faster Cancer Treatment** Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	50%	50%	71.4%	75% *Prelim*	85%	✗	Work around the **faster cancer treatment health target** continues, with **75%** of patients (9/12) having received their first cancer treatment or other management within 62 days of being referred (in the rolling 6 months to March 2016). All non-compliant patients were complex cases with comorbidities or were delayed due to patient choice.
 **Increased Immunisation** Eight-month-olds fully immunised	85%	88.4%	80.9%	89.3%	95%	✗	While West Coast DHB has not met the **increased immunisation health target,** we are pleased to have vaccinated **97%** of the eligible consenting population with only two children missed. Opt-offs decreased 10% this quarter to 8%, which is reflected in our improved results, although continues to make meeting the target impossible.
 **Better Help for Smokers to Quit** **Hospitalised** smokers receiving help and advice to quit[2]	97.8%	91.1%	96.4%	93.9%	95%	✗	West Coast DHB staff provided **93.9%** of hospitalised smokers with smoking cessation advice and support, a disappointing decrease after meeting **the secondary care better help for smokers to quit target** last quarter. Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator continues to investigate every missed smoker.

[1] This report is calculated from both Greymouth and Buller Emergency Departments.
[2] Results may vary due to coding processes. Reflects result as at time of reporting to MoH.

Target		Q4 14/15	Q1 15/16	Q2 15/16	**Q3 15/16**	Target	**Current Status**	**Progress**
	**Better Help for Smokers to Quit** Smokers offered help to quit smoking by a **primary care** health care practitioner in the last 15 months	90.2%	84.5%	84.8%	82% *Prelim*	90%	✘	Preliminary performance against the **primary care better help for smokers to quit health target** shows a decrease ahead for Quarter 3, not meeting the target at 82%. It is disappointing to see this trend continue downwards, with all best practice initiatives ongoing.
	**More Heart and Diabetes Checks** Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	91.1%	91%	90.8%	90.3% *Prelim*	90%	✓	Preliminary performance against the **more heart and diabetes checks health target** shows the target was maintained in Quarter 3, although continuing on a downward trend overall.

CLINICAL LEADERS UPDATE

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

SOURCE: **Clinical Leaders**

DATE: **13 May 2016**

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
Nursing workforce action plan activity now well underway. The new graduate nurses are settling into their new placements. The CNS Stroke has been appointed which will see significant support for the implementation of the Complex Clinical Care Network (CCCN) Alliance work plan. We have also welcomed a new Nurse Educator who commenced this month.

Allied Health have had three abstracts accepted to the National Allied Health Conference attended in Auckland. The theme of this year's conference is "Leading the Change". We have successfully recruited to the First fall prevention role for Buller; however challenges remain for Paediatric Physiotherapy which is leading us to review how the RUFUS model currently in place for Dietetics might be adapted. Allied Health are working on the increasing the utilisation of Telehealth and successfully implemented a pilot for nutrition services.

West Coast Clinical Leaders attended the inaugural South Island interdisciplinary learning workshop which was held last month. The event, held at the Design Lab in Christchurch, was an opportunity for clinical leaders and senior managers across the health system to identify opportunities and agree on key principles to increase interdisciplinary learning across the South Island. The workshop was organised by the South Island Alliance's Workforce Development Hub, in conjunction with the Quality and Safety Service Level Alliance. The day was focused on identifying areas that require change, creating new opportunities, agreeing some common language for interdisciplinary learning across the South Island as well as showcasing a number of activities that are already occurring across the region. The day was attended by a range of health professionals, representing DHBs, PHOs, aged residential care and education providers, who were challenged to think about how they would apply interdisciplinary learning in their everyday practice.

The medical workforce continues to have some vacancies with plans in place to address these. The junior doctor workforce has vacancies in relief, GP and Rural Hospital Medicine rotations, with locums filling these vacancies. These positions will be included in the annual recruitment with Canterbury DHB.

GP recruitment for the West Coast has improved over the last 12 months with 4 permanent GPs recruited. An additional 3 GPs are in negotiation for permanent positions. Strategies to improve recruitment includes attendance at national and international conferences. Rural Health Conferences offer a prime marketing opportunity to increase awareness of the GP vacancies at the West Coast DHB as well as expanding networks within the industry and building a talent pool, resulting in reduced agency reliance. The upcoming Primary Care Conference in the UK will be attended by WCDHB/CDHB representatives to target permanent GPs who can commit to 12 months or more. Marketing and advertising collateral has been designed and printed to distribute as well as new advertising templates for international and national recruitment, reflecting the same design themes. An advertising strategy is being rolled out to support this. Within the Hospital secondary services there are several SMO vacancies. There are advertised vacancies in General Surgery (1 FTE), General Medicine (1 FTE), Rural Hospital Medicine (1 FTE).

Quality and Safety

A Site visit by HQSC representatives from Improving *Surgical Team Work & Communication Project*. HQSC met with members of the DHB's project group, Theatre staff and the Quality team to look at progress with implementation of national project goals. Current cohort focus is on establishing robust surgical team briefings prior to surgical lists starting, moving toward paperless surgical safety checklists during each operation, followed by team debriefing post-surgical list completion.

Scope

This is a tool based in Health Connect South which will enable both immediate publishing of operation notes and also audit of surgical procedures and complications. Clinical leaders have been involved in the West Coast steering group. A meeting was held with 2 Canterbury DHB "Scope Champions" to encourage West Coast participation and usage of Scope.

Facilities

Grey Hospital and Integrated Family Health Centre

The West Coast DHB submitted an ICT Facility Plan, for consideration by the IT Health Board on 16 March 2016. This paper had endorsement from the Clinical Leaders Group and the ISGG. The Ministry of Health reviewed this paper internally and no additional information was required. This paper is scheduled to be submitted to the IT Health Board by the Ministry's Investment and Planning Team for the ICT Health Board April meeting.

The Grey Base Hospital and Integrated Family Health Center *Detailed Design* has been completed with significant input from clinicians and was released to Fletchers Construction on 21 March 2016. Fletcher Construction Company has now tendered work packages and will submit a Fixed Price Lump Sum to the Partnership Group in May 2016.

The next Clinical Leaders Group Meeting is scheduled for 5 May 2016.

The Minister of Health has provided reassurance that works are expected to commence on site the week commencing 30 May 2016. The date of practical completion of the project remains March 2018.

Buller

The DHB submitted a revised Implementation Business Case [IBC] for the Buller Integrated Family Health Centre [IFHC] to the National Health Board for consideration by the Capital Investment Committee [CIC] at its meeting on 9 March 2016.

The CIC is expected to make a recommendation on the next steps in the coming weeks.

Integrated West Coast Health System

West Coast Clinical leaders attended the recent Health Symposium "Powering Up Our Future" and launch of the New Zealand Health Strategy by the Minister of Health. The key themes of the symposium were "people – technology – wellbeing" and there was a strong emphasis on the importance of the voice of our patient/community in health care system design and delivery.

Clinical Leaders from all parts of the West Coast system continue to be involved in leading the work of the Alliance workstream and ALT and the Clinical Board.

4. CONCLUSION

The Clinical Leaders will continue to work across a range of activities to promote a sustainable West Coast health care service.

Report prepared by:

Stella Ward, Executive Director, Allied Health
Mr Pradu Dayaram, Medical Director, Facilities Development
Dr Vicki Robertson, Interim Medical Director, Patient Safety and Outcomes
Dr Cameron Lacey, Medical Director, Medical Council, Legislative Compliance & National Representation

WELLBEING HEALTH AND SAFETY UPDATE

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

TO: **Chair and Members**
Quality, Finance, Audit & Risk Committee

SOURCE: **People and Capability**

DATE: **13 May 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report provides an update on employee wellbeing, health and safety activities.

2. RECOMMENDATION

That the Committee:

i. notes the Wellbeing Health & Safety Update

3. SUMMARY

General

As discussed at the last Board meeting, the programme of work around, and the reporting of, wellbeing health and safety priorities and performance is a strategic priority for the organisation. Work is underway to review and refine our reporting, which will remain a work in progress over the coming months.

The presentation to the Board at the last meeting provided a refresher on the requirements of the new legislation and our focus for continuous improvement.

The draft Health and Safety Systems Review Report was received on 16 March 2016 and subsequently tabled at the Health and Safety Governance Group (HSGG) on 21 March 2016. The HSGG approved a process to review the draft Report for matters of fact or errors, with feedback from subject matter experts due by 9 April 2016. The HSGG has now reviewed the feedback and made a recommendation to the contractor for a final Report.

With the new Wellbeing Health and Safety Manager in place, the team undertook two in a series of Design Lab-hosted workshops to begin shaping up the refreshed purpose, approach and workplan for the Wellbeing Health and Safety Team. This programme of work will be ongoing over the coming months.

Wellbeing

The Staff Wellbeing Programme for 2016 has commenced with a variety of initiatives. Ten workshops have been approved for delivery on the West Coast. A successful pilot of a new workshop was recently run for managers from across the organisation. Operational planning is well underway.

This Programme will be enhanced by the development of a wellbeing strategy that systemically supports the wellbeing of staff. The Staff Wellbeing Advisory Group [*SWAG*] is planning to meet shortly to progress the development of this strategy.

Occupational Health
The staff influenza programme commenced in April. The quadrivalent flu vaccine will be offered to staff. In collaboration with the communications team, posters and other advertising material have been developed and are being rolled out.

Safety
Recommendations on the availability of transitional training in the new health and safety legislation for elected Health and Safety Representatives have been made.

Injury Management
There have been two ACC injury claims, neither of which were lost time.

Report prepared by:	Mark Lewis, Manager, Wellbeing, Health and Safety
Report approved for release by:	Michael Frampton, General Manager, People and Capability

FINANCE REPORT

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

SOURCE: **General Manager, Finance & Corporate Services**

DATE: **13 May 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 March 2016.

3. DISCUSSION

Overview of March 2016 Financial Result

The consolidated West Coast District Health Board financial result for the month of March 2016 was a deficit of $0.109m, which was $0.010m unfavourable against the budgeted deficit of $0.099m. The year to date position is now $0.158m unfavourable.

The table below provides the breakdown of March's result.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,956	7,012	(56)	×	62,411	63,158	(747)	×
Governance & Administration	67	69	(2)	×	692	621	71	√
Funds & Internal Eliminations	4,769	4,719	50	√	42,853	42,492	361	√
	11,792	11,800	(8)	×	105,956	106,271	(315)	×
EXPENSES								
Provider								
Personnel	5,174	5,045	(129)	×	46,142	45,405	(737)	×
Outsourced Services	0	8	8	√	22	72	50	√
Clinical Supplies	804	617	(187)	×	6,648	5,553	(1,095)	×
Infrastructure	893	821	(72)	×	8,059	7,389	(670)	×
	6,871	6,491	(380)	×	60,871	58,419	(2,452)	×
Governance & Administration	67	69	2	√	692	621	(71)	×
Funds & Internal Eliminations	4,414	4,755	341	√	40,387	42,800	2,413	√
Total Operating Expenditure	11,352	11,315	(37)	×	101,950	101,840	(110)	×
Surplus / (Deficit) before Interest, Depn & Cap Charge	440	485	(45)	×	4,006	4,431	(425)	×
Interest, Depreciation & Capital Charge	549	584	35	√	4,989	5,256	267	√
Net surplus/(deficit)	(109)	(99)	(10)	×	(983)	(825)	(158)	×

4. APPENDICES

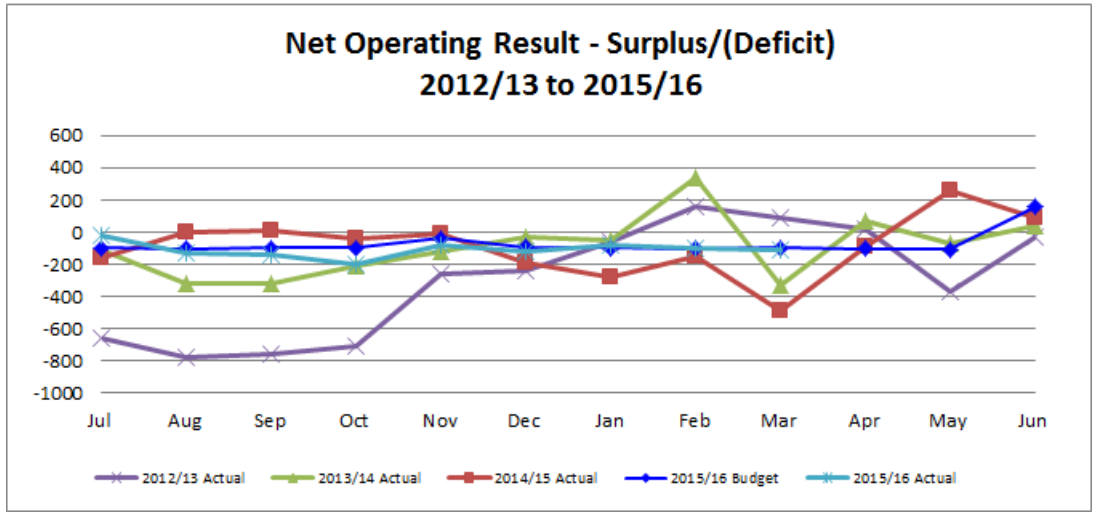
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

Report prepared by: Justine White, General Manager Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – MARCH 2016

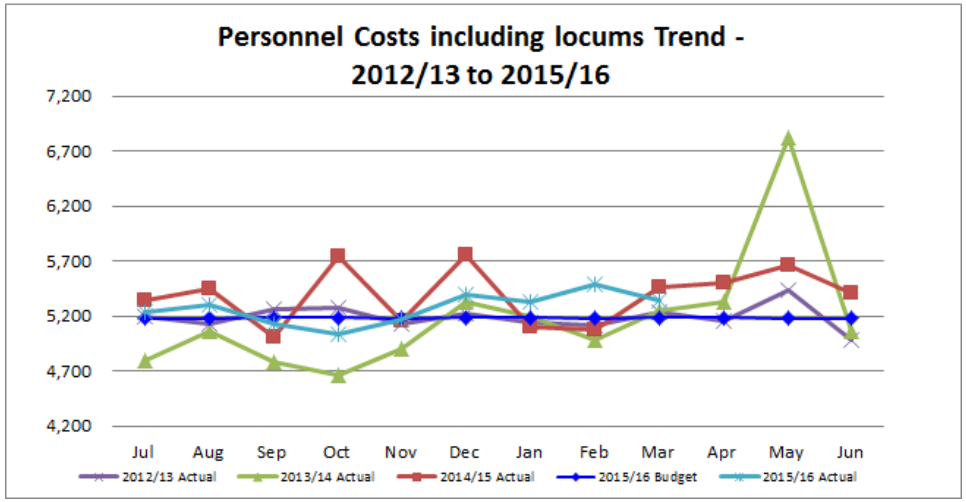
	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(109)	(99)	(10)	10% ✗	(983)	(825)	(158)	19% ✗

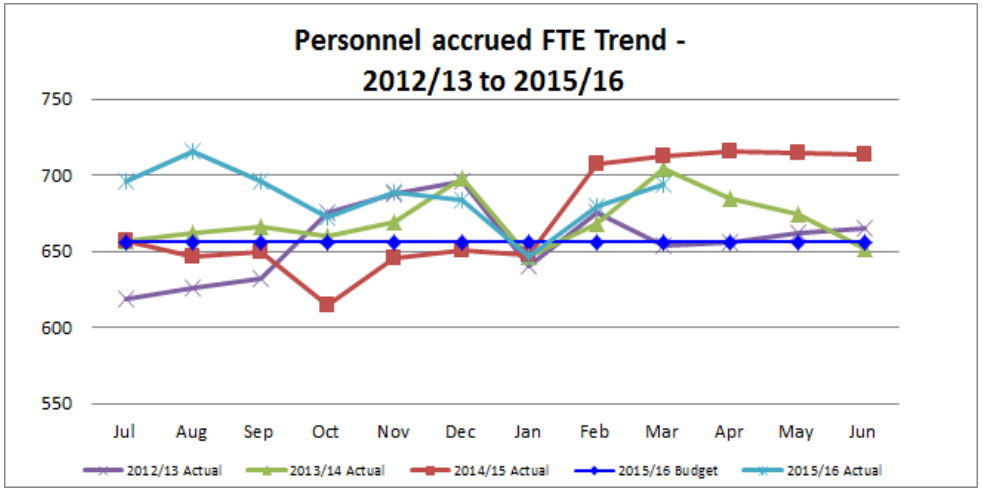


We have submitted an Annual Plan with a planned deficit of $878k, which reflects the financial results anticipated in the facilities business case, after adjustment for the increased revenue as notified in July 2015. The YTD result reflects a significant cost incurred in October in relation to redundancies 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.

KEY RISKS AND ISSUES

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

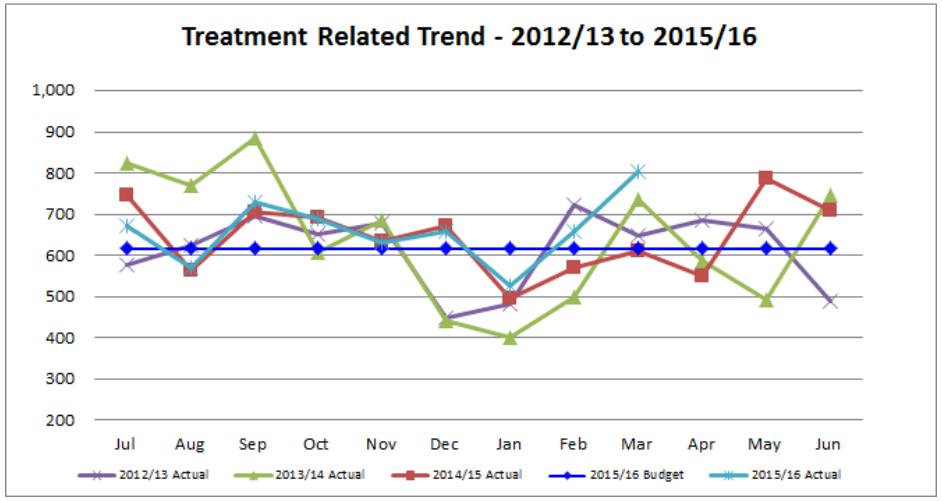


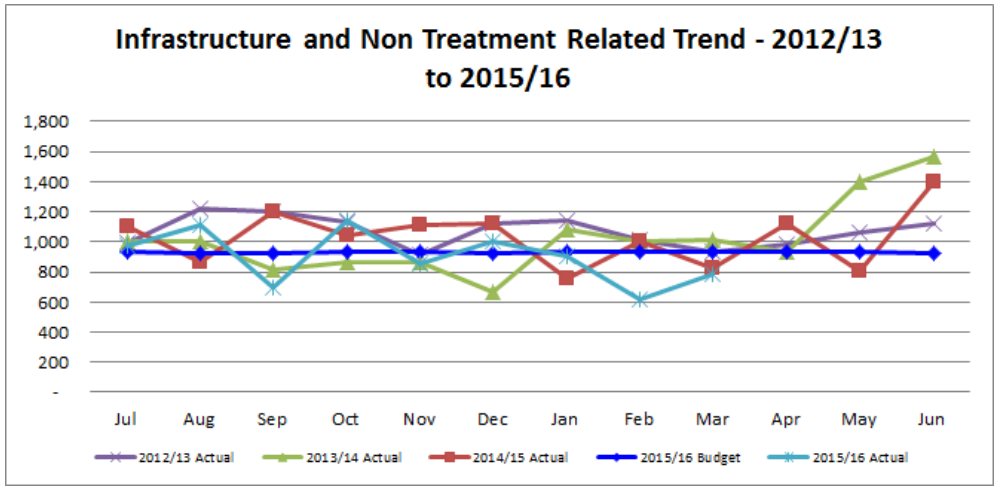


KEY RISKS AND ISSUES

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



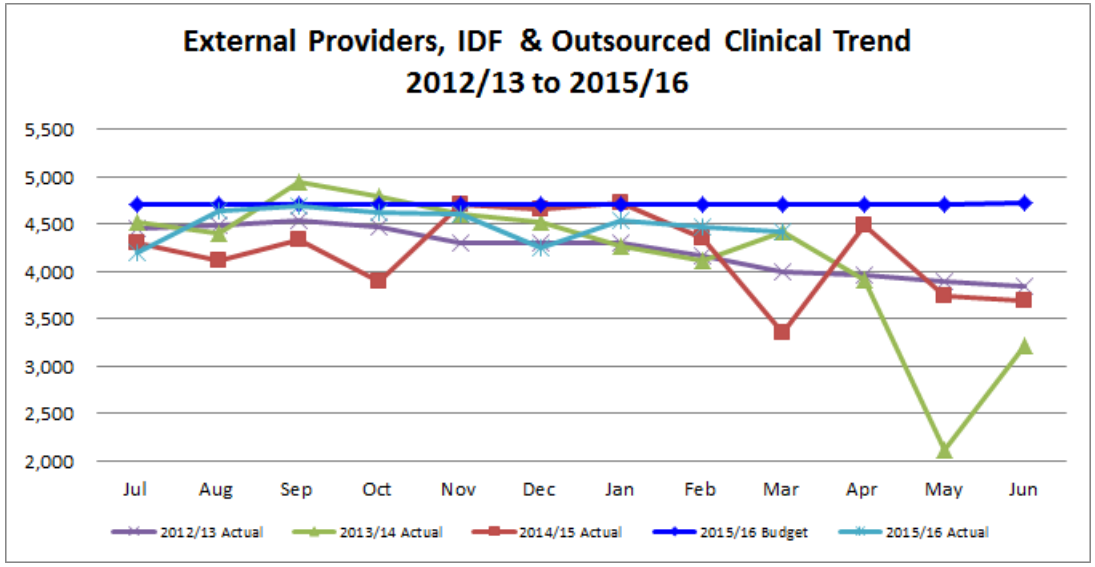


KEY RISKS AND ISSUES

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

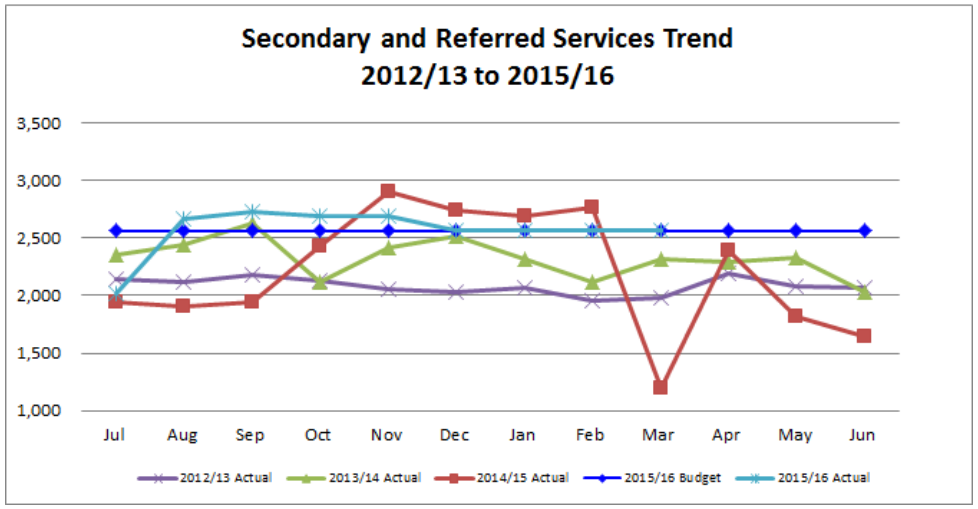


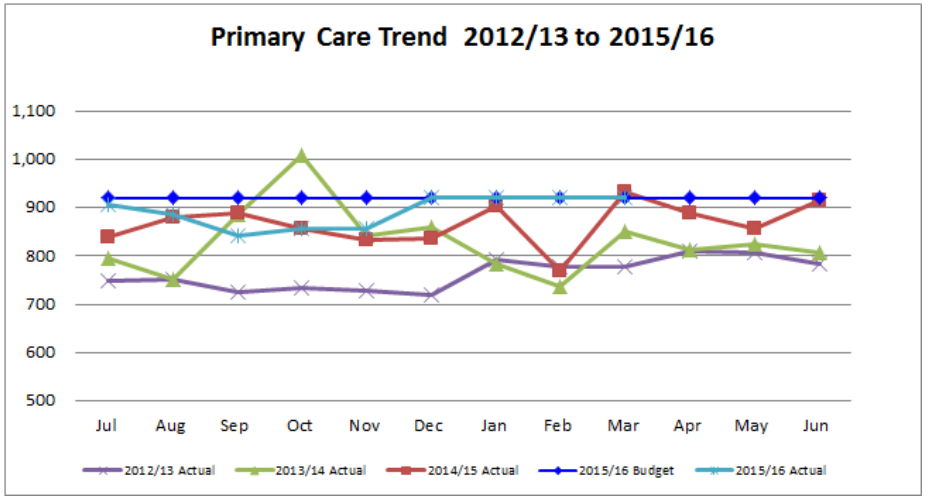
KEY RISKS AND ISSUES

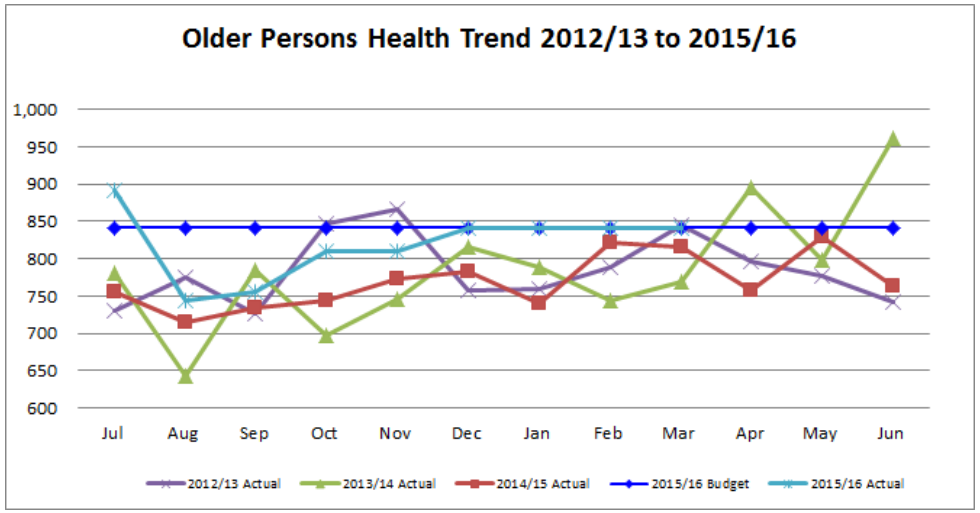
Capacity constraints within the system require continued monitoring of trends and demand for services.

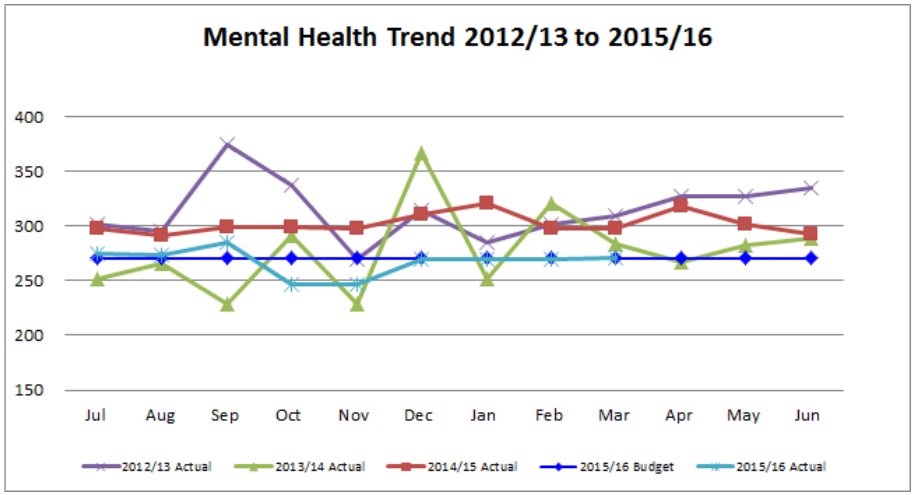
Current Month					SERVICES	Year to Date					2015/16
Actual	Budget	Variance				Actual	Budget	Variance			Annual Budget
$000	$000	$000	%			$000	$000	$000	%		$000
					Primary Care						
41	31	-10	-33%	✗	Dental-school and adolescent	241	277	36	13%	✓	369
22	26	5	18%	✓	Maternity	241	237	-4	-2%	✗	316
4	1	-3	-487%	✗	Pregnancy & Parent	7	6	-1	-17%	✗	8
0	3	3	100%	✓	Sexual Health	0	25	25	100%	✓	33
2	4	2	60%	✓	General Medical Subsidy	21	38	17	45%	✓	50
517	513	-4	-1%	✗	Primary Practice Capitation	4,652	4,614	-38	-1%	✗	6,152
91	91	0	0%	✓	Primary Health Care Strategy	819	820	1	0%	✓	1,093
87	87	0	0%	✗	Rural Bonus	787	787	0	0%	✓	1,049
5	5	0	8%	✓	Child and Youth	40	44	4	9%	✓	59
47	13	-35	-277%	✗	Immunisation	92	113	21	19%	✓	151
5	5	0	-4%	✗	Maori Service Development	38	43	4	10%	✓	57
48	52	4	8%	✓	Whanau Ora Services	350	469	119	25%	✓	626
17	18	1	5%	✓	Palliative Care	98	161	64	40%	✓	215
9	6	-3	-44%	✗	Community Based Allied Health	63	57	-6	-11%	✗	76
9	12	3	27%	✓	Chronic Disease	70	108	38	35%	✓	144
68	53	-15	-27%	✗	Minor Expenses	463	479	16	3%	✓	639
970	**920**	**-51**	**-6%**	✗		**7,981**	**8,277**	**296**	**4%**	✓	11,036
					Referred Services						
24	23	-1	-4%	✗	Laboratory	250	209	-41	-20%	✗	279
655	663	8	1%	✓	Pharmaceuticals	5,563	5,970	407	7%	✓	7,960
679	**687**	**7**	**1%**	✓		**5,814**	**6,179**	**366**	**6%**	✓	8,239
					Secondary Care						
127	263	135	52%	✓	Inpatients	1,909	2,364	455	19%	✓	3,152
115	126	11	9%	✓	Radiolgy services	1,112	1,132	20	2%	✓	1,510
120	114	-6	-5%	✗	Travel & Accommodation	998	1,022	24	2%	✓	1,362
1,259	1,375	116	8%	✓	IDF Payments Personal Health	12,431	12,377	-54	0%	✗	16,502
1,621	**1,877**	**256**	**14%**	✓		**16,450**	**16,895**	**445**	**3%**	✓	22,526
3,270	**3,483**	**213**	**6%**	✓	**Primary & Secondary Care Total**	**30,245**	**31,351**	**1,106**	**4%**	✓	**41,801**
					Public Health						
30	25	-5	-21%	✗	Nutrition & Physical Activity	193	221	27	12%	✓	294
0	0	0		✓	Public Health Infrastructure	0	0	0		✓	0
11	11	0	-3%	✗	Tobacco control	100	97	-3	-4%	✗	129
0	0	0		✓	Screening programmes	0	0	0		✓	0
41	**35**	**-6**	**-16%**	✗	**Public Health Total**	**294**	**318**	**24**	**8%**	✓	**423**
					Mental Health						
11	6	-5	-96%	✗	Dual Diagnosis A&D	37	50	12	25%	✓	66
0	2	2	100%	✓	Eating Disorders	0	17	17	100%	✓	23
20	20	0	0%	✓	Child & Youth Mental Health Services	173	180	8	4%	✓	240
22	5	-17	-345%	✗	Mental Health Work force	149	45	-104	-231%	✗	60
61	61	0	0%	✓	Day Activity & Rehab	547	547	0	0%	✓	729
11	11	0	-3%	✗	Advocacy Consumer	96	96	0	0%	✗	128
81	81	0	0%	✓	Other Home Based Residential Support	727	727	0	0%	✓	970
11	11	0	0%	✓	Advocacy Family	99	99	0	0%	✗	132
10	10	0	0%	✓	Community Residential Beds	107	88	-20	-22%	✗	117
0	0	0		✓	Minor Expenses	0	0	0		✓	0
65	65	0	0%	✓	IDF Payments Mental Health	582	582	0	0%	✗	776
291	**270**	**-21**	**-8%**	✗		**2,518**	**2,431**	**-87**	**-4%**	✗	3,242
					Older Persons Health						
0	9	9	100%	✓	Information and Advisory	0	85	85	100%	✓	114
0	0	0	100%	✓	Needs Assessment	0	1	1	100%	✓	1
91	70	-22	-31%	✗	Home Based Support	696	627	-68	-11%	✗	837
2	8	6	78%	✓	Caregiver Support	53	72	19	26%	✓	96
204	281	77	28%	✓	Residential Care-Rest Homes	2,104	2,528	424	17%	✓	3,370
9	5	-5	-99%	✗	Residential Care-Community	98	42	-56	-135%	✗	56
368	360	-9	-2%	✗	Residential Care-Hospital	3,190	3,238	49	2%	✓	4,318
0	0	0		✓	Ageing in place	0	0	0		✓	0
14	0	-14		✗	Day programmes	93	0	-93		✗	0
16	15	-1	-4%	✗	Respite Care	104	135	31	23%	✓	180
1	1	0	0%	✓	Community Health	11	11	0	0%	✓	15
0	1	1	100%	✓	Minor Disability Support Expenditure	32	12	-20	-172%	✗	16
91	91	0	0%	✓	IDF Payments-DSS	817	817	0	0%	✗	1,090
796	**841**	**43**	**5%**	✓		**7,199**	**7,569**	**370**	**5%**	✓	10,092
1,087	**1,111**	**22**	**2%**	✓	**Mental Health & OPH Total**	**9,717**	**10,000**	**283**	**3%**	✓	**13,333**
4,398	**4,630**	**232**	**5%**	✓	**Total Expenditure**	**40,255**	**41,668**	**1,413**	**3%**	✓	**55,558**

EXTERNAL PROVIDER COSTS









FINANCIAL POSITION

	Month Actual $'000	Month Budget $'000	Month Variance $'000			Annual Budget $'000
Equity	11,513	8,204	3,309	40%	✓	9,083
Cash	4,635	9,289	(4,654)	-50%	✗	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 March 2016

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	11,285	11,331	(46)	(0.4%)	101,788	101,980	(192)	(0.2%)	135,973	134,166
Inter DHB Revenue	(8)	5	(13)	(260.0%)	29	45	(16)	(35.6%)	60	36
Inter District Flows Revenue	125	128	(3)	(2.3%)	1,111	1,152	(41)	(3.6%)	1,560	1,497
Patient Related Revenue	212	262	(50)	(19.1%)	2,170	2,358	(188)	(8.0%)	3,144	3,000
Other Revenue	178	74	104	140.8%	858	736	122	16.5%	1,188	1,162
Total Operating Revenue	11,792	11,800	(8)	(0.1%)	105,956	106,271	(315)	(0.3%)	141,925	139,861
Operating Expenditure										
Personnel costs	5,343	5,113	(230)	(4.5%)	47,505	46,018	(1,487)	(3.2%)	61,352	64,688
Outsourced Services	0	8	8	100.0%	22	72	50	69.4%	96	82
Treatment Related Costs	804	617	(187)	(30.3%)	6,649	5,553	(1,096)	(19.7%)	7,404	7,736
External Providers	3,092	3,097	5	0.2%	27,374	27,873	499	1.8%	37,190	35,196
Inter District Flows Expense	1,322	1,531	209	13.7%	13,013	13,784	771	5.6%	18,368	14,789
Outsourced Services - non clinical	0	73	73	100.0%	0	657	657	100.0%	876	325
Infrastructure and Non treatment related costs	788	929	141	15.2%	7,387	8,366	979	11.7%	11,157	12,350
Total Operating Expenditure	11,349	11,368	19	0.2%	101,950	102,323	373	0.4%	136,443	135,166
Result before Interest, Depn & Cap Charge	443	432	11	2.5%	4,006	3,948	(58)	(1.5%)	5,482	4,695
Interest, Depreciation & Capital Charge										
Interest Expense	55	70	15	21.4%	489	624	135	21.6%	828	732
Depreciation	416	395	(21)	(5.3%)	3,736	3,555	(181)	(5.1%)	4,740	4,238
Capital Charge Expenditure	81	66	(15)	(22.7%)	764	594	(170)	(28.6%)	792	772
Total Interest, Depreciation & Capital Charge	552	531	(21)	(4.0%)	4,989	4,773	(216)	(4.5%)	6,360	5,742
Net Surplus/(deficit)	(109)	(99)	(10)	(10.1%)	(983)	(825)	(158)	(19.2%)	(878)	(1,047)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(109)	(99)	(10)	(10.1%)	(983)	(825)	(158)	(19.2%)	(878)	(1,047)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 31 March 2016

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	24,276	24,481	(205)	(0.8%)	26,210
Intangible assets	656	646	10	1.5%	1,131
Work in Progress	2,851	1,568	1,283	81.8%	367
Other investments	567	567	0	0.0%	642
Total non-current assets	28,350	27,262	1,088	4.0%	28,350
Current assets					
Cash and cash equivalents	4,635	9,289	(4,654)	(50.1%)	8,081
Patient and restricted funds	73	60	13	21.7%	70
Inventories	994	1,100	(106)	(9.6%)	1,053
Debtors and other receivables	11,693	4,218	7,475	177.2%	6,450
Assets classified as held for sale	0	136	(136)	(100.0%)	136
Total current assets	17,395	14,803	2,592	17.5%	15,790
Total assets	45,745	42,065	3,680	8.7%	44,140
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	11,195	11,195	0	0.0%	10,695
Employee entitlements and benefits	2,903	2,895	(8)	(0.3%)	2,884
Total non-current liabilities	14,098	14,090	(8)	(0.1%)	13,579
Current liabilities					
Interest-bearing loans and borrowings	3,250	3,250	0	0.0%	3,750
Creditors and other payables	8,017	7,248	(769)	(10.6%)	7,038
Employee entitlements and benefits	8,919	9,168	249	2.7%	9,538
Total current liabilities	20,186	19,666	(520)	(2.6%)	20,326
Total liabilities	34,284	33,756	(528)	(1.6%)	33,905
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)	(82,322)	(82,097)	225	0.3%	(81,577)
Trust funds	0	39	0	0.0%	39
Total equity	11,513	8,204	(3,309)	(40.3%)	8,792
Total equity and liabilities	45,797	41,960	3,837	9.1%	42,697

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

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	13,213	11,756	1,457	12.4%	109,045	105,875	3,170	3.0%
Cash paid to employees	(5,944)	(5,113)	(831)	(16.3%)	(48,326)	(46,018)	(2,308)	(5.0%)
Cash paid to suppliers	(2,002)	(1,637)	(365)	(22.3%)	(18,772)	(14,732)	(4,040)	(27.4%)
Cash paid to external providers	(3,128)	(3,097)	(31)	(1.0%)	(27,668)	(27,873)	205	0.7%
Cash paid to other District Health Boards	(1,286)	(1,531)	245	16.0%	(12,719)	(13,784)	1,065	7.7%
Cash generated from operations	853	378	475	125.7%	1,560	3,468	(1,908)	(55.0%)
Interest paid	(55)	(60)	5	8.3%	(489)	(540)	51	9.4%
Capital charge paid	57	(66)	123	186.4%	(477)	(594)	117	19.7%
Net cash flows from operating activities	855	252	603	239.3%	594	2,334	(1,740)	(74.6%)
Cash flows from investing activities								
Interest received	122	44	78	177.3%	352	396	(44)	(11.1%)
(Increase) / Decrease in investments	0	0	0		0	0	0	0.0%
Acquisition of property, plant and equipment	(284)	(322)	38	11.8%	(2,189)	(2,898)	709	(24.5%)
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(162)	(278)	116	(41.7%)	(1,837)	(2,502)	665	26.6%
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	61	0	61		203	0	203	
Payment of finance lease liabilities	0	0	0		0	0	0	
Net cash flows from financing activities	61	0	61		289	0	289	
Net increase in cash and cash equivalents	754	(26)	780	(3000.0%)	(954)	(168)	(786)	467.9%
Cash and cash equivalents at beginning of period	3,939	10,123	(6,184)	(61.1%)	5,648	10,265	(4,617)	(45.0%)
Cash and cash equivalents at end of year	4,693	10,097	(5,404)	(53.5%)	4,694	10,097	(5,403)	(53.5%)

BOARD MEMBER MEDIA CONTACT POLICY

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

SOURCE: **Board Secretariat**

DATE: **13 May 2016**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to place before the Board for its formal approval a Media Contact Policy.

2. RECOMMENDATION

That the Board:

i. approves the protocols 1 – 8 detailed below as the Board Member Media Contact Policy.

3. SUMMARY

The West Coast DHB's current Board Member Media Contact Policy is detailed in a Board Member Manual which was reviewed in 2009. The extracts from the manual are detailed in Appendix 1.

It is now timely that the Board Member Media Contact Policy be reviewed.

It is important that there is a protocol on day-to-day management issues so that the DHB is responsible as a consistent voice in the media and also once decisions of the DHB are made and any dissent is noted that the issues do not continue to be re-litigated. This is one of the principles of collective responsibility.

It is also important to appreciate that public criticism of our organisation and the management of the organisation can lead to a lessening of public confidence and is inherently unreasonable as it is often inappropriate for management to respond to this criticism.

It is proposed that the following protocols be adopted for official contact with the media:

1. The spokesperson for all governance matters will be the Chair of the Board, who may delegate this responsibility. The Chair may speak directly with the media on governance matters.

2. For clarity, the spokesperson for all operational matters will be the Chief Executive Officer, who may delegate this responsibility. Those people with delegated responsibility may not, in turn, delegate it to others.

3. Where there is a clinical/medical question from the media, which requires a specific response from an appropriately qualified person, Board and Committee members should refer this to the Chair or Board Secretariat for referral to the appropriate person.

4. Board and Committee members should not make statements to the media on matters relating to the West Coast DHB, in either a named or anonymous capacity.

5. Board and Committee members are not precluded from making personal statements to media that do not impinge on West Coast DHB policy or operations, but if doing so must explicitly state that they are doing this as a member of the public, or of any other organisation or professional body that they are representing and must advise the Chairman as soon as practicable. They should be clear that they are not speaking on behalf of the Board.

6. Board and Committee members should not comment publicly on specific agenda items in advance of the meeting at which they are to be discussed. It is expected that Board and Committee members will express their individual viewpoints at meetings of the Board and Committees. Subsequent public comment will be limited by the individual's obligation to observe the collective responsibility for decisions.

7. Board and Committee members who have criticisms of the West Coast DHB are expected to pursue these through Board and Committee Chairs.

8. Members seeking election are entitled to campaign and raise issues during their campaign.

4. APPENDICES

Appendix 1 Extract from 2009 Board Member Manual

Report prepared by: Kay Jenkins, Board Secretariat
Report approved for release by: Peter Ballantyne, Chairman

APPENDIX 1

EXTRACT FROM 2009 BOARD MEMBER MANUAL

1.17 PUBLIC COMMENT BY BOARD/COMMITTEE MEMBERS

Board/Committee members are not to make public comment of the Board and its management, without first seeking leave from the Chairperson to do so. They are also to provide a copy of their intended comments to the Chairperson. It is expected that debate on issues may occur at Board/Committee meetings and that Board/Committee members will abide by the principle of collective responsibility for any decisions made or activities undertaken by the Board and its Committees.

Board members seeking election are entitled to campaign and raise issues during their campaign. Committee members are expected to communicate with their communities but it is expected that any debate on issues will occur at Committee meetings and that Committee members will abide by the principle of collective responsibility for any decisions made and actions undertaken by the Committee which they are a member.

1.18 CONTACT WITH THE MEDIA AND POLITICIANS

It is recognised that in accordance with the Standing Orders of the WCDHB (and its Committees), Board/Committee members are entitled to speak freely at Board/Committee meetings and as such to be reported in the media. If a member of the media approaches a Board/Committee member, they must direct the media representative to the Board Chairperson, who will make a statement on behalf of the Board/Committee. If a member disagrees with this statement, they shall raise this at a subsequent Board/Committee meeting and shall not comment in public on the matter. Official contact between the WCDHB and national and local politicians shall be via the Board Chairperson. If a politician approaches Board/Committee members, they must direct the politician to the Board Chairperson. Board/Committee members are not to contact politicians in any official capacity (representing the WCDHB (and its Committees)) without the prior approval of the Board Chairperson.

REVISED STANDING ORDERS

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

SOURCE: **Board Secretariat**

DATE: **13 May 2016**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to place before the Board for its formal approval a revised version of the West Coast DHB's Standing Orders.

2. RECOMMENDATION

That the Board:

i. approves revised Standing Orders attached as Appendix 1.

3. SUMMARY

The West Coast DHB's existing Standing Orders were adopted in 2001, subsequently revised in 2010, and are based on the NZ Model Standing Orders (NZS 9203.2003) as used by most Local Authorities in New Zealand and many other DHBs.

It is timely to once again revise the Standing Orders. The main changes to the document are minor grammatical ones which make the document easier to read and understand.

4. APPENDICES

Appendix 1: Revised Standing Orders

Report prepared by: Kay Jenkins, Board Secretariat
Report approved for release by: Peter Ballantyne, Chairman

West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Standing Orders

West Coast District Health Board

Greymouth
West Coast
New Zealand

(May 2016)

These Standing Orders were agreed at the meeting of the West Coast District Health Board on 5 May 2016 and apply to its meetings including any committee or subcommittee meeting.

Revised – May 2016.

1.0 GENERAL

1.1 Interpretation

In these standing orders, unless inconsistent with the context:

Act means the New Zealand Public Health and Disability Act 2000. All references to "schedules" or "clauses" refer to this Act.

Board means West Coast District Health Board

Chairperson means the Chairperson of the DHB and also includes any person acting as the Chairperson of any committee or subcommittee of the DHB.

Chief Executive Officer means the principal administrative officer of the DHB and includes for the purpose of these standing orders any other officer authorized by the DHB for such purpose.

Committee includes, in relation to the DHB:

(a) Any committee comprising all the members of the DHB; and
(b) Any statutory, standing or special committee appointed by the DHB; and
(c) Any subcommittee of a committee described in paragraph (a) or paragraph (b) of this definition.

Meeting means any first, annual, ordinary, special or emergency meeting of the DHB; and any meeting of any committee or standing committee or special committee or subcommittee of the DHB.

Member means any person elected or appointed to the DHB or to any committee or subcommittee of the DHB.

Minutes means any minutes or other record of the proceedings of any such meeting of the DHB and its committees.

Ordinary Meeting means any meeting publicly notified by the DHB in accordance with Clause 16 of Schedule 3 of the Act

Principal Administrative Officer means the principal administrative officer of the DHB and includes for the purposes of these standing orders any other officer authorised by the DHB and its committees,

Public excluded information includes:

(a) Information which:
  (i) Is currently before a public excluded session; or
  (ii) Is proposed to be considered at a public excluded session; or
  (iii) Had previously been considered at a public excluded session (other than information subsequently released by the DHB as publicly available information); and

(b) Any minutes (or portions of minutes thereof) of public excluded sessions (other than those subsequently released by the DHB as publicly available information); and

(c) Any other information which has not been released by the DHB as publicly available information.

Public excluded session refers to those meetings or parts of meetings from which the public is excluded by the DHB as provided for in the New Zealand Public Health and Disability Act 2000.

Publicly notified means notified to members of the public by notice contained in some newspaper circulating in the district of the DHB, or, where there is no such newspaper in general circulation, means notified on printed placards affixed to public places in the district.

Working day means any day of the week other than:

(a) Saturday, Sunday, Good Friday, Easter Monday, Anzac Day, Labour Day, the Sovereign's Birthday, and Waitangi Day; and
(b) A day in the period commencing with the 25th day of December in any year and ending with the 15th day of January in the following year.

1.2 Application of Standing Orders

1.2.1 These standing orders shall, so far as applicable, extend to the proceedings of all Board meetings and of all Committees of the Board, including public excluded sessions.

1.2.2 All members of the Board and its Committees shall abide by these standing orders.

1.3 Chairperson's Ruling Final

1.3.1 The Chairperson shall decide all questions where relevant legislation or these standing orders make no provision or insufficient provision.

1.3.2 In regard to order 1.3.1 the Chairperson's ruling shall be final and not open to debate.

1.3.3 If any member who is required, pursuant to a ruling under standing orders, to leave a meeting:
(a) Refuses or fails to leave the meeting; or
(b) Having left the meeting, attempts to re-enter the meeting without the permission of the Chairman;
any officer or employee of the DHB or member of the Police, may, at the request of the Chairperson, remove or, as the case may require, exclude that member from the meeting.

1.4 Suspension of Standing Orders

1.4.1 These standing orders are deemed to be suspended in respect of all meetings of the Board and it's Committees, until any member of the Board or it's Committees request that they be implemented for that meeting. During the suspension of these standing orders, meetings of the Board and it's Committees shall be conducted in accordance with the requirements of the Act and with the general rules of meetings.

1.4.2 The Board or a Committee may temporarily suspend standing orders during a meeting by a vote of three-quarters of the members present and voting and the reason for the suspension shall be stated in the resolution of suspension.

1.4.3 Any motion to suspend one or more standing orders shall specify the specific order or orders which it is proposed to be suspended.

1.5 Alteration of Standing Orders

1.5.1 After the adoption of the first standing orders of the Board, the adoption or amendment of standing orders shall require, in every case, a vote of three-quarters of the members present.

1.6 First meeting of DHB following election or appointment

1.6.1 The first meeting of a District Health Board following a triennial general election shall be called by the Principal Administrative Officer as soon as practicable after the elected members have taken office on the 58th day after polling day.

1.6.2 The Principal Administrative Officer shall give the persons elected to the Board not less than 10 working days notice of the meeting.

1.6.3 The meeting shall be chaired by the Chairperson appointed by the Minister under Clause 10 of Schedule 3 of the Act. If they are not available the provisions of Clause 2.1 of these Standing Orders shall apply.

1.6.5 Every member of the Board shall give to the Chief Executive Officer or his representative a residential or business address (together with, if desired, a facsimile, Email or other

address) to which notices and material relating to meetings and business of the DHB may be sent or delivered.

1.7 Voting systems for certain appointments

1.7.1 For the purposes of the election or appointment of a representative of a Board for any purpose; the Board or (except where the Board has otherwise directed) the Committee may, by resolution determine that the person be elected or appointed by a system of voting that requires that, except as provided in subsection (2) of this section, the person to be elected or appointed receives the votes of a majority of the membership of the Board or Committee present and voting, and that requires that, where more than one round of voting is required, the least successful candidate in a round of voting shall not be a candidate in the next round of voting.

1.7.2 Where the system of voting described in subsection (1) of this section is adopted, every equality of votes that is not to be determined by a further round of voting shall be determined by lot in such manner as the Board or the Committee determines.

1.8 Appointment of Committees

1.8.1 The Board may appoint such Committees for a particular purpose or purposes as it considers appropriate.

1.8.2 A Committee may only appoint such subcommittees as it considers appropriate, with the prior approval of the Board.

1.8.3 Every Committee shall be subject in all things to the control of the Board, and shall carry out all directions, general or special given in relation to the Committee or Board or its affairs.

1.8.4 Every subcommittee shall be subject in all things to the control of the Committee that appointed it, and shall carry out all directions, general or special, of the Committee given in relation to the subcommittee or its affairs.

1.8.5 Subject to any provision to the contrary in the Act or any other Act, the Board, or a Committee with respect to a subcommittee appointed by that Committee, may at any time and from time to time discharge or reconstitute any Committee or subcommittee.

1.9 Powers of Delegation

1.9.1 Except as otherwise provided in any Act, the Board may delegate in writing to any Committee any of its functions, duties, or powers.

1.9.2 Every Committee to which any powers or duties are delegated may, without confirmation by the Board, exercise or perform the same in like manner and with the same effect as the Board could itself have exercised or performed the same.

1.9.3 Any Committee may, with the consent of the Board, delegate any of the functions, duties or powers of the committee to any subcommittee appointed by the Committee.

1.10 Proceedings not invalidated by vacancies or irregularities

1.10.1 No act or proceedings of the Board or of any person acting as a member of the Board shall be invalidated in consequence of there being any vacancy in the membership of the Board or Committee at the time of that act or proceeding, or of the subsequent discovery that there was some defect in the election or appointment of any person so acting.

1.11 Membership of committees and subcommittees

1.11.1 The Board may at any time and from time to time appoint or discharge any member of a Committee (other than a subcommittee) except where the Committee is a Statutory Committee the Board must exercise the power of discharge only if it has first consulted the member and Committee about the removal (Clause 9 Schedule 4).

1.11.2 Unless directed otherwise by the Board, a Committee may at any time and from time to time appoint or discharge any member of a subcommittee appointed by the Committee.

1.11.3 Board members who are members of Committees shall be deemed to be discharged from that Committee if they are no longer a Board member, elected or appointed, as the case may be, following the coming into office of the new Board after an election.

1.11.4 The Board or Committee may appoint to any Committee or subcommittee, as the case may be, any person who is not a member of the Board, or Committee, if, in the opinion of the Board, that person has knowledge that will assist the work of the Committee or subcommittee.

1.11.5 Notwithstanding subsection (4) of this section, no employee of a DHB acting in the course of his or her employment may act as a member of any Committee unless that Committee is a subcommittee.

1.11.6 At least one member of every Committee, other than a subcommittee, shall be an elected member of the Board.

1.11.7 The minimum number of members of a Committee shall be three, and the minimum number of members of a subcommittee shall be two.

1.11.8 The Chairperson and Deputy Chairperson of the Board shall be, at the their option, an ex-officio member of any Committee.

1.12 Joint Committees

1.12.1 The Board may unite with any one or more DHBs to appoint a joint standing Committee or Joint Special Committee for any purpose in which the DHBs are jointly interested.

1.12.2 The Board may agree with the other DHBs participating in the joint Committee on the number of members to be appointed by each participating DHB.

1.12.3 Any Committee appointed under this section shall be deemed to be both a Committee of the Board and (subject to the law for the time being applicable to Committees of any other participating DHB) a Committee of any other DHB.

1.12.4 The power to discharge any individual member and appoint another in his or her stead shall be exercisable by the Board that made the appointment.

1.13 General provisions as to meetings

1.13.1 The Board shall hold such meetings as are necessary for carrying out its responsibilities and functions under the Act.

1.13.2 Every member of the Board or of any Committee of the Board shall, unless lawfully excluded, have the right to attend any public meeting of the DHB or Committee.

1.13.3 Every meeting of the DHB shall be called, publicly notified, and conducted in accordance with:

(a) The Act; and

(b) The standing orders of the DHB.

1.14 Ordinary meetings

1.14.1 The DHB shall hold ordinary meetings at such times and at such places as it from time to time appoints.

1.14.2 The Principle Administrative Officer shall give notice in writing to each of the members of the time and place of the meeting:

(a) Not less than 10 working days before the meeting; or

(b) Where the Board has adopted a schedule of ordinary meetings, not less than 10 days before the first meeting on the schedule.

1.14.3 Where the Board adopts a schedule of ordinary meetings:

(a) The schedule may cover such future period as the Board considers appropriate and may be amended from time to time; and

(b) Notification of the schedule or any amendment shall constitute notification of every meeting on the schedule or its amendment.

1.15 Special and emergency meetings

Special meetings

1.15.1 The Board may hold special meetings.

1.15.2 A `special meeting' means a meeting called pursuant to:

(a) A resolution of the Board; or

(b) A requisition in writing delivered to the Chief Executive Officer and signed by:
(i) The Chairperson; or
(ii) The majority of the total membership of the Board (including vacancies);
which resolution or requisition shall specify the time and place at which the meeting is to be held and the general nature of the business to be brought before the meeting.

1.15.3 Notice in writing of the time and place of a special meeting, and of the general nature of business, shall be given by the principal administrative officer to every member of the Board:
(a) At least 3 working days before the day appointed for the meeting; or

(b) Where the meeting is called pursuant to a resolution of the Board, within such lesser period of notice, being not less than 24 hours, as is specified in the resolution.

Emergency meetings

1.15.4 The Board may hold emergency meetings.

1.15.5 An `emergency meeting' means a meeting called by:

(a) The Chairperson; or

(b) If the Chairperson is unavailable, the Deputy Chairperson, to deal with matters specified by the Chairperson or Principal Administrative Officer, being matters that require a meeting to be held at shorter notice than can be given under order 1.14.1 or 1.15.1.

1.15.6 Notice of the time and place of the emergency meeting and of the matters in respect of which the meeting is being called shall be given, by whatever means is reasonable in the circumstances, to every member of the Board and to the Principal Administrative Officer at least 24 hours before the time appointed for the meeting.

1.15.7 The person calling the emergency meeting shall give, or shall cause some other person to give, the notice required by order 1.15.6.

1.15.8 Where any resolution is passed at an emergency meeting of the Board, the Board shall cause the resolution to be publicly notified as soon as practicable, unless the resolution was passed at a meeting or part of a meeting from which the public was excluded. (Schedule 3, Clause 22).

1.16 Notices to members of meetings

1.16.1 The Principal Administrative Officer shall give notice in writing (by delivery or electronic transmission) to members of the time and place appointed from time to time for holding each ordinary meeting already scheduled and any special meetings, and the members shall attend such meetings without further notice.

1.16.2 In the case of each meeting to which order 1.16.1 applies, an agenda detailing the business to be brought before that meeting, together with relevant agenda papers and associated reports , shall be sent to every member not less than two working days before the day appointed for the meeting.

1.17 Meetings not invalid because notice not received

1.17.1 No ordinary meeting, special meeting, or emergency meeting of a Board shall be invalid because notice of that meeting was not received or was not received in due time by any member if the Chairperson made all reasonable efforts to ensure each member was given notice. (Clause 18 Schedule 3)

2.0 MEETINGS

2.1 Chairperson to preside at meetings

2.1.1 The Chairperson of the Board shall preside at every meeting of the Board at which he or she is present.

2.1.2 The Chairperson of any Committee shall preside at every meeting of the Committee at which he or she is present.

2.1.3 The Board must appoint a member of a Committee to be the Chairperson of that Committee; and may appoint another member of the Committee as Deputy Chairperson of the Committee. Where the Board has not appointed a Chairperson, power may be exercised by the Committee to appoint a member to act in the position of Chairperson until the Board appoints a Chairperson. Any Committee may from time to time appoint a Deputy Chairperson to act in the absence of the Chairperson.

2.1.4 If at any meeting the Chairperson is absent, the Deputy Chairperson shall preside at the meeting but if the Deputy Chairperson is also absent, or there is no Deputy Chairperson, the members present shall appoint one of their number to preside at that meeting. The Deputy Chairperson or person so appointed shall have and may exercise in any such case all the powers and functions of the Chairperson for the purposes of the meeting.

2.2 Order of Business

2.2.1 The Board shall adopt an order of business which shall normally apply at ordinary meetings and may vary it from time to time.

2.3 Agenda

2.3.1 The Principal Administrative Officer shall prepare for each meeting an agenda setting forth the items of business to be brought before the meeting so far as is known. At the meeting the business shall be dealt with in the order in which it stands on the agenda unless the meeting determines otherwise (see 2.6.1). The Principal Administration Officer shall place on a public excluded agenda paper any matters which he/she reasonably expects the Board or Committee to discuss with the public excluded.

2.3.2 An agenda detailing business to be considered by a meeting may be issued to members of the news media on the basis of being embargoed until the commencement of the relevant meeting, or such earlier time as is stated in the agenda.

2.4 Chairpersons report

2.4.1 The Chairperson shall have the right to direct the attention of the Board by report to any matter or subject within the role or function of the Board.

2.5 Extraordinary business at ordinary meetings

2.5.1 Only business on the agenda shall be transacted at any meeting unless the Chairperson determines additional business to be extraordinary or urgent. The Chairperson's ruling in this regard shall be final and not open to debate. (See also 3.2.9 (5) & (6).

2.6 Precedence of business

2.6.1 Despite anything to the contrary contained in these standing orders, and after the confirmation of the minutes of the previous meeting, the Chairperson as a matter of urgency, or the Board on a motion duly passed without debate, may accord precedence to any business set down on the agenda for consideration.

2.7 Time limit at meetings

2.7.1 Unless pursuant to a resolution of the Board to other effect, no meeting shall sit for more than six hours nor beyond 10.30 p.m. Any business on the agenda not dealt with shall be listed for attention at the next ordinary meeting or special meeting.

2.8 Quorum at meetings

2.8.1 A meeting shall be duly constituted if a quorum is present whether or not all of the members present are voting.

2.8.2 No business shall be transacted at any meeting unless at least a quorum of members is present during the whole of the time at which the business is transacted.

2.8.3 The quorum at any meeting of a Board or Committee shall consist of half the members (including vacancies) if the number of members is even, and a majority if the number is odd.

2.8.4 The Minister may, by written notice to all members of the Board given before a certain meeting or meetings of the Board, or before any meeting within a certain period set a quorum other than 2.8.1(3) if a member of the Board gives the Minister a written statement of the reasons why the Minister should do so and the Minister considers that these reasons are good reasons and do exist in fact. (Clause 25 Schedule 3)

2.8.5 The quorum at any meeting of any other Committee:

(a) Shall be not less than two members of the Committee, as determined by the Board or Committee that makes appointments to the Committee; and

(b) In the case of a Committee (other than a subcommittee), shall include at least one member of the Board.

2.8.6 A Board member who has declared an interest in relation to a transaction must not be counted in the quorum, unless the Minister has waived or modified the application of the clause. (Clause 26 Schedule 3)

2.8.7 A Committee member who has declared an interest in relation to a transaction must not be counted in the quorum unless the Board has waived or modified the application of the clause. (Clause 27 Schedule 4)

2.8.8 The Board may, by written notice to all members of a Committee given before a certain meeting or meetings of the Committee, or before any meetings of the Committee within a certain time period set a quorum other than 2.8.1(3) if a member of the Committee gives the Board a written statement of reasons why the Board should do so and the Board considers those reasons are good reasons and do exist in fact. (Clause 26 Schedule 4)

2.9 Failure of a quorum

2.9.1 If a meeting is short of a quorum at its commencement, or falls short of a quorum, the business shall stand suspended and, if no quorum is present within ten minutes, the Chairperson shall vacate the chair and the meeting shall lapse. Members present may remain and discuss matters on the agenda but no decisions can be taken.

2.9.2 The business remaining to be disposed of following the lapsing of a meeting shall stand adjourned until the next ordinary meeting unless an earlier meeting is fixed by the Chairperson and notified by the principal administrative officer.

2.9.3 If a meeting lapses by reason of failure of a quorum, the names of the members then in attendance, and the fact of the adjournment shall be recorded by the principal administrative officer.

2.10 Leave of absence and apologies

2.10.1 The Board may grant leave of absence to a member from an ordinary meeting or other meetings of the Board or its Committees upon application by the member.

2.10.2 If a member has not obtained leave of absence an apology may be tendered on behalf of the member and the apology may be accepted or declined by the Board. Acceptance of the apology shall be deemed to be a granting of leave of absence for that meeting.

2.10.3 The Chairperson of each meeting shall invite apologies at the beginning of each meeting, including apologies for lateness and early departure, and these and subsequent apologies during the meeting shall be recorded in the minutes, including whether they were accepted or declined.

2.11 Minutes of Meetings

2.11.1 The Principal Administrative Officer shall keep the minutes of meetings. The minutes shall record:

a) the date time and venue of the meeting;
b) the names of members attending each meeting and management present;
c) identification of the Chairperson;
d) apologies tendered, including arrival and departure times and absences during the meeting;
e) declarations of interest;
f) a list of items considered at the meeting;
g) resolutions pertaining to those items;
h) the names of those voting if a Division is called:
i) the time the meeting concludes or adjourns.

2.11.2 The minutes and proceedings of every meeting shall be circulated to members and considered at the next ordinary meeting succeeding, and, if approved by that meeting, or when amended as directed by that meeting, shall be signed by the Chairperson of such succeeding meeting as a correct record of proceedings.

2.11.3 No discussion shall arise on the substance of the minutes at the succeeding meeting, except as to their correctness.

2.12 Minutes

2.12.1 The minutes of the Board and its Committees shall be kept by the Principal Administrative Officer and shall be open to inspection in accordance with Clause 21, Schedule 3 and Clause 22, Schedule 4 of the Act.

2.12.2 The Chairperson and the Principal Administrative Officer shall be responsible for confirming the correctness of the minutes of the last meeting of the Board election prior to the next election or appointment of members.

2.13 Deputations

2.13.1 Deputations may be received by the Board or any of its Committees provided an application for admission setting forth the subject has been lodged with the principal administrative officer not later than 10 working days before the relevant meeting and has been subsequently approved by the Chairperson. The Chairperson may refuse requests for deputations which are repetitious or offensive.

2.13.2 Notwithstanding 2.13.1, where in the opinion of the Chairperson the matter which is subject of a deputation is one of urgency or major public interest, the Chairperson may determine that the deputation by received by the Board.

2.13.3 Deputations may be received by Committees provided an application for admission setting forth the subject has been lodged with the Principal Administrative Officer at least ten clear working days before the date of the meeting concerned and has been subsequently approved by the Chairperson of the Committee. The Chairperson may refuse requests for deputations which are

repetitive or offensive.

2.13.4 Notwithstanding 2.13.3, where in the opinion of the Chairperson of the Committee the matter which is the subject of a deputation is one of urgency or major public interest, the Chairperson may determine that the deputation be received by the Committee.

2.13.5 Except with the approval of the Board (or Committee thereof) not more than two members of a deputation may address the meeting. After a deputation is received members may put to the deputation any question pertinent to the subject heard, but no member shall express an opinion upon, or discuss the subject, nor move a motion until the deputation has completed making its submissions and answering questions (see 2.25.1 and 2.25.2 regarding qualified privilege).

2.13.6 The Chairperson may terminate a deputation in progress which is disrespectful or offensive, or where the Chairperson has reason to believe that statements have been made predominantly motivated by ill will or are taking improper advantage of the occasion of publication.

2.13.7 Unless the meeting determines otherwise in any particular case, a limit of five minutes shall be placed on each of the two members of the deputation addressing the meeting.

2.14 Petitions

2.14.1 Every petition presented to the Board (or to any Committee thereof) shall comprise less than 500 words and shall not be disrespectful, nor use offensive language or make statements predominantly motivated by ill will.

2.14.2 Any member of the Board who presents a petition on behalf of the petitioners, shall confine themselves to the reading of the petition and the statement of the parties from which it comes, and the number of signatures attached to it.

2.14.3 Where a petition is presented by a petitioner, unless the Board determines otherwise, a limit of five minutes shall be placed on that person (see 2.25.1 and 2.25.2 regarding qualified privilege). If the Chairperson has reason to believe that the petitioner is disrespectful or offensive, or has made statements predominantly motivated by ill will or is taking improper advantage of the occasion of publication the Chairperson will terminate presentation of the petition.

2.15 Procedural motions to terminate or adjourn debate

2.15.1 Any member who has not spoken during debate on any matter may move any one of the following procedural motions to terminate or adjourn debate, but not so as to interrupt a member speaking:

(a) That the meeting be adjourned to the next ordinary meeting, unless an alternative time and place is stated; or
(b) That the item of business being discussed be adjourned to a time and place to be stated; or
(c) That the motion under debate be now put (a "closure motion"); or
(d) That the meeting move directly to the next business, superseding the item under discussion; or
(e) That the item of business being discussed lies on the table, and not be further discussed at that meeting; or
(f) That the item of business being discussed be referred (or referred back) to the relevant Committee of the Board.

2.15.2 The Chairperson may accept a closure motion if there have been not less than two speakers for and two speakers against the motion, or, if there are no such speakers, in the Chairperson's opinion, it is reasonable to do so.

2.15.3 Procedural motions to terminate or adjourn debate shall take precedence over other business (other than points of order), and shall, if seconded, be put to the vote immediately without discussion or debate.

2.15.4 All procedural motions to terminate or adjourn debate shall be determined by a majority of those members present and voting. If lost, a further procedural motion to terminate or adjourn debate may not be moved by any member within the next 15 minutes.

2.15.5 Notwithstanding order 2.15.4 a closure motion shall be put if there is no further speaker in the debate.

2.15.6 When an amendment to a motion is under debate, a closure motion relates to the amendment and not to the motion.

2.15.7 If a closure motion is carried, the mover of the motion then under debate is entitled to the right of reply, and the motion or amendment under debate shall then be put.

2.15.8 The debate on adjourned items of business shall be resumed with the mover of such adjournment being entitled to speak first in the debate. Members who have already spoken in the debate may not speak again.

2.15.9 Adjourned items of business shall be taken first at the subsequent meeting in the class of business to which they belong.

2.15.10 The carrying of any motion to adjourn a meeting shall not supersede other business before the meeting remaining to be disposed of, and such other business shall be considered at the next meeting.

2.15.12 Business referred, or referred back, to a specified committee shall be considered at the next ordinary meeting of that committee.

2.16 Notices of Motion

2.16.1 Notices of motion shall be in writing signed by the mover, stating the meeting at which it is proposed that the notice of motion be considered, and shall be delivered to the principal administrative officer at least 5 working days before such meeting.

2.16.2 The Chairperson may direct the Principal Administrative Officer to refuse to accept any notice of motion which is:

(a) Disrespectful or which contains offensive language or statements made with malice; or

(b) Not within the scope of the role or functions of the Board; or

(c) Contains an ambiguity or a statement of fact or opinion which cannot properly form part of an effective resolution, and where the mover has declined to comply with such requirements as the principal administrative officer may make;

(d) Is concerned with matters, which are already the subject of reports or recommendations from a Committee to the meeting concerned.

2.16.3 No notice of motion shall proceed in the absence of the mover, unless moved by another member authorised in writing by the mover to do so.

2.16.4 A notice of motion may only be altered by the mover with the consent of the meeting.

2.16.5 Notices of motion not moved on being called for by the Chairperson shall lapse.

2.16.6 Any notice of motion referring to any matter ordinarily dealt with by a Committee of the Board may be referred by the principal administrative officer to that committee.

2.17 Repeat notices of motion

2.17.1 When a motion which is the subject of a notice of motion has been considered and

rejected by the Board, no similar notice of motion which, in the opinion of the Chairperson, is substantially the same in purport and effect shall be accepted within the next six months, unless signed by not less than one-third of the members of the Board (including vacancies).

2.17.2 If such a repeat notice of motion as provided for in order 2.17.1 isalso rejected by the Board, any further notice prior to the expiration of the original period of six months shall need to be signed by a majority of the members of the Board (including vacancies).

2.17.3 Where a notice of motion has been considered and agreed by the Board, no notice of any other motion which is, in the opinion of the Chairperson, to the same effect shall be put again whilst such original motion stands.

2.18 Motions

2.18.1 All types of motions and amendments moved in debate (including notices of motion) must be seconded, and thereupon the Chairperson shall state the matter raised and propose it for discussion.

2.18.2 Once motions or amendments have been seconded and put to the meeting by the Chairperson they cannot be withdrawn without the consent of a majority of the members present and voting. A motion to which an amendment has been moved and seconded cannot be withdrawn until the amendment is withdrawn or lost.

2.18.3 The meeting may allow a motion which is subject to an amendment to be withdrawn and replaced by the said amendment as the substituted motion, provided a majority of the members present vote for the withdrawal of the original motion. In such case, members who have spoken to the original motion may speak again to the substituted motion.

2.18.4 The Chairperson may require the mover of any motion or amendment to submit it in writing signed by the mover.

2.18.5 The Chairperson or the meeting may require a complicated motion (whether an original motion, a substituted motion, or amendment thereto) to be divided.

2.18.6 The Chairperson may, immediately prior to any division being taken, request the Principal Administrative Officer to restate the motion upon which the division is to be taken. Once the Chairperson has put the motion, no member may speak to that motion after it has been put and voted upon.

2.18.7 In speaking in any debate no member shall cast reflection on any resolution of the Board except by a notice of motion to amend or revoke the same.

2.19 Amendments

2.19.1 When a motion has been seconded and proposed by the Chairperson for discussion, an amendment may be moved and seconded by any members who have not yet spoken to the motion: Provided that the mover or seconder of a motion for the adoption of the report of a committee, and who desires to amend any item in the report, may also propose or second an amendment.

2.19.2 Amendments which are proposed but not seconded shall not be in order nor entered in the minutes.

2.19.3 Every proposed amendment must be relevant to the motion under discussion and not be in similar terms to an amendment which has been lost.

2.19.4 No amendment which amounts to a direct negative shall be allowed which, if carried, would have the same effect as negating the motion.

2.19.5 No further amendment shall be allowed until the first amendment is disposed of, although members may give notice to the Chair of their intention to move further amendments and the nature of their content.

2.19.6 Where an amendment is lost, another may be moved and seconded by any members who have not spoken to the motion (whether an original motion or substituted motion). Movers and seconders of previous amendments which were lost shall be regarded as having spoken to the motion only and shall be entitled to speak to the new amendment, but shall not be entitled to move or second the new amendment.

2.19.7 Where an amendment is carried, the motion as amended becomes the substantive motion, and any member, other than previous movers or seconders in the debate, may then propose a further amendment.

2.20 Revocation or Alteration of Resolution

2.20.1 All or part of a resolution agreed at a meeting of the Board may be revoked or altered as follows:

(a) Notice of motion for the revocation or alteration of all or part of a previous resolution shall be given to the principal administrative officer by the member intending to move such a motion. Such notice shall set out:
(i) The resolution or part thereof which it is proposed to revoke;
(ii) The meeting date when it was passed;
(iii) And the motion, if any, that it is intended to move in substitution therefore.

(b) Such notice shall be given to the Principal Administrative Officer at least 5 working days before the meeting at which it is proposed to consider such motion and shall be signed by not less than one third of the members of the Board (including vacancies);

(c) At least 2 working days' notice in writing shall then be given by the Principal Administrative Officer to the members of the intended motion and of the meeting at which it is proposed to move such motion (see (b) above and 2.22.4).

2.20.2 Where a notice of motion has been given in terms of order 2.16.1, no action which is irreversible shall be taken under the resolution proposed to be revoked or altered until the proposed notice of motion has been dealt with by the Board. However, if in the opinion of the Chairperson, the practical effect of the delay so occasioned would be equivalent to a revocation of the resolution, or if, by reason of repetitive notices the effect of the notice is, in the opinion of the Chairperson, an attempt by a minority to frustrate the will of the DHB then, in either case, action may be taken as though no such notice to the principal administrative officer had been given or signed.

2.20.3 If, during the course of a meeting of the Board, fresh facts or information are received concerning a matter already resolved at the meeting, then such previous resolution may be revoked or altered by the consent of three quarters of the members present and voting.

2.20.4 Any Board meeting may, on a recommendation contained in a report by the Chairperson or Principal Administrative Officer, or the report of any Committee, revoke or alter all or part of any resolution previously passed by the Board or Committee thereof. The notification of such recommendation shall have been given to the Chairperson and members at least 2 clear days before the meeting at which such recommendation is to be considered.

2.21 Rules of debate

2.21.1 The person in the chair shall be addressed in such terms as denotes the office of that person with the choice of mode of address being as determined by that person.

2.21.2 A member may second a motion or amendment without speaking to it, reserving the right to speak later in the debate.

2.21.3 In speaking to any motion or amendment, members shall confine their remarks strictly to such motion or amendment, and shall not introduce irrelevant matter or indulge in tedious repetition. In this matter, the Chairperson's ruling shall be final and not open to challenge.

2.21.4 If three speakers have spoken consecutively in support of, or in opposition to, any motion the Chairperson may call for a speaker to the contrary. If no such speaker is forthcoming the motion shall be put. Any member speaking shall, if called upon by the Chairperson to do so, announce whether they are speaking in support of or against the motion or

amendment.

2.21.5 When any member objects to words used and desires them to be recorded in the minutes, the Chairperson may so order them to be recorded; provided such objection be made at the time the words were used and not after any other members have spoken.

2.21.6 Members shall not read their speeches, except with the permission of the Chairperson, but may refresh their memory by reference to notes.

2.21.7 The following time limits shall apply to members speaking at Board meetings, unless extended by a majority vote of members present:
(a) Movers of motions when speaking to the motion, 5 minutes;
(b) Movers of motions, when exercising their right of reply, 3 minutes;
(c) Other members, not more than 4 minutes.

2.21.8 Except pursuant to orders 2.21.10, 2.21.13 and 2.21.14 a member may not speak more than once to a motion.

2.21.9 Members may request the Chairperson to restate the motion for their information at any time during the debate, but not so as to interrupt.

2.21.10 The mover of an original motion shall have the right of reply. After the mover has commenced such reply, or has intimated the wish to forego this right, or the Chairperson has intimated his intention to put the motion, no other member shall speak on the motion. Movers in reply shall not introduce any new matter and shall confine themselves strictly to answering previous speakers.

2.21.11 The right of reply shall be governed as follows:
(a) Where no amendment has been moved, the mover may reply at the conclusion of the discussion on the motion; or
(b) If there is an amendment, the mover of the original motion may make such reply at the conclusion of the debate on such amendment, and this reply shall exhaust the right thereto as mover of the original motion (see 2.21.10). The mover may, however, take part in the discussion upon subsequent amendments.

2.21.12 Members may speak to any matter before the meeting or upon a motion or amendment to be proposed by themselves, or upon a point of order arising out of debate, but not otherwise.

2.21.13 Notwithstanding order 2.21.8, members may make a personal explanation with the permission of the Chairperson, but such matters may not be debated.

2.21.14 With the permission of the Chairperson, explanation of some material part of a previous speech in the same debate may be given by a member who has already spoken, but new matter may not be introduced.

2.22 Conduct of meetings

2.22.1 The Chairperson shall decide all questions where these Standing Orders make no provision or insufficient provision points of order and any member who refuses to obey any order or ruling of the Chairperson shall be held guilty of contempt.

2.22.2 Whenever the Chairperson rises or raises a hand during a debate any member then speaking or offering to speak shall be seated, and members shall be silent so that the Chairperson may be heard without interruption.

2.22.3 Members desiring to speak shall raise a hand and address the Chairperson, and shall not leave their place while speaking without the leave of the Chairperson. Unless required to do so by the Chair, members may remain seated while speaking.

2.22.4 When two or more members raise a hand the Chairperson shall name the member who has the right to speak first, provided that the following members shall have precedence, where in order, when they state their intention to:

(a) Raise a point of order (2.23), including any request to obtain a time extension for the previous speaker;

(b) Move a motion to terminate or adjourn the debate (see 2.15); or

(c) Make a point of explanation or request an indulgence of the Chairperson (see 2.19.11 or 2.19.12).

2.22.5 Members called to order by the Chairperson shall resume their seats and/or stop speaking, as the case may be. Should any member refuse to obey, such member may be directed by the Chairperson to withdraw from the meeting. Upon such direction, any such member shall withdraw and shall not be permitted to return during the meeting, or any period thereof of that meeting that the Chairperson may determine.

2.22.6

(a) No member of the Board shall at any meeting, be disrespectful in speech or use offensive or malicious language, including in reference to:
(i) the Board, or
(ii) any other member, or
(iii) any officer or employee of the DHB.

(b) In addition, no member shall impute improper motives, or make offensive remarks about the private affairs of any other member of the Board or its staff.

2.22.7 The Chairperson may call upon any member to withdraw any offensive or malicious expression and require the member to apologise for the expression. The Chairperson may require any member, who refuses to withdraw the expression and/or apologise, to withdraw from the meeting for a time specified by the Chairperson.

2.22.8 The Chairperson may require a member to withdraw immediately, from the meeting if their conduct is, in the opinion of the Chairperson, disorderly or creating a nuisance.

2.22.9 No member may use, or be associated with the use of, a recording device without the knowledge of the meeting and the consent of the Chairperson.

2.23 Points of Order

2.23.1 Any member may rise to speak to a point of order upon any breach of these standing orders and the member previously speaking shall thereupon be seated and stop speaking.

2.23.2 The member rising shall state without explanation precisely the subject matter of the point of order.

2.23.3 No point of order shall be raised during a division except by permission of the Chairperson.

2.23.4 The following shall be recognized as substance for points of order:
(a) Discussion of a question not before the Board; or
(b) Use of offensive or malicious language; or
(c) The breach of any standing order; or
(d) Misrepresentation of any statement made by a member or by an officer or employee of the DHB; or
(e) Request that words objected to be recorded in the minutes (see 2.21.5); or
(f) Disorder.

2.23.5 Rising to express a difference of opinion or to contradict a statement of a speaker shall not be construed as rising to speak to a point of order.

2.23.6 The Chairperson may decide on any point of order immediately after it has been raised by any member, or may first hear further argument thereon before deciding. The ruling of the Chairperson upon any point of order shall not be open to any discussion and shall be final.

2.24 Voting

2.24.1 All actions of the Board and all questions before the Board shall be decided at a meeting by the majority of such members as are present and vote except as provided for in the Act or in these Standing Orders.

2.24.2 If a vote is tied, the Chairperson has no second or casting vote, and the question or action is negatived. (Schedule 3, Clause 29, Schedule 4, Clause 31).

2.24.3 Every question coming before a Board shall be decided by open voting.

2.24.4 Any member may abstain from voting and shall have their abstention recorded in the minutes where requested.

2.24.5 The method of voting at meetings of the Board and its Committees shall be as follows:

(a) The Chairperson in putting the motion shall call for an expression of opinion on the voices or take a show of hands, the result of either of which, as announced by the Chairperson, shall be conclusive unless such announcement is questioned immediately, in which event the Chairperson shall call a division;

(b) The Chairperson may call for a division instead of, or after receiving opinion on the voices and taking a show of hands;

(c) Any member may alternately call for a division immediately the Chairperson has declared the result of a vote on the voices or by a show of hands.

2.24.6 When a division is called for the Principal Administrative Officer shall take down the names of the members voting "yes" and "no" respectively, and shall hand the list to the Chairperson who shall declare the result.

2.24.7 In case of confusion or error in taking the division, unless the same can be otherwise corrected, a second division shall be taken.

2.24.8 No member of the Board shall vote nor take part in the discussion of any matter at any meeting where they are interested in a transaction unless the Minister waivers or modifies the application of Clause 38 Schedule 3 by written notice to the Board. No member of a Committee shall vote nor take part in a discussion of any matter at any meeting where they are interested in a transaction unless the Board waivers or modifies the application in Clause 39 of Schedule 4 of the Act.

2.24.9 Every member present when any matter is raised where they are interested in a transaction, shall be under a duty to fully declare any such interest to the meeting. Members who have declared an interest in matters to be discussed should leave the meeting room for the full duration of discussion on such matters. This declaration and the subsequent withdrawal of such member from both discussion and voting on the item shall be recorded in the minutes.

2.24.10 Notwithstanding 2.24.8 and 2.24.9, members who have declared an interest may be involved in a discussion on such matters if a motion to this effect including reasons is passed by a majority of other members of the Board. If such a motion is passed the Principal Administrative Officer shall record in the minutes what the member says in any discussion of the Board relating to the transaction.

2.25 Qualified privilege

2.25.1 Where a meeting or any part of a meeting of the Board or Committee is open to the public during the proceedings and:

(a) There is supplied to a member of the public a copy of the agenda for the meeting with or without further statements or particulars for the purpose of indicating the nature of any item included in the agenda; or

(b) The minutes of that meeting or part of that meeting are produced for inspection by any member of the public or a copy thereof is given to any member of the public;

The publication of any defamatory matter included in the agenda or in the further statements or particulars or in the minutes shall be privileged unless the plantiff proves that in publishing the matter the defendant was predominantly motivated by ill will or otherwise and took improper advantage of the occasion of publication. (Schedule 3, Clause 23).

2.26 Maintenance of public order at meetings

2.26.1 The person presiding at any meeting of the Board, if that person believes on reasonable grounds, that the behaviour of any member of the public attending that meeting is likely to prejudice, or to continue to prejudice the orderly conduct of that meeting if that member of the public is permitted to remain in that meeting, may require that member of the public to leave the meeting.

2.26.2 If any member of the public who is required, pursuant to subsection (1) of this section, to leave a meeting of the Board:

(a) Refuses or fails to leave the meeting; or

(b) Having left the meeting, attempts to re-enter the meeting without the permission of the person presiding at the meeting;

any security officer, or any officer or employee of the DHB, may, at the request of the person presiding at the meeting, remove or, as the case may require, exclude that member of the public from the meeting.

3.0 PUBLIC ACCESS

3.1 Public at meetings

3.1.1 All meetings of the Board and its Committees shall be open to the public and news media except where otherwise provided by provided by Clause 34 Schedule 3, Clause 35 Schedule 4, Clause 33 Schedule 3, Clause39 Schedule 3 and Clause 34 Schedule 4 of the Act.

3.2 Public notification of meetings and access to documents

3.2.1 The agenda and associated reports circulated to members of the Board or Committee shall be available to the public and news media within 2 working days before a meeting (unless the Principal Administrative Officer excludes material from reports he/she reasonably expect the meeting to discuss with the public excluded) (see also 3.2.9). (Schedule 3, Clause 19 & Schedule 4 Clause 20).

3.2.2 All meetings scheduled for the following month except where provided for in order 3.2.3, shall be publicly notified not more than 14 days and not less than five days before the end of every month, together with the dates on which and the times and places at which those meetings are to be held. (Schedule 3, Clause 16(1) & Schedule 4, Clause 17(1))

3.2.3 Where any meeting is to be held on or after the 21st day of the month, such meetings may, instead of being notified in accordance with order 3.2.2, be publicly notified not more than ten nor less than five working days before the day on which the meeting is to be held. (Schedule 3, Clause 16(2) & Schedule 4, Clause 17(2)).

3.2.4 Where any special meeting of the Board or Committee is called and notice of that meeting cannot be given in the manner required or meetings permitted by order 3.2.2-3.2.3 as appropriate, the Board and Committee shall cause that meeting and the general nature of business to be transacted at that meeting to be publicly notified or otherwise advertised as soon as practicable before the meeting is to be held. (Schedule 3, Clause 16(3) & Schedule 4, Clause 17(3)).

3.2.5 Where any emergency meeting of the Board or Committee is called and notice of that meeting cannot be given in the manner required or permitted by order 3.2.1 – 3.2.2 as appropriate for an ordinance or special meeting, the Board or person calling the meeting shall cause to be given such public notice of the meeting and the business to be transacted at the meeting as is reasonable in the circumstances. (Schedule 3,Clause 16(4) & Schedule 4, Clause 17(4)).

3.2.6 The Principal Administrative Officer shall make any other additional arrangement for the notification of meetings including special meetings as the Board may from time to time determine.

3.2.7 No meeting of the Board or a Committee shall be invalid merely because that meeting was not publicly notified in accordance with orders 3.2.2, 3.2.3, 3.2.4 or 3.2.5. (Schedule 3, Clause 17(1) & Schedule 4, Clause 18(1)).

3.2.8 Where the Board or a Committee becomes aware that any meeting has not been publicly notified in accordance with orders 3.2.2, 3.2.3, 3.2.4 or 3.2.5, the Board or Committee shall, as soon as practicable, give public notice that the meeting was not so notified, and shall in that notice, -

(a) State the general nature of the business transacted at that meeting; and

(b) Give the reasons why that meeting was not so notified. (Schedule 3, Clause 17(2) & Schedule 4, Clause 18(2)).

3.2.9 Any member of the public may, without payment of a fee, inspect during normal office hours, within a period of at least two working days before every meeting, all agendas and associated reports circulated to members of the Board and relating to that meeting.

(1) The agendas shall be available for inspection at the public offices of the DHB and must be accompanied by either:

(a) The associated reports; or

(b) A notice specifying the places at which the associated reports may be inspected.

(2) Any member of the public may take notes from any agenda or report inspected by that member of the public.

(3) Every member of the public who inspects an agenda or report made available under subsection (1) of this section and who requests a copy of any part of any such agenda or report and tenders the prescribed amount (if any) shall be given such a copy as soon as practicable.

(4) Where a meeting is an emergency meeting or a special meeting called pursuant to a resolution of the Board or Committee, the agenda and any associated reports shall be made available as soon as is reasonable in the circumstances (Schedule 3, Clause 20 & Schedule 4, Clause 22).

(5) Where an item is not on the agenda for a Board or Committee meeting, that item may be dealt with at that meeting if::

(a) The Board or Committee by resolution so decides; and

(b) The presiding member explains at the meeting at a time when it is open to the public:

(i) The reason why the item is not on the agenda; and

(ii) The reason why the discussion of the item cannot be delayed until a later meeting (Schedule 3, Clause 28 & Schedule 4, Clause 29)

(6) The Board or Committee may also deal with an item not on an agenda if the item is a minor matter relating to the general business of the Board or Committee and the presiding member explains at the beginning of the meeting at a time when it is open to the public, that the item will be discussed at the meeting.

(7) The Principal Administrative Officer may exclude from the reports made available reports or items from reports that he or she reasonably expects the meeting to discuss with the public excluded.

(8) The Principal Administrative Officer shall indicate on each agenda the items that he or she reasonably expects the meeting to discuss with the public excluded.

3.2.10 The public shall be entitled without charge to copies of the agenda (including copies of any documents deemed part of the agenda) to be considered at that part of the meeting which is to be open to them. The part of the agenda which relates to the resolution or motion to exclude the public (see 3.3) shall also be available to the public. The necessary quantity of copies shall be made available.

3.2.11 The public shall be entitled without charge to inspect, take notes from, or receive copies of, minutes of any meeting or part of any meeting from which the public was not excluded (see 2.12.1).

3.2.12 Where a member of the public makes a request for the minutes of a meeting or part thereof from which the public were excluded, that request shall be considered by the Principal Administrative Officer as follows:

(a) If it is made by or on behalf of a natural person, and is for access to any personal information that is about that person, as if it were a request made under subclause (1)(b) of principle 6 of the Privacy Act 1993;

(b) in any other case, as if it were a request for access to official information made under the Official Information Act 1982.

3.2.13 Lists of members on each Committee shall be available at the office of the Principal Administrative Officer and at all meetings of the Board at which members of the public are present.

3.3 Reasons to exclude the public

3.3.1 A Board may by resolution exclude the public from the whole of part of the proceedings of any meeting only on one or more of the following grounds:

(a) that the public conduct of the whole or 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 9(2)(g)) of the Official Information Act 1982.

(b) that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information the public disclosure of which would:

(i) be contrary to the provisions of a specified enactment; or

(ii) constitute contempt of court or of the House of Representatives:

(c) that the purpose of the whole or the relevant part of the meeting is to consider a recommendation of an Ombudsman made under section 30(1) or section 35(2) of the Official information Act 1982 to the DHB:

(d) that the purpose of the whole or the relevant part of the meting is to consider a communication from the Privacy Commissioner arising our of an investigation under Part VIII of the Privacy Act 1993:

(e) that the exclusion of the public from the whole or the relevant part of the meeting is necessary to enable the board to deliberate in private on a decision or recommendation as to whether any of the grounds in paragraphs (a) to (d) are established in relation to all or any part of any meeting of the DHB.

3.3.2 Where so empowered, the meeting may by resolution exclude the public from the whole or any part of their proceedings. Any such resolution shall state the general subject of each matter to be considered while the public is excluded, the reason for passing that resolution in relation to that matter, including the particular interests protected by Section 6, 7 or 9 of the Official Information Act 1982 which would be prejudiced by holding the whole or relevant part of the meeting in public or the other reasons as set out in Schedule 3, Clause 34 or Schedule 4, Clause 35.

3.3.3 Every resolution or motion to exclude the public shall be put at a time when the meeting is open to the public, and the text of that resolution or motion (or copies thereof):

(a) Shall be available to any member of the public who is present; and

(b) Shall form part of the minutes of the Board meeting.

3.3.4 A resolution pursuant to order 3.3.2 may also provide for one or more specified persons to remain after the public has been excluded if that person, or persons, has or have in the opinion of the Board or Committee, knowledge that will assist the meeting (Schedule 3, Clause 35.3 & Schedule 4,Clause 36.3).

3.3.5 Where the Board or Committee resolves that one or more persons may remain after the public has been excluded, the resolution must state the knowledge possessed by that person or those persons which will be of assistance in relation to the matter to be discussed and how it is relevant to the matter (Schedule 3, Clause 35.4 & Schedule 4 Clause 36.4).

3.4 Application of standing orders to public excluded sessions

3.4.1 These standing orders shall apply to meetings or parts of meetings from which the public has been excluded.

3.5 Use of public excluded information

3.5.1 Subject to the provisions of the Official Information Act 1992, as applicable, no member, officer or other person shall disclose to any person other than a member or officer, any information which has been presented to, or is to be presented to any meeting from which the public is properly excluded, or where it is proposed that the public be properly excluded, nor shall any discussion, deliberations or decisions be divulged following any such meeting except by way of release of information by the DHB.

4.0 MISCELLANEOUS

4.1 Questions

4.1.1 Any member of the Board may at any ordinary meeting of the Board at the appointed time, put a question to the Chairperson, or through the Chairperson of the Board to the Chairperson of any standing or special committee, or to any officer of the Board concerning any matter relevant to the role or functions of the DHB concerning any matter that does not appear on the order paper, nor arises from any committee report or recommendation submitted to that meeting.

4.1.2 Before putting a question, a member shall, in the first instance, endeavour to obtain the relevant information, through the office of the Chairperson, from the appropriate officer of the DHB or the Chairperson of the Committee concerned. In the event of the information sought not being forthcoming, or the member not being satisfied with the answer, the member then has the right to raise the matter by way of a question at an ordinary meeting of the Board, provided that the Chairperson may refer a question to an appropriate Committee.

4.1.3 Wherever applicable, such questions shall be in writing and handed to the Chairperson prior to the commencement of the meeting at which they are to be asked.

4.1.4 If an answer to the question cannot be given at that meeting it shall, at the discretion of the Chairperson, be placed on the order paper for the next Board meeting.

4.1.5 Questions and answers shall be submitted as briefly and concisely as possible. No discussion shall be allowed upon any question or upon the answer.

4.2 Questions to officers during the debate

4.2.1 In the course of any debate at any Board meeting, any members may, at the Chairperson's discretion, ask any question of the relevant officer on any matter under debate. Such questions shall be sought through the Chair.

4.3 Obligation to provide members with information

4.3.1 Public excluded information required by members in the performance of their particular duties as members shall be supplied to them by the principal administrative officer. Where the Chief Executive Officer is uncertain that public excluded information should be supplied in any particular case, the matter shall be referred to the Chairperson for direction.

4.3.2 No information obtained by any member pursuant to 4.3.1 shall be used for any purpose other than for the proper discharge of duties as a member.

4.3.3 Where the Chairperson of the Board has reasonable grounds for believing that public excluded information provided to any member has been misused, the Chairperson may report this and any proposed action to the Board.

4.3.4 The requirements of 4.3.1 are in addition to the rights of members to make separate and individual requests for information in terms of the Official Information Act 1982, as applicable. Such requests for information may include requests for information that had previously been supplied to that member as public excluded information to be released as publicly available information. Where such information is made available to that member as publicly available information the member has the right to use such information in the same way as if that member were a member of the public.

The foregoing Standing Orders were made by the West Coast District Health Board at it's meeting on the 13 May 2016 and revoke any previous standing orders.

.....

Chairperson

……..

Chief Executive Officer

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 28 APRIL 2016

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

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

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

DATE: **13 May 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 28 April 2016.

For the Board's information the functions of CPH&DSAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000:

"*With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:*
- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population, and*
- *the priorities for the use of the health funding available*

With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:
- *the disability support needs of the resident population of the West Coast District Health Board, and*
- *the priorities for the use of the disability support funding provided.*"

The aim of the Committee's advice must be:
- *to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximise the overall health gain for the resident population of the West Coast District Health Board, and*
- *to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board."*

The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board."

2. RECOMMENDATION

That the Board:

i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update – 28 April 2016.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) COMMUNITY AND PUBLIC HEALTH UPDATE

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

AgFest
A Community and Public Health staff member worked with West Coast PHO staff and other health professionals at the Men's Health Tent at AgFest. There was a very pleasing response from men to having a health check including blood pressure and blood sugar. There were also a large number of West Coast farmers who received a free influenza vaccination. Information and support was also available about smoking cessation and mental wellbeing.

Franz Josef Flood Event
Community and Public Health were involved in the emergency response to recent Franz Josef flooding event, with a particular focus on potential public health issues arising from damage to the sewage ponds and diesel storage. Staff were also involved in working with staff from West Coast Regional Council and Westland District Council to ensure these issues are addressed in the recovery phase. Community and Public Health staff also attended a debrief with other agencies involved in the event.

Council Annual Plan Submissions
Community and Public Health staff are currently working on submissions to three West Coast Council Draft Annual Plans, and have already made a submission on the Grey District Council's draft plan. Community and Public Health has also facilitated the Active West Coast submission for the Greymouth District Council.

Alcohol Licensing
Two weeks prior to the Hokitika Wildfoods Festival Community and Public Health staff met separately with the operators of both the Beer Tent and the Wine Tent and briefed them on their responsibilities in respect to the Sale and Supply of Alcohol Act 2012, also prior to the opening briefed staff at each of the four licensed stalls on their responsibilities under the Act. Joint monitoring of the alcohol sales from licensed stalls was conducted by Community and Public Health licensing staff, the Police and Westland's liquor licensing inspector, both during the evening.

Community and Public Health arranged a meeting with the West Coast Fire Service Safety Officer and secured his involvement in the assessment of all West Coast liquor licence applications to ensure that all premises had an up to date approved evacuation plan.

Kaumātua Wellbeing Hui
The recent kaumātua wellbeing project hui was focused on Dementia and Alzheimer's, as this was of particular interest to the kaumātua involved. Alzheimers NZ and the West Coast DHB both presented at the hui, with over 30 kaumātua present.

DHB Healthy Food and Drink Policy
The final draft of the nationally aligned DHB Healthy Food and Drink Policy has been developed through the national DHB food and beverage environments network. The policy has been informed by the NZ Eating and Activity Guidelines (2015), National Heart Foundation guidelines for healthy cafeteria food and the Health Star Rating for packaged goods. The final document will be the minimum expectations for DHBs to meet, then the West Coast DHB will need to develop a West Coast DHB specific policy that is required to go through the local endorsement process by 30 June 2016.

Health Promoting Schools
Community and Public Health coordinated the delivery of the 'Accelerating Equity' interactive workshop for schools and school partners at Grey High School this week. This is a follow on from the introductory workshop held in November 2015. Over 40 participants (including

rangatahi) attended the workshop with representation from schools Coast-wide and school partners such as Homebuilders and Poutini Waiora. Schools were able to share the changes they had made since the previous workshop and this workshop enabled them to build on this and start designing specific actions around how to reduce inequity they have identified in their school community.

Discussion took place regarding the recent announcement that the fluoridation of drinking water will pass to the District Health Boards. The legislation is currently being developed and will come to this committee to the Board for approval

Community and Public Health continue to look at council long term plans and submit on targeted areas in their annual plans. They also continue to look at the West Coast Regional Council plan and provide submissions where required

The report was noted.

b) PLANNING & FUNDING UPDATE

Philip Wheble, Team Leader, Planning & Funding presented this update. The report provided the Committee with an update on progress made on the Minister of Health's health and disability priorities and the West Coast DHBs Annual Plan key priority areas as follows:

Key Achievements

- The West Coast DHB continued to achieve impressive results with 98.9% of patients admitted, discharged or transferred from Grey Base ED within six hours during March 2016. An impressive 93.4% were seen within just four hours.
- West Coast DHB was 59 discharges ahead of our year-to-date February progress to target toward delivering 1,889 elective and arranged purchase unit code (PUC) discharges in the 2015/16 financial year.

Key Issues & Associated Remedies

- One orthopaedic and two respiratory patients are showing as non-compliant against the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) in February. The orthopaedic patient has been seen and both respiratory patients are booked in the next clinic. One general surgery and four orthopaedics patients are showing as non-compliant against their first specialist assessment to surgical treatment (ESPI 5) in February. The Orthopaedic patients have been seen. The general surgery patient had their operation cancelled as the surgeon was unable to land due to weather; they are now rebooked.
- B4 school check results show 52% of our total eligible population and 41% of our high deprivation population have received their B4 School Check against our 68% year-to-date target for March 2016. The B4 Schools team have planned clinics for the remainder of the year and are confident in their ability to achieve the year-end target.
- West Coast health practitioners have reported giving 4,315 smokers cessation advice in the 15 months ending December 2015. This represents 84.8% of smokers enrolled with the PHO, against our 90% target. We are disappointed to see the monthly Karo data trend continue downward. All best practices continue.

Discussion took place regarding development and implementation of a service that will provide additional support after discharge from hospital and for those that require restorative care to allow the elderly in the community to live well.

The report was noted.

c) ALLIANCE UPDATE

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

Alliance Leadership Team (ALT)

The Alliance Leadership Team reviewed the workplan for expanding the use of Telehealth across the West Coast and the accompanying reports demonstrating the percentage of patients having appointments via telehealth. The ALT noted the amount of work needed to get to this point.

The ALT reviewed the final drafts of the workstream workplans for 2016/17 Annual Planning. It was noted that the plans are very full and a there was a note of caution that the workstream be realistic in their expectations of themselves.

The ALT noted that nutrition and physical activity services are at risk due to reduced revenue from the Ministry of Health. The ALT are concerned about this risk in the context of the both National strategies and the South Island Alliance plans. Planning & Funding and the Alliance Support Group (ASG) have been tasked to look at how we can move resources within the health system to address this issue.

Health of Older Persons

- The CCCN has appointed a Falls Champion to deliver the falls programme in people's homes coast wide.

Grey/Westland & Buller Family Health Services (IFHS)

- A telehealth distance mapping report has been completed and the Alliance Leadership Team has provided feedback. The report will be provided monthly to support discussion about opportunities to use telehealth in our health system. The Grey|Westland workstream has also selected a group to progress actions around common processes between Grey practices as well as between the practices and other providers such as pharmacies.
- In Buller, Māori with Long term Conditions have been identified, with work underway to improve the LTCM of all enrolled patients who are LTC2.
- Poutini Waiora have developed an evaluation for the spirometry project and it is anticipated that this will be completed during April.
- With Buller Medical fully staffed, evening clinics are planned and additional health promotion and prevention activities are under consideration.

Healthy West Coast (HWC)

- The outcome of the submission made to the RFP for Local Stop Smoking Services by CPH (Community & Public Health), on behalf of HWC and ALT has again been delayed. This was expected by late March but MoH have advised this will now be more likely late April. The final decision will provide certainty on direction for local cessation services and the Māori Cessation Plan in particular.
- Notification from the Ministry of Health about reducing funding to the DHB for Nutrition and Physical Activity services has put these at risk. HWC will again reprioritise services and work to maintain as much service provision as possible. However, a long term plan regarding how to continue to fund public health needs to be developed.

Child and Youth

- The PHO have launched their new youth west coast website to support youth mental health after consultation with young people and user testing.
- GoFlo (Hip Hop / Poetry) workshops have commenced across the coast with 11-17 year olds themed around solutions to the specific issues raised in the Girls of Concern report. Young participants are encouraged to write songs as a medium for expressing those ideas.

Pharmacy

- Market analysis for the Grey IFHC community pharmacy commercial arrangements has commenced.
- Buller Pharmacy participation in the local interdisciplinary team meetings has commenced.

Discussion took place regarding the use of Telehealth for those patients who would otherwise have to travel long distances to attend clinics. The committee was informed that Planning & Funding currently have a Project Specialist working on different uses of Telehealth.

The report was noted.

d) PRESENTATION – ALLIANCE WORK STREAMS

Healthy West Coast

The Committee received a presentation on the Healthy West Coast Work Stream.

The presentation reminded members of the role of the Alliance and the diagram below will refresh Board members memory around the structure:

The presentation went on to provide information around Healthy West Coast, its purpose, membership and priorities.

Discussion took place regarding the harm caused by the use of illegal drugs and how some of the work being undertaken to reduce the harm caused by alcohol could also apply to drug use.

Discussion also took place regarding the cut in funding for the side contract held by Community & Public Health with the Ministry of Health. The Committee noted that the DHB is consistently looking across the whole system and doing what is best for the community with the funding available.

The Chair thanked Jenni Stephenson for her presentation.

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

AGENDA

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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 28 April 2016 commencing at 9.00am

ADMINISTRATION — 9.00am

Karakia

Apologies

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

2. **Confirmation of the Minutes of the Previous Meeting**

   10 March 2016

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS — 9.10am

4.	**Community and Public Health Update**	Claire Robertson *Team Leader, Community and Public Health*	*9.10am - 9.20am*
5.	**Planning & Funding Update**	Philip Wheble *Team Leader, Planning & Funding*	*9.20am – 9.30am*
6.	**Alliance Update**	Philip Wheble *Team Leader, Planning & Funding*	*9.30am – 9.40am*
7.	**Presentation** **Alliance Work Streams** - **Healthy West Coast**	Jenni Stephenson *Project Specialist & Alliance Programme Coordinator*	*9.40am – 10.00am*
8.	**General Business**	Elinor Stratford *Chair*	*10.00am – 10.10am*

ESTIMATED FINISH TIME — 10.10am

INFORMATION ITEMS

- **Board Agenda – 1 April 2016**
- **Chair's Report to last Board Meeting**
- **2016 Committee Work Plan (Working Document)**
- **West Coast DHB 2016 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: Thursday 9 June 2016

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 28 APRIL 2016

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

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

SOURCE: **Chair, Hospital Advisory Committee**

DATE: **13 May 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 28 April 2016.

For the Board's information the functions of HAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are to:

"- monitor the financial and operational performance of the hospital and specialist services of the West Coast DHB; and
- *assess strategic issues relating to the provision of hospital and specialist services by the West Coast DHB; and*
- *give the Board advice and recommendations on that monitoring and that assessment.*

The Hospital Advisory Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy and with the Strategic Plan of the West Coast DHB."

2. RECOMMENDATION

That the Board:

i. notes the Hospital Advisory Committee Meeting Update – 28 April 2016.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 28 April 2016. Papers presented to the Committee meeting are available on the West Coast DHB website. A copy of the agenda for this meeting is attached as Appendix 1.

MANAGEMENT REPORT

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

- Sustained decrease in DNAs
  Staff continue to contact people who do not attend appointments to ascertain if there is any way the DHB can improve in this area.

- Continued ESPI compliance
  One orthopaedic and two respiratory patients are showing as non-compliant against the maximum 120 days' wait time for First Specialist Appointment (ESPI2) in February. The orthopaedic patient has been seen and both respiratory patients are booked in the next clinic.

- Strengthening of Clinical Nurse Specialist (CNS) workforce
  The CNS Stroke Nurse position has been filled with the appointee working 0.5FTE in this role and working in collaboration with other CNSs. Recruitment is underway for a Rheumatology

CNS who will enhance and support the transalpine Rheumatology service. Recruitment is also taking place for a Fusion Nurse who will run day cases out of Hannan Ward.

Mr Newsome also commented on the following:

- Recruitment is ongoing for Junior Doctors and several new doctors have been confirmed for Q3 and Q4 of the medical year. Annual recruitment for 2017 is about to commence and the DHB has a solid strategy in place around this.

- The Associate Director of Allied Health, Jane George, commenced her role in March and was present at the meeting to meet the Committee. This position reports to the General Manager, Grey/Westland on an operation basis and to the Director of Allied Health clinically.

- Discussions are commencing with Canterbury DHB around how we can continue to provide surgical services on the West Coast.

- The transformation project undertaken around Maternity Services on the West Coast has been entered into the 2016 IPANZ Awards.

- The Allied Health team participated in the emergency response in Franz Josef in late March when the banks of the Waiho River burst it banks.

- Challenges continue around recruitment in Paediatric physiotherapy services and a decision has now been made to recruit a generalist physiotherapist.

- The first of the Nutrition Service telehealth clinics has been held as part of a pilot project.

- Recruitment for a Compresses Pharmacist is ongoing due to a lack of applicants to date.

- An update was provided on Industrial Relations Negotiations.

A query was made regarding anaesthesia and the Committee noted that the Anaesthetic Group is very settled.

Discussion took place around the induction rates in maternity and the Committee noted that the West Coast rates have reduced and all data should be looked at in the context that the services is delivered in.

In regard to a query around Hospital Services Incidents recorded in Safety 1st the Committee noted that all incidents are reviewed by the Incident Review Group and there are no alarming trends identified. It was also noted that the reporting culture has seen a significant improvement however there is always room for more improvement in this area.

The Committee noted that there seems to be an increase in the trend towards medical specialty services and a downward trend for surgical specialty services. This seems to be due to our ageing population requiring more medical care.

The report was noted.

FINANCE REPORT

Mark Newsome, General Manager, Grey/Westland, provided the Committee with an update of the financial position as at the end of March 2016.

The Committee noted that the consolidated West Coast District Health Board financial result for the month of March 2016 was a deficit of $0.109m, which was $0.010m unfavourable against the budgeted deficit of $0.099m. The year to date position is now $0.158m unfavourable.

Mr Newsome commented that the General Manager, Finance is optimistic that the DHB will meet the year end predicted outcome.

The Board Chair provided the Committee with an update on the current position with the Facilities Project.

The Committee noted that a lot of time has been spent with local media explaining the models of care the DHB is moving to but there still appears to be a lack of understanding on their part and the reporting is inconsistent with the information we are providing.

The report was noted.

CLINICAL LEADERS UPDATE

Stella Ward, Director of Allied Health, presented this report which was provided to the Board at their last meeting.

The Committee noted that the Nursing Workforce Strategy 2015-208 has been approved and released. The ongoing development of the West Coast nursing workforce is essential to ensure a fit for purpose Cost wide nursing team, which includes nursing structure, ways of working and the growth and development of individual nurses.

The Committee also noted that Stella Ward and Mr Pradu Dayaram, Medical Director Facilities Development, and the Board Chair had attended the Director General's Health Symposium where the Minister of Health released new Health Strategy "Powering Up Our Future". Ms Ward advised that a lot of the focus was on the consumer voice and both days commenced with a consumer story. Technology was also a big part of the two days and how this is changing the way health is responding and operating in New Zealand.

The Committee noted that strategy is on-line along with the Action Plan for 2016.

The update was noted.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 10 March 2016.

Report prepared by: Sharon Pugh Chair, Hospital Advisory Committee

AGENDA

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

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Thursday 28 April 2016 commencing at 11.00 am

ADMINISTRATION			**11.00am**
	Karakia		
	Apologies		
1.	**Interest Register** *Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.*		
2.	**Confirmation of the Minutes of the Previous Meeting** *10 March 2016*		
3.	**Carried Forward/Action Items**		
REPORTS/PRESENTATIONS			**11.10am**
4.	**Management Report**	Mark Newsome *General Manager Grey | Westland*	*11.10am – 11.30am*
5.	**Finance Report**	Justine White *General Manager, Finance*	*11.30am – 11.45am*
6.	**Clinical Leaders Update**	Karyn Bousfield *Director of Nursing & Midwifery*	*11.45am – 12noon*
7.	**General Business**	Sharon Pugh *Chair*	*12noon – 12.10pm*
ESTIMATED FINISH TIME			**12.10pm**

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Board Agenda – 1 April 2016**
- **West Coast DHB 2016 Meeting Schedule**

NEXT MEETING:

Date of Next Meeting: 9 June 2016
Corporate Office, Board Room at Grey Base Hospital.

RESOLUTION TO EXCLUDE THE PUBLIC

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

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

SOURCE: **Board Secretariat**

DATE: **13 May 2016**

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 1 April 2016.	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.	Presentation – Draft Health & Safety Audit	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	West Coast DHB Draft 2016/17 Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6	West Coast DHB Draft 2016/17 Maori Health Action Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	Risk and Risk Mitigation Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	Loans Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
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.