West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 10 February 2017
10.15am

St John
Waterwalk Road
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

MEMBERS

WEST COAST DISTRICT HEALTH BOARD

BOARD MEMBERS

Jenny Black (Chair)
Chris Mackenzie (Deputy Chair)
Chris Auchinvole
Kevin Brown
Helen Gillespie
Michelle Lomax
Eddie Moke
Peter Neame
Nigel Ogilvie
Elinor Stratford
Francois Tumahai

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)*

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 10 February 2017 commencing at 10.15am

KARAKIA
ADMINISTRATION — *10.15am*

Apologies

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

REPORTS — *10.20am*

4.	**Chair's Update (Verbal Update)**	Jenny Black *Chairperson*	*10.20am - 10.30am*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*10.30am – 10.45am*
6.	**Clinical Leader's Update**	Karyn Bousfield *Director of Nursing & Midwifery* Mr Pradu Dayaram *Medical Director, Facilities Development*	*10.45am – 10.55am*
7.	**Finance Report**	Justine White *General Manager, Finance*	*10.55am – 11.05am*
8.	**Wellness Health & Safety Report**	Michael Frampton *General Manager, People & Capability*	*11.05am – 11.15am*
9.	**Committee Membership**	Jenny Black *Chairperson*	*11.15am – 11.25am*
10.	**Delegations**	Justine White *General Manager, Finance*	*11.25am – 11.35am*
11.	**Loans conversion to Equity**	Justine White *General Manager, Finance*	*11.35am – 11.45am*
12.	**Resolution to Exclude the Public**	*Board Secretary*	*11.45am*

INFORMATION ITEMS

- 2017 Meeting Schedule
- List of Common Acronyms – Working Document

ESTIMATED FINISH TIME — *11.45am*

NEXT MEETING: Friday 24 March 2017

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
Jenny Black **Chair**	• Chair, Nelson Marlborough District Health Board • Life member of Diabetes NZ • Chair, South Island Alliance Board • Chair, National DHB Chairs
Chris Auchinvole	• Director Auchinvole & Associates Ltd • Trustee, Westland Wilderness Trust • Trustee, Moana Holdings Heritage Trust • Member, Institute of Directors • Justice of the Peace • Daughter-in-law employed by Otago DHB
Kevin Brown	• 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
Helen Gillespie	• Peer Support Counsellor, Mum 4 Mum • Employee, DOC – Healthy Nature, Healthy People Project Coordinator
Michelle Lomax	• West Coast Community Trust – Trustee • Buller High School Board of Trustees – Chair • St John Youth – Assistant Division Manager • Employee - Damien O'Connor's Electorate Office • Chair, West Coast/Tasman Labour Electorate Committee • Daughter is a recipient of WCDHB Scholarship • Member, Kawateri Action Group
Chris Mackenzie	• Development West Coast – Chief Executive • Horizontal Infrastructure Governance Group – Chair • Mainline Steam Trust - Trustee
Edie Moke	• South Canterbury DHB – Appointed Board Member • Nga Taonga Sound & Vision - Board Member (elected) Nga Taonga is the newly merged organisation that includes the following former organisations: The New Zealand Film Archive; Sounds Archives Nga Taonga Korero; Radio NZ Archive; The TVNZ Archive; Maori Television Service Archival footage; and Iwi Radio Sound Archives.

Peter Neame	• White Wreath Action Against Suicide – Member and Research Officer
Nigel Ogilvie	• Chairman, Life Education Trust • Managing Director, Westland Medical Centre • Shareholder/Director, Thornton Bruce Investments Ltd • Shareholder, Hokitika Seaview Ltd • Shareholder, Tasman View Ltd • Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre
Elinor Stratford	• Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Trustee, Canterbury Neonatal Trust • Member, Arthritis New Zealand, Southern Regional Liaison Group • President, New Zealand Federation of Disability Information Centres
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 • West Coast Conservation Board – Board Member • Wife, Lisa Tumahai, is Chair, Tatau Pounamu Advisory Group

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 9 December 2016 commencing at 10.15am

BOARD MEMBERS

Chris Mackenzie (Deputy Chair); Chris Auchinvole; Kevin Brown; Helen Gillespie; Michelle Lomax; Nigel Ogilvie; Elinor Stratford & Francois Tumahai.

APOLOGIES

Apologies were received and accepted from Jenny Black, Edie Moke & Peter Neame

EXECUTIVE SUPPORT

David Meates (Chief Executive); Karen 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); Dr Cameron Lacey (Medical Director); Melissa Macfarlane (Team Leader, Accountability, Planning & Funding); Philip Wheble (Interim General Manager, Grey Westland); Karalyn van Deursen (Strategic Communications Manager); Stella Ward (Executive Director of Allied Health); Justine White (General Manager, Finance); Lee Harris (Senior Communications Manager); and Kay Jenkins (Minutes).

Gary Coghlan welcomed the new members to the Board and led the Karakia.

This being the first meeting of the new Board the Acting Chair asked everyone to introduce themselves.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Francois Tumahai advised that he is now a member of the West Coast Conservation Board.
Michelle Lomax advised that she is now Assistant Division Manager of St John Youth; a member of the Kawatiri Action Group; and that her daughter is a recipient of a West Coast DHB scholarship.
Interests provided by Chris Auchinvole and Nigel Ogilvie will be added for the next meeting.

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 (60/16)
(Moved Kevin Brown/seconded Helen Gillespie – carried

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 4 November 2016 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.

4. CHAIR'S UPDATE

The Acting Chair's commented that this is the first meeting of the new Board and we will continue to work for the betterment of health in New Zealand and particularly on the West Coast in partnership with Canterbury.

5. CHIEF EXECUTIVE'S UPDATE

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

Mr Meates highlighted:

- The intention to hold a Board orientation in late January.
- The mixed partnerships/relationships sitting around this table in partnership with the West Coast.

Discussion took place regarding the article in the Westport News regarding the Buller IFHC.

A comment was made by a Board member that it is shame that the Board has to read statements from West Coast Partnership Group (WCPG) in the media instead of having prior knowledge.

A query was made regarding the time line for the Buller IFHC project and the Board noted that March 2019 is the broad timeframe. It was also noted that this timeframe creates a degree of challenges around the new models of care that have been developed.

The update was noted

6. CLINICAL LEADERS UPDATE

Karen Bousfield, Director of Nursing and Midwifery, Stella Ward, Executive Director of Allied Health, Pradu Dayaram, Medical Director; and Dr Cameron Lacey, Medical Director were present for this update from the Clinical Leaders.

The report was taken as read and Karen Bousfield advised that the DHB has this week awarded studentships and scholarships. The studentships are two for a succession planning project and two reviewing resuscitation trolleys and 20 scholarships have been awarded.

The update was noted.

7. FINANCE REPORT

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

The consolidated West Coast District Health Board financial result for the month of October 2016 was a deficit of $0.001m, which was $0.056 favourable to budget. The year to date position is $0.087m unfavourable to budget.

The Board noted that there is still a lot of pressure in personnel costs and also pharmaceuticals and there is a one off adjustment for fleet vehicles.

The Finance report was noted.

8. HEALTH TARGET REPORT – QUARTER 1

Melissa Macfarlane, Team Leader, Planning & Funding presented this report which was taken as read. She commented that these results highlight the struggle the West Coast has with small numbers. The Board noted in particular the immunisation target where the challenge of the Gloriavale community is an issue.

Discussion took place regarding Faster Cancer Treatment and the Board noted that this target picks up only an element of cancers (7 or 8 tumor streams) and children are not included.

The report was noted.

9. MAORI HEALTH PLAN UPDATE

Gary Coghlan, General Manager, Maori Health, presented this update which was taken as read. Mr Coghlan commented that there is an increase in thinking around how to get equitable outcomes in health and referred to the Health Equity Assessment Tool (HEAT) and the thinking behind this.

A hui was recently held, run by Poutini Waiora, regarding connecting with the community and well over 100 people attended this and there was a lot of positive feedback.

Work around workforce development continues.

The update was noted.

10. 2017 SCHEDULE OF MEETINGS

There was no discussion on this item as it was self-explanatory.

Resolution (61/16)
(Moved Francois Tumahai/seconded Helen Gillespie – carried)
That the Board:

i. Confirms the proposed schedule of meetings for 2017; and
ii. 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.

11. REPORTS FROM COMMITTEE MEETINGS

a) Elinor Stratford, Chair, Community & Public Health and Disability Support Advisory Committee provided an update from the Committee meeting held on 1 December 2016.

b) Kevin Brown, Deputy Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 1 December 2016.

The updates were noted.

12. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (62/16)

(Moved Sharon Pugh/seconded Joseph Thomas – 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)
1.	Confirmation of minutes of the Public Excluded meeting of 4 November 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.	Wellbeing Health & Safety Update	Protect the privacy of natural persons.	S9(2)(a)
5.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6	Mental Health Service Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations	S9(2)(j)
7.	2017/18 Planning Process	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	Update of Facilities Project	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 11.10am

The Public Excluded section of the meeting commenced at 11.20pm and concluded at 12.30pm.

_____ _____

Chris Mackenzie, Acting Chair Date

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: **10 February 2017**

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.

Health care home / Māori Health	**DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY**

A: Reinvigorate the West Coast Health Alliance

Alliance Leadership Team [ALT] Activity

At their last meeting in December, the ALT

- Noted that the process of Annual Planning has begun and their six priorities have been given to the workstreams as well as their Guiding Questions.
- Noted the intention to encourage the use of the Health Equity Assessment Tool (HEAT) within the workstreams to address inequity.
- Were pleased to receive the report highlighting the positive progress of the Health of Older Persons workstream.

B: Build Primary and Community Capacity and Capability

Primary

- **Reefton Health**
  - A formal change process is underway with the aim of moving Reefton closer to an Integrated Family Health Service – submissions have closed and a decision will be announced at the end of the month.
  - A significant amount of effort has been undertaken with regard to preparing for Cornerstone Audit which occurred at the end of January.
  - Two new Registered Nurses have commenced and are currently being orientated.
  - Locum GPs are confirmed out to year end.
  - There are currently 13 patients in the aged care facility (hospital level, residential and palliative).
- **South Westland Area Practice:**
  - While the Nursing Team Leader is doing project work in Greymouth for the next few months, we are seeking to second a nurse into the .2FTE role.
  - The team is having a busy summer season with heavy accommodation bookings in the Glacier region for February.
- **Greymouth Medical Centre (GMC)/Rural Academic General Practice (RAGP)**
  - Cornerstone Accreditation preparation is in full swing. The site visit is at the end of February.
  - Work continues on the project to merge the Practices for the new IFHC which includes a different way of working for planned and unplanned care and how the unplanned care component links with the Emergency Department.

Community

- **Public Health/B4School/Vision Hearing**
  - In December, the Public Health Nurse attended the General Anaesthetic day at Parfitt. This was most successful and information gathered has been documented and parent/caregivers supported and encouraged to provide wellness to children. This was the first of the Oral Health Holistic Wellness quality initiative with all parties involved being positive about the idea. It is an attempt to reduce some of the oral health problems and approach from a different angle led by the Public health Nursing team.
  - Youth Assessments with the HEADSS tool provided in schools and alternative education providers for this year have been completed across all schools in the region except Karamea Area School and St Patricks in Greymouth. South Westland Area School will be now receiving this service from the RNS team in the area.
  - B4School checks are continuing with the outreach service taking a more active role to maintain targets. Coordinators are continually reviewing the service and implementing quality initiatives to better provide this service more efficiently. The identifying of the obesity targets has resulted in no referrals so the service is looking at how to encourage consent to refer.
  - Public Health Nursing have been raising the profile of the service and increasing community awareness through the column in the messenger "Ask a Professional".
- **District Nursing**
  - A "meet and greet" to potential patients being discharged from secondary services is due to commence shortly. This will reassure patients that services are in place when they are discharged. They will be given contact details for the District Nursing (DN)

service in the area they are going to in a face-to-face meeting with a District Nurse from the Grey team.
    - Grey DN continues to support Granger and Kowhai facilities weekly and as needed.
    - Hokitika DN now formally orientated to cover the Outpatient Department at the Hokitika Health Centre when the permanent nurse in this role is on leave. This will ensure services continue.
- **Home Based Support Services (HBSS)**
    - The majority of the HBSS workforce has now transitioned from casual contracts to permanent/regulated hours. This provides our workforce greater certainty around their work.
    - Significant media attention around this service has occurred over the last few months and the team is ensuring they are continually looking at improving their communication with clients when any changes are occurring. The service has recently developed a process of transitioning clients if they are assessed as not requiring the current level of services. This allows a time where the client and the HBSS team work together to ensure any changes continue to support the client living well in their own homes.
    - Recruitment is underway for more support workers particularly in the Buller region.
- **Clinical Nurse Specialists (CNS)**
    - Many of the CNS group have enrolled for Post Graduate Education in their respective disciplines. Subjects being undertaken include Pharmacology, Prescribing Practicum, Advanced Adult Health Assessment and Cancer Nursing Specialty.
    - More work is being undertaken supporting Aged Residential Care in terms of upskilling and education. Particular emphasis is with Palliative Care residents.

C: Implement the Maori Health Plan

- **Health Equity Lens:** We are beginning to see the use of the equity tool across the system influencing planning and development. The annual planning process for 2017/18 is now underway with workstreams being instructed to use the equity lens to review and plan their activity for the year. This activity will then be transferred across into the Annual Plan with equity against actions being reported on quarterly. Additionally, the Maori Health team are providing support on the use of the tool to workstream leads and others who are planning key pieces of work for the primary and community integration work.
- **Maori Nurse Workforce:** In 2016/17, the Office of the Chief Nurse, National Nurses Organisation, and Health Workforce NZ formalised a national goal to match the Maori Nursing workforce to the Maori population by the year 2028. As part of a five point plan to encourage the growth of the Maori nursing workforce, individual DHBs have been tasked to:
    - Strengthen DHB regional planning guidance towards increased participation of Maori and Pacific peoples in the health workforce
    - Establish Maori Workforce Action Plans for workforce diversity in order to receive contracted HWNZ funding
    - Publish regular reports tracking the progress toward matching the local Maori nurse workforce to the local Maori population

  Locally this means that by 2028 at least 14% of nurses working within the West Coast Health system should identify as Maori (55 Maori nurses). According to records from January 2017, only 0.02% (6 nurses) employed with the WCDHB identify as Maori. In order to meet the WCDHB's commitment to diversity in the nursing workforce, the very

beginnings of an action plan has been developed to ensure we are able to meet this target by 2028. The draft plan incorporates such things as robust ethnicity reporting, working with local iwi to identify opportunities for supported pathways into nursing training and developing a comprehensive plan to ensure a collective and coordinated approach to growing the nursing workforce on the West Coast.

- **Health Workforce New Zealand – Hauora Maori training:** The 2017 year is looking at a full compliment of trainees who have applied to the Hauora Maori HWNZ fund to support their training requirements. There have been 8 applicants; 3 within the DHB, 4 from Poutini Waiora and 1 from Community and Public Health. Four are studying to complete the Level 4 Certificate in Hauora Maori, 3 the Level 6 Diploma in Hauora Maori and 1 the Level 4 National Certificate in Tamariki Ora.
- **Tipu Ora – Certificate in Hauora Maori Level 4 – West Coast:** The negotiations with Tipu ora to host a Level 4 Certificate in Hauora Maori on the West Coast are looking very positive. We have had 17 people apply to undertake the training which meets the requirements from Tipu ora to ensure this will be sustainable for them. At this stage it looks like the first of 5 three day Wananga will be held in March. The course takes 20 weeks to complete.
- **Takarangi Cultural Competencies:** Work continues on the development of a Cultural Competency strategy for the West Coast DHB. The Takarangi Cultural Competency Framework is a Maori centric, practice-based evidence approach to working with Maori. As a 'competency framework' Takarangi identifies a standard of excellence against which to measure practitioner competence. The framework sets out standards of fourteen competencies that enhance best practice when working with Maori. An introductory workshop is being planned for 2017 targeting 25-27 senior management staff with their portfolios to be completed within three months.
- **South Island Regional Services Plan:** There has been a commitment across all five South Island DHBs to work towards Maori Health equity as a priority. Te Herenga Hauora, the South Island Regional DHB Director/GM Maori Health Leaders will work with the South Island Alliance Programme office (SIAPO) and various partnerships to progress regional work in the 2017/2018 period that supports progressing Maori Health equity.

  The five South Island DHBs have identified seven key drivers for this work:
  - Te Tiriti o Waitangi (1840) the founding document of our nation
  - He Korowai Oranga the National Maori Health Strategy
  - Equity of health care for Maori Framework and Health Equity Tool
  - The size and composition of the Maori population in Te Waipounamu
  - A disproportionately high health need for Maori with Te Waipounamu relative to non-Maori
  - A commitment across all five South Island DHBs to work towards health equity
  - A commitment to build Iwi capacity to respond to their own health needs

  Key areas of focus are grouped into these five areas:
  - Ensuring a Maori Health equity approach is adopted by all South Island Alliance workstreams and each South Island DHB's respective Annual Plan
  - Building Maori Health workforce capacity within the sector
  - Building cultural responsiveness amongst the health sector
  - Working to improve the incidence and impact of cancer on Maori

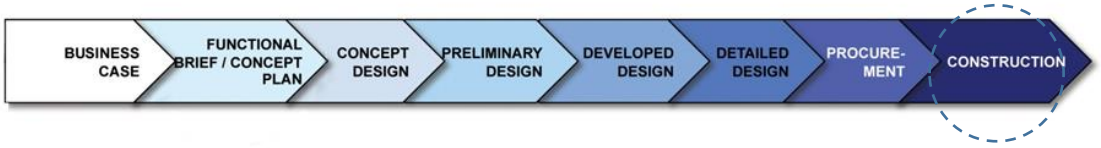
- Working across sectors to address the wider determinants of health for Maori that cause health inequity.

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

- OPUS International Consultants have been engaged to carry out earthquake rapid assessments for those buildings which have an assessed seismic capacity of <34%NBS at Greymouth and Westport facilities and also Reefton Hospital. The aim is to provide assurance that the recent seismic event on the east coast has not altered the status of the buildings. These reports have now been received and are with the General Manager, the overall view from the Structural Engineer is as follows: *(I didn't see anything of concern structurally and there was no obvious structural damage observed. From discussions with Tony in Westport, some existing cracking in veneers etc. may have worsened but there appeared to be no obvious new damage).*
- Liaison with the new development project is ongoing especially around existing site infrastructure.
- There are ongoing issues with the existing flat roof sections of the hospital and there is a programme of temporary works to try and seal leaks without expending huge amounts of monies. This has been successful in some areas however due to the dilapidated condition of many of the roof details this process will be continuous until the buildings are decommissioned. There is ongoing work in this area in order to prepare for the winter months ahead.
- 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. The way forward has now been identified and currently a new bridge design is being worked through via one of the M&E Project Managers.
- The review of Facilities Management planned by Deloittes as part of their West Coast audit regime has been postponed due to the new development works planned and underway. This will be rearranged nearer the time of completion of the Grey Hospital rebuild.
- Building Warrant of Fitness (BWOF) are up to date for all West Coast Facilities.

B: Partnership Group Update



- Value Management savings have been realised and this ensures the project can be delivered within the approved $77.8 million budget.
- Structural steel has been received on site, which is another significant project milestone.
- The procurement of equipment required for the project continues and is on track with timing and alignment with the construction programme.
- The WCDHB has increased the internal communications to staff regarding the facility redevelopment. Key messages continue to be communicated to staff using the West Coast

DHB website, staff forums and via staff email.

- Key messages communicated recently largely relate to the interface with Fletcher Construction Company Ltd, as staged works within the existing hospital grounds have resulted in parking closures on the campus.
- Television screens will be installed at three key locations in the existing Grey Base hospital facility to enable facilities redevelopment messages and updates to be communicated to staff and visitors. Messages are currently being developed and will be regularly updated to align with the project progression.

Buller

- As previously 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 continue to work together to 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 and additional geotechnical testing. The outcome of these investigations is expected in March.

RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Hospital Services

Nursing

- The transalpine ambulance went to Christchurch 19 times and once to Buller in January.
- Recruitment continues for vacant positions in the medical, surgical, ED and dementia unit. Unfortunately, we have received a resignation from the CNS Orthopaedics and Plastics; this position will be advertised.
- Staff continue to be trained within the Emergency Department with positive feedback from the seniors on how well they are doing. In the meantime, the Canterbury DHB ED nurses are working beside them to increase their skills and knowledge. Advertising is occurring for a total of 2.1 FTE for this area.
- Overall annual leave taken for the month has increased from 2016 hours to 3624 hours.
- Occupancy in the medical ward has increased by 11% through December which has seen patients overflowing into the surgical ward keeping their occupancy static through the festive season. CCU also had increased occupancy of 10%.

Medical

- Immigration delays had pushed back the start date of the General Physician and General Surgeon – they commenced at the start of February.
- Work continues with the recruitment team around two General Surgeons. Our new RHM specialist commences in February. Unfortunately, the Anaesthetist that we had recruited can no longer work for Medical Council reasons and we are pursuing other candidates from that interview round. We have consistent locum cover in the interim.
- The Resident Medical Officer (RMO) new quarter will commence at the end of February and we have three new doctors commencing and three doctors leaving. Interest remains strong in our vacancies. Our RHM registrar working in the rural GP clinics is working well with additional sessions being put into RAGP, Moana, Reefton and Karamea.

Allied Health

- Recruitment is underway for a number of Allied Health professions currently; Pharmacy Assistant, Integrated Pharmacist, Physiotherapist, Paediatric Occupational Therapist, Psychologist, FIRST Lead. Some professions continue to be difficult to recruit to and are therefore impacting on our ability to meet targets for non-acute service delivery.
- Our Occupational Therapy service is preparing to welcome OTs and Physios from a variety of work settings across the district and in neighbouring areas for a 2 day workshop on Seating and Positioning. This will strengthen our knowledge base as well as provide an opportunity to showcase the work we do to visiting colleagues.
- The FIRST (Flexible Integrated Rehabilitative Support Team) project group are progressing towards a Greymouth based pilot, with a larger project group having been formed to develop the detailed design. This will include a sub-group who will examine how to incorporate Calderdale Framework principles.
- The Supporting Parents Healthy Children programme, formerly COPMIA (Children of Parents with Mental Illness Addiction) will launch this coming month with Privacy Commission and Werry Centre staff participating in a workshop for agencies across the district.
- Allied Health's communication strategy continues to drive work on our intranet presence and ensuring written information such as brochures are up to date and of a good standard.

Mental Health Services

- **National Adult / Child and Adolescent KPI National Forums:** The scheduled Adult National KPI Forum for the last Quarter was cancelled due to the earthquake which affected Wellington. This has been rescheduled for February 2017. However the Child and Adolescent KPI forum scheduled in late November went ahead as scheduled. During discussions it was agreed that WCDHB would present a Poster to the National forum, on the Reduction of Seclusion KPI, which is a national initiative. This will be presented in February 2017.
- **Service Development:** The Child and Adolescent Service has actively moved to improve its response to another National Initiative "Healthy Families, Healthy Children", formerly known as COPMIA. Discussions held has led to support being provided by the Werry Centre agreeing to meet with the service and service providers within the West Coast region to work together to understand issues and provide support. A key outcome from this will be to establish a Governance group from attending stakeholders.
- **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. This is ongoing with further development now targeted at completing all data requirements for a "Go-Live" in March of 2017.
- Child and Adolescent Mental Health Services have again interviewed to fill vacant positions within the service. This will bring the service to full capacity for the New Year.
- A review of the Inpatient Unit Seclusion facilities was undertaken by the Director of Nursing Mental Health and this identified several areas of the unit requiring maintenance to be completed to ensure that the service meets requirements. The work has now been completed with minimal costs to the service and is awaiting final approval and sign off.
- Ongoing training has been scheduled for Mental Health staff to complete the SPEC Training. This has taken some time to complete due to the limited number of trainers available to deliver this training on the West Coast.

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

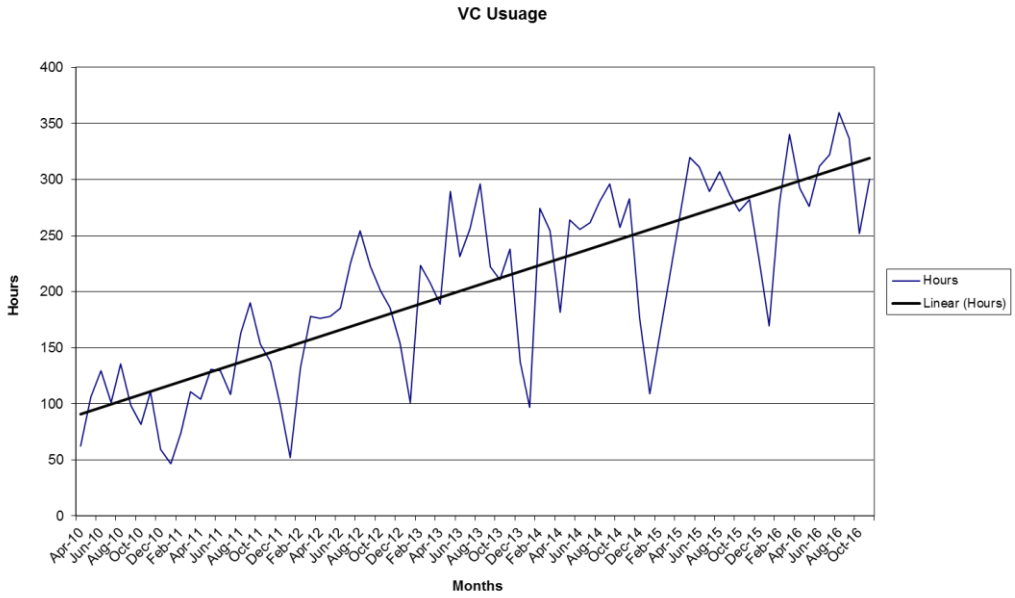
The following transport initiatives are now embedded and continue, including:

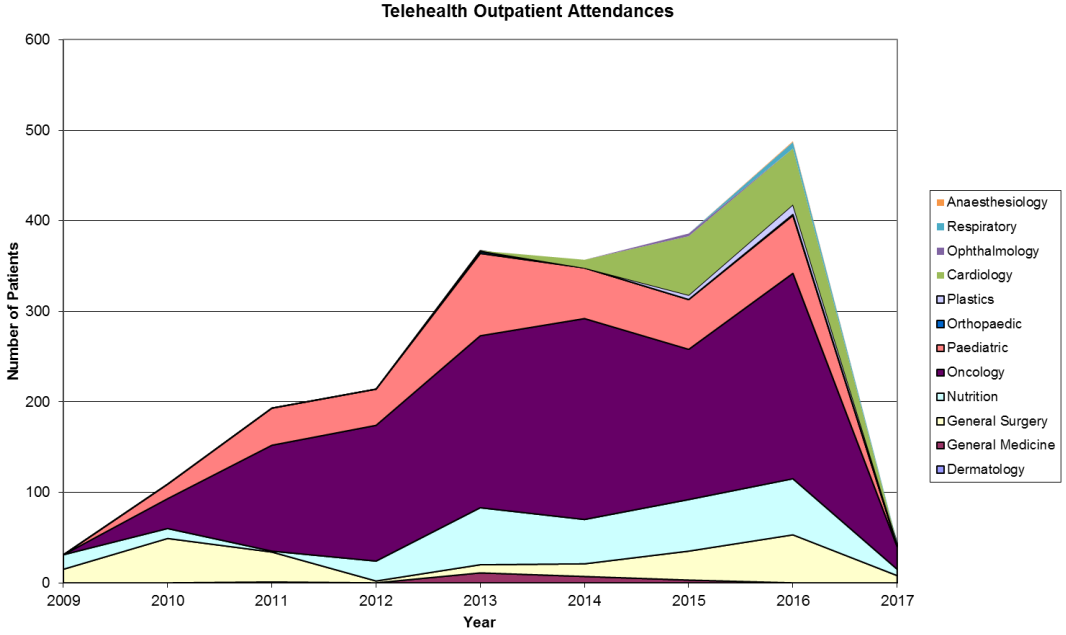
- non-acute patient transport to Christchurch through ambulance transfer;
- the St John community health shuttle to assist people who are struggling to get to health appointments in Greymouth, and;
- the Buller Red Cross community health shuttle transport service between Westport and Grey Base Hospital.

  We will report future updated by exception or change from above only

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.





A. Implement the Complex Clinical Care Network (CCCN)

- The membership of the Health of Older Persons workstream has been reviewed and reinvigorated. The team would like to note there was excellent engagement at the initial planning meeting for the 2017-18 Health of Older Persons Workplan.
- The team have had preliminary discussions to identify Fracture Liaison Service (FLS) functions that could be completed by incumbents in other clinical areas in the absence of having an established FLS.
- One Poutini Waiora nurse will be trained in the use of the InterRAI assessment tool. Collaborative work between Poutini Waiora and CCCN will commence to develop an integrated approach to assessment of our Māori patients between health partners.

B. Establish an Integrated Family Health Service (IFHS) in the Buller Community

- Buller Health Services and its Alliance partners continue to develop integrated practice across the health system and social services sector:
- Poutini Waiora hosted the Kawatiri Wellbeing Hui at the Solid Energy Centre in late November. It was a very enjoyable experience for the 200 plus people who attended and plans are underway to hold it again this year. The great community effort was evident with the Buller District Council providing the venue, people entering through the wahaoroa carved especially for the occasion by Hohepa Barrett, businesses donating items, Fishing School students assisting with the setting up and the South School Kapa Haka giving a wonderful performance. Local health professionals and social service agencies provided information, advice and resources from their stalls. This year we aim to expand the range and number of stalls.
- The Occupational Therapist and Housing New Zealand Regional Manager on the Buller Housing Group have undertaken a joint assessment of Buller's HNZ housing stock to identify ways in which houses can be modified to provide a better fit for the needs of older people. The Healthy Homes project has also, thanks to the donation from Westport Mitre 10, funded a number of housing assessments to identify how these can be made warmer and drier. Funding is still being sought to enable homes to be insulated and the Buller District Council will again be asked to consider the use of its Variable Rating Scheme for this. Buller Health has provided a submission supporting this.
- One objective of the Buller IFHS Workstream is to increase exclusive breastfeeding of Maori children at six months. The Mana Tamariki Mana Mokopuna research project has identified one barrier as inconsistent information and advice from general practice. To address this, a group of key professionals including a GP are deciding how we can change the way we work to improve the information women receive. Further research is also being undertaken locally to get a more in-depth understanding of Maori women's breast feeding journeys.
- Healthy children under five years will be a major Buller IFHS Workstream focus for the coming year. Work will also continue to improve management of long term condition management. One exciting initiative is involvement in the Buller Community of Wellbeing initiative which is being led by the Ministry of Social Development and Homebuilders. The West Coast DHB is in the process of signing an MOU and we will be actively involved in this interagency collaboration. It aims to provide a single point of entry and service coordination for vulnerable children and families requiring multi-agency

interventions.

C. Establish an Integrated Family Health Service (IFHS) in the Grey/Westland Community

- A proposal to support the work currently underway in Reefton to work in an integrated way has been provided to staff and feedback requested. The proposal was to bring together all DHB provided services in Reefton under a single organisational structure, creating an Integrated Family Health Service.
- The Grey/Westland workstream met late last year to develop their workplan for the coming year. Significant work will be continuing including:
  - Merging of Grey Medical and RAGP
  - Implementing an urgent primary care service in Grey
  - Increase the hours primary care is open in Grey
  - Discharge planning improvements
  - Patient portal

  Another significant project the workstream will be undertaking is looking at how local communities can have a greater input into priorities for their local health services.
- All three IFHS workstreams (Buller, Reefton and Grey) have representation on the Coast wide primary and community project. This project is looking at how we can improve health care to our communities through the integration of services and the use of IT tools.

BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of December 2016 was a deficit of $0.026m, which was on target. The year to date position is $0.102m unfavourable compared to budget.

	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	599	212	388	2,957	1,195	1,762
Provider Arm	(625)	(238)	(387)	(3,771)	(1,908)	(1,863)
Consolidated Result	(26)	(26)	(0)	(814)	(713)	(102)

B. Effective Clinical Information Systems

- **Mental Health Solution:** The Mental Health Solution software based in Health Connect South is not being used until the stabilisation issues are resolved. Renewed focus on providing a stable solution has occurred. Significant progress has been made in resolving the remaining issues within the Mental Health Solution, with only 4 major issues remaining. However very recent stability concerns may cause new issues to be created. A potential go live date, support process and latest stability issues was the subject of a meeting late January.
- **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. A solution to this issue has been found and is being reviewed by stakeholders in the next 2 weeks to determine if it is fit for purpose. Implementation is still targeted at mid 2017.

- **eMedicines:** Work has begun on developing the business case for electronic prescribing. A draft business case has been created but costs are higher than anticipated. A meeting to determine the path forward and confirm scope is planned for early February.
- **Patient Portal:** WCDHB has been going through a procurement process for an implementation of a patient portal for patients accessing primary care facilities on the West Coast. 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. Software implementation into Greymouth Medical practice has occurred and is now with the Practice to determine which components of the portal they will enable for use by their patients.
- **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 is expected the solution will be implemented within 2 months. Implementation was unfortunately delayed with a key staff resignation and the Christmas period. Progress has started again from late January with the intention staff wifi will be available in February and patient wifi in March.
- **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. Due to staffing constraints this project is on hold for a few weeks. There is some additional capacity at a senior level starting within the CDHB ISG team, specifically to help further this and other integration projects as well as to provide support to the West Coast ISG team going forward. Progress has been slow over the Christmas period, but meetings with vendors have occurred and a scoping exercise is underway. At next reporting period there will be a more detailed update.
- **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. A paper with a recommendation to new facility executive management has been completed and has been approved. A RFP is being developed for the procurement of this system.
- **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, core switches, 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 8 remaining which need to be migrated.
    - A capex request is currently in sign-off to replace a number of legacy network switches within the DHB. Careful consideration to planning migration for these into the new facility is also being thought through.

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

External Communications

- Media interest:
  - Home based support services
  - Junior doctor's strikes
  - Closure of Family Planning Greymouth office
  - Flooding/weather effects on DHB services
  - Integration of Grey Medical Centre and Rural Academic GP
  - Mental health services
  - New facilities
  - Aged residential care facilities
  - Medical staff coverage at Christmas
  - Midwife changes in Buller
  - Organ donors
- Media releases were issued on:
  - National patient experience survey helps services
  - Sexual health services still available

Internal Communications

- CE Update
- Weekly global update email
- Monthly all staff forum
- Parking updates for Grey Base
- Road and weather updates

External engagement

- Assistance with promotion of Kawatiri Wellbeing Hui
- Disability Resource Services advisory
- Countdown Kids Hospital Appeal - short video of cheque presentation

Social media posts

- Weather-related (GPs/Clinics still open)
- Countdown Kids Hospital Appeal
- Be careful with food preparation in BBQ season
- Mental health tips during Christmas season
- New Grey Base facility progress
- Patient story: Grace Poulton, aged 8, talks positively about her recent experience as a patient at Grey Base Hospital's emergency department and Parfitt Ward

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

Key Achievements/Issues of Note

- **Smokefree:** All three stop smoking practitioners within the new service Oranga Hā – Tai Poutini (Stop Smoking West Coast) have completed their training and are now delivering the cessation service. A Facebook campaign over the January period has been successful

in increasing the visibility of the service as well as resulting in 57 referrals through the Facebook link. A tobacco controlled purchase operation (CPO) was carried out in Westland, Grey and Buller Districts over two days in January by CPH and Ministry of Health Smokefree Enforcement staff. There were no sales of cigarettes to the underage volunteer in any the premises subject to the CPO. This is a pleasing result however CPH will continue to remain vigilant regarding cigarette sales to under 18 year olds.

- **Alcohol:** CPH staff assisted West Coast Police to conduct alcohol controlled purchase operations (CPOs) in the Westland District in late December. There was one sale to the underage volunteer in Franz Josef and a Police prosecution is pending. The Alcohol Licencing Officer, alongside West Coast Police staff, monitored the Boxing Day horse races in Westport for compliance with the Sale and Supply of Alcohol Act. In line with their colleagues elsewhere in New Zealand, West Coast Police are strongly opposed to allowing BYO alcohol at such events.
- **Te Hā o Kawatiri Healthy Homes Curtain Bank project:** CPH continue to coordinate with Community Energy Action (CEA), Poutini Waiora and the WCDHB, with respect to a curtain bank in Westport which will service the West Coast. All going to plan, the curtain bank will be open by end of February.
- **Drinking Water:** CPH's West Coast Trainee Drinking Water Assessor (DWA) passed an external accreditation audit in November. This process is part of the accreditation of the South Island Drinking Water Assessment Unit which is run by CPH under contract to the Ministry of Health. It is designed to ensure that all work carried out by DWAs complies with legislation and best practice. There have been a number of water transgressions in some West Coast water supplies over the last two months. The adverse weather has been affecting supplies that are currently not treated, as well as ones where the source water is susceptible to degradation in storm events. However, for one of these at least (Kumara), we note that the Council has recently agreed to fund an upgrade which will significantly improve this water supply. Of most concern is the ongoing history of transgressions in the Punakaiki water supply, which has again been on a boil water notice over the summer period. Buller District Council has been communicating regularly with CPH on this issue, but it is clear that further action needs to be taken to address this pattern of continuing non-compliance with Drinking Water Standards.
- **Emergency Response:** As an emergency response agency, CPH staff were on stand-by for the recent extreme weather event on the West Coast. From a public health perspective the biggest impact of the so-called "weather bomb" event was the impact on water supplies noted above.

Report prepared by: David Meates, Chief Executive

Health Target progress

Quarterly & progress data

Target	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Target	Current Status	Progress
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours[1]	100%	99%	100%	99%	95%	✓	The West Coast continues to achieve the ED health target, with 99% of patients admitted, discharged or transferred from ED within 6 hours during quarter one.
Improved Access to Elective Surgery West Coast's volume of elective surgery	978	1,442	1,942	480	1,889	✓	This quarter, West Coast DHB provided 480 elective surgical discharges, delivering 103.7**%** of planned discharged against target.
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	71%	75%	80%	63%	85%	✗	Performance against the health target has decreased this quarter with 63.2% 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 and this result reflects only four patients whom were non-compliant. Audits into patient pathways have taken place with no capacity issues identified
Increased Immunisation Eight-month-olds fully immunised	81%	89%	78%	76%	95%	✗	During quarter one, 76% of all eight-month-olds were fully immunised. Strong results were achieved for Pacific (100%) and Asian (100%). Opt-offs (12.9%) and declines (7.1%) increased slightly this quarter to a combined 20%, this continues to make meeting the target impossible. Only three children were missed this quarter
Better Help for Smokers to Quit **Hospitalised** smokers receiving help and advice to quit[2]	85%	82%	79%	84%	90%	✗	West Coast health practitioners have reported giving 4,587 smokers cessation advice in the 15 months ending September 2016. This represents 84% of smokers against our 90% target. The DHB is pleased to have improved performance by 5% against this

[1] Greymouth Emergency Department only
[2] Results may vary due to coding processes. Reflects result as at time of reporting to MoH.

Target	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Target	Current Status	Progress
							target since the previous quarter.
Raising Healthy Kids Percent of obese children identified at B4SC will be offered a referral for clinical assessment and healthy lifestyle interventions	New	New	New	40%	95%	✘	This quarter, 40% of four-year-olds identified as in above the 98th percentile for their BMI (a ratio measure of height to weight) were referred for clinical assessment and healthy lifestyle intervention.

CLINICAL LEADERS UPDATE

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

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

SOURCE: **Clinical Leaders**

DATE: **10 February 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:
i. notes the Clinical Leaders' Update.

3. SUMMARY

WORKFORCE

Nursing & Midwifery

A 12 month new graduate Enrolled Nurse (EN) orientation programme has been finalised for introduction this year. The programme has been developed in line with Canterbury and Southland District Health Boards' respective programmes. It is designed to support newly qualified enrolled nurses into competent nursing practice within the EN scope, while allowing flexibility to ensure relevance in a variety of rural clinical contexts. Learning goals are individualised for each EN and the programme integrates the principles of the Treaty of Waitangi/Te Tiriti o Waitangi. This is an important component of our workforce planning and development to ensure a high quality and sustainable workforce.

A workforce plan has been written to support the development of a team of nurses who will be qualified and skilled to work between the Emergency Department (ED) and Critical Care Unit (CCU). This will enable optimal utilisation of nurses, based on service demand, grow the pool of ventilator trained nurses to ensure a well-supported 24-hour ventilation service and improve skilled staff retention. There have been several nurses trial this new way of working with positive feedback.

Four nurses are currently working towards Nurse Practitioner (NP) status, with two accepted into the Health Workforce New Zealand (HWNZ) funded Massey University, Nurse Practitioner Training Programme. A further nurse has recently submitted her NP portfolio to Nursing Council. We anticipate these five nurses will have achieved NP status within the next two years.

In Buller, the Lead Maternity Care team (LMC) continues to provide a high quality service with increasing utilisation of the Kawatiri Birthing Unit. The team also continues to support workforce development with a further first year of practice midwife joining the team in February.

Allied Health

The Workforce action plan is amost complete and as per our Regional Workforce Plan we continue to work on the Calderdale Quality Framework for delegation and skill sharing as well as the Allied Health

assistant work. In the last few months opportunities to use the Calderdale Framework to support Home Based Support staff working alongside Allied Health Professionals such as through the Flexible, Integrated, Restorative Support Teams (FIRST) are being explored.

Projects underway to explore potential for AHPs (physio initially) to provide initial assessment at primary practice alongside GPs, and to provide more podiatry services on the coast.

QUALITY & SAFETY

Nursing & Midwifery

Auditing has commenced to gather data for the National Maternity Monitoring Group (NMMG) clinical indicators. These indicators are used to monitor clinical standards and their improvement over time. The NMMG was established in 2012 by the Ministry of Health as part of the Maternity Quality Initiative. In the annual report for 2016, the West Coast Maternity Quality and Safety Programme was noted as making significant progress.

This year a key quality improvement focus will be on assessment, communication with patients and care planning. This will build on previous work undertaken to improve care documents and the quality of documetation. An example of this is the introduction of a new Health Care Assistant role for acute areas with high occupancy. This position will have a key role in ensuring the bedside care plans are kept up to date to enable better communication with patient and significant others. This also allows 'at a glance' relevant and important information, pulled from the individualised care plan, for the multidisciplinary team at the bedside. Auditing will continue to measure standards and inform ongoing quality improvement.

Allied Health

Nutrition and Dietetic services across the district are working in partnership to review health pathways into each service and reduce duplication/enhance access throughout the district. A PHO led app based initiative, through Melon Health is extending our ability to reach those with weight loss needs.

Medical

Clinical Leaders and the Quality Manager have met with the New Products committee to discuss the organisational need for a group to consider new technology and new procedures as well as new products. The New Products Committee is developing new terms of reference to include technology and procedures in line with the South Island Alliance work as we need to consider the impacts on other DHBs when we introduce new products/procedures and technology.

Patient Safety walk arounds have been conducted with David Meates, the Clinical Leaders and the Quality Manager, through a number of areas in the DHB and will continue this year with Clinical Leaders and the Quliaty Manger to review progress and activities being carried out by wards and services towards improving Patient Safety.

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: Clinical Leaders:
Karyn Bousfield, Director of Nursing and Midwifery
Vicki Robertson, Medical Director
Stella Ward, Executive Director Allied Health

FINANCE REPORT

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

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

SOURCE: **General Manager, Finance**

DATE: **10 February 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

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

3. DISCUSSION

Overview of December 2016 Financial Result

The consolidated West Coast District Health Board financial result for the month of December 2016 was a deficit of $0.026m, which was on target. The year to date position is $0.102m unfavourable to budget.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,946	6,999	(53)	×	41,460	41,959	(499)	×
Governance & Administration	68	149	(81)	×	413	494	(81)	×
Funds & Internal Eliminations	5,250	5,014	236	√	36,115	30,084	6,031	√
	12,264	12,162	102	√	77,988	72,537	5,451	√
EXPENSES								
Provider								
Personnel	5,353	5,227	(126)	×	31,877	31,704	(173)	×
Outsourced Services	3	3	0	√	6	18	12	√
Clinical Supplies	680	644	(36)	×	4,310	3,943	(367)	×
Infrastructure	1,130	847	(283)	×	6,352	5,105	(1,247)	×
	7,166	6,721	(445)	×	42,545	40,770	(1,775)	×
Governance & Administration	68	149	81	√	413	494	81	√
Funds & Internal Eliminations	4,651	4,802	151	√	33,158	28,890	(4,269)	×
Total Operating Expenditure	11,885	11,672	(213)	×	76,116	70,154	(5,963)	×
Surplus / (Deficit) before Interest, Depn & Cap Charge	379	490	(110)	×	1,872	2,384	(512)	×
Interest, Depreciation & Capital Charge	405	516	111	√	2,686	3,096	410	√
Net surplus/(deficit)	(26)	(26)	(0)	×	(814)	(713)	(102)	×

4. APPENDICES

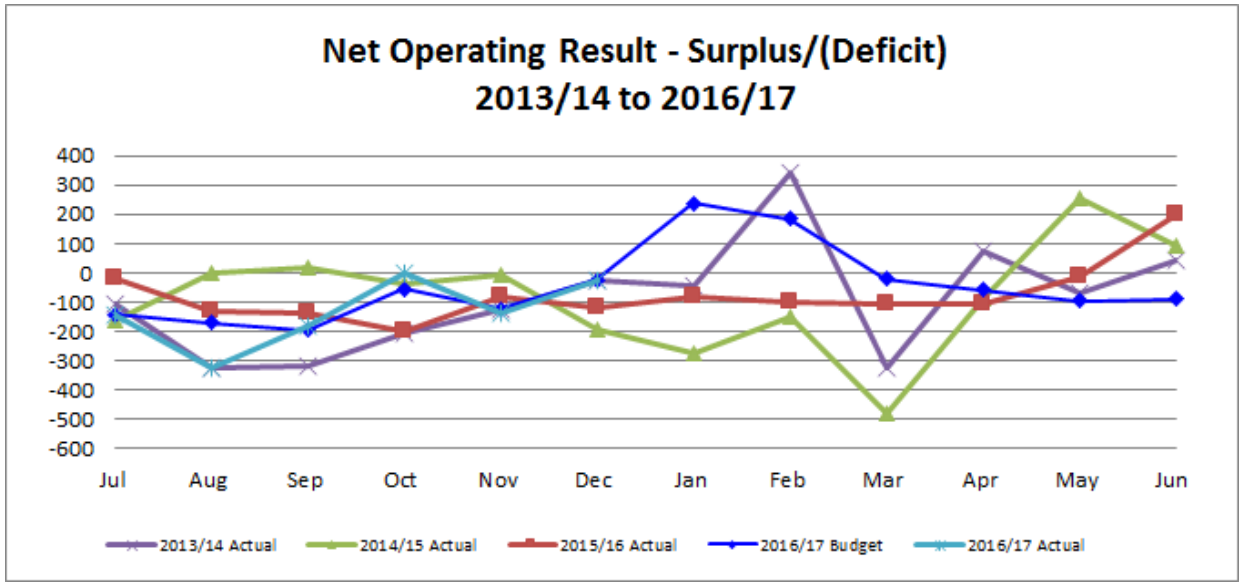
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – DECEMBER 2016

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(26)	(26)	(0)	1% ✕	(814)	(713)	(100)	14% ✕

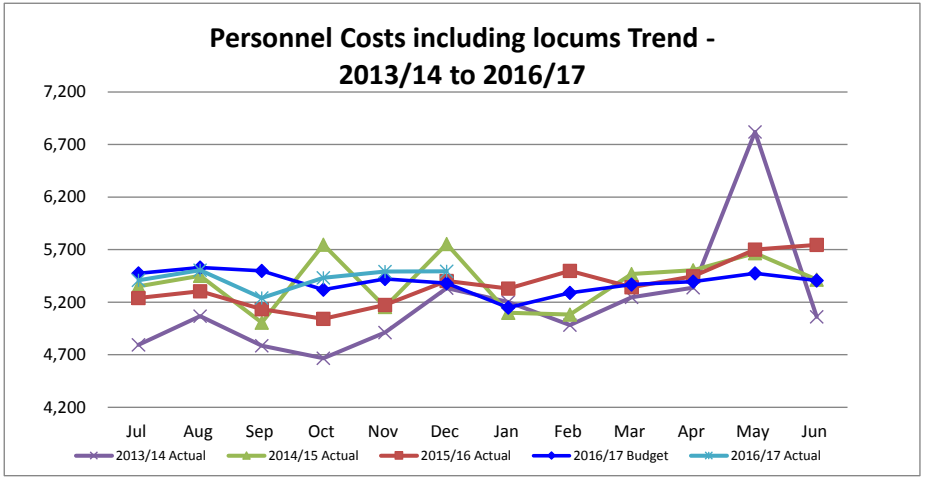


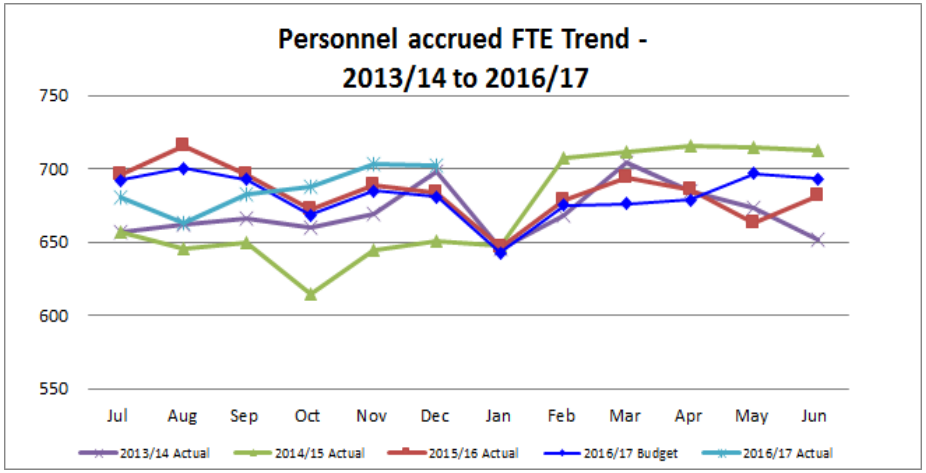
We have submitted an Annual Plan with a planned deficit of $554k, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016.

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

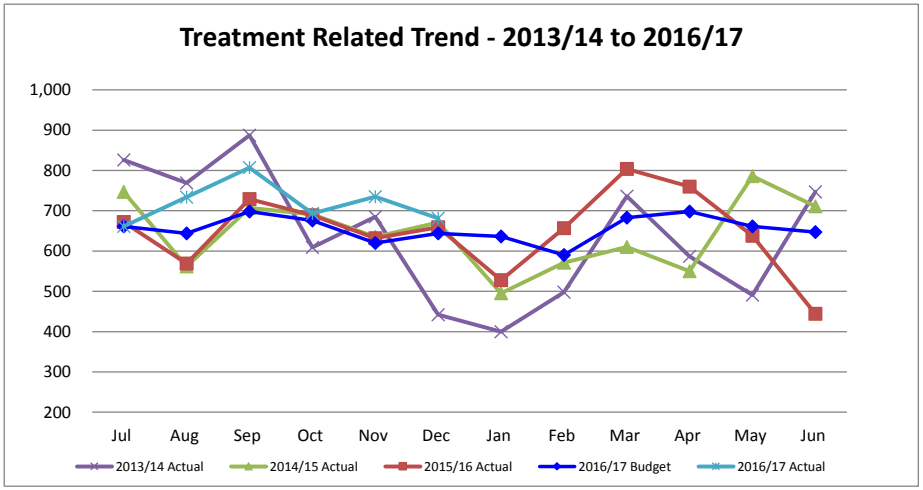


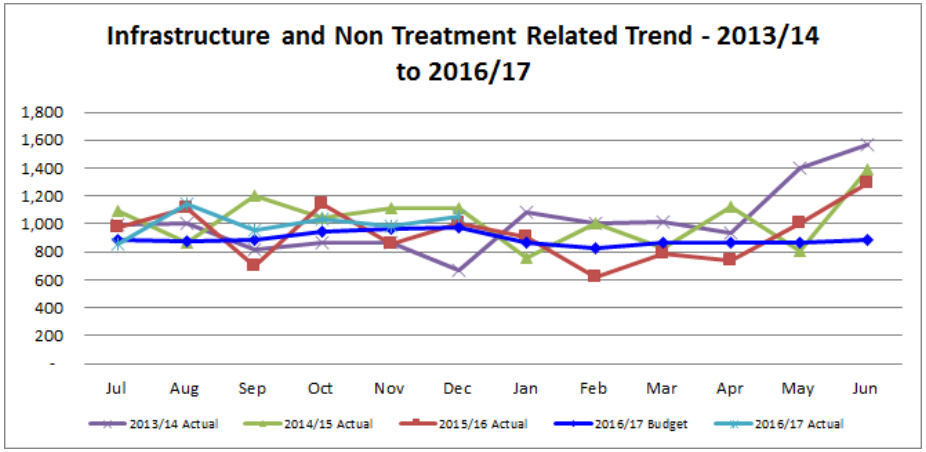


KEY RISKS AND ISSUES

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



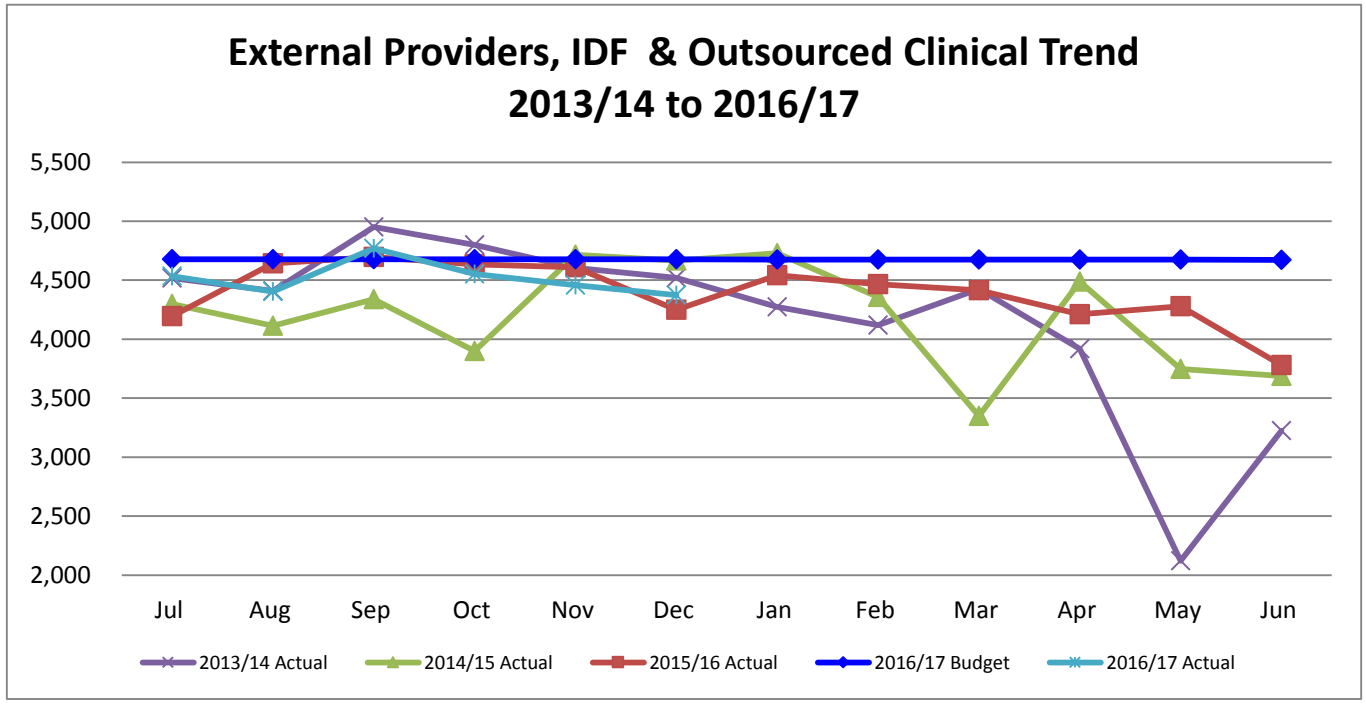


KEY RISKS AND ISSUES

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

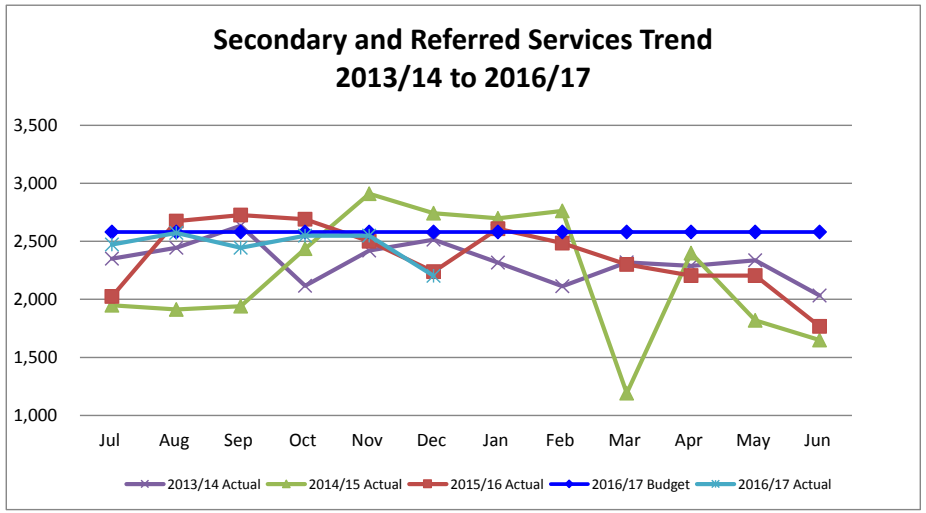
Capacity constraints within the system require continued monitoring of trends and demand for services.

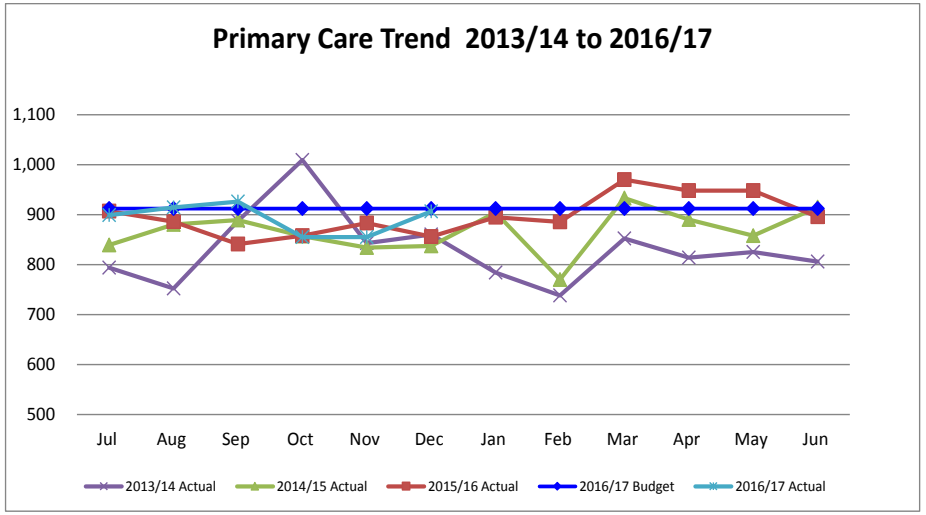
PLANNING AND FUNDING DIVISION

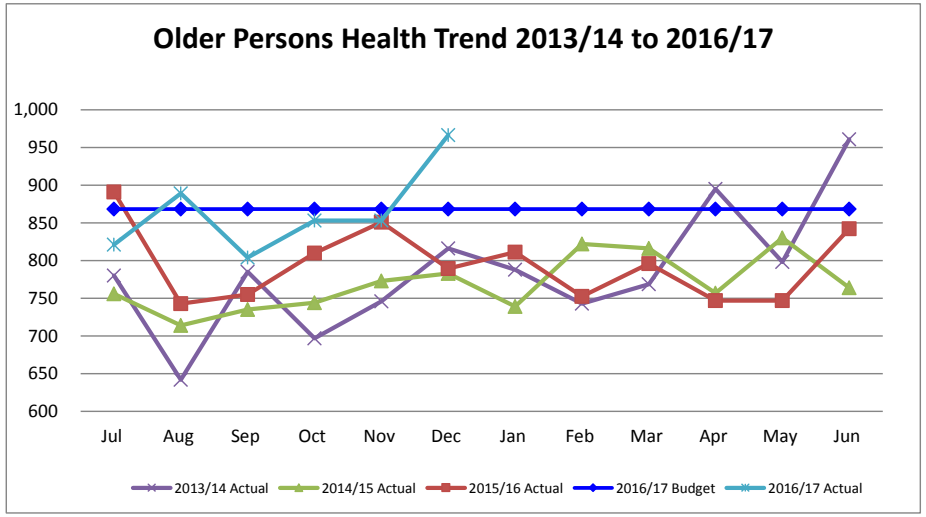
Month Ended December 2016

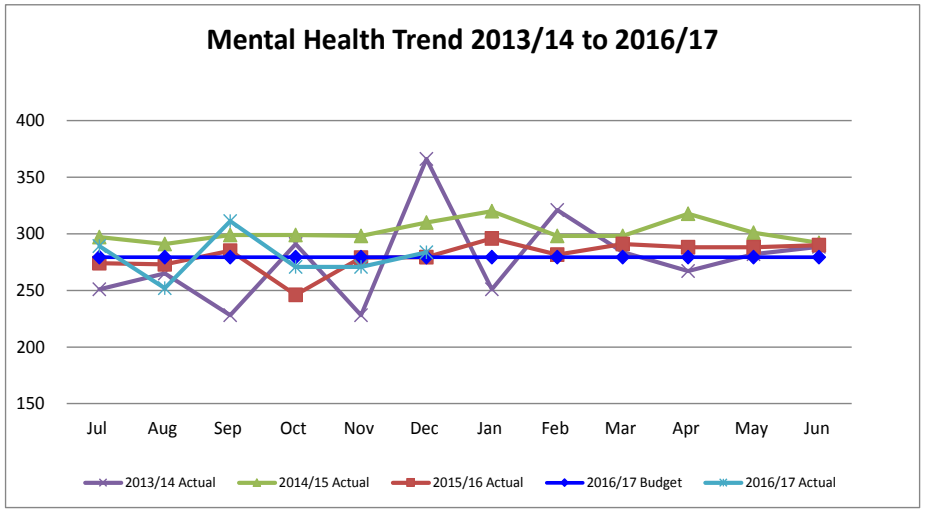
Current Month Actual $000	Budget $000	Variance $000	%		SERVICES	Year to Date Actual $000	Budget $000	Variance $000	%		2016/17 Annual Budget $000
					Primary Care						
15	28	14	48%	✓	Dental-school and adolescent	186	170	-16	-10%	✗	340
14	21	7	33%	✓	Maternity	113	128	15	11%	✓	256
1	1	0	0%	✗	Pregnancy & Parent	8	7	0	0%	✗	15
	0	0		✓	Sexual Health	0	0	0		✓	0
3	4	1	28%	✓	General Medical Subsidy	13	25	12	49%	✓	50
559	522	-36	-7%	✗	Primary Practice Capitation	3,170	3,134	-36	-1%	✗	6,267
91	91	0	0%	✓	Primary Health Care Strategy	546	547	1	0%	✓	1,093
87	87	0	0%	✓	Rural Bonus	524	524	0	0%	✓	1,049
4	4	0	-4%	✗	Child and Youth	30	25	-5	-19%	✗	50
0	10	10	100%	✓	Immunisation	23	63	39	63%	✓	125
5	5	0	0%	✓	Maori Service Development	28	28	0	0%	✓	57
52	45	-7	-15%	✗	Whanau Ora Services	313	271	-41	-15%	✗	543
20	14	-6	-45%	✗	Palliative Care	79	83	4	5%	✓	165
3	6	3	53%	✓	Community Based Allied Health	51	38	-14	-36%	✗	76
9	10	2	16%	✓	Chronic Disease	61	63	2	2%	✓	125
43	61	18	29%	✓	Minor Expenses	250	365	115	32%	✓	731
906	**912**	**5**	**1%**	✓		**5,395**	**5,471**	**76**	**1%**	✓	**10,942**
					Referred Services						
29	26	-3	-13%	✗	Laboratory	156	157	0	0%	✓	313
439	666	226	34%	✓	Pharmaceuticals	3,430	3,996	565	14%	✓	7,991
469	**692**	**223**	**32%**	✓		**3,587**	**4,152**	**565**	**14%**	✓	**8,304**
					Secondary Care						
174	223	49	22%	✓	Inpatients	922	1,339	417	31%	✓	2,678
167	126	-41	-33%	✗	Radiolgy services	864	755	-110	-15%	✗	1,510
79	114	34	30%	✓	Travel & Accommodation	599	681	82	12%	✓	1,362
1,313	1,425	112	8%	✓	IDF Payments Personal Health	8,625	8,553	-72	-1%	✗	17,105
1,733	**1,888**	**154**	**8%**	✓		**11,010**	**11,327**	**317**	**3%**	✓	**22,655**
3,109	**3,492**	**383**	**11%**	✓	**Primary & Secondary Care Total**	**19,992**	**20,951**	**959**	**5%**	✓	**41,902**
					Public Health						
7	23	16	71%	✓	Nutrition & Physical Activity	73	140	67	48%	✓	279
17	11	-6	-54%	✗	Tobacco control	73	67	-6	-10%	✗	133
24	**34**	**11**	**31%**	✓	**Public Health Total**	**146**	**206**	**60**	**29%**	✓	**412**
					Mental Health						
7	7	0	0%	✓	Dual Diagnosis A&D	42	43	0	0%	✓	85
0	0	0		✓	Eating Disorders	11	0	-11		✗	0
20	20	0	0%	✓	Child & Youth Mental Health Services	120	120	0	0%	✓	240
18	8	-10	-139%	✗	Mental Health Work force	104	45	-59	-132%	✗	90
61	61	0	0%	✓	Day Activity & Rehab	364	365	0	0%	✓	729
11	11	0	0%	✗	Advocacy Consumer	64	64	0	0%	✓	128
81	81	0	0%	✓	Other Home Based Residential Support	485	485	0	0%	✗	970
11	11	0	0%	✓	Advocacy Family	66	66	0	0%	✓	132
10	16	6	38%	✓	Community Residential Beds	59	95	37	38%	✓	190
66	66	0	0%	✓	IDF Payments Mental Health	393	393	0	0%	✓	787
284	**279**	**-4**	**-2%**	✗		**1,709**	**1,675**	**-33**	**-2%**	✗	**3,351**
					Older Persons Health						
0	0	0	100%	✓	Needs Assessment	0	1	1	100%	✓	1
112	84	-27	-32%	✗	Home Based Support	643	506	-137	-27%	✗	1,012
1	6	4	75%	✓	Caregiver Support	31	35	4	12%	✓	70
232	242	10	4%	✓	Residential Care-Rest Homes	1,373	1,450	77	5%	✓	2,900
9	9	0	-1%	✗	Residential Care-Community	55	55	0	0%	✓	110
483	404	-79	-20%	✗	Residential Care-Hospital	2,326	2,425	100	4%	✓	4,851
8	10	2	20%	✓	Day programmes	87	60	-27	-44%	✗	121
15	11	-4	-37%	✗	Respite Care	53	66	12	19%	✓	132
1	1	0	0%	✓	Community Health	8	8	0	0%	✓	15
5	1	-4	-315%	✗	Minor Disability Support Expenditure	8	8	0	1%	✓	16
99	99	0	0%	✗	IDF Payments-DSS	596	596	0	0%	✗	1,192
966	**868**	**-98**	**-11%**	✗		**5,180**	**5,210**	**30**	**1%**	✓	**10,419**
1,250	**1,147**	**-102**	**-9%**	✗	**Mental Health & OPH Total**	**6,888**	**6,885**	**-3**	**0%**	✗	**13,770**
4,383	**4,674**	**291**	**6%**	✓	**TOTAL EXPENDITURE**	**27,026**	**28,042**	**1,016**	**4%**	✓	**56,084**

EXTERNAL PROVIDER COSTS









FINANCIAL POSITION

	Month Actual $'000	Month Budget $'000	Month Variance $'000			Annual Budget $'000
Equity	11,595	11,696	(102)	-1%	✗	12,341
Cash	11,835	13,064	(1,229)	-9%	✗	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 31 December 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
Operating Revenue										
Crown and Government sourced	11,532	11,594	(62)	(0.5%)	69,297	69,564	(267)	(0.4%)	139,113	135,869
Inter DHB Revenue	0	7	(7)	(100.0%)	2	42	(40)	(95.2%)	84	76
Inter District Flows Revenue	141	139	2	1.5%	826	834	(8)	(1.0%)	1,744	1,487
Patient Related Revenue	237	248	(11)	(4.4%)	1,312	1,488	(176)	(11.8%)	2,962	2,873
Other Revenue	72	174	(102)	(58.6%)	441	609	(168)	(27.6%)	1,112	984
Total Operating Revenue	11,982	12,162	(180)	(1.5%)	71,878	72,537	(659)	(0.9%)	145,015	141,289
Operating Expenditure										
Personnel costs	5,494	5,377	(117)	(2.2%)	32,571	32,602	31	0.1%	64,670	64,396
Outsourced Services	3	3	0	0.0%	6	18	12	66.7%	30	30
Treatment Related Costs	681	644	(37)	(5.7%)	4,311	3,943	(368)	(9.3%)	7,858	7,781
External Providers	2,990	3,085	95	3.1%	18,013	18,510	497	2.7%	37,000	36,269
Inter District Flows Expense	1,379	1,589	210	13.2%	9,035	9,534	499	5.2%	19,084	16,380
Outsourced Services - non clinical	3	0	(3)	0.0%	37	0	(37)	0.0%	0	0
Infrastructure and Non treatment related costs	1,053	974	(79)	(8.1%)	6,033	5,547	(486)	(8.8%)	10,723	11,129
Total Operating Expenditure	11,603	11,672	69	0.6%	70,006	70,154	148	0.2%	139,365	135,985
Result before Interest, Depn & Cap Charge	379	490	(111)	(22.7%)	1,872	2,383	511	21.4%	5,650	5,304
Interest, Depreciation & Capital Charge										
Interest Expense	48	54	6	11.1%	272	324	52	16.0%	648	651
Depreciation	342	380	38	10.0%	2,014	2,280	266	11.7%	4,572	4,572
Capital Charge Expenditure	15	82	67	81.7%	400	492	92	18.7%	984	978
Total Interest, Depreciation & Capital Charge	405	516	111	21.5%	2,686	3,096	410	13.2%	6,204	6,201
Net Surplus/(deficit)	(26)	(26)	(0)	(0.9%)	(814)	(713)	(101)	(14.2%)	(554)	(897)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(26)	(26)	(0)	(0.9%)	(814)	(713)	(101)	(14.2%)	(554)	(897)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 31 December 2016

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	23,648	24,091	(443)	(1.8%)	25,444
Intangible assets	648	435	213	49.0%	681
Work in Progress	2,446	1,981	465	23.5%	1,981
Other investments	567	567	0	0.0%	0
Total non-current assets	27,309	27,074	235	0.9%	28,106
Current assets					
Cash and cash equivalents	11,835	13,064	(1,229)	(9.4%)	11,871
Patient and restricted funds	74	74	0	0.0%	74
Inventories	1,021	986	35	3.5%	986
Debtors and other receivables	6,432	5,046	1,386	27.5%	5,920
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	19,362	19,170	192	1.0%	18,851
Total assets	46,671	46,244	427	0.9%	46,957
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	10,945	10,945	0	0.0%	10,945
Employee entitlements and benefits	2,864	2,629	(235)	(8.9%)	2,629
Total non-current liabilities	13,809	13,574	(235)	(1.7%)	13,574
Current liabilities					
Interest-bearing loans and borrowings	3,500	3,500	0	0.0%	3,500
Creditors and other payables	8,155	8,161	6	0.1%	8,161
Employee entitlements and benefits	9,612	9,313	(299)	(3.2%)	9,313
Total current liabilities	21,267	20,974	(293)	(1.4%)	20,974
Total liabilities	35,076	34,548	(528)	(1.5%)	34,548
Equity					
Crown equity	72,563	72,543	(20)	(0.0%)	72,563
Other reserves	22,082	22,082	0	0.0%	22,082
Retained earnings/(losses)	(83,050)	(82,929)	122	0.1%	(82,236)
Trust funds	0	0	0	0.0%	0
Total equity	11,595	11,696	102	0.9%	12,409
Total equity and liabilities	46,671	46,244	426	0.9%	46,957

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 31 December 2016

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	11,689	12,122	(433)	(3.6%)	72,202	72,381	(179)	(0.2%)
Cash paid to employees	(5,248)	(5,377)	129	2.4%	(32,388)	(32,602)	214	0.7%
Cash paid to suppliers	(1,490)	(1,621)	131	8.1%	(11,091)	(9,508)	(1,584)	(16.7%)
Cash paid to external providers	(2,972)	(3,085)	113	3.7%	(16,650)	(18,510)	1,860	10.0%
Cash paid to other District Health Boards	(1,397)	(1,589)	192	12.1%	(10,398)	(9,534)	(864)	(9.1%)
Cash generated from operations	582	450	132	29.2%	1,675	2,228	(553)	(24.8%)
Interest paid	(48)	(54)	6	11.1%	(272)	(324)	52	16.0%
Capital charge paid	(15)	(82)	67	81.7%	(400)	(492)	92	18.7%
Net cash flows from operating activities	519	314	205	65.1%	1,003	1,412	(409)	(29.0%)
Cash flows from investing activities								
Interest received	17	40	(23)	(57.5%)	199	205	(6)	(2.9%)
(Increase) / Decrease in investments	0	0	0		0	0	0	
Acquisition of property, plant and equipment	(111)	(208)	97	46.6%	(1,217)	(1,248)	31	(2.5%)
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(94)	(168)	74	(44.0%)	(1,018)	(1,043)	25	2.4%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0		0	878	(878)	0.0%
Repayment of equity	0	0	0		0	0	0	
Cash generated from equity transactions	0	0	0		0	878	(878)	
Borrowings raised								
Repayment of borrowings	0	0	0		0	0	0	
Payment of finance lease liabilities	0	0	0		0	0	0	
Net cash flows from financing activities	0	0	0		0	0	0	
Net increase in cash and cash equivalents	425	146	279	190.3%	(15)	1,247	(1,262)	(101.2%)
Cash and cash equivalents at beginning of period	11,410	12,918	(1,508)	(11.7%)	11,850	11,867	(17)	(0.1%)
Cash and cash equivalents at end of year	11,835	13,065	(1,229)	(9.4%)	11,835	13,114	(1,279)	(9.8%)

WELLBEING HEALTH AND SAFETY UPDATE

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

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

SOURCE: **People and Capability**

DATE: **10 February 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report provides an update on employee wellbeing, health and safety activities. This is the first report to the Board for 2017, and represents data and activities from December and Quarter 4 of 2016.

The main activities in 2016 were associated with the introduction of the Health and Safety at Work Act 2015 [April 2016]. The West Coast DHB commissioned an external health and safety systems review in preparation for the legislative changes, receiving the report in March 2016. The first phase of the programme of work to implement the recommendations from the health and safety systems review is well advanced, with progress reported monthly It is acknowledged that the current wellbeing, health and safety dashboard only includes lag indicators. As outlined in the detailed work plan, the development of lead indicators for the dashboard is scheduled for phase 3. Until this work is completed, reporting with respect to the programme of work in association with the health and safety systems review and occupational health and injury management review are a clear indication of the proactive steps to ensuring the wellbeing and safety of our people.

2. RECOMMENDATION

That the Board:

i. Notes the Wellbeing Health & Safety Report

3. SUMMARY

General

A range of wellbeing, health and safety activities continue to progress. These are outlined **below**.

Wellbeing:

Workshops delivered in 2016 received positive feedback from staff. Planning is underway for initiatives and workshops that will be implemented in 2017.

Health and Safety:

Training on risk assessment will be occurring in Quarter 1 [Jan – Mar]. No notifiable incidents or events were reported to Worksafe NZ in December. Safety advisors will meet with health and safety representatives to standardise the risk registers across the West Coast DHB, including generic hazards, risk scores and controls. Specific hazards for each work area will be reviewed, confirmed, risk assessed and recorded.

Occupational Health:

Regular support has been provided with respect to Occupational Health and Injury Management to support managers and staff with return to work.

Work is well underway in preparation for the 2017 Influenza Campaign, with a communications plan and associated collateral to be confirmed in January. Practical assessments continue for nurses who will operate as authorised vaccinators under the guidance of the Wellbeing, Health and Safety team.

Health and Safety

Development of the policy and procedure framework is well underway and confirming the architecture of the document management system. Planning is also well underway to run multi-disciplinary teams through scenarios to inform the roles and responsibility with respect to who owns the risk and controls. The focus will then turn to procedures for contractor management. Phase two is on target to commence in Quarter 2 2017 (April – June).

Key Milestones: Health and Safety System Review	Due	Status
Detailed work plan complete	Q3	
Work programme commenced [phase one]	Q4	
Phase 1 continues	Q1	
Work programme commenced [phase two]	Q2	

Occupational Health and Injury Management Service Review

Current state mapping has been completed and is now being proof tested and a project manager has been identified. The scope of the review is in draft which will go to Mary Gordon (Executive Director of Nursing, Canterbury DHB) and Michael Frampton (General Manager People and Capability) as co-sponsors of the review.

Key Milestones: Occupational Health and Injury Management Service Review	Due	Status
Project sponsor and Terms of Reference confirmed	Q3	
Current state review complete	Q4	
Scope confirmed	Q1	
Future state design complete	Q2	

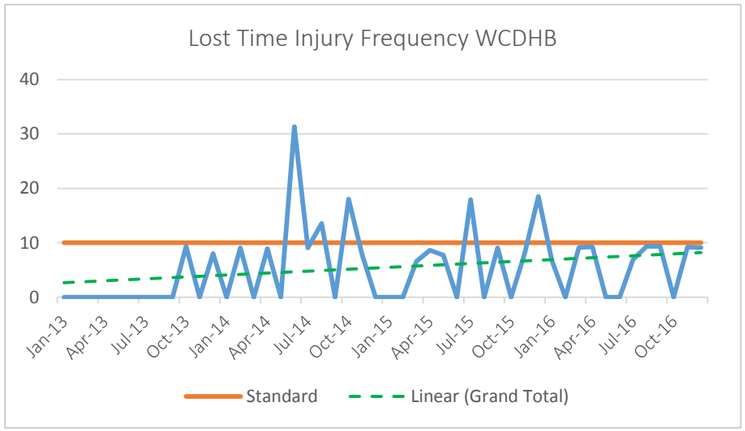
4. APPENDICES

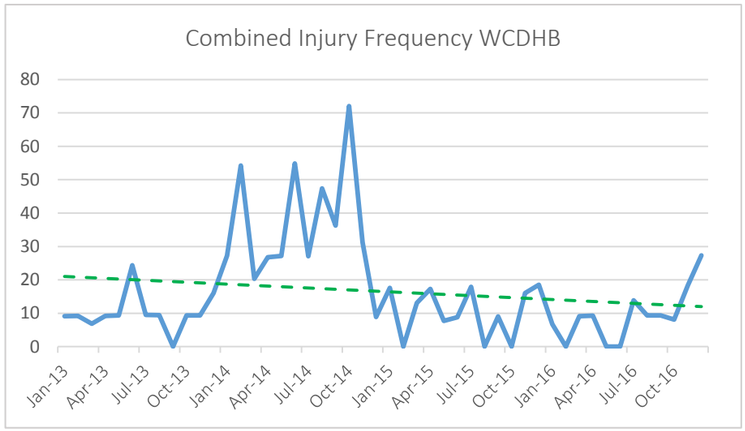
Appendix 1: Wellbeing, Health and Safety Dashboard

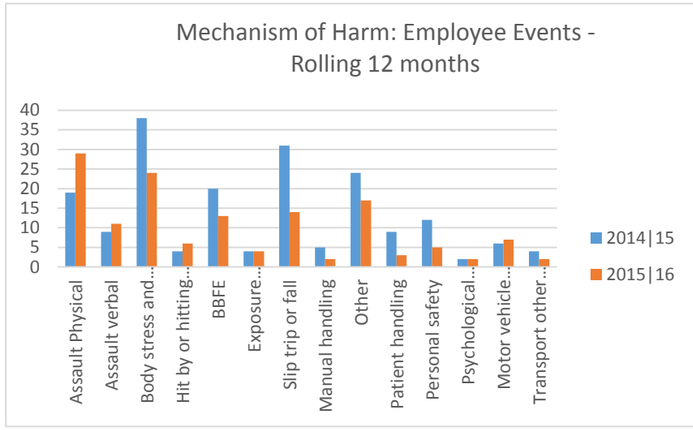
Report prepared by: Mark Lewis, Manager Wellbeing Health

Report approved by: Michael Frampton, GM People and Capability

Wellbeing, Health and Safety Dashboard: West Coast District Health Board [December 2016]





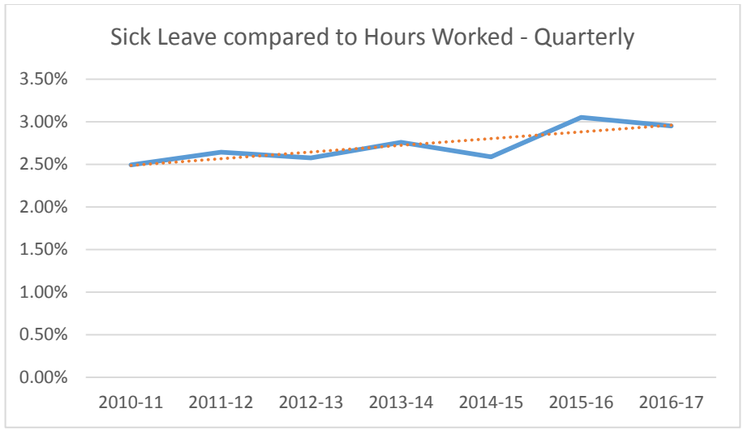


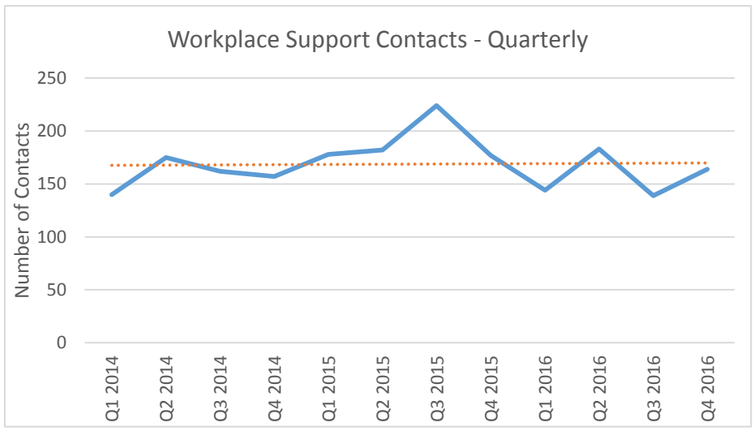
Worksafe Notifiable Events - Monthly

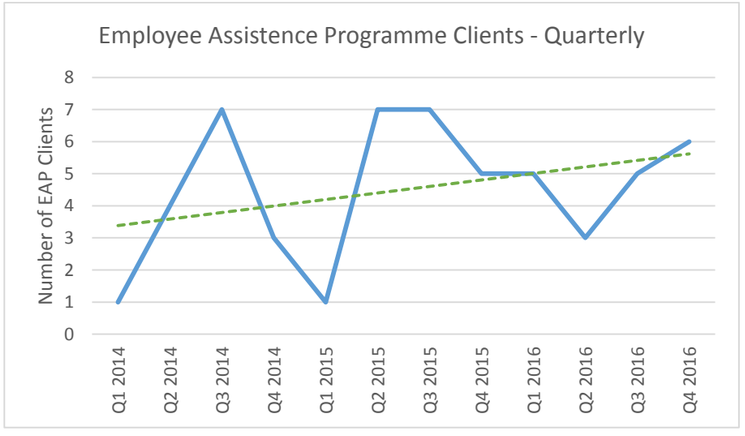
Event	Oct-16	Nov-16	Dec-16
Death	-	-	-
Notifiable illness or injury	-	-	-
Notifiable incident	-	-	-

Duty Holder Review	Oct-16	Nov-16	Dec-16
Death	-	-	-
Notifiable illness or injury	-	-	-
Notifiable incident	-	-	-

Please note: The above are raw scores.







Prepared by: Mark Lewis, Manager Wellbeing Health and Safety
Approved by: Michael Frampton, General Manager People and Capability

Lost Time Injury Frequency [monthly]

Description:
Lost time injury frequency rates are based on the number of loss time injuries per million hours worked. The loss time injury frequency is compared to the ACC Healthcare Levy Risk Group Average of 10 [standard].

Comment:
Lost time injuries are consistently below the ACC health industry standard ratio.

Focus:
Reviewing safety 1st injury trends and completing hazard reviews.

Combined Injury Frequency [monthly]

Description:
Combined injury frequency is a ratio based on the number of all ACC accepted medical treatment claims per million hours worked.

Comment:
Combined injury rate trends continue to decline over the three year period of reporting.

Focus:
Reviewing safety 1st injury trends and completing hazard reviews.

Mechanism of Harm: Employee Events [rolling 12 months]

Description:
Number of Employee Events as reported on Safety1st in the last 12 month period compared to the previous 12 months.

Comment:
The number of events recorded in Safety 1st has decreased relative to the previous 12 month period consitennt with combined injury frequency. The main mechanism of continue to be physical assults, body stress and strain, blood body fluid exposure and slip | trip | falls.

Focus:
Reviewing safety 1st injury trends and completing hazard reviews.

Worksafe Notifiable Events [monthly]

Description:
Events reported and confirmed by WorkSafe that meet the legislative definition of notifiable.

Comment:
Nothing to report.

Focus:

Sick Leave [quarterly]

Description:
Sick leave taken compared to hours worked.

Comment:
There has been a increasing trend in the utilisation of sick leave taken relative to hours worked however we experienced a decline over the last quarter 4 Oct - Dec

Focus:
People and Capability will continue monitor the situation and work with management to identify trends accordingly.

Paid Leave [quarterly]

Description:
Annual leave taken relative to entitlment.

Comment:
Paid leave statistics have not been included due to some inconsitencies in the data. This will be resolved prior to the next reporting period.

Focus:

Workplace Support [quarterly]

Description:
Number of contacts in relation to organisational headcount.

Comment:
Access has been steadily increased for staff to independent and confidential support services. Workplace Support has been targeted on an as required basis.

Focus:
Confidential couselling services, and current contracts in place, will be reviewed in Quarter 2 [Apr – Jun] to ensure staff have access to the required services.

Employee Assistance Programme [quarterly]

Description:
Number of clients in relation to organisational headcount.

Comment:
Access has been steadily increased for staff to independent and confidential support services. As well as increasing access, there has been active promotion of the services available through a number of channels. This coupled with the positive experiences of staff who have utilised the services has seen a steady increase in uptake.

Focus:
Confidential couselling services, and current contracts in place, will be reviewed in Quarter 2 [Apr – Jun] to ensure staff have access to the required services.

Prepared by: Mark Lewis, Manager Wellbeing Health and Safety
Approved by: Michael Frampton, General Manager People and Capability

COMMITTEE MEMBERSHIP

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

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

SOURCE: **Chair**

DATE: **10 February 2017**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

This paper has been prepared by the Chair to outline proposed Committee membership for the term of the current Board (until November 2019).

It seeks to confirm the appointment of Board members and Chairs and Deputy Chairs to Committees.

2. RECOMMENDATION

That the Board:

i. Confirms the appointment of Board members to the Quality, Finance Audit and Risk Committee, Hospital Advisory Committee, and the combined Community and Public Health Advisory & Disability Support Advisory Committee as per the schedule attached as Appendix 1; and

ii. Confirms the appointment of Chair's and Deputy Chairs to the Committees as shown in Appendix 1; and

iii. Confirms that the term of Committee appointments for Board members is for a three year term until the end of November 2019 (while they remain members of the Board) with a review to take place after the first year; and

iv. Notes that a further report will come to the Board's June meeting regarding the external/community membership of the Quality, Finance Audit and Risk Committee, Hospital Advisory Committee, Community and Public Heath and Disability Advisory Committee and Disability Support Advisory Committee who are appointed until July 2017; and

v. Notes that the Terms of Reference (TOR) for all Committees were reviewed in 2016 and will be reviewed again during the term of this Board.

3. SUMMARY

The West Coast District Health Board currently has 2 Statutory Committees (Hospital Advisory Committee and combined Community & Public Health and Disability Support Advisory Committee) and 1 non-statutory Committee (Quality, Finance, Audit & Risk Committee). These Committees are comprised of a mixture of Board members and "community" members (ie. non-board members appointed to committees).

The recommendations for the appointment of external members will be worked through with the Committee Chairs and will be brought to the Board's June 2017 meeting.

4. APPENDICES

Schedule 1: Proposed Governance Structure and Committee Membership 2017

Report approved for release by: Jenny Black, Chair

PROPOSED COMMITTEE MEMBERSHIP

February 2017

West Coast District Health Board (Governance)	Jenny Black (Chair) Chris Mackenzie (Deputy Chair) Chris Auchinvole Kevin Brown Helen Gillespie Michelle Lomax Edie Moke Peter Neame Nigel Ogilvie Elinor Stratford Francois Tumahai
Quality, Finance, Audit and Risk Committee (Governance Committee) **QFARC**	Helen Gillespie (Chair) Jenny Black Edie Moke Chris Mackenzie
Community and Public Health and Disability Support Advisory Committee (Governance Committee) **CPHAC & DSAC** (maximum 11 members)	Elinor Stratford (Chair) Francois Tumahai (Deputy Chair) Peter Neame External members: Jenny McGill Lynnette Beirne Sarah Birchfield Dr Cheryl Brunton (Medical Officer of Health) Joe Mason Mary Molloy Jenny Black (ex-officio) Chris Mackenzie (ex-officio)
Hospital Advisory Committee (Governance Committee) **HAC** (maximum 10 members)	Michelle Lomax (Chair) Kevin Brown (Deputy Chair) Chris Auchinvole Nigel Ogilvie External members: Paula Cutbush Gail Howard Chris Lim Richard Wallace Jenny Black (ex-officio) Chris Mackenzie (ex-officio)

DELEGATIONS

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

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

SOURCE: **General Manager, Finance**

DATE: **10 February 2017**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

This report has been generated following the review process of delegations within the West Coast DHB, required to align with the National Delegation of Financial Authority Levels that have been agreed as part of the design of the National Oracle System. In conjunction the review enabled proposed improvements and standardisation of the existing delegations and delegation processes.

This paper has been provided to the Board for approval of the updated Instrument of Delegation from the Board to the Chief Executive. This will then enable the further cascading of delegations and policy to the wider organisation.

2. RECOMMENDATION

That the Board:

i. Notes that a comprehensive review process was undertaken of existing delegations across the West Coast DHB with the intent to enable it to implement the National Oracle Solution financial and system controlled delegations, improve existing practises and provide increased standardisation of delegations;
ii. Notes the changes to 'Delegation of Authority by the Board of the West Coast DHB' Policy (Appendix 1);
iii. Approves the updated 'Delegation of Authority by the Board of the West Coast DHB' Policy (Appendix 2);
iv. Notes the changes to the Instrument of Delegation to the Chief Executive (Appendix 1);
v. Approves the amended Instrument of Delegation to the Chief Executive (Appendix 3); and
vi. Notes that the amended Instrument of Delegation to the Chief Executive will allow for the implementation of an enhanced Delegations Framework and Policy throughout the West Coast DHB during February 2017, in order that these are in place and fully operational prior to the new system (July 2017).

3. SUMMARY

The design and build for the National Oracle Solution (NOS) includes a nationally agreed Delegated Financial Authority (DFA) schedule, which forms the basis of the approvals controlled within the system. The schedule applies primarily to operating expenditure approvals controlled within the system, such as requisitions, purchase orders and invoices. The DFA schedule provides

eleven different authority levels with set delegated dollar limits which range from '$2K' to 'No $ Limit'. These levels can be applied within each DHB as required to enable flexible operation of DHBs.

In an effort to prepare for the implementation of the NOS, a significant review was undertaken to examine the current West Coast DHB delegations, how these are working, areas for improvement, and consideration of consistency of existing processes across the operational groups. This review enabled the West Coast DHB to provide appropriate input into the nationally agreed DFA endorsed by the DHB CFOs. The West Coast DHB review of existing delegations and the ability to apply the National DFA operationally identified that across divisions there was some inconsistency in delegated authority levels for similar roles. Therefore, the proposed solution is an established framework for West Coast DHB delegations that is transparent and role based. For example, it is anticipated that all cost centre managers, with like responsibilities across the organisation would have consistent delegated authority limits.

The proposed West Coast DHB framework has clearly validated that the National DFA levels would effectively address the needs for West Coast DHB. In addition to the levels of authority, certain expenditure categories identified in the National DFA enable a specific authority level to be applied to the specific expenditure. For example, electricity invoices may be approved by a role that has a specific delegated authority limit on electricity costs as a separate delegated authority from the day to day operational expenditure authority limit for that role. It is envisaged that the West Coast DHB will use this facility for a number of these specific expense categories, including New Zealand Blood Service (NZBS), Utilities, Outsourced Food Services, Insurance, Rates, Telecommunications, Pharmacy, and Outsourced Cleaning Services.

In advance of the National Oracle Solution implementation each DHB needs to update its existing Instruments of Delegations. This has provided the opportunity for West Coast DHB to address other identified areas in the processes and current delegations that could be improved upon. A guidance document is being established to provide clarity to staff through definitions of authorities as well as the documented processes for the updating or amendment to delegations. These definitions are designed to provide clarity to the staff member as to what the delegated authority includes and excludes and supporting processes that are relevant as part of authorising or committing the West Coast DHB under that delegated authority.

The refreshed process of centralisation of 'Instrument of Delegations' is to readily provide access to relevant staff that require review or confirmation of delegations. In conjunction to this, the Instrument of Delegation template will be required to be adhered to with no ability to amend, delete or add to delegated authorities. This will ensure that the terminology remains consistent and that the delegations are supported by the definitions provided; this reduces risk of delegations being issued that may conflict with other delegations, be unclear, or be incorrectly sub-delegated to managers. The management accountants will provide the central contact within each group and will be responsible for the ongoing maintenance of the Instruments of Delegations.

The current 'Delegation of Authority by the Board of the West Coast DHB' includes the approval of the Instrument of Delegation, and delegating authorities to the Chief Executive pursuant to that policy. The Policy provides the Policy statement, principles, processes and associated information by the Board of the West Coast DHB and the Minister of Health in accordance with the New Zealand Public Health and Disability Act 2000. This includes the delegations that the Board has retained. Every exercise of a power of delegation must comply with this policy. The opportunity to refresh the policy has been made at this time. The main change is the update of the role titles for

management employees who are Authorised Signatories for West Coast DHB transactions on page 6 of the Delegation of Authority by the Board of the West Coast DHB Policy Version 7.

The delegation of the Board to the Chief Executive is provided for in Section 26 of the New Zealand Public Health and Disability Act 2000 whereby *The Board of a DHB must delegate to the Chief Executive of the DHB, under clause 39 of Schedule 3, the power to make decisions on management matters relating to the DHB, but any such delegation may be made on such terms and conditions as the Board thinks fit*. The requirement to align to the nationally agreed DFA levels (Appendix 4) as well as providing clarity on what delegations encompass has indicated a need to update the Chief Executive's delegation.

The revised delegation proposed from the Board to the Chief Executive is provided in Appendix 3. There are limited changes proposed from the existing delegations. These changes are summarised in the table provided in Appendix 1. The changes are to reflect the need to meet the DFA limits for NOS and existing operational requirements as part of usual operations for management of the West Coast DHB. One such amendment to the Chief Executive's delegation incorporates an increase to the operating expenditure delegated authority for the purchase of goods and services to $1M, this is considered a progression from the existing Delegation of Authority authorising the Chief Executive up to $0.5M. The inflationary increases over the past eight years and therefore existing costs for some categories of operating expenditure is nearing these limits more regularly and it is envisaged that this increase should be incorporated into the delegation to enable approval for most operational expenditure.

In addition to this, the Chief Executive delegation is proposed to alter the period limit in relation to the signing of procurement, revenue and funding contracts to a period of 7 years. This increased limit provides greater ability for the negotiation of longer term service or maintenance agreements related to plant and equipment, both clinical and non-clinical which is often part of the negotiations at time of purchase for equipment. The period is intended to include any right of renewal period.

Some additional lines have been included in the Chief Executive's Instrument of Delegation to provide further clarity to encompass the management requirements of the organisation as well as to provide the clear link to sub-delegate components of these to staff with varying authority limits and specific delegations that align with these.

4. APPENDICES

Appendix 1:	Comparison Tables – Board Delegation Policy and Amendments to Chief Executive Delegation
Appendix 2:	Delegation of Authority by the Board of the West Coast DHB (for approval)
Appendix 3:	Instrument of Delegation – Chief Executive (for approval)
Appendix 4:	Information Paper – National DFA Schedule

Report prepared by: Len van Hout, Finance and Business Manager

Report approved for release: Justine White, General Manager, Finance

APPENDIX 1: COMPARISON TABLES – BOARD DELEGATION POLICY AND CHIEF EXECUTIVE DELEGATION

Comparison Table for changes in Board Delegation Policy

	New	Old
Section 4 (Page 7)	Delegation of Authority by the Board of the West Coast DHB Version 8	Delegation of Authority by the Board of the West Coast DHB Version 7
Where the West Coast District Health Board is required to demonstrate duly authorised signatories approved by the Board, in the absence of any other specific authority from the Board, these are:	Chief Executive General Manager, People and Capability General Manager, Finance and Corporate Services General Manager, Planning and Funding General Manager, Grey / Westland Health General Manager, Buller Health	Chief Executive General Manager, Hospital and Support Services General Manager, Community and Mental Health Service Chief Financial Manager General Manager, Planning and Funding
Appendix A	New CEO Schedule of Delegations	CEO Schedule of Delegations

Please Note: Appendix A will be replaced with the signed copy when the policy has been approved.

Comparison Table for changes in Chief Executive's Delegation

	New	Old
Expenditure		
Purchase of Goods and Services excluding Capital Expenditure and Consultants and Contractors (per event)	Up to $1 million	Up to $500,000
Capital Expenditure (per asset / event)	Up to $500,000	Up to $500,000
Consultants and Contractors (per event)	Up to $500,000	Up to $300,000
Staff Restructuring (per event)	Up to $500,000	Up to $300,000
Capital Disposals (per asset / event)	Up to $500,000	Up to $500,000
Bad Debt Write Off (per event)	Up to $50,000	Up to $50,000
Stock Write Off (per event)	Up to $50,000	Up to $50,000
Lost Cash Write Off (per event)	Up to $2,500	Up to $2,500
Fixed Asset Write Off (per asset / event)	Up to $100,000	Up to $100,000
Contracts		
Procurement Contract (per contract)	No $ limit, up to 7 years	No $ limit, up to 3 years
Revenue Contract (per contract)	No $ limit, up to 7 years	No $ limit, up to 3 years
Funding Contract (per contract)	No $ limit, up to 7 years	No $ limit, up to 3 years
Collective Employment Agreement (per event)	No $ limit if within WCDHB budget for current and future years	No $ limit if within WCDHB budget for current and future years
Individual Employment Agreement (per event)	No $ limit	No $ limit
Temporary Staff Contract (per event)	No $ limit	No $ limit
Recruitment of additional permanent Full-Time Equivalent staff (per event)	No $ limit if within WCDHB budget for current and future years	No $ limit if within WCDHB budget for current and future years

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

Delegation of Authority by The Board of the WCDHB Policy

1. Introduction

This Policy contains the following parts:

- The Policy statement, principles, processes and associated information as approved by the Board of the West Coast District Health Board and the Minister of Health, in accordance with the New Zealand Public Health and Disability Act 2000 (the Act). This includes delegation categories showing those delegations that the Board has retained.
- The Board's delegation to the Chief Executive Officer pursuant to the Policy of the power to make decisions on management matters relating to the District Health Board and the terms and conditions of such delegation.

The process to be used by the Chief Executive Officer to further delegate authorities is covered in a separate policy authorised by the Chief Executive Officer. That policy and its associated principles, processes and information may be amended from time to time by the Chief Executive Officer, provided it is not inconsistent with this Policy approved by the Board.

2. Purpose

In accordance with Section 25 of the Crown Entities Act 2004 (CE Act) the Board is the governing body of the West Coast District Health Board, with the authority, in the name of the West Coast District Health Board, to exercise the powers and perform the functions of the West Coast District Health Board.

All decisions relating to the operation of the West Coast District Health Board must be made by, or under the authority of, the Board in accordance with the Act and the Crown Entities Act 2004.

Under Section 26 of the Act, the Board of a District Health Board must delegate to the Chief Executive the power to make decisions on management matters relating to the District Health Board. Such delegation may be on terms and conditions the Board think fit.

This policy establishes the framework for the delegation of authority to the Chief Executive and the exercise of that delegated authority, to ensure the efficient and effective management of the District Health Board.

3. Policy

Every exercise of a power of delegation must comply with this Policy.

Pursuant to Clause 39(5) of Schedule 3 of the Act every delegation of any function, duty or power of the West Coast District Health Board (Board) must be in writing.

Pursuant to Clause 39(6) of Schedule 3 of the Act delegation of a function, duty or power is revocable and does not prevent the Board or the District Health Board from performing the function or duty, or exercising the power. Any revocation must be recorded in writing.

All persons have an obligation to ensure that they do not perform a function, duty or power beyond the scope of their delegated authority.

This delegation policy and any changes to it must be approved by the Board and the Minister of Health.

The Chief Executive Officer can sub-delegate his or her power and authorities unless specifically not permitted to do so by the Board.

If a management decision is required urgently on a matter not covered by the delegated authority to the Chief Executive Officer, the Chairperson of the Board plus one Board member (jointly) have the Board's delegated authority to make decisions in such circumstances. The Chairperson must subsequently report any such decisions to the Board.

Pursuant to clause 39(8) of Schedule 3 of the Act any person who considers that they have or will have a conflict of interest with the West Coast District Health Board in the exercise of any delegation given by the Board must immediately disclose such conflict to the Board. Such a person who has been delegated authority from the Board, who is interested in a transaction of the West Coast District Health Board may not perform a function or duty, or exercise a power that relates to the transaction, except with the prior written consent of the Board.

Failure to comply with this Policy (and related policies and procedures of the West Coast District Health Board) may result in disciplinary action, up to and including termination of employment.

Review of Policy

This Policy can be reviewed by the Board at any time and must be reviewed within six months following each District Health Board election.

No delegation made prior to any review of this Policy is invalidated solely because of a review of the Policy. Any changes required to an existing delegation to comply with an amended policy must be notified in writing, and existing delegations remain in effect until such notification.

4. Principles, Processes and Associated Information

Authority must Exist

A person shall not commit the West Coast District Health Board to any obligation or incur any liability included in this Policy unless:

- They are one of the people authorised to do so in accordance with an actual delegation; or
- They have the required authority properly sub-delegated to them by a person so authorised; or
- The Board or the Chief Executive Officer specifically authorises the person in writing to make the commitment or incur the liability.

Revocation or Termination of Authority

Every delegation shall remain in force until it is revoked. The revocation must be in writing.

All delegations of authority are automatically revoked in respect of an individual upon the termination of employment of that person.

The termination of employment will not affect the authority of those people who have been sub-delegated authority by that person.

All delegations of authority may be revoked in whole or in part at any time by the Board.

Where the Chief Executive Officer's employment terminates, the delegations will pass unchanged to the "Acting Chief Executive Officer" or the new Chief Executive Officer, unless otherwise resolved by the Board. That person will execute a new Instrument of Delegation.

Compliance with West Coast District Health Board policies and procedures

All delegated authorities are exercised on the Board's behalf and shall be exercised in accordance with other relevant policies and procedures set by the West Coast District Health Board from time to time.

Compliance with legislation and other Requirements

All delegated authorities shall be exercised in accordance with all applicable legislation and other binding directions upon the Board and the West Coast District Health Board. These include the Crown Entities Act 2004, the New Zealand Public Health and Disability Act 2000, the Operating Policy Framework, Ministerial direction and Cabinet direction.

Sub-delegation

Sub-delegation is the ability to delegate (pass on) a delegated authority, in whole or in part, to individuals or holders of specified positions.

A sub-delegation may only be further sub-delegated, wholly or in part, where specific authority to sub-delegate has been given (unless with the prior written approval of the Board).

These sub-delegations may be permanent to a person whilst holding the specified position or temporary for the duration of a specific event or period.

Notwithstanding any sub-delegation the delegator shall remain accountable for the exercise of the sub-delegated authority.

Where any delegation is revoked or amended (in whole or in part) the revocation or amendment shall specify the effect of that revocation or amendment on sub-delegations already in place.

Actions Exceeding Authority or Where in Doubt

Any proposed action that either exceeds the delegated authority limits specified in an instrument of delegation or is in areas outside the scope of the delegation, must be approved by a person with the necessary authority to approve that action.

Authority shall revert to the next higher level in cases of unplanned absence of the person given the sub-delegation.

Should there be any doubt as to authority to make the commitment the matter shall be referred to the Board (or if the matter is urgent, the Chairperson) for action.

Expenditure of Public Money

All expenditure by a public entity (i.e. the West Coast District Health Board) is the spending of public money. Consequently, the expenditure should be:

- Subject to the standards of probity and financial prudence that are to be expected of a public entity (including "value for money"); and
- Able to withstand Parliamentary and public scrutiny.

Guidance is provided in the statements of good practice issued by the Controller and Auditor-General, for example "Procurement" and "Controlling Sensitive Expenditure: Guidelines for public entities".

Access to Instruments of Delegation

Copies of the Instruments of Delegation approved by the Board and any revocations or amendments, shall be retained on behalf of the Board by the Chairperson. Copies of sub-delegated authority shall be retained by the person authorising the sub-delegation and by the person receiving the sub-delegation. Copies shall be retained in a manner to enable ready access for audit purposes.

Conflicts of Interest – Where delegations are given directly by the Board to a person

As required by the Act, a person (under this policy usually the Chief Executive or the Chairperson of the Board) who on any day is to perform a function, or duty, or exercise a power, delegated by the Board under the Act:

- Must, before performing the function or duty or exercising the power, consider whether or not he or she has (or, as the case requires, will have) on that day any conflicts of interest with the District Health Board; and
- If the person has (or will have) any such conflicts of interest, must give the Board a statement completed by the person in good faith that discloses those conflicts of interest, together with any such conflicts of interest the person believes are likely to arise in future; and
- If the person has (or will have) no such conflicts of interest, must be treated as if he or she had given the Board a statement completed by the person in good faith

that states that the person has (or will have) no such conflicts of interest on that day.

Such a person (who has been delegated authority by the Board), who has completed a statement must inform the Board in writing of any relevant change in the delegate's circumstances affecting a matter disclosed in that statement, as soon as practicable after the change occurs.

Such a person (who has been delegated authority by the Board), who is interested in a transaction of the West Coast District Health Board may not perform a function or duty, or exercise a power that relates to the transaction, except with the prior written consent of the Board.

Powers, Duties and Functions Retained by the Board

The West Coast District Health Board operates in accordance with the principles of good governance. This means that irrespective of delegations properly made there will be occasions when a matter should be referred to the Board that might otherwise be dealt with under delegated authority.

The following clauses refer to the functions, duties and powers the Board wishes to retain and the situations in which a matter otherwise delegated may be referred to the Board. The Board may from time to time retain such further functions, duties or powers as it so determines.

The Board will reserve the functions, duties and powers to itself as set out in Table 1.

Table 1 - Board's Functions, Duties and Powers Reserved

Authority not to be delegated	Comment
Change the delegated authority policy issued by the Board of the West Coast District Health Board	The policy approved by the Board can be changed by the Board only. The Minister of Health's approval of any changes is required (clause 39(2) of Schedule 3 of the Act).
Entry into Co-operative Agreements or Arrangements	Approval of Minister required in the circumstances stated (refer section 24 of the Act)
New Section 88 notices – Arrangements relating to payments	Approval of the Board is required. Copies are provided to Parliament by the Minister of Health and the Minister's consent may be required in certain circumstances (refer sections 88 and 89 of the Act).
Hold any shares or interests in a body corporate or partnership, joint venture or other association of persons.	Approval of the Board and the Minister of Health required (refer Section 28 of the Act).
Settle, or be, or appoint a trustee of a trust	Approval of the Board and the Minister of Health required (refer Section 28 of the Act).
Sell, exchange, mortgage or charge land	Approval of the Board and the Minister of Health required (refer clause 43(1) of Schedule 3 of the Act).
Grant a lease or licence for land for a term of more than 5 years (including renewal periods)	Approval of the Board and the Minister of Health required (refer clause 43 of Schedule 3 of the Act).
Raise a loan for the Board other than as authorised by the Board	Any loans must be raised in accordance with regulations made under the Act or with consent of the Minister of Finance (refer clause 45 of Schedule 3 of the Act).
Invest money not immediately required other than within the constraints of the Board's delegated authority schedules and Clause 46 of Schedule 3 of the Act.	Clause 46 of Schedule 3 of the Act sets out a limited range of investment options. The delegated authority schedules authorise investment in a sub-set of this limited range.
Approve expenditure or asset disposals above the limits delegated by the Board to the Chief Executive Officer from time to time.	The Chief Executive must seek Board approval for expenditure or asset approvals in excess of the limits of the Board's delegation.

Signing documents on behalf of the West Coast District Health Board

All contracts entered into by the West Coast District Health Board with external parties must be signed by a person who has the delegated authority to approve the commitments within the contract, except as provided below:

- Some documents known as "deeds" must be signed in accordance with strict legal requirements. Deeds must be signed by two Board members, or one Board member and an authorised signatory. All deeds must be referred to the Canterbury District Health Board legal department (which provides legal services to the West Coast District Health Board) for review prior to signature.
- Where the West Coast District Health Board is required to demonstrate duly authorised signatories approved by the Board, in the absence of any other specific authority from the Board, these are:
  - Chief Executive Officer
  - General Manager, People and Capability
  - General Manager, Finance and Corporate Services
  - General Manager, Planning and Funding
  - General Manager, Grey / Westland Health
  - General Manager, Buller Health

The Chief Executive shall determine any terms and conditions applicable to the signing of contracts (including deeds) by those duly authorised signatories, other than for those powers, duties and functions retained by the Board.

The Chief Executive's Instrument of Delegation from the West Coast District Health Board is attached in Appendix A.

5. Revision History

Version:	8
Developed By:	General Manager, Finance and Corporate Services
Authorised By:	WCDHB Board
Date Authorised:	February 2017
Date Last Reviewed:	October 2016
Date Of Next Review:	February 2020

Appendix A - Instrument of Delegation of the Chief Executive

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

INSTRUMENT OF DELEGATION

From: **Black, Jenny** (Name) — **Chair, WCDHB** (*Title / Position*)

To: **Meates, David** (Name) — **Chief Executive** (*Title / Position*)

This instrument establishes the authority you may exercise in your role, for the budgets under your control, and in accordance with West Coast District Health Board (WCDHB) policies and procedures. Outside the scope of your role or above the limits specified, a person with the delegated authority must approve.

Delegation Type: Permanent | Effective Date of Delegation: 10 Feb 2017 | End Date if Temporary: n/a

Authority	Authority Limit	Authority to sub-delegate
Procurement		
Purchase of Goods and Services	Up to $1,000,000 per transaction	Yes
Specific Expenditure Delegations	*(If required)*	
Insurance Premiums	n/a	Yes
Utilities (Coal, Electricity and Gas)	n/a	Yes
Rates	n/a	Yes
Telecommunications	n/a	Yes
Pharmacy	n/a	Yes
Food (Outsourced Patient Meals)	n/a	Yes
NZ Blood	n/a	Yes
Cleaning Services	n/a	Yes
Capital Charge	n/a	Yes
Negotiate Procurement Contract	No $ limit; Up to Seven (7) Years	Yes
Sign Procurement Contract	No $ limit; Up to Seven (7) Years	Yes
Property Rental / Leasing Agreements	No $ limit; Up to Seven (7) Years	Yes
Blank		
Capital		
Approve Capital Expenditure	Up to $1,000,000 per asset / event	Yes
Purchase Against Approved Capital Expenditure	Up to $1,000,000 per asset / event	Yes
Approve Capital Disposals	Up to $500,000 per asset / event	Yes
Blank		
Trusts		
Approve Operational Expenditure from Trust / Donated funds	Up to $ limit of Trust / Donated Funds	Yes

Instrument of Delegation for Meates, David effective 10 Feb 2017 Page 1 of 4	*Initials*	From	To

Authority	Authority Limit	Authority to sub-delegate
Approve Capital Expenditure from Trust / Donated funds	Up to $ limit of Trust / Donated Funds	Yes
Blank		
Human Resources		
Approve Payroll and Payroll Related Expenses	Up to $1,000,000	Yes
Sign Individual Employee Agreement	No $ limit	Yes
Approve Temporary Operational staff	No $ limit	Yes
Sign contracts for Consultants and Contractors	Up to $300,000 per transaction	Yes
Recruitment of Replacement Staff	No $ limit per FTE (Note HR1)	Yes
Recruitment of Additional Staff	No $ limit per FTE (Note HR1)	Yes
Proposal for Change	Up to $500,000 per transaction	Yes
Employee Terminations	Blank	Yes
HR1 – if within WCDHB current year and future budget		
Revenue and Funding		
Negotiate Revenue Contract	No $ limit; Up to Seven (7) Years	Yes
Sign Revenue Contract	No $ limit; Up to Seven (7) Years	Yes
Approve Research Agreements	No $ limit; Up to Seven (7) Years	Yes
Negotiate Funding Contract	No $ limit; Up to Seven (7) Years	Yes
Approve Funding Contract	No $ limit; Up to Seven (7) Years	Yes
Blank		
Finance		
Financial Write offs -Bad Debts	Up to $50,000	Yes
Financial Write offs -Stock	Up to $50,000	Yes
Financial Write offs -Lost Cash	Up to $2,500	Yes
Financial Write offs -Fixed Asset	Up to $100,000	Yes
Approve Credit Note - Clear Processing error	Up to $50,000	Yes
Approve Credit Note - Clear Outstanding Invoices	Up to $50,000	Yes
Blank		
Treasury		
Daily Treasury Management In Accordance With The Ministry of Health (MoH) Treasury Policy	No $ limit	Yes
Approve WCDHB Payroll and Payroll Related Payments	No $ limit	Yes
Transacting of banking and payment transactions via electronic banking	No $ limit	Yes
Purchase Foreign Currency / Derivatives	No $ limit	Yes
Treasury / Banking Signatory on Behalf of WCDHB	Yes	Yes
Blank		

Any previous Sub-Delegations given by Meates, David must be reviewed in relation to this Instrument of Delegation.	
I confirm I have the Authority and or an Instrument of Delegation that gives me the authority to grant the delegations shown above. Unless stated above, the delegations granted are permanent until the staff member transfers to a new role or on termination of employment. I have provided the 'Delegation of Authority to Staff' policy to the receiver of the above delegations.	I acknowledge receipt of this Instrument and confirm that if I have <u>at any time</u> any actual or potential conflict of interest in the exercise of any delegation, I will immediately disclose this in writing to my Manager and General Manager. I confirm **I have received and read** the accompanying Delegation of Authority to Staff policy.
Signature Name Black, Jenny Title Chair, WCDHB Date	Signature Name Meates, David Title Chief Executive Date
This delegation has been prepared by a Management Accountant.	
Len van Hout	Signature

Once signed, send a copy to the central WCDHB register via Finance@westcoastdhb.health.nz

Notes:

- Dollar value limits are exclusive of GST and are a maximum.
- For any delegations not listed, assume no delegation has been granted.
- For further clarification on an authority refer to the *Delegation of Authority to Staff* Policy and the Delegation Guidance Document.
- The delegator shall remain accountable for the exercise of the sub-delegated authority

List of Cost Centres this Instrument of Delegation relates to:

Name	Title	Type	Effective from
Meates, David	Chief Executive	Permanent	10 February 2017
All Cost Centres		**Account Restriction**	
ALL		No Restrictions	
Cost Centre/s		**Account Restriction**	

Notes

- All expenditure must be within Budget limits.
- Payroll accounts refer to the sequence 2000 to 2999
- Non-Payroll accounts refer to the sequence 3000 to 5999
- Payments to Providers accounts refer to the sequence 6000 to 6999
- Capex and WIP accounts refer to the sequence 9300 to 9599

Instrument of Delegation for Meates, David effective 10 Feb 2017 Page 4 of 4	*Initials*	*From*	*To*

APPENDIX 3

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

INSTRUMENT OF DELEGATION

From: **Black, Jenny**
Name
Chair, WCDHB
Title / Position

To: **Meates, David**
Name
Chief Executive
Title / Position

This instrument establishes the authority you may exercise in your role, for the budgets under your control, and in accordance with West Coast District Health Board (WCDHB) policies and procedures. Outside the scope of your role or above the limits specified, a person with the delegated authority must approve.

Delegation Type **Permanent** | Effective Date of Delegation **10 Feb 2017** | End Date if Temporary **n/a**

Authority	Authority Limit	Authority to sub-delegate
Procurement		
Purchase of Goods and Services	Up to $1,000,000 per transaction	Yes
Specific Expenditure Delegations	*(If required)*	
Insurance Premiums	n/a	Yes
Utilities (Coal, Electricity and Gas)	n/a	Yes
Rates	n/a	Yes
Telecommunications	n/a	Yes
Pharmacy	n/a	Yes
Food (Outsourced Patient Meals)	n/a	Yes
NZ Blood	n/a	Yes
Cleaning Services	n/a	Yes
Capital Charge	n/a	Yes
Negotiate Procurement Contract	No $ limit; Up to Seven (7) Years	Yes
Sign Procurement Contract	No $ limit; Up to Seven (7) Years	Yes
Property Rental / Leasing Agreements	No $ limit; Up to Seven (7) Years	Yes
Blank		
Capital		
Approve Capital Expenditure	Up to $1,000,000 per asset / event	Yes
Purchase Against Approved Capital Expenditure	Up to $1,000,000 per asset / event	Yes
Approve Capital Disposals	Up to $500,000 per asset / event	Yes
Blank		
Trusts		
Approve Operational Expenditure from Trust / Donated funds	Up to $ limit of Trust / Donated Funds	Yes

Authority	Authority Limit	Authority to sub-delegate
Approve Capital Expenditure from Trust / Donated funds	Up to $ limit of Trust / Donated Funds	Yes
Blank		
Human Resources		
Approve Payroll and Payroll Related Expenses	Up to $1,000,000	Yes
Sign Individual Employee Agreement	No $ limit	Yes
Approve Temporary Operational staff	No $ limit	Yes
Sign contracts for Consultants and Contractors	Up to $300,000 per transaction	Yes
Recruitment of Replacement Staff	No $ limit per FTE (Note HR1)	Yes
Recruitment of Additional Staff	No $ limit per FTE (Note HR1)	Yes
Proposal for Change	Up to $500,000 per transaction	Yes
Employee Terminations	Blank	Yes
HR1 – if within WCDHB current year and future budget		
Revenue and Funding		
Negotiate Revenue Contract	No $ limit; Up to Seven (7) Years	Yes
Sign Revenue Contract	No $ limit; Up to Seven (7) Years	Yes
Approve Research Agreements	No $ limit; Up to Seven (7) Years	Yes
Negotiate Funding Contract	No $ limit; Up to Seven (7) Years	Yes
Approve Funding Contract	No $ limit; Up to Seven (7) Years	Yes
Blank		
Finance		
Financial Write offs -Bad Debts	Up to $50,000	Yes
Financial Write offs -Stock	Up to $50,000	Yes
Financial Write offs -Lost Cash	Up to $2,500	Yes
Financial Write offs -Fixed Asset	Up to $100,000	Yes
Approve Credit Note - Clear Processing error	Up to $50,000	Yes
Approve Credit Note - Clear Outstanding Invoices	Up to $50,000	Yes
Blank		
Treasury		
Daily Treasury Management In Accordance With The Ministry of Health (MoH) Treasury Policy	No $ limit	Yes
Approve WCDHB Payroll and Payroll Related Payments	No $ limit	Yes
Transacting of banking and payment transactions via electronic banking	No $ limit	Yes
Purchase Foreign Currency / Derivatives	No $ limit	Yes
Treasury / Banking Signatory on Behalf of WCDHB	Yes	Yes
Blank		

Any previous Sub-Delegations given by Meates, David must be reviewed in relation to this Instrument of Delegation.	
I confirm I have the Authority and or an Instrument of Delegation that gives me the authority to grant the delegations shown above. Unless stated above, the delegations granted are permanent until the staff member transfers to a new role or on termination of employment. I have provided the 'Delegation of Authority to Staff' policy to the receiver of the above delegations.	I acknowledge receipt of this Instrument and confirm that if I have <u>at any time</u> any actual or potential conflict of interest in the exercise of any delegation, I will immediately disclose this in writing to my Manager and General Manager. I confirm **I have received and read** the accompanying Delegation of Authority to Staff policy.
Signature Name Black, Jenny Title Chair, WCDHB Date	Signature Name Meates, David Title Chief Executive Date
This delegation has been prepared by a Management Accountant.	
Len van Hout	Signature

Once signed, send a copy to the central WCDHB register via Finance@westcoastdhb.health.nz

Notes:

- Dollar value limits are exclusive of GST and are a maximum.
- For any delegations not listed, assume no delegation has been granted.
- For further clarification on an authority refer to the *Delegation of Authority to Staff* Policy and the Delegation Guidance Document.
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ALL		No Restrictions	
Cost Centre/s		Account Restriction	

Notes

- All expenditure must be within Budget limits.
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- Non-Payroll accounts refer to the sequence 3000 to 5999
- Payments to Providers accounts refer to the sequence 6000 to 6999
- Capex and WIP accounts refer to the sequence 9300 to 9599

APPENDIX 4: INFORMATION PAPER – NATIONAL DFA SCHEDULE

Solution Design – National DFA Schedule

Audience:

DHB CFOs, for information

Prepared by: Lynne O'Donoghue, Joint Business Solution Lead, NOS

Date: 30 June 2016

Purpose

The purpose of this paper is to advise the final National DFA schedule to the DHB CFOs for their information, and implementation into existing systems as required and appropriate for their DHB.

The schedule is shown at the end of this paper.

Background

The National DFA Schedule was determined after considering feedback from DHB as to the appropriateness of the levels to meet operational requirements and advice from the NOS Programme team on the system-enabled controls that required agreement at a national level.

At the DHB CFO Forum of 5 May 2016, a Schedule of National DFA levels and values was approved, and at the NOS Business Owners Forum of 7 June 2016 a change ($750K level added) to the schedule was approved.

The schedule forms the basis of the DFA levels and values for approvals configured and/or controlled by the National Oracle Solution (NOS), and forms part of the National Controls which DHBs will need to align to as they on-board to the NOS. The agreed schedule also allows any DHB to start moving their delegations to the national levels as a readiness activity in advance of moving to the NOS if desired. Any change to the national schedule requires a change control process to be followed.

Changes to the National DFA Schedule

Implementation at a DHB of the national DFA Schedule is the real test of the schedule, particularly for the first DHBs to undertake the implementation. It is pleasing that a number of DHBs have either adopted the schedule early, or are currently working towards the new schedule, and have been able to work within the levels provided.

Given the existing uptake, it is expected that further changes to the schedule will be few. However, should a change be required, a request can be made to Lynne O'Donoghue (NOS Joint Business Solution Lead, lynne.odonoghue@cdhb.health.nz) who will consider the request and process this through the NOS Governance processes. Any request should clearly outline the change requested and the reason for the change.

The change control processes will be updated as the 'Business as Usual' Oracle Administration Team and Governance groups are established and processes are in place.

NOS Approvals

To aid understanding the schedule from a NOS perspective, the following is a high level explanation of the main approvals processes which require the National DFA levels to be used.

Revenue

There are approval processes built into the system for the approval of Receivables Credit Notes, write-off of debt, and customer refunds. A DFA level is assigned to the appropriate role(s) that will perform these approval processes.

Operating Expenditure – general

Requisition approvals are sent to the appropriate person based on Responsibility Centre (RC) and DFA level assigned to the person. The system will move up through a chain of approval until the person with a DFA above the requisition value approves.

If a purchase order has a different value to the requisition it is created from, or if a payables invoice has no purchase order, then the same rules will apply to the PO and the AP invoice, ie approval is to the appropriate person based on the RC(s) and DFA level assigned to the person**.**

Operating Expenditure – specific

DHBs can choose to implement Specific Expenditure approvals or not. If specific expenditure approvals are not used, approval follows the RC and DFA level as described above. Where Specific Expenditures approvals are used, a person approves all the expenditure going to a particular account code and within their DFA level, or if it exceeds their DFA level it will then follow the approval chain.

Where a person has a Specific Expenditure DFA, the level can be different to their general RC DFA level, but it still must be a level chosen from the national DFA Schedule. Expenditure items set up for Specific Expenditure and their applicable FRED Account code is shown below:

Specific Expenditure Item	FRED Account	Specific Expenditure Item	FRED Account
NZ Blood	4010	Utilities (Coal, Electricity and Gas)	5161-3
Pharmacy	4604	Telecommunications	5355
Food (Outsourced Patient Meals)	5040	Consultants	5510
Cleaning Services	5050	Legal Fees	5515
Laundry and Linen Services	5060	Insurance Premiums	5530
Rates	5115	Capital charge	7435

Approvals may also be linked to a specific supplier (such as IRD) in which case the approval will go to a specific person assigned to that supplier, and the approval will follow their RC DFA level and or if it exceeds their DFA level it will then follow the approval chain.

Capital Expenditure

Capital Expenditure approval is sent to the appropriate person based on their project role and approval level. The roles and levels are set up for each project, and therefore any value can be used. The National levels can be used for convenience, but do not need to be adhered to by DHBs.

The Schedule following shows the updated National DFA Schedule:

Schedule of National Financial Delegation Authority Levels – Revenue

Delegation Descriptor	Board	5M	3M	1M	750K	500K	250K	100K	50K	25K	10K	5K	2K	ZERO
Revenue approval of credit notes and bad debt write off:														
· Issue of credit notes	no limit	$5M	$3M	$1M	$750K	$500K	$250K	$100K	$50K	$25K	$10K	$5K	$2K	$0
· Write-off of bad debt	no limit	$5M	$3M	$1M	$750K	$500K	$250K	$100K	$50K	$25K	$10K	$5K	$2K	$0

Schedule of National Financial Delegation Authority Levels – Operating Expenditure

Delegation Descriptor	Board	5M	3M	1M	750K	500K	250K	100K	50K	25K	10K	5K	2K	ZERO
Operating expenditure delegation levels for approval of requisitions, purchase orders, and invoices:	no limit	$5M	$3M	$1M	$750K	$500K	$250K	$100K	$50K	$25K	$10K	$5K	$2K	$0*
Specific expenditure delegation levels, which can be applied to the following specific items:	no limit	$5M	$3M	$1M	$750K	$500K	$250K	$100K	$50K	$25K	$10K	$5K	$2K	$0
• NZ Blood														
• Pharmacy														
• Food (Outsourced Patient Meals)														
• Cleaning Services														
• Laundry and Linen Services														
• Rates														
• Utilities (Coal, Electricity and Gas)														
• Telecommunications														
• Consultants														
• Legal Fees														
• Insurance Premiums														
• Capital charge														
Trust funds *(within approved trust purposes)*	no limit	$5M	$3M	$1M	$750K	$500K	$250K	$100K	$50K	$25K	$10K	$5K	$2K	$0

**A delegation of $0 allows requisitions to be raised only, with no approval authority*

Schedule of Financial Delegation Authority Levels – Capital Expenditure *(Optional)*

Capital Expenditure approval levels are set up for each project, therefore any value can be used. The National levels can be used for convenience, but do not need to be adhered to.

Delegation Descriptor	Board	5M	3M	1M	750K	500K	250K	100K	50K	25K	10K	5K	2K	ZERO
Capital Expenditure on an approved Capital Project	no limit	$5M	$3M	$1M	$750K	$500K	$250K	$100K	$50K	$25K	$10K	$5K	$2K	$0

LOAN CONVERSION TO EQUITY

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

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

SOURCE: **Finance**

DATE: **10 February 2017**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

This report has been generated following the Crown's proposed move from Debt Funding to Equity Funding for all District Health Boards.

Due to the timing of meetings, this paper has not been provided to the Quality, Finance, Audit and Risk Committee, however the Board is requested to consider its contents and agree to its recommendation. A retrospective paper will be provided to the Quality, Finance, Audit and Risk Committee at its first meeting in 2017.

2. RECOMMENDATION

That the Board:

i. **Notes** that Cabinet has approved the move from debt funding of District Health Boards to Equity Funding;
ii. **Notes** that the West Coast District Health Board executed a Facility Agreement with the Ministry of Health (previously via the Crown Health Financing Agency) and has drawn down $14.445 million from the facility;
iii. **Agree** to terminate the Facility Agreement between the Ministry of Health (previously via the Crown Health Financing Agency) and the West Coast District Health Board; and
iv. **Approves** the execution of the Termination Agreement Relating to the Terms and Conditions of Loan Facility Agreements by **two** board members.

3. SUMMARY

The West Coast District Health Board has drawn down $14,445,000 from the current Facility Agreement, currently the weighted average interest rate on this debt is 3.93%.

The following table details the amount and maturity date for each tranche of loan.

Facility	Principal	Advance Date	Maturity Date
WC003	3,500,000	15 April 2015	15 April 2025
WC004	4,695,000	29 October 2010	15 December 2019
WC004	3,000,000	15 October 2016	15 February 2017
WC005	250,000	29 June 2012	30 June 2017
WC005	250,000	28 June 2013	15 April 2023
WC005	250,000	30 June 2014	15 April 2023
WC005	250,000	30 June 2015	15 April 2025
WC005	250,000	15 October 2016	15 February 2017
WC006	2,000,000	21 November 2013	15 April 2023
Total	14,445,000		

The government earlier in 2016 signalled an intention to change DHB Crown investment from a mix of equity and term debt, to that of 100% equity and no term debt.

A letter from Minister Coleman dated 10 November 2016 (attached as Appendix 1) advises of this change, and the expectation that DHBs are expected to cooperate with implementing the change in government policy, and that this change is to be effective from 15 February 2017.

The Minister's letter was received by DHBs in mid-December, and there has been insufficient time to put a recommendation to the QFARC Committee and then seek Board approval to meet the 15 February changeover. This paper therefore recommends that the Board sign the loan facility termination agreement (attached as Appendix 2) to enable a signed copy to be sent to the Ministry of Health before 15 February 2017. The Minister's letter notes that it is not the intention of the policy change to increase the financial pressure on DHBs.

The Loan Termination agreement is straightforward. Key points to note are:

- The total loans drawn down of $14,445,000 are replaced by an equity injection, and this is done by journal entry (i.e. this does not require any cash transaction), and
- Final interest payable on all term loans will be made on 15 February 2017 (approx. $147,294.95, which is within our cashflow forecast), and
- There are no costs to terminate the loans prematurely.

Key points to note for future capital charge:

- Capital charge at 7% will replace interest expense (weighted average 3.93%), and
- The MoH have circulated forecast impact calculations on our costs, and
- There will be no capital charge from 15 February 2017 to 30 June 2017, as the capital charge is calculated on net assets as at 31 December 2016. Had there been no change from term debt to equity, we would have incurred $211,730 of interest charges on our loan portfolio. The MoH will be reducing our cash funding by this amount for the remainder of the 16/17 financial year (i.e. we will not be any better nor worse off due to the change), and
- Capital charge will be calculated at the current rate of 7% (subject to rate change) from 1 July 2017, and this additional expense is estimated to be $438,696 for 2017/18 and $2,360,376 for 2018/19 (the 2018/19 estimate includes the Grey Redevelopment drawdown). We are expecting additional revenue to be added to our cash funding for these respective years.

4. APPENDICES

Appendix 1: Letter of Expectations from Minister Coleman
Appendix 2: Loans Termination Agreement

Report prepared by: Len van Hout, Finance and Business Manager

Report approved for release: Justine White, General Manager, Finance and Corporate Services

APPENDIX 1: LETTER OF EXPECTATIONS FROM MINISTER COLEMAN

Office of Hon Dr Jonathan Coleman

Minister of Health
Minister for Sport and Recreation
Member of Parliament for Northcote

10 NOV 2016

Chairperson
District Health Board

Dear Chair

Letter of Expectations for District Health Board - change in capital finance policy

This letter is to advise you that the Government has recently changed its policy on the capital financing of the District Health Board sector and that DHBs are expected to cooperate with implementing the change in government policy.

The change in policy

From the 15 February 2017 DHBs will no longer have access to Crown debt financing for funding of capital investment. Instead the Crown's contribution to DHB capital investment will now be solely funded via Crown equity injections. In addition to the change in funding mechanisms, on 15 February the existing Crown loans held by DHBs will also be converted into equity. The conversion of the loans to equity will change your DHB's financial position, increasing the Crown's equity balance.

Reason for the change

As you are aware the Ministry of Health and the Treasury have conducted a review of the health capital funding system. This review concluded that the anticipated benefits and behaviours of DHB access to Crown lending have not occurred. The current arrangement is unique to the DHBs and which makes it difficult to compare DHB investments with other Public Sector investments.

In addition, consultation with the DHB sector has identified that the principal problem identified with current capital financing arrangements was that the recurring costs of major redevelopments were unaffordable and led to DHB deficits. The current financing arrangements have not addressed this problem.

Implications of the change

It is not the intention of the policy change to increase the financial pressure to your DHB and therefore DHBs will receive an increase in revenue corresponding to the higher cost of capital. The Ministry has consulted with the DHB sector over the forecast impact of this change. This forecast has been used to calculate the additional revenue to the sector for the next two years. The Ministry and Technical Reference Group of DHB CFOs, will then review the allocation of the additional revenue going forwards and will report to Ministers with their recommendations.

Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand. Telephone 64 4 817 6818 Facsimile 64 4 817 6518

Implementing the change

At my request officials from the Ministry of Health will be communicating with your DHB about the implementation of this change in policy. In order to implement this change, in particular the conversion of existing loans to equity, I understand the existing loan agreements held by your DHB will need to be terminated.

It is my expectation that your DHB agrees to termination of the loan agreement by 16 December 2016 to ensure the implementation of government policy can begin on the 15 February 2017.

Future capital investment settings

As you are aware the change in capital financing policy is the first phase in the review of the health capital funding system. The Ministry is currently consulting with the DHB sector on a new system that would seek to address the issue of affordability of capital investments. This consultation has been with DHB CFOs and a representative group of DHB Chairs regarding this issue. I encourage you to take a strong interest in this work as it will establish how the sector is expected to affordably manage capital investment in the future.

Yours sincerely

Hon Dr Jonathan Coleman
Minister of Health

Dated 2017

TERMINATION AGREEMENT RELATING TO THE TERMS AND CONDITIONS OF LOAN FACILITY AGREEMENTS

The Lender
Her Majesty the Queen in right of New Zealand, acting by and through the Ministry of Health

The Borrower
West Coast District Health Board

BUDDLE FINDLAY
NEW ZEALAND LAWYERS

PARTIES

1. Her Majesty the Queen in right of New Zealand, acting by and through the **Ministry of Health** (the "***Lender***")

2. **West Coast District Health Board** (the "***Borrower***")

BACKGROUND

A. The Lender and the Borrower are party to the Loan Agreements.

B. The Lender and the Borrower have agreed that:

(a) the Lender and Borrower will terminate the Loan Agreements;

(b) the Borrower will pay to the Lender all interest accrued under each Facility under the Loan Agreements; and

(c) the Drawings outstanding under each Facility under the Loan Agreements will be repaid by the Borrower and replaced by an injection of equity by the Lender.

TERMS OF THIS AGREEMENT

1. INTERPRETATION

1.1 **Definitions**: Unless the context otherwise requires, in this agreement:

"**Effective Date**" means 15 February 2017 or such later date as the Lender may notify the Borrower on not less than 5 business days' notice.

"**Loan Agreements**" mean all existing loan agreements between the Lender and the Borrower as at the date of this termination agreement, as amended from time to time, pursuant to which the Lender agreed to make loan facilities available to the Borrower from time to time in relation to the following Facility numbers:

(a)

Facility	Principal ($)
WC003	3,500,000
WC004	4,695,000
WC004	3,000,000
WC005	250,000
WC005	250,000
WC005	250,000
WC005	250,000
WC005	250,000
WC006	2,000,000
Total loan agreements	14,445,000

1.2 **Definitions in Loan Agreements**: Terms capitalised but not defined in this agreement have the meaning given to them in the Loan Agreements.

1.3 **Miscellaneous**: Except to the extent that the context requires otherwise, the interpretation provisions in clauses 1.2 and 1.3 of the Loan Agreements shall apply to this agreement.

2. TERMINATION

2.1 **Termination**: On the Effective Date:

(a) the Borrower shall repay to the Lender all Drawings outstanding under each Facility;

(b) the Borrower shall pay to the Lender all interest accrued under each Facility up to the Effective Date;

(c) the Lender will invest an amount equal to the Drawings outstanding under each Facility as equity in the Borrower; and

(d) the Loan Agreements and all obligations under them, including, without limitation, any undrawn Facility Limit, shall be terminated.

2.2 **Settlement of Drawings and Equity**: Settlement of the respective payments due by the Borrower and the Lender on the Effective Date under clauses 2.1(a) and 2.1(c) shall be effected by way of simultaneous accounting journal entries. To avoid doubt, neither the Lender nor the Borrower shall be obliged to make any payment to discharge an obligation under clauses 2.1(a) and 2.1(c).

2.3 **Settlement of Interest**: Settlement of the Borrower's payment obligation under clause 2.1(b) shall be effected by a direct debit from the bank account notified by the Borrower to the Lender or by such other means as may be agreed between the Lender and the Borrower.

2.4 **No other payments required**: For the avoidance of doubt, the parties agree that no amount other than the Drawings outstanding under each Facility together with all interest accrued up to the Effective Date will be payable by the Borrower to the Lender solely arising out of the termination of the Loan Agreements and, in particular, no Break Funding Costs will be payable under clause 10 of the Loan Agreements.

3. REPRESENTATIONS AND WARRANTIES

3.1 **General**: The Borrower makes the representations and warranties contained in clause 5.1 of the Loan Agreements on the date of this agreement, and shall be deemed to make those representations and warranties on the Effective Date, in each case by reference to the facts and circumstances existing as at that date.

3.2 **Current compliance**: The Borrower represents and warrants that there is no subsisting breach by it of any of undertakings in the Loan Agreements.

4. CONTINUING LIABILITY

Subject to all obligations under clause 2 of this agreement being satisfied, but notwithstanding any other provision of this agreement, on and from the Effective Date the rights and liabilities of all parties shall be preserved in respect of any breach of the Loan Agreements which arose on or prior to the Effective Date (whether or not any party was aware of such breach prior to that Effective Date) and all corresponding indemnity or other rights and obligations in respect of any such breach are likewise preserved.

5. GENERAL

5.1 **Notices**: The parties may give notice to each other under this agreement in the same manner as is agreed in clause 16 of the Loan Agreements.

5.2 **Governing Law**: This agreement is governed by and must be construed in accordance with the laws of New Zealand and the parties submit to the non-exclusive jurisdiction of the Courts of New Zealand.

5.3 **Counterparts**: This agreement may be signed in any number of counterparts, all of which together shall constitute one and the same instrument. Any party may enter into this agreement by signing any such counterpart.

EXECUTION

THE LENDER

EXECUTED for and on behalf of **MINISTRY OF HEALTH** by its Authorised Signatory in the presence of:	)	Signature	Date
		Name	Position

Witness signature

Full name

Address

Occupation

Date

THE BORROWER

EXECUTED for and on behalf of **WEST COAST DISTRICT HEALTH BOARD** by two Board Members in the presence of:	)	Signature	Signature
		Name	Name
		Date	Date

Witness signature

Full name

Address

Occupation

Date

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 Secretary**

DATE: **10 February 2017**

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 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 4 November 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)

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 Secretary

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2017

DATE	MEETING	TIME	VENUE
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	RegionalCouncil
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	Regional Council
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.

Glossary of health related terms, abbreviations and acronyms

Health term or acronym	Description
ABC strategy for smoking cessation	Ask, Brief Advice, Cessation Support.
ACC	Accident Compensation Corporation. (Crown Entity providing comprehensive 24 hour, no-fault personal accident cover for all New Zealanders)
Acute Care	The provision of appropriate, timely, acceptable and effective management of conditions with sudden onset and rapid progression that require attention.
ADMS	Acute Demand Management Services. (The goal of ADMS is to provide the most appropriate urgent care options for the patient need at any given time)
AEP	Accredited Employer Programme
AKP	Aukati Kaipaipa. (Smoking cessation support for Maori)
AL	Annual Leave.
ALAC	Alcohol Liquor Advisory Council.
ALOS	Average Length of Stay. (Sum of bed days for patients discharged in the period (ie lengths of stay) divided by the number of discharges for the period)
AMAU	Acute Medical Assessment Unit (Canterbury DHB inpatient unit)
AMI	Acute Myocardial Infarction (Heart attack. Damage to heart muscle that results typically from the partial or complete blocking of a coronary artery.)
AOD	Alcohol and Other Drugs
AoG	All of Government
AP	Annual Plan (This document sets out what the DHB intends to do over the year to advance the outcomes set out in the District Strategic Plan, the funding proposed for these outputs, the expected performance of the DHB provider arm and the expected capital investment and financial and performance forecasts.)
APL	Appetite for Life
ARC	Aged Residential Care
ASH	Ambulatory Sensitive Admissions (Hospitalisation or death due to causes which could have been avoided by preventative or therapeutic programme)
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment Treatment and Rehabilitation (Specialist health services for older people provided by teams of health professionals specially trained to treat illness, rehabilitate and maintain the older person's ability and mobility so that they can retain an independent lifestyle)
AUT	Auckland University of Technology
B4Sc	Before School Checks (The final core WellChild/Tamariki Ora check children receive at age 4. It is free and includes vision, hearing, oral health, height and weight and allows health concerns to be identified and addressed early in a child's development, giving them the best possible start for school and later life.)
BAC	Business Assurance & Consultancy

Glossary of health related terms, abbreviations and acronyms

BAG	Business Advisory Group
BDU	Business Development Unit
BFHI (NZBA)	Baby Friendly Hospitals Initiative (Promote and supports breastfeeding in New Zealand)
BIC	Brief Intervention Co-ordination Service (Also known as a Brief Intervention Counselling. Provides people with mild to moderate mental health concerns up to 5 session of free psychological intervention from their general practice teams, with the possibility of onward referral to a related community agency.)
Blueprint Funding	Blueprint funding is allocated by Government to work to ensure the development of mental health services for the 3% of the total NZ population with moderate to severe mental illness. Service development is based on the service levels set out in the Mental Health Commission's Blueprint for Mental Health Services in New Zealand: How Things Need to Be (1998).
BWD	Burwood Hospital
C+	Careplus (Services that involve the development of individualised programmes for people enrolled with a Public Health Organisation (*PHO*) who have two or more long-term (chronic) conditions - specific goals are set and monitored. Disease state management funding with specific criteria. Funding directed by PHO.)
CA	Collective Agreement
CAC	Clinical Advisory Committee
CABG	Coronary Artery Bypass Graft
CADS	Community Alcohol and Drug Services
Canterbury HealthInfo	A Canterbury wide, electronic, information system that provides health information for the general public.
CAPEX	Capital Expenditure (Spending on land, buildings and larger items of equipment.)
CASP	Career and Salary Progression
CBMS	Community Based Musculoskeletal Service
CCC	Central Coordination Centre (Coordinate older persons' health services, District Nursing, respite care etc.)
CCCN	Complex Clinical Care Network
CD	Clinical Director
CDHB	Canterbury District Health Board (Also known as Canterbury DHB.)
CDM	Chronic Disease Management
CE Act	Crown Entities Act (The Act which governs Crown Entities set out in 2004.)
CEA	Collective Employment Agreement
CEO	Chief Executive Officer
CFA	Crown Funding Agreement (An agreement by the Crown to provide funding in return for the provision of, or arranging the provision of, specified services.)
CFO	Chief Financial Officer
CHOC	Children's Haematology and Oncology Centre
CIO	Chief Information Officer

Glossary of health related terms, abbreviations and acronyms

CIS	Clinical Information Systems
CLS	Canterbury Linen Service
CME	Continuing Medical Education
CMHT	Community Mental Health Teams
CMO	Chief Medical Officer
CN	Clinical Networks
CNS	Clinical Nurse Specialist (Registered nurses with an advanced degree in a particular area of patient care (eg., neurosurgery clinical nurse specialist).)
Continuants of Care	Exists when a person can access responsive services matched to their level of need at any time throughout their illness or recovery.
COPD	Chronic Obstructive Pulmonary Disease (A progressive disease process that commonly results from smoking. Chronic obstructive pulmonary disease is characterised by difficulty breathing, wheezing and a chronic cough.)
CORD	Chronic Obstructive Respiratory Disease
CORNS	Child Outreach Nursing Services
CPAC	Clinical Prioritisation Assessment Criteria (National criteria.)
CPAM	Community Pharmacy Anticoagulation Management (CPAM Service uses international normalised ratio (*INR*) point-of-care testing and adjusts warfarin doses with the aid of a decision support system in a pharmacy.)
CPAP	Continuous Positive Airway Pressure (Prescribed treatment for patients diagnosed as having Obstructive Sleep Apnoea (*OSA*).)
CPH	Community and Public Health (Provides public health services to those people living in the Canterbury, South Canterbury and West Coast regions.)
CPHAC	Community and Public Health Advisory Committee (CPHAC is a statutory advisory committee to the Board.)
CPI	Consumer Price Index
CQI	Continued Quality Improvement
CR	Crisis Resolution (Specialist Mental Health Service.)
CREST	Community Rehabilitation Enablement Support Team (A community-based supported discharge team that facilitates earlier discharge from hospital to appropriate home-based rehabilitation services and will be expanded to support people who can be rehabilitated in their homes to avoid hospital admission.)
CRMS	Community Referral Management Service
CRO	Cardio-Respiratory Outreach Service
Crown Entities	A generic term for a diverse range of entities referred to in the Crown Entities Act 2004. Crown entities are legally separate from the Crown and operate at arm's length from the responsible or shareholding Minister; they are included in the annual financial statements of the Government.
CSC	Community Services Card
CSS	Clinical Support Services
CSSD	Central Sterile Supply Department
CSW	Community Support Workers

Glossary of health related terms, abbreviations and acronyms

CTA	Clinical Training Agency (The CTA provides funding for Post Entry Clinical Training programmes, are nationally recognised by the profession and/or health sector and meet a national health service skill requirement rather than a local employer need.)
CVD	Cardiovascular Disease (Cardiovascular diseases are diseases affecting the heart and circulatory system. They include ischaemic heart disease, rheumatic heart disease, cerebrovascular disease and other forms of vascular and heart disease.)
CVRP	Community Violence Reduction Project
CWD	Case Weighted Discharge (Relative measure of a patient's utilisation of resources.)
CWH	Christchurch Women's Hospital
CYF	Child Youth & Family
DAA	Designated Audit Agency
DARs	Diabetes Annual Reviews
Determinants of Health	The range of personal, social, economic and environmental factors that determine the health status of individuals or populations.
DFA	Delegated Financial Authority
DG	Director General
DHB	District Health Board
DHBNZ	District Health Boards of New Zealand
DHBSS	District Health Board Shared Services
DIA	Department of Internal Affairs
DNAs	Do Not Attends (When patients don't turn up.)
DNWs	Do Not Waits (When patients leave before being seen.)
DOM	Director of Midwifery
DON	Director of Nursing
DOSA	Day of Surgery Admission (A patient who is admitted on the same day on which they are scheduled to have their elective surgery. The admission can be as either a day case or an inpatient.)
DRG	Diagnostic Related Group (The grouping of patients in accordance with their diagnosis.)
DSAC	Disability Support Advisory Committee (DSAC is a statutory advisory committee of the Board.)
DSP	District Strategic Plan (Identifies how the Canterbury DHB will fulfil its objectives and functions over the next five to ten years by identifying the significant internal and external issues that impact on the DHB and affect its ability to fulfil its mandate and purpose, acknowledging societal outcomes and identifying appropriate system outcomes as they relate to DHB population outcomes and outlining major planning and capability building.)
DSS	Disability Support Services (Services provided for people who have been identified as having a disability, which is likely to continue for a minimum of six months and results in a reduction of independent function to the extent that ongoing support is required.)
EAP	Employee Assistance Programme
ED	Emergency Department
EEO	Equal Employment Opportunities

Glossary of health related terms, abbreviations and acronyms

EI	Electives Initiative
EMT	Executive Management Team (Senior Management Team for the Canterbury DHB, who report directly to the Chief Executive.)
EOI	Expression of Interest
ER	Employment Relations
ERA	Employment Relations Authority
ERS	Employment Relations Service
ERMS	Electronic Request Management System
ESPIs	Elective Services Patient Flow Indicators (Developed by the Ministry to assess whether or not DHBs are on the right track with the Government policies on elective services.)
FFT	Future Funding Track (Annual percentage price increase to DHBs from the Ministry.)
FIRST	Flexible, Integrated, Restorative Support Teams
Follow-ups	Further assessments by hospital specialists
FPSC	Finance procurement and supply chain
FSA	First Specialist Assessment (Outpatients only - first time a patient is seen by a doctor for a consultation in that speciality for that reason, this does not include procedures, nurse appointments, diagnostic appointments or pre-admission visits.)
FTE	Full Time Equivalent (An employee works an average minimum of 40 ordinary hours per week on an ongoing basis.)
GPT	General Practice Team (Includes practice nurses etc as well as General Practitioners (GPs).)
GM	General Manager
GP	General Practitioner
hA	healthAlliance NZ Ltd
hA FPSC	healthAlliance
HASE	Health and Safety in Employment Act
H&S	Health and Safety
HAC	Hospital Advisory Committee (HAC is a statutory advisory committee of the Board.)
HBI	Hospital Benchmark Information
HDC	Health and Disability Commissioner
HDU	High Dependency Unit
HEAL	Healthy Eating Active Living 'Action Plan' (This plan provides us with the platform to implement the national HEHA strategy at a local level.)
Health Outcomes	A change in the health status of an individual, group or population which is attributable to a planned programme or series of programmes, regardless of whether such a programme was intended to change health status.
Health Workforce Advisory Committee	Committee who advises the Minister on how to ensure an adequate and responsive professional health workforce.
HealthPathways	A Canterbury wide, electronic, information system that provides referral guidelines, best practice information, etc, for all health providers.

Glossary of health related terms, abbreviations and acronyms

HEAT	Heat Equity Assessment Tool (The HEAT Tool provides questions to assist people working in the health sector to consider how particular inequalities in health have come about, and where the effective intervention points are to tackle them.)
HEHA	Healthy Eating Health Action Strategy (HEHA is the Ministry's strategic approach to improving nutrition, increasing physical activity and achieving healthy weight for all New Zealanders.)
HIA	Health Impact Assessments (A Healthy Christchurch initiative.)
HIN	Health Information Database
HIS-NZ	Health Information Strategy - New Zealand (The Government's Health Information Strategy for all District Health Boards.)
HLC	Hospital Level Care (Used in Aged Residential Care settings.)
HLS (or HSL)	Healthlink South Limited
HNZ	Health Needs Assessment (A process designed to establish the health requirements of a particular population.)
HOPS	Health of Older People Strategy
HPCA	Health Practitioners Competency Assurance (The purpose of the HPCA Act, which came into force on 18 September 2004, is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions.)
HPI	Health Practitioner Index (A comprehensive source of trusted information about health practitioners for the NZ health and disability sector. The HIP uniquely identifies health providers and organisations. This will allow health providers who manage health information electronically to do so with greater security. It will help our health sector to find better and more secure ways to access and transfer health-related information.)
HPV	Human Papilloma Virus (A national immunisation programme for HPV started in September 2007 and aims to reduce the incidence of cervical cancer.)
HQSC	Health Quality and Safety Commission
HR	Human Resources
HRIS	Human Resource Information System
HRPG	Hospital Redevelopment Partnership Group
H&SS	Hospital and Specialist Services
HSWS	Health Service Welfare Society
HT	Health Targets (Ministry's Health Targets.)
HWIP	Health Workforce Information Programme
HUHC	High User Health Card
IBC	Indicative Business Case
ICD	International Classification of Diseases
ICU	Intensive Care Unit
IDF	Inter District Flow (Service provided by a DHB to a patient whose 'place of residence' falls under the region of another DHB. Under population based funding (*PBF*) each DHB is funded on the basis of its resident population therefore the DHB providing the IDF will recover the costs of the IDF from the DHB who was funded for that patient.)

Glossary of health related terms, abbreviations and acronyms

IEA	Individual Employment Agreement
IFHC	Integrated Family Health Centres (or Care)
IFHS	Integrated Family Health Service
InterRAI	International Resident Assessment Instrument (Comprehensive geriatric assessment tool.)
IPA	Independent Practitioners Association
IR	Industrial Relations
ISO9000	International Standards Organisation, 9000 series "Quality Systems"
ISSP	Information Services Strategic Plan (The Canterbury DHB's plan for information services - in line with the NZ Health Information Strategy.)
IT	Information Technology
IV	Intravenous
Iwi	Maori tribe/extended kinship group
JAC	Joint Action Committee
JD	Job Description
KPI	Key Performance Indicator (KPIs are quantifiable measurements, agreed to beforehand, that reflect the critical success factors of an organisation.)
KPP	Knowing the People Planning Project (The Programme identifies those people with enduring mental illness and tracks their progress against ten elements of recovery from employment status through to use of hospital services.)
LAMP	Leadership and Management Programme
LMC	Lead Maternity Carer (A self-employed midwife who has a contract with the MoH to provide maternity services. Canterbury's LMCs each have an Access Agreement with Canterbury's maternity facilities.)
LINAC	Linear Accelerator
LLO	Liquor Licensing Officer
LNA	Learning Needs Analysis
LOS	Length of Stay (LOS is the time from admission to discharge, less any time spent on leave. It is normal to exclude boarder patients when calculating length of stay.)
LTCCP	Long Term Council Community Plan (Plan that sets out the type of community the people of a region would like to live in, and the things they would like to see for their community. It shows how the Council (for that region) and other organisations will work to build that community.)
LWOP	Leave without pay
MBIE	Ministry of Business Innovation and Employment.
MECA	Multi-Employer Collective Agreement
MHERC	Mental Health Education and Resource Centre
MLWU	Medical Laboratory Workers Union
MMPO	Midwifery and Maternity Providers Organisation
MoH	Ministry of Health
Morbidity	Illness, sickness
Mortality	Death
MoU	Memorandum of Understanding

Glossary of health related terms, abbreviations and acronyms

MPDS	Māori Provider Development Scheme
MPIA	Ministry of Pacific Island Affairs
MSD	Ministry of Social Development
MSO	Management Services Organisation
MT4C	Making Time for Caring
MUR	Medicines Use Review and Adherence Support
NASC	Needs Assessment & Service Co-ordination (NASC assists older people with long-term disabilities/health problems (ie., longer than 6 months) to remain living at home, safely and independently, for as long as possible. Needs Assessors complete an assessment of needs with the older person, and Service Coordinators use this assessment to develop care packages of support services to assist at home.)
National Minimum Data Set	A national collection of public and private hospital discharge information, including clinical information, for inpatients and day patients.
NCEA	National Certificate of Educational Attainment
NCSP	National Cervical Screening Programme
NGO	Non-Government Organisation
NHI	National Health Index
NHI	National Health Index (The NHI number is a unique identifier that is assigned to every person who uses health and disability support services in NZ. A person's NHI number is stored on the NHI along with that person's demographic details. The NHI and associated NHI numbers are used to help with the planning, co-ordination and provision of health and disability support services across NZ.)
NHS	National Health Service
NICU	Neonatal Intensive Care Unit
NIR	National Immunisation Register (A computerised information system that has been developed to hold immunisation details of NZ children and assist to improve immunisation rates.)
Non-Government Organisations	There are many ways of defining NGOs. In the context of the relationship between the Health and Disability NGOs and the Canterbury DHB, NGOs include independent community and iwi/Maori organisations operating on a not-for-profit basis, which bring a value to society that is distinct from both Government and the market. In reality this will mean that any profits are put back into the organisation, rather than distributed to shareholders.
NRT	Nicotine Replacement Therapy
NSU	National Screening Unit
NZRDA	NZ Resident Doctors Association (Or the RDA for short. The RDA is the only organisation in New Zealand solely representing the interests of RMOs (RMO means Resident Medical Officer and includes trainee interns, house surgeons, senior house officers and registrars). Run by resident doctors for resident doctors.)
NZBS	NZ Blood Service (Manages the donation, collection, processing, and supply of blood, controlled human substances, and related or incidental matters.)
NZCOM	NZ College of Midwives

Glossary of health related terms, abbreviations and acronyms

NZDep	NZ Deprivation Index (The New Zealand Deprivation Index is a small area deprivation index, based on the residential address of an individual. The NZDep Index uses the level of 10 variables to reflect seven dimensions of deprivation: income, transport, living space, home ownership, employment, qualifications, and support. Decile 1 is least deprived, Decile 10 is most deprived.)
NZHIS	NZ Health Information Service (A group within the Ministry responsible for the collection and dissemination of health-related data. NZHIS has as its foundation the goal of making accurate information readily available and accessible in a timely manner throughout the health sector.)
NZHPL	NZ Health Partnerships Ltd
NZMA	NZ Medical Association
NZNO	NZ Nurses Organisation
NZPHD	NZ Public Health & Disability Act
OAG	Office of the Auditor General
OPD (Chronic Obstructive Pulmonary Disease)	A progressive disease process that most commonly results from smoking. Chronic obstructive pulmonary disease is characterised by difficulty breathing, wheezing and a chronic cough.
OPH (SS)	Older Persons' Health (Specialist Service)
OPMH	Older Persons Mental Health (Formally known as Psychiatric Services for the Elderly (*PSE*).)
OSA	Obstructive Sleep Apnoea
OT	Operating theatre
P&F	Planning & Funding
PACS	Picture Archiving and Communications Systems (A picture archiving and communications system is a versatile system that enables the transfer of digital images and patient information throughout the organisation. In broad terms, PACS is a technology system and process for handling medical images (X-rays, CT, ultrasound etc) without the need for film. Images are stored on computer as digital information and displayed on computer screens for viewing.)
PACU	Post Anaesthesia Care Unit
Paed Onc	Paediatric Oncology
Paeds	Paediatrics
PBF	Population Based Funding (Involves using a formula to allocate each DHB a fair share of the available resources so that each Board has an equal opportunity to meet the health and disability needs of its population.)
PCO	Primary Care Organisation
PD	Position Description
PDR	Performance Development Review
PDU	Professional Development Unit
PG	Personal Grievance
PHARMAC	Pharmaceutical Management Agency (Agency which secures, for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the amount of funding provided.) Also now responsible for procurement of an increasing number of medical devise categories.

Glossary of health related terms, abbreviations and acronyms

PHO	Primary Health Organisation (PHOs encompass the range of primary care and practitioners and are funded by DHBs to provide of a set of essential primary health care services to those people who are enrolled in that PHO.)
PMS	Patient Management Systems (PMS (secondary-care), or Practice Management System (primary-care) used to keep track of patients. In secondary care the focus is usually on tracking the admissions, discharges or transfers of patients. In primary care, the focus is on maintenance of the register.)
POW	Programme of Works
PP (also known at PI)	Pacific Peoples (The population of Pacific Island ethnic origin (for example, Tongan, Niuean, Fijian, Samoan, Cook Island Maori, and Tokelauan) incorporating people of Pacific Island ethnic origin born in NZ as well as overseas.)
PPDS	Pacific Provider Development Scheme
Primary birthing facility	This is a facility that provides inpatient services for labour and birth and the immediate postnatal period.
Primary Care	Primary Care means essential health care based on practical, scientifically sound, culturally appropriate and socially acceptable methods. It is universally accessible to people in their communities, involves community participation, is integral to, and a central function of, the country's health system, and is the first level of contact with the health system.
PRIME	Primary Response in Medical Emergency
PSA	Public Service Association
PSE	Psychiatric Services for the Elderly (Has now changed its name to Older Persons Mental Health (*OPMH*).)
Public Health	The science and art of preventing disease, prolonging life and promoting health and efficiency through organised community effort. A collective effort to identify and address the unacceptable realities that result in preventable and avoidable health outcomes, and it is the composite of efforts and activities that are carried out by people committed to these ends.
QA	Quality Assurance
QFARC	Quality, Finance, Audit and Risk Committee (QFARC is a committee of the Board.)
QIC (Quality Improvement Committee)	The Quality Improvement Committee is a statutory committee established under the NZ Public Health and Disability Act.
QIPPS	Quality Improvement Programme Planning Systems
Quintile	Deprivation quintiles divide areas by addresses to analyse variations in health between deprived and affluent sections of the population. Q1 is the lowest deprivation and Q5 is the highest. Q0 is unknown.
RCSP (Regional Clinical Service Plans)	Collaborative plan by DHBs in a region (Northern, Midland, Central, Southern) describing the future configuration of services across that region.
RDA (also known as NZRDA)	NZ Resident Doctors Association
RDST	Resident Doctors Support Team
RFI	Request for Information
RFP	Request for Proposal

Glossary of health related terms, abbreviations and acronyms

Ring Fence	Relates to Mental Health Blueprint. Mental health funding may be ring fenced to ensure and surplus is not transferred outside of mental health.
RM	Registered Midwife
RN	Registered Nurse
RMO	Resident Medical Officer (This is another name for a House Officer or Registrar.)
ROI	Registration of Interest
RT	Radiology Technician
RTW	Return to Work
SCEI	Supply Chain Enhancement Initiative
SCN	Southern Cancer Network is one of four Regional Cancer Networks in New Zealand established to support the implementation of cancer control strategies and action plans in New Zealand.
Secondary birthing facility	This is a hospital that provides inpatient and outpatient services for women and their babies who experience complications that need additional maternity care involving obstetricians, paediatricians and other specialists.
Secondary Care	Specialist care that is typically provided in a hospital setting.
SFWU	Service and Food Workers Union
SIA	Services to Improve Access
SIPICS	South Island Patient Information Care System
SISSAL	South Island Shared Services Agency Ltd
SL	Sick leave
SLA	Service Level Alliance (Part of Alliance Contracting, used for Better, Sooner, More Convenient and elsewhere.)
SMHS	Specialist Mental Health Services
SMO	Senior Medical Officer
SOI	Statement of Intent (The SOI covers three years and is the DHB's key accountability document to Parliament. It is a statutory obligation under the Public Finance Act and has a high level focus of key financial and non-financial objectives and targets, similar to an executive summary.)
SoM	School of Medicine
SPOE	Single Point of Entry (Single Point of Entry is a single point of initial contact when people are referred for certain types of mental health services.)
SSC	State Services Commission
SSP	Statement of Service Performance
STI	Sexually Transmitted Infection
SWAG	Staff Wellbeing Action Group
SWP	Staff Wellbeing Programme
Tertiary Care	Very specialised care often only provided in a smaller number of locations
TLA	Territorial Local Authority (Local Council, also known as: Regional Councils; District Councils; Territorial Local Authorities; Unitary Authorities; City Councils; Councils.)
TOR	Terms of Reference

Glossary of health related terms, abbreviations and acronyms

TOW	Treaty of Waitangi (NZ's founding document. It establishes the relationship between the Crown and Maori as tangata whenua and requires both the Crown and Maori to act reasonably toward each other and with utmost good faith.)
UC	University of Canterbury
UoO	University of Otago
UPC	User Part Charges
VHP	Visiting Health Professional
VLCA	Very Low Cost Access Practices
W&CHD (or WCHD)	Women's and Children's Health Division
WAP	Workforce Annual Plan
Well Child / Tamariki Ora Programme	This covers eight core checks provided from birth to 5 years to check that each child is keeping well, growing and developing to their fullest potential. The checks are free.
WCDHB	West Coast District Health Board
WMRS	Workforce Management Reporting System
WO	Whanau Ora
WP	Working Party
Xcelr8 Collabor8 Particp8	These are learning and development programmes established by the DHB with the specific objectives of: achieving more with what we already have; equipping the DHB for future challenges; supporting participants to achieve; and bringing the DHB further together by refreshing the basics and providing a memorable and fun learning experience.
YTD	Year to date (The 12 month period immediately prior to the date given.)