

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

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# **BOARD MEETING**

**Friday 4 November 2016  
10.15am**

**St John  
Waterwalk Road  
GREYMOUTH**

**ALL INFORMATION CONTAINED IN THESE MEETING  
PAPERS IS SUBJECT TO CHANGE**

**WEST COAST DISTRICT HEALTH BOARD****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*)  
Gary Coghlan (*General Manager, Maori Health*)  
Mr Pradu Dayaram (*Medical Director, Facilities Development*)  
Michael Frampton (*General Manager, People & Capability*)  
Kathleen Gavigan (*General Manager, Buller*)  
Carolyn Gullery (*General Manager, Planning & Funding*)  
Dr Cameron Lacey (*Medical Director, Medical Council, Legislative Compliance and National Representation*)  
Mark Newsome (*Director, Capability Development*)  
Dr Vicki Robertson (*Medical Director, Patient Safety and Outcomes*)  
Stella Ward (*Executive Director, Allied Health*)  
Philip Wheble (*Acting General Manager, Grey/Westland*)  
Justine White (*General Manager, Finance*)  
Lee Harris (*Senior Communications Advisor*)  
Kay Jenkins (*Minutes*)

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**to be held at St John, Waterwalk Road, Greymouth**  
**on Friday 4 November 2016 commencing at 10.15am**

**KARAKIA****ADMINISTRATION****10.15am**

## Apologies

1. **Interest Register**
2. **Confirmation of the Minutes of the Previous Meetings**
  - 23 September 2016
3. **Carried Forward/Action List Items**  
*(There are no carried forward items)*

**REPORTS****10.20am**

- |    |  |   |                   |
|----|--|---|-------------------|
| 4. | <b>Chair's Update</b><br><b>(Verbal Update)</b>  | Peter Ballantyne<br><i>Chairman</i>                           | 10.20am - 10.30am |
| 5. | <b>Chief Executive's Update</b>  | David Meates<br><i>Chief Executive</i>                        | 10.30am – 10.45am |
| 6. | <b>Clinical Leaders' Update</b><br><b>(Verbal Update)</b>  | Karyn Bousfield<br><i>Director of Nursing &amp; Midwifery</i> | 10.45am – 10.55am |
| 7. | <b>Finance Report</b>  | Justine White<br><i>General Manager, Finance</i>              | 10.55am – 11.05am |
| 8. | <b>Reports from Committee Meetings</b>   |   |                   |
|    | - CPH&DSAC<br>27 October 2016<br><i>(to be circulated separately due to timing of meetings)</i>                    | Elinor Stratford<br><i>Chair, CPH&amp;DSA Committee</i>       | 11.05am – 11.15am |
|    | - Hospital Advisory Committee<br>27 October 2016<br><i>(to be circulated separately due to timing of meetings)</i> | Sharon Pugh<br><i>Chair, Hospital Advisory Committee</i>      | 11.15am – 11.25am |
| 9. | <b>Resolution to Exclude the Public</b>  | <i>Board Secretariat</i>                                      | 11.25am           |

**INFORMATION ITEMS**

- 2016 Meeting Schedule
- 2017 Proposed Schedule of Meetings

**ESTIMATED FINISH TIME****11.25am****NEXT MEETING:** Friday 9 December 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 Karamaea tae noa  
atu ki Awarua.

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

# WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER



Disclosure of Interest	
Peter Ballantyne <b>Chair</b>	<ul style="list-style-type: none"> <li>Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB</li> <li>Retired Partner, Deloitte</li> <li>Member of Council, University of Canterbury</li> <li>Trust Board Member, Bishop Julius Hall of Residence</li> <li>Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board</li> </ul>
Kevin Brown	<ul style="list-style-type: none"> <li>Trustee, West Coast Electric Power Trust</li> <li>Wife works part time at CAMHS</li> <li>Patron and Member of West Coast Diabetes</li> <li>Trustee, West Coast Juvenile Diabetes Association</li> <li>President Greymouth Riverside Lions Club</li> <li>Justice of the Peace</li> <li>Hon Vice President West Coast Rugby League</li> </ul>
Warren Gilbertson	<ul style="list-style-type: none"> <li>Chief Operating Officer, Development West Coast</li> <li>Director, Development West Coast Subsidiary Companies</li> <li>Trustee, West Coast Community Trust</li> <li>Board Member, Mainland Football</li> </ul>
Helen Gillespie	<ul style="list-style-type: none"> <li>Peer Support Counsellor, Mum 4 Mum</li> <li>Employee, DOC – Healthy Nature, Healthy People Project Coordinator</li> </ul>
Michelle Lomax	<ul style="list-style-type: none"> <li>West Coast Community Trust – Trustee</li> <li>Buller High School Board of Trustees – Chair</li> <li>St John Youth Leader</li> <li>Employee - Damien O'Connor's Electorate Office</li> <li>Chair, West Coast/Tasman Labour Electorate Committee</li> </ul>
Peter Neame	<ul style="list-style-type: none"> <li>White Wreath Action Against Suicide – Member and Research Officer</li> </ul>
Sharon Pugh	<ul style="list-style-type: none"> <li>Shareholder, New River Bluegums Bed &amp; Breakfast</li> </ul>

Elinor Stratford	<ul style="list-style-type: none"> <li>• Clinical Governance Committee, West Coast Primary Health Organisation</li> <li>• Committee Member, Active West Coast</li> <li>• Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust</li> <li>• Trustee, Canterbury Neonatal Trust</li> <li>• Member, Arthritis New Zealand, Southern Regional Liaison Group</li> <li>• President, New Zealand Federation of Disability Information Centres</li> </ul>
Joseph Thomas	<ul style="list-style-type: none"> <li>• Ngati Mutunga o Wharekauri Asset Holding Company Limited – Chair</li> <li>• Motuhara Fisheries Limited – Director</li> <li>• Ngati Mutunga o Wharekauri Iwi Trust – Trustee &amp; Member</li> <li>• New Zealand Institute of Management Inc – Member (Associate Fellow)</li> <li>• New Zealand Institute of Chartered Accountants – C A, Member</li> <li>• Chief Executive, Ngai Tahu Seafood</li> </ul>
Francois Tumahai	<ul style="list-style-type: none"> <li>• Te Runanga o Ngati Waewae - Chair</li> <li>• Poutini Environmental - Director/Manager</li> <li>• Arahura Holdings Limited - Director</li> <li>• West Coast Regional Council Resource Management Committee - Member</li> <li>• Poutini Waiora Board - Co-Chair</li> <li>• Development West Coast – Trustee</li> <li>• West Coast Development Holdings Limited – Director</li> <li>• Putake West Coast – Director</li> <li>• Waewae Pounamu – General Manager</li> <li>• Westland Wilderness Trust - Chair</li> <li>• Wife, Lisa Tumahai, is Chair, Tatau Pounamu Advisory Group</li> </ul>
John Vaile	<ul style="list-style-type: none"> <li>• Director, Vaile Hardware Ltd</li> <li>• Member of Community Patrols New Zealand</li> </ul>

**MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING**  
**held at St John, Waterwalk Road, Greymouth**  
**on Friday 23 September 2016 commencing at 10.00am**

**BOARD MEMBERS**

Peter Ballantyne (Chair); Kevin Brown; Warren Gilbertson; Michelle Lomax; Peter Neame; Elinor Stratford; Joseph Thomas; Francois Tumahai; and John Vaile.

**APOLOGIES**

An apology was received and accepted from Helen Gillespie and Sharon Pugh.

An apology for lateness was received and accepted from Warren Gilbertson (11.55am).

**EXECUTIVE SUPPORT**

David Meates (Chief Executive); Karen Bousfield (Director of Nursing & Midwifery); Mr Pradu Dayaram ((Medical Director Facilities Development); Kathleen Gavigan (General Manager, Buller); Carolyn Gullery (General Manager Planning & Funding); (Michael Frampton (General Manager, People & Capability); Mark Newsome (General Manager, Grey/Westland) Philip Wheble (Team Leader, Planning & Funding); Stella Ward (Executive Director, Allied Health) Justine White (General Manager, Finance); Lee Harris (Senior Communications Manager); and Kay Jenkins (Minutes).

Francois Tumahai led the Karakia

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

Michelle Lomax advised that “Coordinator, Te Ha O Kawatiri” should be removed from the register.

**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 (44/16)**

(Moved Warren Gilbertson/seconded Joseph Thomas - carried):

“That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 12 August 2016 be confirmed as a true and correct record.

**3. CARRIED FORWARD/ACTION LIST ITEMS**

The carried forward item was noted.

#### 4. CHAIR'S UPDATE

The Chair provided updates on as follows and provided a summary of discussions that took place at each of the meetings:

- 16 August – South Island Chairs meeting with NZ Health Partnerships Ltd;
- 25 August – Partnership Group Meeting;
- 1 September – National Leadership Meeting;
- 2 September – Meeting with Ministry of Health re Buller IFHC;
- 8 September – Partnership Group Meeting teleconference re procurement;

A query was made regarding water safety on the West Coast and the Board noted that this is regularly reported to the CPH&DSAC meeting.

A request was made from a Board member for the Ministry of Health's Guidelines on the management of suicidal patients and also the West Coast DHB's guidelines on the management of suicidal patients.

Discussion took place regarding the Buller IFHC.

The Chair took the opportunity to thank Barbara Holland who has resigned as Chair of the Consumer Council.

##### **Resolution (45/16)**

Moved Michelle Lomax/seconded Joseph Thomas – 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 highlighted:

- The approval of the Maori Health Action Plan;
- The approval of the DHB Annual Plan and the signing of this by both the Board and the West Coast Health Alliance which demonstrates our integrated health system;
- The Alliance Leadership Team activity for 2015/16 where the majority of work streams actions in their plans were achieved;
- Full staffing around physiotherapy; and
- The expanded use of Telemedicine technology.

A query was made regarding the use of telemedicine technology in other DHBs and the Board noted that the West Coast is on the cutting edge of this technology with John Garratt being the National Lead on the project. The Board also noted that the first FSA appointment for Buller via teleconference was held the previous day.

Discussion took place regarding Faster Cancer Treatment targets and the Board noted that the West Coast does have small numbers in this area and also that Faster Cancer Treatment only covers 16 – 20% of cancers and there are many other cancers that sit outside this target.

Discussion took place regarding mental health staffing vacancies and when it is likely these vacancies will be filled. The Board noted that there is a focus in this area and recruitment is currently under way. It was also noted that it is difficult to determine when the positions will be filled due to the challenges of getting appropriately skilled people to come to work on the West



Coast.

**Resolution (46/16)**

(Moved Michelle Lomax/seconded Peter Neame – 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 mentioned in particular Registered Nurse prescribing and the doctors supporting this.

Ms Bousfield advised that Jane O'Malley, Chief Nurse, Ministry of Health, had visited the West Coast last week to discuss key strategic priorities for nursing and also provided the opportunity for local nurses to raise any issues of note and showcase local initiatives.

Stella Ward, Executive Director of Allied Health, spoke about the work that Tara Jopson from Occupational Therapy has undertaken regarding storage of therapy equipment and is now expanding to Physiotherapy, Dietetics and Speech Language therapy. A shared storage area has been identified with the aim of storing all Allied Health equipment within that space.

The Board noted that conversations are underway with Enable New Zealand, in collaboration with our South Island Alliance partners to move to an electronic tracking system for all equipment to reduce disruption for patients where more than one funder is involved in the provision of one piece of equipment.

**Resolution (47/16)**

(Moved John Vaile/seconded: Kevin Brown – carried)

That the Board:

- i. notes the Clinical Advisor's update.

## **7. FINANCE REPORT**

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

The consolidated West Coast District Health Board financial result for the month of July 2016 was a deficit of \$0.142m, which was in line with budget. The year to date position is \$0.142m unfavourable.

The Board noted that finances are on track for the first month of the year.

**Resolution (48/16)**

(Moved: Joseph Thomas/seconded: Elinor Stratford – carried)

That the Board:

- i. notes the financial results for the period ended July 2016.

## **8. MAORI HEALTH PLAN UPDATE**

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

The Board noted that work taking place in Maori Health is mostly business as usual. There is a lot of work to be done and a lot of collaboration is taking place with other organisations with some new strategies being developed.

Mr Coghlan stressed the importance of cultural competencies in the Region and also the importance of our Maori workforce.

**Resolution (49/16)**

(Moved: Joseph Thomas/seconded: Michelle Lomax – carried)

That the Board:

- i. notes the Maori Health Plan update.

**9. DISABILITY ACTION PLAN UPDATE**

Stella Ward, Executive Director of Allied Health, presented this update which was taken as read.

The Board noted the joint launch of the Action plan with Canterbury DHB and the importance that the West Coast Board are comfortable with the direction of the Action Plan.

It was also noted that a dashboard and appropriate way of measuring the plan will come to the Board once developed.

**Resolution (50/16)**

(Moved: Elinor Stratford/seconded: Kevin Brown – carried)

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

- i. approves the broadening of the scope of the West Coast Disability Action Plan to the “Canterbury and West Coast DHB Disability Action Plan”; and
- ii. notes the updated Action Plan.

**10. HEALTH TARGET REPORT – Q4**

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

The Board noted that a lot of work is being undertaken around Immunisation and Better Help for Smokers to Quit with everyone being very aware of the Board's concern.

**Resolution (51/16)**

(Moved: Michelle Lomax/seconded: Francois Tumahai – carried)

That the Board:

- i. Notes the West Coast DHBs performance against the Health Targets – Q4

**11. PRESENTATION – HOME BASED SUPPORT SERVICES**

Carolyn Gullery, General Manager, Planning & Funding provided the Board with a presentation on Home Based Support Services.

The Board noted that this is a complex model which involves rostering a workforce to meet everyone's individual needs. It was also noted that Home Based Support has historically been a

part time, irregular workforce and it may need to move to a more full time, regular workforce.

Discussion took place regarding the need for social interaction and it was agreed that there is a balance that needs to be reached in this regard.

The Chair thanked Ms Gullery for her presentation.

*The meeting adjourned for lunch between 12.15pm and 1.00pm*

## **12. 2017 PROPOSED MEETING DATES**

There was no discussion on this item.

### **Resolution (52/16)**

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

That the Board:

- i. Confirms support for the proposed schedule of meetings for 2017; and
- ii. Notes that in terms of the West Coast Standing Orders (Clause 1.6.4) a formal resolution will be required from the incoming Board in December 2016 to adopt a meeting schedule for 2017.
- iii. Delegates authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this.

## **13. REPORTS FROM COMMITTEE MEETINGS**

- a) Elinor Stratford, Chair, Community & Public Health and Disability Support Advisory Committee provided an update from the Committee meeting held on 8 September 2016.

The update was noted

- b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 8 September 2016.

The update was noted.

## **14. RESOLUTION TO EXCLUDE THE PUBLIC**

### **Resolution (36/16)**

(Moved Peter Neame/seconded John Vaile – carried)

That the Board:

- i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8 & 9 and the information items contained in the report.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the “Act) in respect to these items are as follows:

GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
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1.	Confirmation of minutes of the Public Excluded meeting of 12 August 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.	NZHPL Accountability Documents	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Provision of Food Services – 2017 Onwards	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Wellbeing Health & Safety Update	Protect the privacy of natural persons.	S9(2)(a)
7.	Committee Membership	Protect the privacy of natural persons.	S9(2)(j)
8.	Buller IFHC	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)

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

There being no further business the public open section of the meeting closed at 1.10pm

The Public Excluded section of the meeting commenced at 1.10pm and concluded at 3.00pm.

\_\_\_\_\_  
Peter Ballantyne, Chair

\_\_\_\_\_  
Date

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

**SOURCE:** Chief Executive

**DATE:** 4 November 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.

 	<b>DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY</b>
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### A: Reinvigorate the West Coast Health Alliance

#### *Alliance Leadership Team [ALT] Activity*

- At the last meeting in September the ALT noted the improvement in Telehealth reporting and the conversations this is generating. They also discussed the positive beginnings of work locally towards reducing Alcohol Related Health Harm and the positive feedback from both staff and consumers regarding the Buller Mental Health Long Term Conditions Management clinics.
- Areas of concern included discussion around the healthy eating service and how they are finding some families struggle to afford the budgets the meals are designed around. There was also noted some concerns regarding the impact of ICT constraints on the work of Alliance workstreams.

## **B: Build Primary and Community Capacity and Capability**

### ***Primary***

- **Reefton Health**
  - *Medical Centre* – Integration and work across practice, primary, community and ARC is continuing.
  - *Aged Residential Care* – Currently 9 hospital level and 4 residential level residents.
- **South Westland Area Practice**
  - The RNS Team Leader has been seconded to the Rural Academic General Practice for 6 months in order to assist with the planned|unplanned care component looking forward to the new facility.
  - A number of training sessions have been provided around neo-natal and Well Child assessment skills.
  - The HML service is being assessed and it has been noted recently that there have been some challenges in the provision of the service provided.
- **Greymouth Medical Centre/Rural Academic General Practice**
  - A new Practice Nurse has commenced work at RAGP to replace the nurse who left to work in District Nursing recently. She has many years of Plunket and practice nursing with certification in cervical smears and immunisation so will be an asset to the team.
  - CNS/Allied/GMC /RAGP combined meetings continue, and investigating options for increased medical participation.
  - Basic CPR Refresher for all staff is taking place at GMC.

### ***Community***

- **Public Health/B4School/Vision Hearing**
  - The recently appointed Vision Hearing Tester is settling into their role. They have spent 2 days with the CDHB VHT team at Burwood.
  - Public Health Nursing are using the 'Ask a Professional' column in the West Coast Messenger to promote their services. B4School, Well Child, Healthy Lifestyles across the ages and stages from 6 weeks to 18 years and Youth Health will be the first services promoted.
- **District Nursing**
  - Daily workload reporting is continuing with the view of Trendcare being implemented next year.
  - Regional meetings are valuable, ensuring all teams are working together.
  - Orientation packages are being reviewed constantly as new staff come on board to ensure the learning opportunities are appropriate.
- **Home Based support Services**
  - ContinuCare deployment has been completed.
  - Reviews and reassessments remain a challenge to complete as initial assessments have been prioritised. Training for ContinuCare has occurred for super-users and the payroll component of ContinuCare has gone live.

- A certification audit of HBSS took place at the end of September. There are a number of corrective actions and some recommendations to come out of this, none that were considered urgent. The full report of the audit and actions required is expected soon.
  - A change process to move HBSS workers from casual to regularised hours is underway. Meetings in Buller, Grey and Westport were received very positively by the support staff. The work is supported by the PSA whose representative attended the meetings with us.
  - A successful recruitment process has occurred for the 0.6FTE Registered Nurse in Hokitika. This role will commence after Labour weekend.
  - A coordinator of services role has commenced orientation in Buller.
- **Clinical Nurse Specialists**
    - *Greymouth CNS Group:* The 0.5FTE Rheumatology and Infusion nurse has commenced work. She has started by orientating with the CDHB Rheumatology service. The nurse has previously set up this service at Kew Hospital Invercargill.
    - *Buller CNS Group:* The volume of activity undertaken by the Diabetes CNS in Buller is being reviewed to ensure available hours matches activity.

### C: Implement the Maori Health Plan

- **Hauora Maori Workforce Development:** We have 8 people graduating in the Level 4 Certificate in Hauora Maori and in the Level 6 Diploma in Hauora Maori supported through the Ministry of Health - Hauora Maori funding. 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.
- **South Island Alliance Workforce:** The Te Wai Pounamu Maori health workforce plan is to be reviewed and refreshed. The South Island Workforce Development Hub will work with the South Island Maori GMs on this. Gary Coghlan will lead this work alongside Pania Coote, GM Maori Otago/Southland DHB. The Workforce Development Hub is developing a regional approach to increasing the Maori workforce in Te Waipounamu, with Te Herenga Hauora as the Governance Group. This approach will be further discussed at our Steering Group meeting in October. Discussion will be based around the Te Waipounamu Maori health and Disability Workforce Development Plan 2016-2021. Some Maori workforce development areas for improvement were noted at the Te Herenga meeting:
  - Improved ethnicity data collection internally through HR process so that we have a benchmark to measure improvement
  - Embed Maori cultural competencies and whanau centred values-based practice into



the NZ H & D workforce

- Improve linkages with tertiary institutions to direct and provide supported pathways for Maori graduating from these institutions to roles within the Health & Disability sector in New Zealand
- **Improving the Cancer Pathway:** Dr Melissa Cragg has completed her trips to the West Coast where she met with whanau, services and clinicians to understand the cancer pathway for Maori on the West Coast and how this may contribute to health inequity in cancer outcomes for Maori. The project is funded via the Ministry of health through the Faster Cancer Treatment programme (FCT). The specific focus of FCT is from referral to diagnosis through to treatment (including palliative care) and this also reflects the scope of this project. An implementation plan for service improvement areas which will benefit Maori cancer patients will be agreed by each South Island DHB by July 2017. At least one service improvement from the implementation plan will be commenced by each DHB by July 2017.
- **Maori Provider – Hauora Maori Contract:** Planning and funding and the Maori health team have been working with the Poutini Waioara to develop the Hauora contract which is up for renewal. There is a strong focus on integration, collaboration and alignment with the West Coast DHB Maori Health Plan 2016 -2017.
- **Kotahitanga – Maori Health Leadership:** A small group are working collectively across the Canterbury/West Coast DHB and Community Public Health teams to identify high level priority areas that through combined input will accelerate improvement in Maori Health across the sector. Three meetings have been held to date and there is an agreement to focus on the following areas:
  - Maori Workforce Development with a focus on Cultural Competency
  - Alignment of service planning to Maori Health Plans and He Korowai Oranga



## DELIVERING MODERN FIT FOR PURPOSE FACILITIES

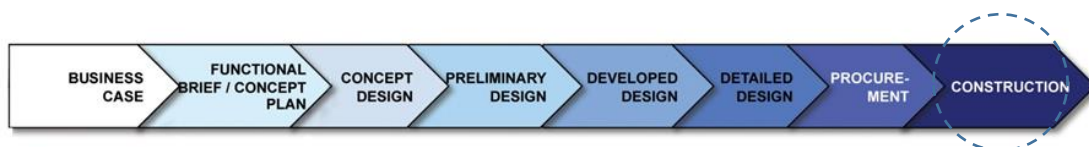
### A: Facilities Maintenance Report

- Liaison with the design team and main contractor is ongoing regarding the value engineering aspects of the new build at Greymouth, particularly around the building services design criteria. This process is ongoing due to the complex nature of the services and the need to balance the operational costs against the build cost.
- Maintenance upgrades of the DHB housing stock continues in both Greymouth and Reefton with some significant work being undertaken.
- Fire Protection Inspection Services (FPIS) bi-annual inspections have been completed and recommendations are being followed up
- **Other Significant Works:** The theatre section of the roof requires reflective coating, waiting on weather conditions to improve. In addition a liquid rubber coating will be applied to the Mental Health/Community services building.
- The Legionella testing regime at Buller Hospital is ongoing and monitored by the onsite M&E staff members.
- During recent engineering surveys carried out by OPUS significant structural weaknesses



were identified on the pedestrian access bridge to the hospital over the railway line. This resulted in immediate closure of the bridge to ensure we mitigate any risk. Options for replacement are currently being explored. Consent documentation for an extension has been accepted for 3 Nancarrow Street to operate as offices in a residential zone. The granted consent will expire 18 April 2020.

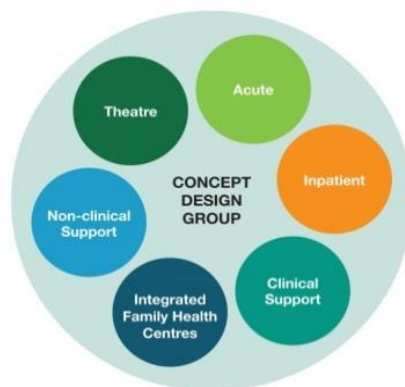
## B: Partnership Group Update



- Work is ongoing with Fletcher Construction Company Limited [FCCL] to identify savings to ensure the project can be delivered within the \$77.8 million budget as a part of the construction value management process.
- In regards to construction, civil works continue and FCCL is generally tracking ahead of the programme for piling works with the piling now completed for the Integrated Family Health Centre [IFHC].
- A time lapse camera has now been installed which will provide a permanent record documenting the build with excellent footage. A link to this footage will be established on the DHB website.
- The planning of all in-ground services that need to occur as part of the facility redevelopment across the existing hospital site has commenced. Any anticipated temporary car parking closures or traffic management issues will be communicated in advance to WCDHB staff and the community.

### ***Buller***

- As reported in the media, formal interest from a third party has been expressed to fund the Buller IFHC.
- A joint WCDHB and Ministry of Health project team are working together to investigate the formal interest and continue negotiations of indicative terms and documentation with the third party.
- There are still a number of steps which are being undertaken to progress the Buller IFHC which include exploring a range of site feasibility options.





### A: Hospital Services includes Secondary Mental Health Services

#### Hospital Services

##### *Nursing*

- We welcome Maureen Anderson, Rheumatology/Infusion CNS. Maureen will work 0.5 FTE Rheumatology and 0.5 FTE Emergency Department.
- A number of positions have been filled in the medical and surgical wards.
- We continue to recruit into ED nursing positions. At present the ED is working a transalpine approach with nurses from CDHB coming across to work with nurses at Grey Hospital ED. The senior nurses from Canterbury are working alongside younger nurses coaching them and providing a level of seniority. This has been very successful for all parties as it has built up healthy relationships between each service.
- Annual leave taken this month is up from last month by 800 hours with sick leave decreasing from 1345 hours to 769, a decrease of 42%.
- The medical ward occupancy for the month remains high at 93% up 2% from last month. The surgical ward was at 70% from 91% having also taken a number of medical overflows. Overall the hospital has not been at full capacity this year.
- The nursing flexibility meeting, held in conjunction with our partners NZNO, was well received by staff. Staff are feeling comfortable about moving between wards and services in order to react to negative variance.
- *Discharge planning* – A strategic planning meeting is going to be held towards the end of November in order to reinvigorate the discharge planning project. IDEAL (Include, Discuss, Educate, Assess, Listen) continues to be the basis of this project ensuring that all groups are involved will be the key to its success.

##### *Medical*

- An RHM is commencing in February 2017.
- A position has been offered to an anaesthetist.
- The junior doctor workforce is near fully recruited for the first quarter of 2017. We continue to develop strong ties with the Resident Doctor Support Team in Christchurch and are sharing a number of RMO's throughout next year.

##### *Allied Health*

- Many of the Allied Health professions have celebrations planned at this time of year. These events are an opportunity to thank staff for their contribution, as well as raise awareness of how each profession works across our health system. We have recently celebrated World Physio Day, World Pharmacist Day and Social Work Day, with Occupational Therapy week and World Radiology Day coming up soon.
- Our Buller based NTA co-ordinator is due to commence in role imminently. We have also welcomed a new Dietitian this month.
- Following a recent Collabor8 project undertaken by Tara Jopson from Occupational Therapy to rationalise and reduce storage need for Allied Health on Grey Base Campus, the Facilities team have adopted her learnings to work with other areas of service

preparing for the new facilities.

- Staff participated in the first of a series of West Coast Disability Resource Service Workshops recently, looking to identify opportunities to strengthen our community by building on our strengths. Allied Health look forward to continuing to contribute to this forum as it develops over the next few months.
- Allied Health Leadership come together to review the larger projects in process across the health system. These include Health Informatics, Workforce Development and community based service provision opportunities
- Dietetic and Nutrition Services across the health system are working together to identify ways that they can better reach across our communities; ensuring that referrals get to the right part of the system in a timely way, and any gaps in service can be identified to inform service development in the future.
- Allied Health staff are working on a number of projects within and across disciplines currently. These projects link to their professional development plans, which encourage staff to be up to date with the best evidence for practice so that they can provide the best services possible to our community. Some examples of these are providing physiotherapy and occupational therapy in ED and primary practice settings, stroke education, capturing the evidence of effective rehabilitation after injury and using telehealth in innovative ways.
- We are working in partnership with the Ministry of Health, CYF, Corrections, NZ Police and various community agencies to develop opportunities for delivering more joined up models when working with at risk children and families.
- Calderdale Framework Foundation training is due to be offered again to our new staff, as well as other disciplines with an interest. The Calderdale Framework aims to identify tasks that can be shared across disciplines, or delegated to assistants in order to reduce the repetition of questions and assessments patient experience when working with multiple Allied Health therapies.

### ***Mental Health Services***

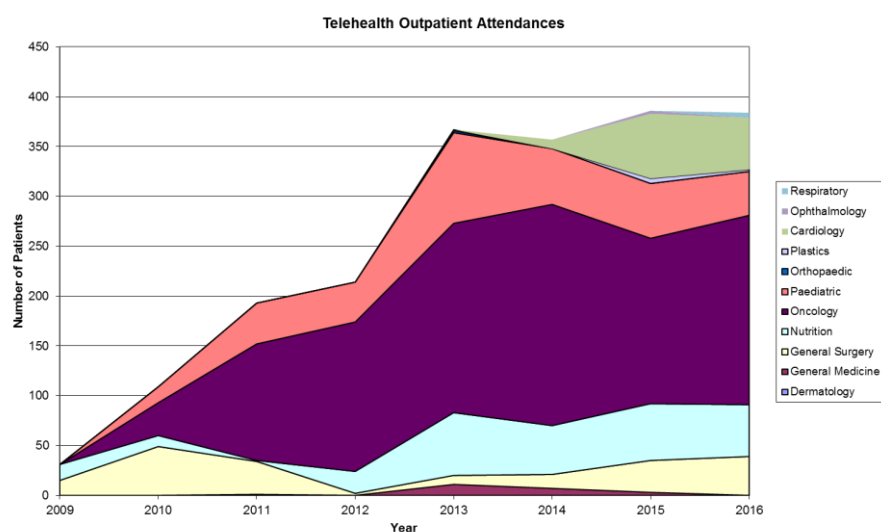
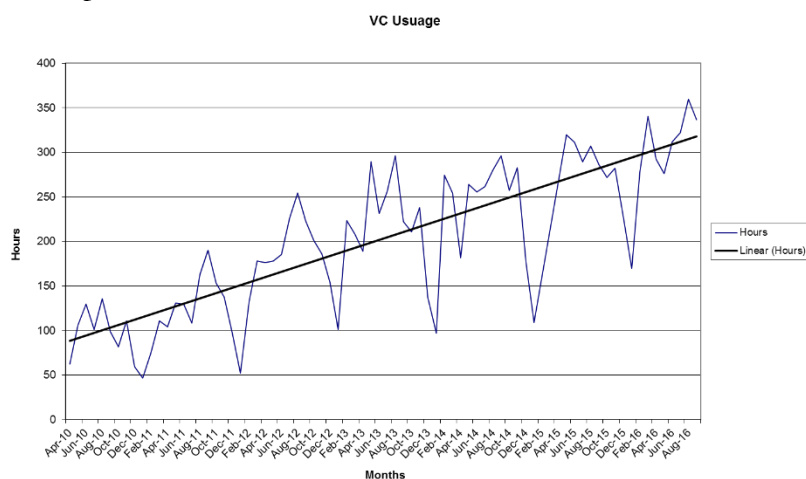
- **South Island Regional KPI Forum:** West Coast DHB staff will participate in a one-day collaborative workshop hosted by Canterbury DHB for adult KPI leads and representatives from across the South Island in October. The focus of the workshop will include improving restraint and seclusion practices.
- **Service Development:** Work is underway to review the reporting and follow-up of people who receive treatment after intentional self-harm events. This together with better utilisation of available data will be a focus area for specialist services in the coming months.
- **PRIMHD:** PRIMHD is the Programme for the Integration of Mental Health Data – a national data set that contains mental health service activity and outcomes data from 1 July 2008. A quality improvement action plan has been endorsed to improve PRIMHD performance within specialist services. A range of systems issues including responsiveness will be reviewed.
- **Transalpine Engagement Forum:** Clinical leads and managers are continuing to meet bimonthly. Discussion regarding opportunities for shared development are ongoing.

### A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient

- 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.
  - Discussions with St John are currently underway around transport of patients in Buller and Reefton.

### B: Champion the Expanded use of Telemedicine Technology

- WCDHB has expanded its video conferencing capacity considerably within the last several years; see below graph for monthly usage details. Some new TeleHealth reporting metrics have been added below, focusing around distance travelled for patients and percentages of patients seen via Telehealth.



What % of patient appointments were via TH?	How far did patients travel?	How many patients travel >60mins?	Total fuel cost to patients based on NTA reimbursement of 28c / km	Follow up appointments	Follow up appointments by telehealth
<b>4.5%</b>	<b>97790 kms</b>	<b>659</b>	<b>\$ 27381</b>	<b>62.5%</b>	<b>6.5%</b>
4.5% of patients were seen via telehealth, a 1.8% increase from last month.	Patients travelled a combined distance of 97,790 kms, 11,705 km more than last month.	41% of our patients travelled more than 60minutes return this month, 6% more than the previous month.	Total fuel cost to patients based on NTA reimbursement of 28c / km.	This month, 62.5% of our appointments were followups.	This month, 6.5% of our followup appointments were seen via Telehealth, 2.8% more than last month.

▪ **Highlights:**

- Monthly reporting of patient travel distance and travel time to attend outpatient appointments on the West Coast is being produced.
- A successful Telehealth clinic was held between Greymouth and Buller for General Surgery FSAs in September.

▪ **Challenges:**

- Encouraging clinical engagement in conversations has been limited to a few specialties at present.

▪ **Equity:**

- Telehealth has the potential to improve access to primary and secondary care, reduce appointment wait times, reduce patient transport time and costs, and reduce staff travel time and costs.

 	<b>INTEGRATING THE WEST COAST HEALTH SYSTEM</b>
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**A: Implement the Complex Clinical Care Network [CCCN]**

- 17 clients have been referred to the Falls Prevention Service since the start of this quarter. Processes and pathways for the service are being developed by the Clinical Lead.

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

- The Mana Tamariki Mana Mokopuna project has identified barriers to breastfeeding for Maori women and strategies to reduce these. A service delivery model to implement these strategies will be piloted in Buller over the coming months. Discussions are taking place regarding a base from which this programme can be delivered.
- A plan is in place to build the health literacy of Buller males and permission has been obtained to use NZ designed health promotion material. It is clear that a more comprehensive strategy is required to build individual health literacy as well as improve our organisational capability to reduce the unnecessary burden of health literacy for our consumers and their whanau. Thus the Buller IFHS team is also considering medium - long-term strategies for inclusion in next year's work plan.
- Strategies have been identified to increase Community Pharmacy support of Long Term Conditions Management in Buller.

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

- The patient portal trial will be commencing in the next few months after testing is completed. There have also been discussions with Westland Medical around the portal to ensure their system will be able to link in (only non-Medtech practice on the Coast).

- Significant work is now underway to improve systems and process within Home Based Support Services including improvements in the IT system and ways of working. This is part of the primary and community project looking to improve systems and how we can provide the right care at the right time in the right way.
- Project resource has been appointed to work with the Grey ED and primary teams to progress how primary care and ED can work more closely together and prepare for the new building.
- The community representative was welcomed to the Grey IFHS team and has now participated in two workstream meetings.

	<b>BUILDING CAPACITY TO TRANSFORM THE SYSTEM</b>
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#### A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of September 2016 was a deficit of \$0.184m, which was \$0.012 favourable to budget. The year to date position is \$0.142m unfavourable.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	0	0	0	0	0	0
Funder Arm	230	212	18	1,173	637	536
Provider Arm	(414)	(408)	(6)	(1,823)	(1,145)	(678)
Consolidated Result	(184)	(196)	12	(650)	(508)	(142)

#### B: Effective Clinical Information Systems

- **Mental Health Solution:** Significant progress has been made in stabilising the system, with good involvement from Orion, WCDHB and CDHB. Phases 1-6 of 7 phases have been completed. The remaining phase is a collection of 4 issues which are being worked through with Orion, CDHB and WCDHB to resolve.
- **eReferrals Stage 3 – electronic triage:** The kick off for electronic triage of referrals has occurred. The implementation into WCDHB will be the second in the South Island with CDHB going first. The new system will allow electronic triaging of referrals by clinical staff to occur, and improve notification back to general practice on the status of the referral. Stage 3 of electronic triage is on hold pending changes required to enable the capability to meet regional needs.
- **Patient Portal:** The portal will allow patients to access their own clinical information within a primary care setting and potentially allow them to self-book appointments with their local general practice. Initial work has occurred on enabling the patient portal, and now undergoing a security assessment to ensure patient information is securely transmitted to the provider. This should occur within the next month.
- **Staff Wifi and Patient Wifi:** Once successfully implemented this will extend the existing staff wifi and patient wifi currently in use within CDHB to the WCDHB. The contract to implement the solution has been approved and a project kick off has occurred. It's expected the solution will be implemented within 2 months.
- **Joining WCDHB and CDHB domains:** The WCDHB and CDHB domains have been joined. Further work is needed to enable various services to be available across both



DHBs. The first focus will be enabling intranet access from WCDHB to CDHB. Next report will have an update in progress on this activity.

- **New Facility Work:** ISG is participating heavily in a number of ICT related facility meetings. A large piece of work is under way to look at communication services within the new facility.
- **IT Infrastructure replacement:** An investment in upgrading some systems at the end of their life has been approved with the remote access system, firewall, mail system, terminal replacement, Uninterruptable Power Supply system and improvements to medtech32 all being completed.
  - Business case approved for services to replace some Windows 2003 servers. There are 92 servers within the WCDHB datacentre, of which there are 16 remaining which need to be migrated. CCL will be assisting the WCDHB with some of the more complex migrations.
  - A complete rebuild of the Citrix environment has occurred. This has also provided an opportunity to update several sets of software such as the Diagnostic Radiology Image viewer, IntelViewer.
  - The Windose pharmacy system has been migrated to the new Citrix environment as part of the rebuild.
  - The Winscribe digital dictation system has been updated to a new version. This will allow the use of smart phones to do dictation when Staff Wifi is enabled.

## **C: Effective two-way Communication and Stakeholder Engagement Activity Supporting Health System Transformation**

### ***External Communications***

- Media interest:
  - Hoarding and squalor working group
  - Short term use of dementia ward for medical patients
  - West Coast DHB position on national catering contracts
  - Food insecurity working group
  - Query re photographs from Haast community meeting
  - Number of transfers from Coast for health services (particularly orthopaedic)
  - Mental health services
  - Grey Footbridge
  - Gastroenterology services
  - Old bottles found on new Grey Health site
  - Baby Loss Awareness Week at McBrearty
  - Meybille Bay slip effect on DHB services
  - Aged residential (including respite) care services available
  - Patient waiting times for routine GP appointments
  - Junior doctor's strike impact
  - District Health Board member remuneration
- Media releases were issued on:
  - Take care when gardening
  - Grey Hospital patient and visitor parking limits imposed
  - West Coast Maori health plan approved
- Video releases posted on (DHB website/Facebook page):

- Breast cancer patient Susan Dobson's feedback helps change pathways
- Fletcher update on new Grey Health facilities
- Mental Health Awareness Week – connect with nature

### ***Internal Communications***

- Weekly global update email
- Grey base parking communications
- External engagement
  - Support for Runanga Action Group mental health community initiatives (through Community and Public Health)
  - Development West Coast Leading Light Awards film clip coordination
  - Grey Base parking communications planning
  - Set up Allied Health
- Social media posts
  - World Physiotherapy Day
  - International Social Workers Day
  - Mental Health Awareness Week
  - Baby Loss Awareness Week



## **PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES**

### **Key Achievements/Issues of Note**

- **Smokefree updates:** The Action on Smoking and Health (ASH) survey of Year 10 students shows smoking rates for West Coast young people are lower than the national average. The 2015 ASH survey shows the overall rate of youth smoking in New Zealand is 2.45%. On the West Coast, only 0.65 % of Year 10 students described themselves as daily smokers. This compares with 22.5% in 1999. For all other districts the rate was under 6%. 80% of West Coast Year 10 students have never smoked. In 1999 only 25.7% of Year 10 students were 'never smokers'. The Smoke-free Environments (Tobacco Standardised Packaging) Amendment Bill was passed recently. The law will make it illegal for tobacco companies to print any branding on tobacco and cigarette packaging. The product name will appear in small type with health warnings about the risks of smoking. Standardised packaging has reduced smoking rates in Australia and is expected to have a similar impact in New Zealand. It is expected that the changes in packaging will be implemented in the latter part of 2017. As part of Stoptober, members of the West Coast Tobacco Free Coalition spent time this month promoting smokefree lifestyles and smoking cessation at The Warehouse in Greymouth and at New World in Westport. This is the third year that Stoptober has been held in New Zealand.
- **Nutrition and Physical Activity:** CPH have continued to focus on early childhood nutrition by running a workshop in Westport at Westport Early Learning Centre. This gave parents and teachers the opportunity to interact and have discussions in a supportive environment. Both centres are now interested in signing up to the Heart Foundation Healthy Heart Award.
- **Compliance Reports - Drinking Water Quality 2015-16:** CPH drinking water staff have now completed Compliance Reports for each of the West Coast District Councils









and sent these out with letters to their Chief Executive Officers and the Water Services Engineers. Follow up visits are planned over the next two months to go through the reports and what needs to happen in this compliance year.

- **Community Wellbeing – Runanga Action Group:** Following the development of a localised resource promoting mates looking after mates, how to seek help and access local services, and community connectedness, CPH supported the Runanga Community Action Group in organising school and community visits to promote these messages. Le Va and the NRL supported these visits with Quentin Pongia and Eroni Clarke speaking at Runanga School, Paparoa Range School, Alternative Education, Greymouth High School and an evening community meeting. The Community Wellbeing Forum was also supported by local service providers who spoke about their own services and how to get access to them. This work was aligned with the Mental Health Awareness Week ‘connect’ theme. Building on the above activities, the next step is for Le Va to deliver ‘Flo’ workshops on the West Coast to continue to build suicide prevention knowledge, confidence and skills in the wider community.

Report prepared by:


David Meates, Chief Executive

## DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

Target	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Target	Current Status	Progress
 <b>Shorter Stays in ED</b> Patients admitted, discharged or transferred from an ED within 6 hours <sup>1</sup>	99.7%	99.6%	99.2%	100%	95%	✓	The West Coast continues to achieve the ED health target, with 99.6% (100%) of patients admitted, discharged or transferred from ED within 6 hours during quarter four.
 <b>Improved Access to Elective Surgery</b> West Coast's volume of elective surgery	480 YTD	1,130 YTD	1,442 YTD	1,942	1,889	✓	The DHB has exceeded the 2015/16 elective surgery target with 1,942 elective surgical discharges delivered - 103% of our national target. That's This meant 53 more people were able to benefit from surgery than expected.
 <b>Faster Cancer Treatment</b> Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	50%	71.4%	75%	80%	85%	✗	Performance against the health target has increased this quarter with 80% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Small numbers are a challenge with this result reflecting just two out of ten patients were non-compliant. Audits into patient pathways have taken place with no capacity issues identified.
 <b>Increased Immunisation</b> Eight-month-olds fully immunised	88.4%	80.9%	89.3%	78%	95%	✗	While West Coast DHB has not met the increased immunisation health target, we are pleased to have vaccinated all of the eligible consenting population with no children missed. Opt-offs increased from 8% this quarter to 15%, which is reflected in the drop in our results, and continue to make meeting the target impossible.
 <b>Better Help for Smokers to Quit</b> <b>Hospitalised</b> smokers receiving help and advice to quit <sup>2</sup>	91.1%	96.4%	93.9%	97%	95%	✓	West Coast DHB staff provided 97% of hospitalised smokers with smoking cessation advice and support. Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator continues to investigate every missed smoker.
 <b>Better Help for Smokers to Quit</b> Smokers offered help to quit smoking by a <b>primary care</b> health care practitioner in the last 15 months	84.5%	84.8%	82%	79%	90%	✗	Performance disappointingly continued to decrease in Quarter 4, with 79% of smokers enrolled with the PHO provided cessation advice in the 15 months ending March 2016. Efforts to improved performance include; the Smokefree Services Coordinator (SSC) meeting with practices; widespread use of regular performance data; ongoing training and practice support; and reminder, prompting, and IT tools such as TXT2Remind all in use.

<sup>1</sup> Greymouth Emergency Department only

<sup>2</sup> Results may vary due to coding processes. Reflects result as at time of reporting to MoH.

Target		Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Target	Current Status	Progress
	<b>More Heart and Diabetes Checks</b>							
	Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	91%	90.8%	90.3%	91%	90%	✓	A slight upward trend for the target has been maintained in Quarter 4 with 91.1% of the eligible enrolled West Coast population had a cardiovascular risk assessment (CVDRA) in the last 5 years.

# FINANCE REPORT



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

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

**DATE:** 4 November 2016

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 30 September 2016.

## 3. DISCUSSION

### Overview of September 2016 Financial Result

The consolidated West Coast District Health Board financial result for the month of September 2016 was a deficit of \$0.184m, which was \$0.012 favourable to budget. The year to date position is \$0.142m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	7,010	6,994	16	✓	20,779	20,972	(193)	x
Governance & Administration	69	69	0	✓	207	207	0	✓
Funds & Internal Eliminations	4,997	5,014	(17)	x	14,873	15,042	(169)	x
	12,076	12,077	(1)	x	35,859	36,221	(362)	x
<b>EXPENSES</b>								
Provider								
Personnel	5,214	5,344	130	✓	15,839	16,043	204	✓
Outsourced Services	1	3	2	✓	3	9	6	✓
Clinical Supplies	807	698	(109)	x	2,202	2,003	(199)	x
Infrastructure	911	841	(70)	x	3,071	2,514	(557)	x
	6,933	6,886	(47)	x	21,115	20,569	(546)	x
Governance & Administration	69	69	0	✓	207	207	0	✓
Funds & Internal Eliminations	4,767	4,802	35	✓	13,700	14,405	705	✓
<b>Total Operating Expenditure</b>	11,769	11,757	(12)	x	35,022	35,181	159	✓
<b>Surplus / (Deficit) before Interest, Depn &amp; Cap Charge</b>	307	320	(13)	x	837	1,040	(203)	x
<b>Interest, Depreciation &amp; Capital Charge</b>	491	516	25	✓	1,487	1,548	61	✓
<b>Net surplus/(deficit)</b>	(184)	(196)	12	✓	(650)	(508)	(142)	x

#### **4. APPENDICES**

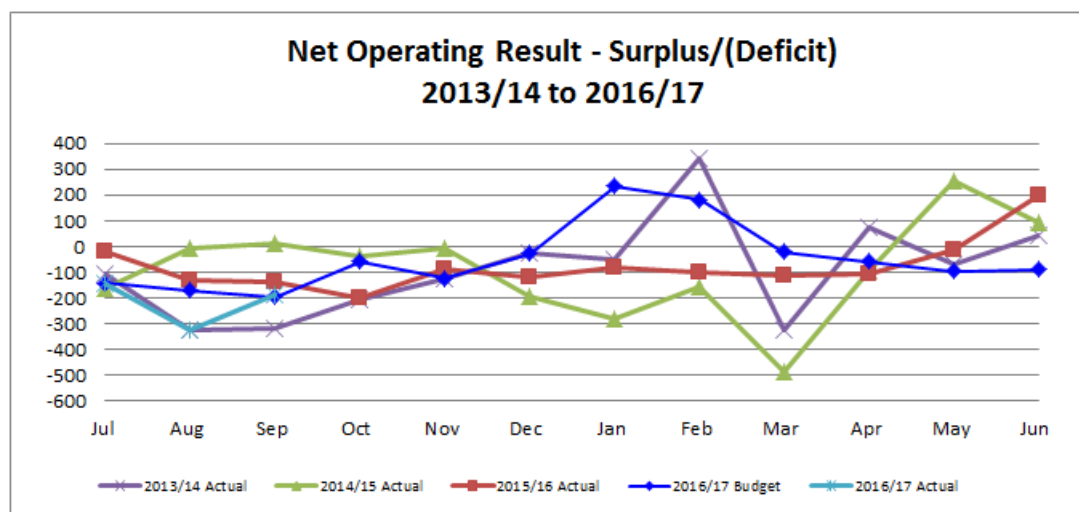
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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

## APPENDIX 1: FINANCIAL RESULT

### FINANCIAL PERFORMANCE OVERVIEW – SEPTEMBER 2016

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(184)	(196)	12	-6% ✓	(650)	(508)	(142)	28% ✗

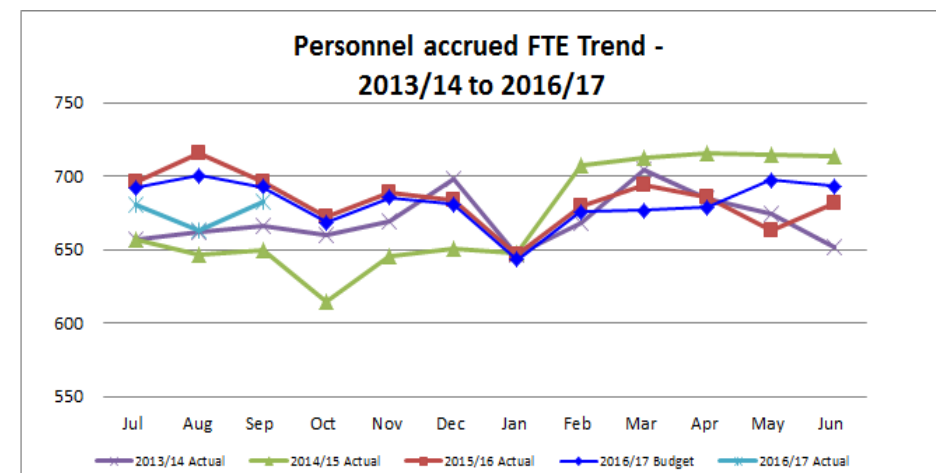
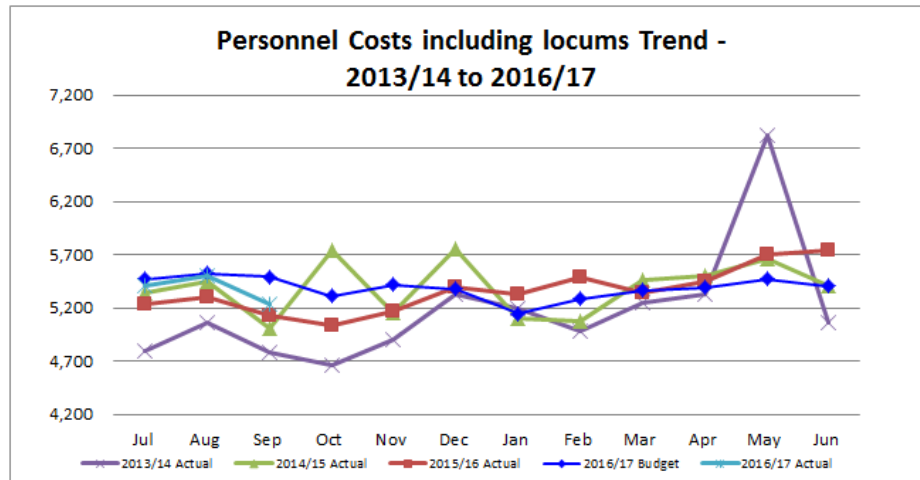


We have submitted an Annual Plan with a planned deficit of \$554k, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016.

### KEY RISKS AND ISSUES

It is important to note the budget is phased according to activity, with the first quarter of the year anticipated to be the heaviest months of activity, and the third quarter (January – March) the lightest.

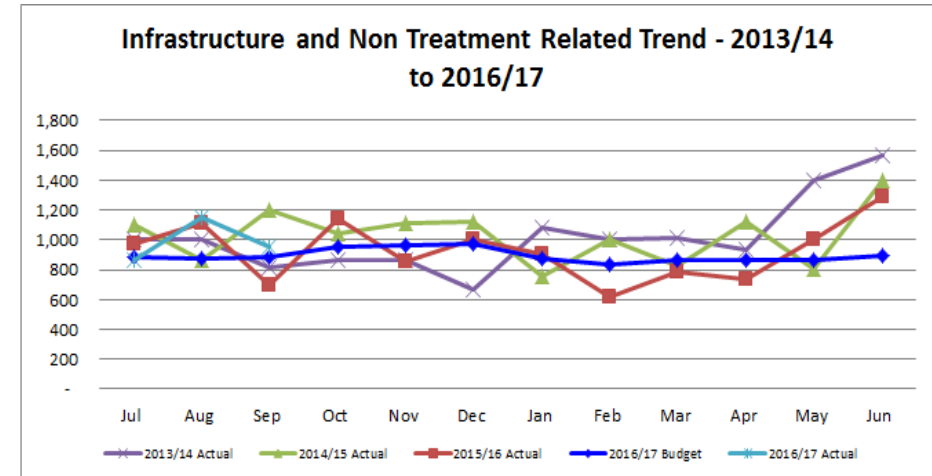
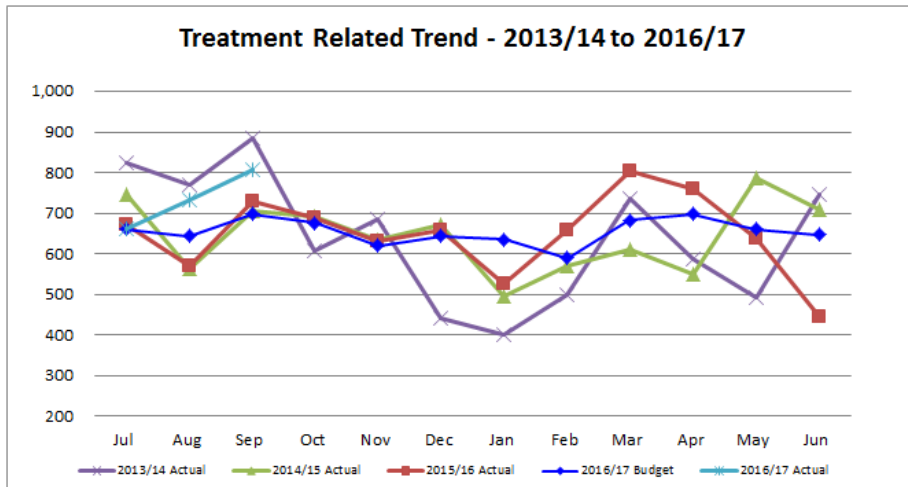
## PERSONNEL COSTS/PERSONNEL ACCRUED FTE



## KEY RISKS AND ISSUES

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

## TREATMENT & NON TREATMENT RELATED COSTS



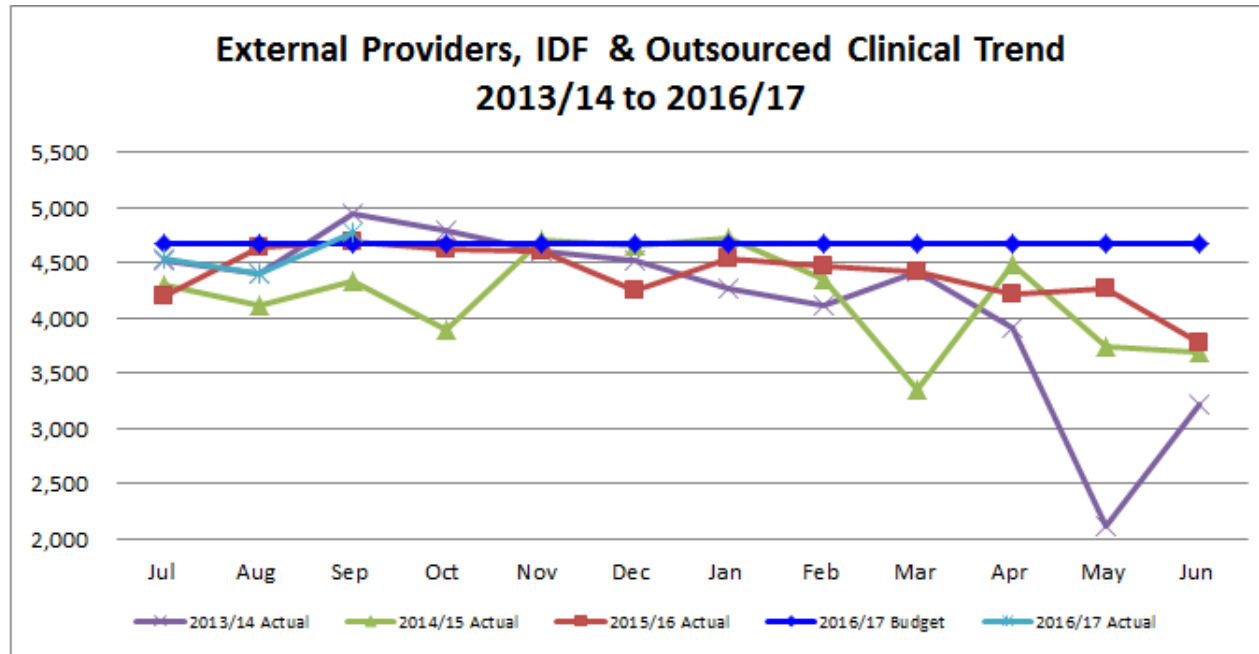
## KEY RISKS AND ISSUES

Treatment related costs tend to be managed within predicted levels, despite fluctuations on a month to month basis. We continue to refine contract management practices to generate savings in these areas.

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



## EXTERNAL PROVIDER COSTS



## KEY RISKS AND ISSUES

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

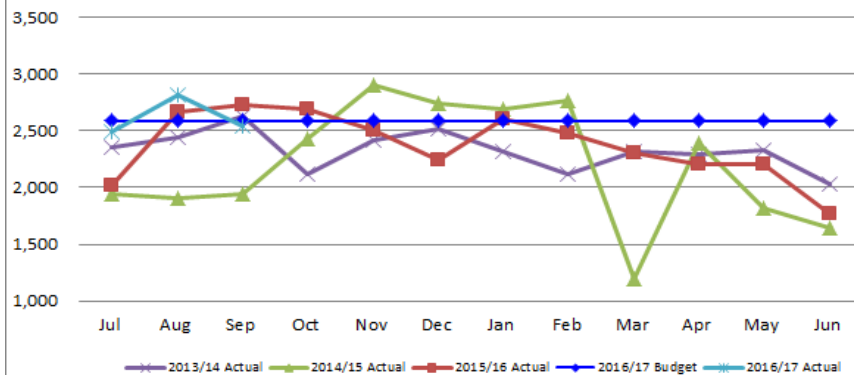
# PLANNING AND FUNDING DIVISION

## Month Ended September 2016

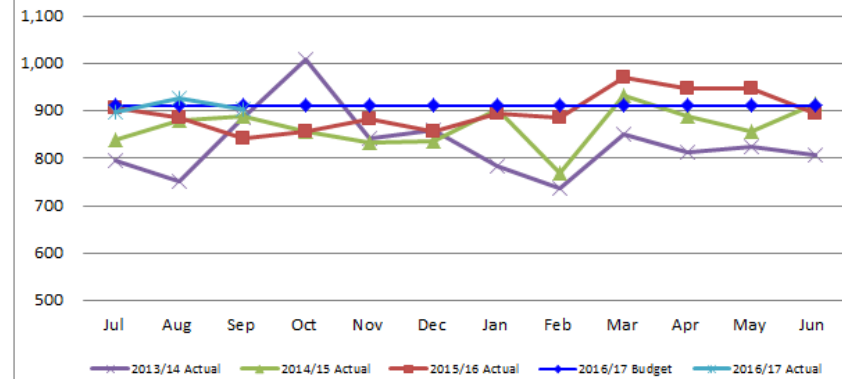
Current Month				SERVICES	Year to Date				2016/17 Annual Budget
Actual	Budget	Variance			Actual	Budget	Variance		
\$000	\$000	\$000	%		\$000	\$000	\$000	%	\$000
				<b>Primary Care</b>					
12	28	17	59% ✓	Dental-school and adolescent	82	85	3	4% ✓	340
25	21	-3	-15% ✗	Maternity	75	64	-11	-17% ✗	256
1	1	0	0% ✗	Pregnancy & Parent	4	4	0	0% ✗	15
0	0	0		Sexual Health	0	0	0		0
2	4	2	48% ✓	General Medical Subsidy	6	13	7	56% ✓	50
534	522	-12	-2% ✗	Primary Practice Capitation	1,581	1,567	-14	-1% ✗	6,267
91	91	0	0% ✓	Primary Health Care Strategy	273	273	0	0% ✓	1,093
87	87	0	0% ✓	Rural Bonus	262	262	0	0% ✓	1,049
4	4	0	-4% ✗	Child and Youth	15	12	-2	-19% ✗	50
5	10	5	51% ✓	Immunisation	19	31	13	40% ✓	125
5	5	0	0% ✓	Maori Service Development	14	14	0	0% ✓	57
52	45	-7	-15% ✗	Whanau Ora Services	156	136	-21	-15% ✗	543
3	14	10	75% ✓	Palliative Care	32	41	10	23% ✓	165
6	6	0	1% ✓	Community Based Allied Health	19	19	0	-1% ✗	76
10	10	0	0% ✗	Chronic Disease	31	31	0	0% ✗	125
64	61	-3	-5% ✗	Minor Expenses	160	183	23	12% ✓	731
<b>902</b>	<b>912</b>	<b>9</b>	<b>1% ✓</b>		<b>2,729</b>	<b>2,736</b>	<b>7</b>	<b>0% ✓</b>	<b>10,942</b>
				<b>Referred Services</b>					
25	26	1	4% ✓	Laboratory	79	78	0	-1% ✗	313
659	666	7	1% ✓	Pharmaceuticals	1,963	1,998	35	2% ✓	7,991
<b>684</b>	<b>692</b>	<b>8</b>	<b>1% ✓</b>		<b>2,042</b>	<b>2,076</b>	<b>34</b>	<b>2% ✓</b>	<b>8,304</b>
				<b>Secondary Care</b>					
170	223	53	24% ✓	Inpatients	531	670	139	21% ✓	2,678
136	126	-10	-8% ✗	Radiology services	382	377	-5	-1% ✗	1,510
112	114	1	1% ✓	Travel & Accommodation	329	341	11	3% ✓	1,362
1,437	1,437	0	0% ✓	IDF Payments Personal Health	4,301	4,311	10	0% ✓	17,244
<b>1,855</b>	<b>1,899</b>	<b>45</b>	<b>2% ✓</b>		<b>5,543</b>	<b>5,698</b>	<b>155</b>	<b>3% ✓</b>	<b>22,793</b>
<b>3,441</b>	<b>3,503</b>	<b>63</b>	<b>2% ✓</b>	<b>Primary &amp; Secondary Care Total</b>	<b>10,314</b>	<b>10,510</b>	<b>196</b>	<b>2% ✓</b>	<b>42,040</b>
				<b>Public Health</b>					
13	23	10	45% ✓	Nutrition & Physical Activity	41	70	29	42% ✓	279
15	11	-3	-32% ✗	Tobacco control	37	33	-3	-10% ✗	133
<b>27</b>	<b>34</b>	<b>7</b>	<b>20% ✓</b>	<b>Public Health Total</b>	<b>78</b>	<b>103</b>	<b>25</b>	<b>25% ✓</b>	<b>412</b>
				<b>Mental Health</b>					
7	7	0	0% ✓	Dual Diagnosis A&D	21	21	0	0% ✓	85
0	0	0		Eating Disorders	0	0	0		0
20	20	0	0% ✓	Child & Youth Mental Health Services	60	60	0	0% ✓	240
25	8	-18	-240% ✗	Mental Health Work force	35	23	-13	-58% ✗	90
61	61	0	0% ✓	Day Activity & Rehab	182	182	0	0% ✓	729
11	11	0	0% ✗	Advocacy Consumer	32	32	0	0% ✓	128
81	81	0	0% ✗	Other Home Based Residential Support	243	243	0	0% ✗	970
11	11	0	0% ✓	Advocacy Family	33	33	0	0% ✓	132
10	16	6	38% ✓	Community Residential Beds	29	48	18	38% ✓	190
66	66	0	0% ✓	IDF Payments Mental Health	197	197	0	0% ✓	787
<b>291</b>	<b>279</b>	<b>-12</b>	<b>-4% ✗</b>		<b>832</b>	<b>838</b>	<b>5</b>	<b>1% ✓</b>	<b>3,351</b>
				<b>Older Persons Health</b>					
0	0	0	100% ✓	Needs Assessment	0	0	0	100% ✓	1
98	84	-14	-16% ✗	Home Based Support	305	253	-52	-21% ✗	1,012
8	6	-2	-37% ✗	Caregiver Support	22	18	-4	-25% ✗	70
239	242	3	1% ✓	Residential Care-Rest Homes	718	725	7	1% ✓	2,900
26	9	-17	-184% ✗	Residential Care-Community	28	28	0	-1% ✗	110
356	404	48	12% ✓	Residential Care-Hospital	1,129	1,213	84	7% ✓	4,851
13	10	-2	-25% ✗	Day programmes	35	30	-4	-15% ✗	121
12	11	-1	-12% ✗	Respite Care	27	33	6	18% ✓	132
1	1	0	0% ✓	Community Health	4	4	0	0% ✓	15
5	1	-3	-262% ✗	Minor Disability Support Expenditure	3	4	1	33% ✓	16
99	99	0	0% ✗	IDF Payments-DSS	298	298	0	0% ✗	1,192
<b>857</b>	<b>868</b>	<b>11</b>	<b>1% ✓</b>		<b>2,568</b>	<b>2,605</b>	<b>37</b>	<b>1% ✓</b>	<b>10,419</b>
<b>1,149</b>	<b>1,147</b>	<b>-1</b>	<b>0% ✗</b>	<b>Mental Health &amp; OPH Total</b>	<b>3,400</b>	<b>3,442</b>	<b>43</b>	<b>1% ✓</b>	<b>13,770</b>
<b>4,617</b>	<b>4,685</b>	<b>68</b>	<b>1% ✓</b>	<b>TOTAL EXPENDITURE</b>	<b>13,791</b>	<b>14,056</b>	<b>264</b>	<b>2% ✓</b>	<b>56,222</b>

## EXTERNAL PROVIDER COSTS

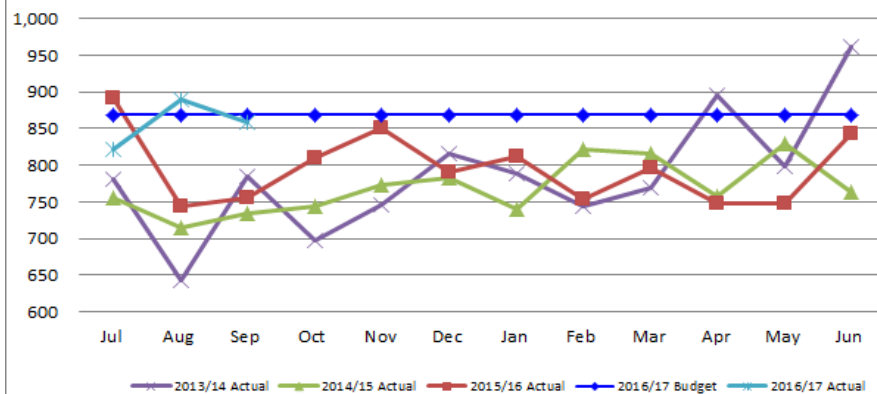
**Secondary and Referred Services Trend  
2013/14 to 2016/17**



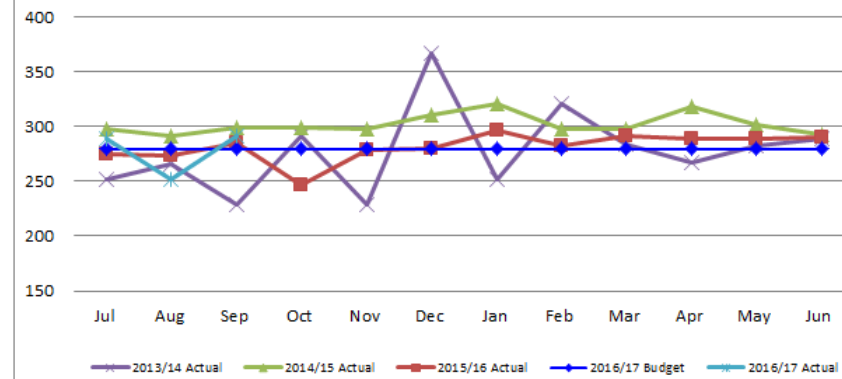
**Primary Care Trend 2013/14 to 2016/17**



**Older Persons Health Trend 2013/14 to 2016/17**



**Mental Health Trend 2013/14 to 2016/17**



## FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			Annual Budget \$'000
Equity	11,759	11,901	(142)	-1%	✗	12,341
Cash	11,016	12,753	(1,737)	-14%	✗	14,195

## 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

30 September 2016

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 16/17	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
<b>Operating Revenue</b>										
Crown and Government sourced	11,649	11,594	55	0.5%	34,574	34,782	(208)	(0.6%)	139,113	135,869
Inter DHB Revenue	0	7	(7)	(100.0%)	0	21	(21)	(100.0%)	84	76
Inter District Flows Revenue	139	139	0	0.0%	415	417	(2)	(0.5%)	1,744	1,487
Patient Related Revenue	219	248	(29)	(11.7%)	656	744	(88)	(11.8%)	2,962	2,873
Other Revenue	69	89	(20)	(22.5%)	214	257	(43)	(16.7%)	1,112	984
<b>Total Operating Revenue</b>	<b>12,076</b>	<b>12,077</b>	<b>(1)</b>	<b>(0.0%)</b>	<b>35,859</b>	<b>36,221</b>	<b>(362)</b>	<b>(1.0%)</b>	<b>145,015</b>	<b>141,289</b>
<b>Operating Expenditure</b>										
Personnel costs	5,240	5,494	254	4.6%	16,153	16,492	339	2.1%	64,670	64,396
Outsourced Services	1	3	2	66.7%	3	9	6	66.7%	30	30
Treatment Related Costs	807	698	(109)	(15.6%)	2,202	2,003	(199)	(9.9%)	7,858	7,781
External Providers	3,258	3,085	(173)	(5.6%)	9,181	9,255	74	0.8%	37,000	36,269
Inter District Flows Expense	1,509	1,589	80	5.0%	4,519	4,767	248	5.2%	19,084	16,380
Outsourced Services - non clinical	2	0	(2)	0.0%	4	0	(4)	0.0%	0	0
Infrastructure and Non treatment related costs	952	888	(64)	(7.2%)	2,960	2,655	(305)	(11.5%)	10,723	11,129
<b>Total Operating Expenditure</b>	<b>11,769</b>	<b>11,757</b>	<b>(12)</b>	<b>(0.1%)</b>	<b>35,022</b>	<b>35,181</b>	<b>159</b>	<b>0.5%</b>	<b>139,365</b>	<b>135,985</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>307</b>	<b>320</b>	<b>(13)</b>	<b>(4.2%)</b>	<b>837</b>	<b>1,040</b>	<b>203</b>	<b>19.5%</b>	<b>5,650</b>	<b>5,304</b>
<b>Interest, Depreciation &amp; Capital Charge</b>										
Interest Expense	54	54	0	0.0%	164	162	(2)	(1.2%)	648	651
Depreciation	360	380	20	5.3%	1,092	1,140	48	4.2%	4,572	4,572
Capital Charge Expenditure	77	82	5	6.1%	231	246	15	6.1%	984	978
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>491</b>	<b>516</b>	<b>25</b>	<b>4.8%</b>	<b>1,487</b>	<b>1,548</b>	<b>61</b>	<b>3.9%</b>	<b>6,204</b>	<b>6,201</b>
<b>Net Surplus/(deficit)</b>	<b>(184)</b>	<b>(196)</b>	<b>12</b>	<b>6.0%</b>	<b>(650)</b>	<b>(508)</b>	<b>(142)</b>	<b>(28.0%)</b>	<b>(554)</b>	<b>(897)</b>
<b>Other comprehensive income</b>										
Gain/(losses) on revaluation of property										
<b>Total comprehensive income</b>	<b>(184)</b>	<b>(196)</b>	<b>12</b>	<b>6.0%</b>	<b>(650)</b>	<b>(508)</b>	<b>(142)</b>	<b>(28.0%)</b>	<b>(554)</b>	<b>(897)</b>

## APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

30 September 2016

*in thousands of New Zealand dollars*

### Assets

#### Non-current assets

Property, plant and equipment

Intangible assets

Work in Progress

Other investments

#### Total non-current assets

#### Current assets

Cash and cash equivalents

Patient and restricted funds

Inventories

Debtors and other receivables

Assets classified as held for sale

#### Total current assets

#### Total assets

### Liabilities

#### Non-current liabilities

Interest-bearing loans and borrowings

Employee entitlements and benefits

#### Total non-current liabilities

#### Current liabilities

Interest-bearing loans and borrowings

Creditors and other payables

Employee entitlements and benefits

#### Total current liabilities

#### Total liabilities

### Equity

Crown equity

Other reserves

Retained earnings/(losses)

Trust funds

#### Total equity

#### Total equity and liabilities

Actual	Budget	Variance	%Variance	Prior Year
24,369	24,484	(115)	(0.5%)	25,444
598	558	40	7.2%	681
2,176	1,981	195	9.8%	1,981
567	567	0	0.0%	0
27,710	27,590	120	0.4%	28,106
11,016	12,753	(1,737)	(13.6%)	11,871
74	74	0	0.0%	74
977	986	(9)	(0.9%)	986
6,700	5,046	1,654	32.8%	5,920
0	0	0	0.0%	0
18,767	18,859	(92)	(0.5%)	18,851
46,477	46,449	28	0.1%	46,957
10,945	10,945	0	0.0%	10,945
2,712	2,629	(83)	(3.2%)	2,629
13,657	13,574	(83)	(0.6%)	13,574
3,500	3,500	0	0.0%	3,500
8,546	8,161	(385)	(4.7%)	8,161
9,015	9,313	298	3.2%	9,313
21,061	20,974	(87)	(0.4%)	20,974
34,718	34,548	(170)	(0.5%)	34,548
72,563	72,543	(20)	(0.0%)	72,563
22,082	22,082	0	0.0%	22,082
(82,886)	(82,724)	162	0.2%	(82,236)
0	0	0	0.0%	0
11,759	11,901	142	1.2%	12,409
46,477	46,449	28	0.1%	46,957

## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

30 September 2016

*in thousands of New Zealand dollars*

### Cash flows from operating activities

Cash receipts from Ministry of Health, patients and other revenue

Cash paid to employees

Cash paid to suppliers

Cash paid to external providers

Cash paid to other District Health Boards

*Cash generated from operations*

Interest paid

Capital charge paid

### Net cash flows from operating activities

### Cash flows from investing activities

Interest received

(Increase) / Decrease in investments

Acquisition of property, plant and equipment

Acquisition of intangible assets

### Net cash flows from investing activities

### Cash flows from financing activities

Proceeds from equity injections

Repayment of equity

*Cash generated from equity transactions*

Borrowings raised

Repayment of borrowings

Payment of finance lease liabilities

### Net cash flows from financing activities

Net increase in cash and cash equivalents

Cash and cash equivalents at beginning of period

### Cash and cash equivalents at end of year

Monthly Reporting				Year to Date			
Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
12,965	12,042	923	7.7%	36,650	36,126	524	1.5%
(5,357)	(5,494)	137	2.5%	(16,523)	(16,492)	(31)	(0.2%)
(3,276)	(1,589)	(1,687)	(106.2%)	(6,308)	(4,667)	(1,641)	(35.2%)
(3,636)	(3,085)	(551)	(17.9%)	(8,043)	(9,255)	1,212	13.1%
(1,131)	(1,589)	458	28.8%	(5,657)	(4,767)	(890)	(18.7%)
(435)	285	(720)	(252.4%)	119	945	(826)	(87.4%)
(54)	(54)	0	0.0%	(164)	(162)	(2)	(1.2%)
(77)	(82)	5	6.1%	(231)	(246)	15	6.1%
(566)	149	(715)	(478.8%)	(276)	537	(813)	(151.4%)
35	35	0	0.0%	113	95	18	18.9%
0	0	0		0	0	0	
(285)	(208)	(77)	(37.0%)	(696)	(624)	(72)	11.5%
	0	0			0	0	
(250)	(173)	(77)	44.5%	(583)	(529)	(54)	(10.2%)
0	878	(878)		0	878	(878)	0.0%
7	0	7		8	0	8	
7	878	(871)		8	878	(870)	
0	0	0		0	0	0	
0	0	0		0	0	0	
7	0	7		8	0	8	
(809)	854	(1,663)	(194.7%)	(851)	886	(1,737)	(196.0%)
11,825	11,899	(74)	(0.6%)	11,867	35,663	(23,796)	(66.7%)
11,016	12,753	(1,737)	(13.6%)	11,016	36,550	(25,534)	(69.9%)

# RESOLUTION TO EXCLUDE THE PUBLIC



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

**SOURCE:** Board Secretariat

**DATE:** 4 November 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 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 23 September 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 Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
5.	Ministry of Health Deficit Funding	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)



6.	Wellbeing Health & Safety Update	Protect the privacy of natural persons.	S9(2)(a)
7.	Reporting Summary Q4 – 2015/16	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
8.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)

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

### 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.

**DRAFT****THESE DATES ARE STILL TO BE APPROVED BY THE NEW BOARD IN  
DECEMBER 2016****WEST COAST DHB – MEETING SCHEDULE****JANUARY – DECEMBER 2017**

DATE	MEETING	TIME	VENUE
Thursday 26 January 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 26 January 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 26 January 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 10 February 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 9 March 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 9 March 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 9 March 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 March 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 April 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 April 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 April 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 May 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 8 June 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 8 June 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 June 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 June 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 July 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 July 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 July 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 11 August 2017	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 14 September 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 14 September 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 14 September 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 29 September 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 26 October 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 26 October 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 26 October 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 3 November 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 November 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 November 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 November 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 8 December 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

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