West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 15 February 2019
at 1.00pm

St John
Water Walk 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
Edie Moke
Peter Neame
Nigel Ogilvie
Elinor Stratford
Francois Tumahai

EXECUTIVE SUPPORT

David Meates (*Chief Executive)*
Gary Coghlan (*General Manager, Maori Health)*
Mr Pradu Dayaram *(Medical Director, Facilities Development)*
Michael Frampton *(Chief People Officer))*
Carolyn Gullery *(Executive Director, Planning, Funding & Decision Support)*
Dr Cameron Lacey *(Medical Director, Medical Council, Legislative Compliance and National Representation)*
Jacqui Lunday-Johnstone *(Executive Director, Allied Health)*
Dr Vicki Robertson (*Medical Director, Patient Safety and Outcomes)*
Karalyn van Deursen (*Executive Director, Communications)*
Stella Ward *(Chief Digital Officer)*
Philip Wheble (*General Manager, West Coast)*
Justine White (*Executive Director, Finance & Corporate Services)*
Kay Jenkins (*Board Secretary)*

AGENDA – PUBLIC

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Water Walk Road, Greymouth
on Friday 15 February 2019 commencing at 1.00pm

KARAKIA			***1.00pm***
ADMINISTRATION			
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *14 December 2018*		
3.	**Carried Forward/Action List Items**		
REPORTS FOR DECISION			***1.05pm***
4.	**Advisory Committee Revised Terms of Reference**	Jenny Black *Chair*	*1.05pm – 1.15pm*
5.	**Healthy Food & Beverage Policy**	Jacqui Lunday-Johnstone *Executive Director, Allied Health*	*1.15pm – 1.25pm*
REPORTS FOR NOTING			***1.25pm***
6.	**Chair's Update – Verbal Update**	Jenny Black *Chair*	*1.25pm – 1.30pm*
7.	**Chief Executive's Update**	Philip Wheble *General Manager, West Coast*	*1.30pm – 1.50pm*
8.	**Finance Report**	Justine White *Executive Director, Finance & Corporate Services*	*1.50pm –2.00pm*
9.	**Resolution to Exclude the Public**	*Board Secretary*	*2.00pm*
INFORMATION ITEMS			
•	2019 Meeting Dates		
ESTIMATED FINISH TIME			**2.00pm**

NEXT MEETING: Friday 29 March 2019

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER

Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Jenny Black **Chair**	• **Chair, Nelson Marlborough District Health Board** Appointed as Chair for a third term by the Minister of Health. Member of Statutory Committees and Audit Committee. • **Chair, South Island Alliance Board** The South Island Alliance enables the regions five DHBs to work collaboratively to develop more innovative and efficient health services than could be achieved independently. • **Chair, National DHB Chairs** Elected position from the National DHB Chairs. • **West Coast Partnership Group** This is a Partnership Group set up by government to provide governance for the facilities development of the new Grey Hospital & Health Centre and a health facility at Buller. • **Health Promotion Agency (HPA) – Member** The Health Promotion Agency is an evidence-based health promotion organisation, influencing all sectors that contribute to health and wellbeing. Their key role is to lead and support health promotion initiatives to: promote health and wellbeing and encourage healthy lifestyles; prevent disease, illness and injury; enable environments that support health, wellbeing and healthy lifestyles; and reduce personal, social and economic harm.	Y N N N N	Perceived Perceived Perceived Perceived
Chris Auchinvole	• **Director Auchinvole & Associates Ltd** • **Trustee, Westland Wilderness Trust** • **Trustee, Moana Holdings Heritage Trust** • **Justice of the Peace** Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand • **Daughter-in-law employed by Otago DHB**	N N N N N	
Kevin Brown	• **West Coast Electric Power Trust** - Trustee	N	

	The West Coast Electric Power Trust was formed in 1992 as a consequence of the passing of the Energy Companies Act 1992. The six Trustees hold the shares of Westpower Ltd and the associated companies on behalf of the electricity consumers of the West Coast. • **Diabetes West Coast** - Patron and Member • **West Coast Juvenile Diabetes Association** - Trustee Diabetes West Coast provides services for people with diabetes. • **Greymouth Riverside Lions Club** – Member • **Justice of the Peace** Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand • **West Coast Rugby League** - Hon Vice President West Coast Rugby League is a sporting organisation • **Wife** works part time at the Child and Adolescent Mental Health Service (CAMHS) in Greymouth	N N N N N Y	Perceived Perceived Perceived
Helen Gillespie	• **Department of Conservation** – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a positive difference to the lives of all New Zealanders through nature. • **Husband works for New Zealand Police** – Based in Hokitika and currently working in the Traffic Safety Team • **Accessible West Coast Coalition Group** - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people • **Kowhai Project Committee** – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors.	N N N N	
Michelle Lomax	• **Daughter** is a recipient of WCDHB Scholarship • **Community Law Canterbury** - Part-time Advisor on Disability Issues • **Streetwise Charitable Trust** - Trustee	N N N	
Chris Mackenzie **Deputy Chair**	• **Development West Coast** – Chief Executive Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of $92 million received from the Government. It is governed by a Deed of Trust which specifies DWC's Objects - to	N	

	promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future. • **Horizontal Infrastructure Governance Group** – Chair A Memorandum of Understanding was agreed in September 2013 between the Government and the Christchurch City Council to create this group to focus on lessons learned from one of New Zealand's most challenging civil engineering projects: rebuilding the earthquake damaged pipes, roads, bridges and retaining walls in the city of Christchurch 2011 - 2016. • **Mainline Steam Trust** – Trustee Mainline Steam is an organisation devoted to the restoration and operation of historic mainline steam locomotives. • **Christchurch Mayors External Advisory Group** – Member An External Advisory Group set up by Government and the Christchurch City Council to provide independent advice on Christchurch City Council's long-term capital works programme and related spending plans.	N N N	
Edie Moke	• **South Canterbury DHB –** Appointed Board Member; Chair: Disability Support Advisory Committee; Deputy Chair: Maori Health Advisory Committee; and Member: Audit and Assurance Committee • **Nga Taonga Sound & Vision** - Board Member (elected); Chair: Assurance and Risk Committee; and Member: Property Committee 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.	Y N	Perceived
Peter Neame	• **White Wreath Action Against Suicide** – Board Member and Research Officer White Wreath is a non-denominational, non-political and anti-discriminatory body supporting people who have been directly affected by suicide and those who are affected by mental illness/disorders. • **Author and Publisher** of "Suicide, Murder, Violence Assessment and Prevention" 2017 and four other books.	N N	Perceived
Nigel Ogilvie	• **Westland Medical Centre** - Managing Director • **Thornton Bruce Investments Ltd** - Shareholder/Director • **Hokitika Seaview Ltd** - Shareholder	Y N N N	Actual

	• **Tasman View Ltd** - Shareholder, • **White Ribbon Ambassador for New Zealand** • **Sister** is employed by Waikato DHB • **West Coast PHO** - Board Member • **Wife** is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre • **Wife** is Board Member West Coast PHO	N N Y Y Y	 Perceived Actual Perceived
Elinor Stratford	• **Clinical Governance Committee, West Coast Primary Health Organisation** The West Coast PHO Clinical Governance Committee (CGC) act as an advisory committee to its Board. The CGC's role is to assist the Board with any clinical aspects that relate to its business. • **Active West Coast** – Committee Member Active West Coast (AWC) is a network of agencies and groups committed to improving the health of West Coasters through the promotion of healthy lifestyles such as physical activity, nutrition, smokefree, youth and older person's health. • **West Coast Sub-branch - Canterbury Neonatal Trust** – Chairperson • **Canterbury Neonatal Trust** – Trustee The primary focus of The Neonatal Trust (Canterbury) is to support families who are going through or have been through a neonatal journey. • **Arthritis New Zealand, Southern Regional Liaison Group** – Member Arthritis New Zealand aims to improve the life of every person affected by arthritis. They are a national not-for-profit organisation focused on raising awareness, advocating for those with arthritis and providing advice and support. • **New Zealand Federation of Disability Information Centres** – President These groups promote and support the provision of impartial disability information and referral services. • **Accessible West Coast Coalition Group** – Member A group that works together to improve access to all aspects of the community. • **Kowhai Project Committee** - Chair The Kowhai Project, is a community project and is raising money to provide an inner courtyard for staff, patients and visitors including plantings for the entry and the parking areas at the new Te Nikau, Grey Hospital and Health Centre • **MS - Parkinsons New Zealand** – West Coast Committee Member MS Parkinsons provides education, information and help people make informed	N N N N N N N N	Perceived Perceived Perceived Perceived Perceived Perceived Perceived

	decisions about living with Parkinson's.	N	Perceived
Francois Tumahai	• **Te Runanga o Ngati Waewae** – Chair This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast. • **Poutini Environmental** - Director Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification. • **Arahura Holdings Limited** – Chief Executive • **West Coast Regional Council Resource Management Committee** – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991. • **Poutini Waiora Board** - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini. • **Development West Coast** – Trustee Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of $92 million received from the Government. It is governed by a Deed of Trust which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future. • **West Coast Development Holdings Limited** – Director • **Putake West Coast** – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business. • **Ngai Tahu Pounamu** – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving • **Westland Wilderness Trust** – Chair • **West Coast Conservation Board** – Board Member The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for the West Coast region. • **New Zealand Institute for Minerals to Materials Research (NZIMMR)** – Director	N N N N Y N N N N N N N	Actual

	• **Westland District Council** – Councillor • **Tatau Pounamu –** Committee Member	N Y	Perceived

MINUTES

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Water Walk Road, Greymouth
on Friday 14 December 2018 commencing at 9.45am

BOARD MEMBERS

Jenny Black (Chair); Chris Auchinvole; Kevin Brown; Helen Gillespie; Michelle Lomax; Edie Moke (via teleconference); Peter Neame; Nigel Ogilvie; and Elinor Stratford

APOLOGIES

Apologies were received and accepted from Chris Mackenzie and Francois Tumahai
An apology for lateness was received and accepted from Helen Gillespie (11am)

EXECUTIVE SUPPORT

David Meates (Chief Executive); Karen Bousfield (Director of Nursing); Gary Coghlan (General Manager, Maori Health); Pradu Dayaram (Medical Director); Michael Frampton (Chief People Officer); Melissa Macfarlane (Team Leader, Planning & Performance); Philip Wheble (General Manager, West Coast); Justine White (Executive Director, Finance & Corporate Services); and Kay Jenkins (Board Secretary).

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
There were no additions or alterations to the Interest Register

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

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

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (25/18)
(Moved: Chris Auchinvole/seconded: Edie Moke– carried)

"That the minutes of the Meeting of the West Coast District Health Board held at St John, on Friday 11 November 2018 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. CHAIR'S UPDATE

Jenny Black, Chair, spoke about the recent storm and strikes and thanked management for their hard work around dealing with these challenges.

Ms Black advised that the 2018/19 Annual Plan has not yet been signed however some are going to the Minister for signing this week.

It was noted that the Minister of Health had visited the West Coast twice recently and the Chair advised that he was able to be shown what the West Coast health system is able to achieve.

The Chair thanked the Chief Executive and Management team for their hard work during the year to achieve the outcomes for the community and on behalf of the Board wished Karen Bousfield all the best in her new role in the North Island.

The Chair's verbal update was noted

5. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, took his report as read

He commented that it has been an outstanding year for the West Coast with equal amounts of excitement/stimulation and frustration. In spite of the storms and industrial action patient services have not been compromised and the West Coast system has a lot to be proud of.

He joined the Chair in wishing Karen Bousfield success in her new role and thanked her for her contribution to the health system on the West Coast.

Mr Meates advised that there is not yet a clear indication of the completion date for the Grey facility however it is good that there is now some certainty around the facility in Buller.

Discussion took place regarding bookings with GPs and how far ahead appointments can be made. It was noted that this is a challenge for all rural practices.

Discussion also took place regarding Rural Generalism and the work taking place in this area where the West Coast is way ahead of the rest of the country.

A query was made regarding migration to the new facilities being at the same time as the migrations in Christchurch and it was noted that there is a huge amount of concern with the uncertainty around the completion date here and also the Acute Services Building in Christchurch. Mr Meates commented that all of the planning is around how we continue to sustain services during the migration and also the risks around maintaining equipment in the interim.

The update was noted.

6. CLINICAL LEADERS UPDATE

Karen Bousfield, Director of Nursing, presented an update around Care Capacity Demand Management which was taken as read.

Ms Bousfield commented that the West Coast is in a good position as TrendCare has been in place some sometime and there is good understanding around what is taking place.

The update was noted.

7. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the finance report. The consolidated West Coast District Health Board financial result for the month of October 2018 was a deficit of $815k, which was $150k unfavourable to draft budget. The year to date net deficit of $1,806k is $311k favourable to budget as included in the latest draft annual plan.

In regard to November results Ms White advised that we are starting to see some of the small things playing out with a result of 200k unfavourable for the month and a 74k ytd favourable result. She advised that pharmaceuticals are up with other major costs around Aged Residential Care, FTE and the costs of maintaining rosters.

The finance report was noted.

The Chief Executive departed the meeting at 10.35am

8. RESOLUTION TO EXCLUDE THE PUBLIC

(Resolution 26/18)

(Moved Elinor Stratford/seconded Chris Auchinvole – 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 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 2 November 2018	For the reasons set out in the previous Board agenda.	
2.	Emerging Issues Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
3.	Clinical Leaders 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.	Quarterly Service Performance Ratings	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	People Report	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)
6.	Report from Committee	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(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";

There being no further business the public open section of the meeting closed at 10.40am

The Public Excluded section of the meeting commenced at 10.40am and concluded at 11.20am

_____ _____

Jenny Black, Chair Date

WEST COAST DISTRICT BOARD – BOARD MEETING
CARRIED FORWARD/ACTION ITEMS AS AT 15 FEBRUARY 2019

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	10 August 2018	Presentation re Digital Systems	It was determined that it would be useful for the Board to receive a presentation on Digital Systems on the West Coast.	March 2019
2.	2 November 2018	Disability Steering Group	The Alliance Leadership Team requested that the Board consider the extension of the Canterbury Disability Steering Group to include West Coast membership. Some work to come back to a future meeting.	March 2019

WEST COAST ADVISORY COMMITTEE DRAFT TERMS OF REFERENCE

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

SOURCE: **Board Secretariat**

DATE: **15 February 2019**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT.

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

2. RECOMMENDATION

That the Board:

i. Formally adopts the Terms of Reference for the West Coast Advisory Committee.

3. SUMMARY

The current Terms of Reference for the West Coast Statutory Committees (Hospital Advisory Committee and Community and Public Health & Disability Support Advisory Committee) were adopted by the Board in 2015. Revision of these was delayed while a trial period took place to have one Advisory Committee.

In 2018 the Board agreed, after the trial period, that the West Coast DHB combine their three statutory committees to reflect the whole of system approach to health services and to allow discussions to take place from a whole of system perspective.

Revised Terms of Reference are now required for this Committee. Attached as Appendix 1 are the draft Terms of Reference for the Committee which combine the previous Terms of Reference. New wording is highlighted in red.

4. APPENDICES

Appendix 1: Terms of Reference West Coast Advisory Committee

Report prepared by: Kay Jenkins, Board Secretariat

WEST COAST ADVISORY COMMITTEE
DRAFT TERMS OF REFERENCE

INTRODUCTION

The West Coast Advisory Committee is a Statutory Committee of the Board of the West Coast District Health Board established in accordance with the New Zealand Public Health and Disability Act 2000 (the Act). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the West Coast District Health Board.

The West Coast District Health Board has combined their three statutory committees to reflect the whole of system approach to health services and to allow discussions to take place from a whole of system perspective.

This Committee encompasses the purposes of Committees as detailed in the Health & Disability Act around hospital monitoring, advice on the health needs of the local population and advice on disability support needs.

These Terms of Reference will apply from 15 February 2019 until such time they are reviewed by the newly elected Board of the West Coast District Health Board who will also review the membership of the Committee.

FUNCTIONS

This Committee encompasses the purposes and functions of the Statutory Committees as detailed in the Health & Disability Act around hospital monitoring, advice on the health needs of the local population and advice on disability support needs.

The functions and aims of the Statutory Committees as detailed in Schedule 4 of the NZ Health & Disability Act 2000 are:

Community and Public Health

Provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population, and*
- *the priorities for the use of the health funding available*

Disability Support

Provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the disability support needs of the resident population of the West Coast District Health Board, and*
- *the priorities for the use of the disability support funding provided".*

Hospital

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

Advice to the Board should be consistent with the priorities identified in the New Zealand Health Strategy and with the Annual Plan and Statement of Intent of the West Coast District Health Board.

The Committee can effect these functions by:

- Making appropriate recommendations to the Board, where necessary, for inclusion in the Annual Plan and Statement of Intent;

- Reviewing performance against the Annual Plan and making appropriate recommendations to the Board where necessary for inclusion in future plans;
- Reviewing information regarding environmental and demographic changes within the area that the West Coast District Health Board is working;
- Identifying Key Priority Actions from the Annual Plan and other Strategic Plans to review progress. (Management will report on key deliverables and measurable achievements associated with these Key Priority Actions);
- Monitoring community outcomes that reflect the priority needs of the West Coast population;
- Monitoring, reporting and making appropriate recommendations to the Board on those issues that fall within its terms of reference arising from matters delegated to it by the Board and from direct reporting to it. To facilitate this, Management will provide reporting to the Committee to measure against financial and operational issues. (Responsibility for the monitoring of individual contracts rests with management).

KEY PROCESSES

- The Board approves the Annual Plan, Statement of Intent, associated Regional Plans and any individual strategies developed to meet the health and disability needs of the West Coast population.
- The Committee's input at planning workshops and advice to the Board from meetings should be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and approved Strategic Plans and the Disability Action Plan of the West Coast District Health Board.
- Reports or pieces of work requested by the Committee should be consistent with the strategies outlined in the Annual Plan and other strategic documents.
- Updates on progress regarding the implementation of the strategies in the annual plan should detail any challenges and solutions around the provision of services.

ACCOUNTABILITY

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

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

LIMITS ON AUTHORITY

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

- The Committee provides advice to the Board by assessing and making recommendations on the reports and material submitted to it.
- Requests by the members of the Committee for work to be done by management or external advisors (from both within a meeting and external to it) should be made via the Committee Chair and directed to the Chief Executive or their delegate. Such requests should fall within the priorities of the Annual Plan.
- There will be no alternates or proxy voting of Committee members.
- The management team of the West Coast District Health Board makes decisions about the funding of services within the Board approved parameters and delegations.

RELATIONSHIPS

The West Coast Advisory Committee should make themselves familiar with the work being undertaken by the Board to ensure a cohesive approach to health and disability planning and delivery

This can be achieved through the sharing of agendas which are available on the West Coast DHB website, regular information presentations at meetings and participation in annual planning workshops.

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

TERM OF MEMBERSHIP

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

MEMBERSHIP OF THE COMMITTEE

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

Members of the Advisory Committee will be appointed by the Board who will comply with the requirements of the Act.

The Chair of the Advisory Committee will be a member of the Board and will be appointed by the Board, who may also appoint a Deputy Chair of the Committee.

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

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

All Committee members must comply with the provisions of Schedule 4 of the Act relating in the main to:

- The appointment term of members.
- A conflict of interest statement being required prior to nomination.
- Remuneration and
- Resignation, vacation and removal from office.

MEETINGS

The West Coast Advisory Committee will meet regularly as determined by the Board with the frequency and timing taking into account the workload of the Committee.

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

REPORTING FROM MANAGEMENT

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

MANAGEMENT SUPPORT

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

REMUNERATION OF COMMITTEE MEMBERS

- In accordance with Cabinet Guidelines, members of the Community and Public Health and Disability Support Advisory Committee will be remunerated for attendance at meetings at the rate of $250 per meeting up to a maximum of ten meetings, with a total maximum payment of $2,500 per annum. The Committee Chair will be remunerated for attendance at meetings at the rate of $312.50 per meeting, again up to a maximum of ten meetings, with a total maximum payment of $3,125 per annum. Ex-officio members are not remunerated.
- Any officer or elected representative of an organisation who attends committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive remuneration.
- The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at Committee meetings whilst being paid by their employer.
- Reasonable attendance expenses (i.e.: reasonable travel-related costs) for Committee members may be paid. Members should adhere to the West Coast District Health Board's travel and reimbursement policies.

Adopted by the West Coast District Health Board – 15 February 2019

HEALTHY FOOD & BEVERAGE POLICY

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

SOURCE: **Allied Health, Scientific & Technical**

DATE: **15 February 2019**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

This paper is to update the Board on the West Coast Healthy Good & Beverage Policy and seek formal endorsement of the Policy which is to ensure that the West Coast DHB and their contracted health service providers promote an environment that consistently offers and promotes healthy food and drink options.

2. RECOMMENDATION

That the Board:

i. Formally endorses the West Coast DHB Health Food & Beverage Policy; and
ii. Endorse the attached proposed communication plan for implementation.

3. SUMMARY

The West Coast DHB Executive Management Team approved the adoption of the National DHB food & Drink Policy in 2016. The national policy was localised and consultation then took place with a number of groups locally including: the DHB Healthy Food and Drink Environments Network; the Clinical Board; the Healthy West Coast Governance Group (WCDHB, CPH, Poutini Waiora, WCPHO); Each professional group and service area; and the Bipartite Action Group.

The policy is consistent with the Eating and Activity Guidelines for New Zealand Adults (Ministry of Health 2015b), messages and practices relating to food and drinks in the DHB.

Purpose

The purpose of this policy is to support the West Coast DHB to:

- demonstrate commitment to the health and wellbeing of staff, visitors, and the general public by providing healthy food and drink options, which support a balanced diet in accordance with the New Zealand Eating and Activity Guidelines;
- act as a role model to the community by providing an environment that supports and promotes healthy food and drink choices;
- assist the food and drink industry by having one set of food and drink provision criteria for all DHBs; and
- take into consideration the needs of different cultures, religious groups and those with special dietary needs, and accommodate these on request, where possible and practicable.

6. APPENDICES

Appendix 1: West Coast DHB Healthy Food & Beverage Policy
Appendix 2: Healthy Food & Beverage Policy Proposed Communications Plan

Report prepared by: Jane George

Report approved for release by: Jacqui Lunday-Johnstone
David Meates, Chief Executive

Contents

Purpose

The purpose of this policy is to support the West Coast DHB to:

- demonstrate commitment to the health and wellbeing of staff, visitors, and the general public by providing healthy food and drink options, which support a balanced diet in accordance with the New Zealand Eating and Activity Guidelines
- act as a role model to the community by providing an environment that supports and promotes healthy food and drink choices
- assist the food and drink industry by having one set of food and drink provision criteria for all DHBs.
- taking into consideration the needs of different cultures, religious groups and those with special dietary needs, and accommodate these on request, where possible and practicable

Policy

Healthy Food and Drink Policy

Healthy Food and Drink Environments

This Policy is to ensure West Coast DHB and their contracted health service providers promote an environment that consistently offers and promotes healthy food and drink options.

Consistent with the Eating and Activity Guidelines for New Zealand Adults (Ministry of Health 2015b), messages and practices relating to food and drinks in the DHB will reflect the following principles:

Healthy Food and Drink Policy Principles

A variety of foods from the four food groups need to be available

- Plenty of vegetables and fruit.
- Grain foods, mostly whole grain and those naturally high in fibre.
- Some milk and milk products, mostly low and reduced fat.
- Some legumes, nuts, seeds, fish and other seafood, eggs, poultry (e.g. chicken) and/or red meat with the fat removed. Mostly prepared with or contain minimal saturated fat, salt (sodium) and added sugar, and that are mostly whole and less processed.
- Some foods containing moderate amounts of saturated fat, salt and / or added sugar may be available in small portions (e.g. some baked or frozen goods).
- No deep fried foods.

- No or limited confectionery (e.g. sweets and chocolate)[1].
- Water and unflavoured milk will be the predominant cold drink options.
- Availability and portion sizes of drinks containing 'intense'[2] sweeteners, and no added sugar juices are limited.
- No sugar sweetened drinks[3].

Healthy food and drink choices, including vegetarian and some vegan items, appropriate to a wide variety of people should be available, with consideration given to cultural preferences, religious beliefs and special dietary requirements such as gluten free.

Breastfeeding is supported in all DHB settings as the optimum infant and young child feeding practice.

Promotion of Healthy Options

It is important that the West Coast DHB and its staff are role models for the community in obesity and disease prevention and advocate for healthy nutrition in the workplace and other settings as appropriate. The policy itself is a health promotion tool. Providing a healthy eating environment is a health and safety issue which should be supported by all levels of the organisation. The West Coast DHB will actively promote healthy food and drink options with staff, visitors, and the general public. Healthy options ('Green category' foods and drinks – refer Section 5) should be the most prominently displayed items by retailers, and should be readily available, in sufficient quantities, competitively priced and promoted to encourage selection of these options. The West Coast DHB will promote healthy eating behaviours to staff, visitors, and the general public through the provision of consistent evidence-based nutrition messages.

Partnerships, fundraisers, associations, and promotions involving products and brands that are inconsistent with a healthy food and drink environment as defined by this policy are discouraged.

[1] The Network has chosen to adopt a no confectionery policy within DHBs and the Ministry. Confectionery will be phased out over a two-year period.
[2] Intense sweeteners (also known as artificial sweeteners) are a type of food additive that provides little or no energy (kilojoules). Intense sweeteners permitted for use in New Zealand include aspartame, sucralose and stevia.
[3] Any drink that contains added caloric sweetener, usually sugar. The main categories of sugary drinks include soft drinks/fizzy drinks, sachet mixes, fruit drinks, cordials, flavoured milks, flavoured waters, iced teas/coffees and energy/sports drinks

Staff Facilities

Facilities for Storing Own Meals

Staff should be provided with reasonable access to food storage facilities, such as fridges, lockers or cupboards. Wherever possible this would also include reasonable access to a microwave oven.

Drinking Water

The DHB will provide reasonable access to drinking water for all staff, visitors, and the general public on site. Wherever possible this should be tap water and/or water fountains, with staff encouraged to bring their own water bottle. Where water coolers are provided, each service must ensure that they are replenished, cleaned and serviced on a regular basis. Consider environmentally friendly and recyclable options when purchasing cups for water dispensing.

Breastfeeding in the Workplace

The DHB will promote and support breastfeeding by:

- encouraging and supporting breastfeeding within the workplace
- providing suitable areas that may be used for breastfeeding and for expressing and storing breast milk
- providing suitable breaks for staff who wish to breastfeed during work, where it is reasonable and practicable.

Refer to your DHB's own specific breastfeeding policy for more detailed information.

Healthy Food and Drink Environments Criteria

Food and Drink Categories

The purpose of the food and drink categories is to provide a practical way for food service providers to categorise foods. Foods will not be labelled with the colours or promoted using a traffic light labelling system.

Foods and drinks are placed into three categories:

Green: These foods and drinks are part of a healthy diet. They are consistent with the Healthy Food and Drink Policy Principles reflecting a variety of foods from the four food groups including:

- plenty of vegetables and fruit
- grain foods, mostly whole grain and those naturally high in fibre
- some milk and milk products, mostly low and reduced fat
- some legumes, nuts, seeds, fish and other seafood, eggs, poultry (eg, chicken) and/or red meat with the fat removed;

and are low in saturated fats, added sugar and added salt, and mostly whole and less processed.

Green category products must consist only of green category foods, drinks, and ingredients.

Amber: These foods and drinks are not considered part of an everyday diet, but may have some nutritive value. Foods and drinks in this category can contribute to consuming excess energy, and are often more processed. The amber category contains a wide variety of foods and drinks, some healthier than others. Where possible provide the healthier options within this category e.g. a potato top pie instead of a standard pie.

Amber category products can contain a mixture of green and / or amber foods, drinks, and ingredients.

Red: These foods and drinks are of poor nutritional value and high in saturated fat, added sugar, and / or added salt and energy. They can easily contribute to consuming excess energy. These are often highly processed foods and drinks.

Food and Drink Availability

Healthy food and drinks should be the easy choice. Within a food service (e.g. cafeteria, catered event, shop, or vending machine), **green** category foods and drinks should predominate. This means that they should make up at least 55% of food and drinks available for consumption. Over time, organisations should aim to increase the proportion of **green** healthy foods and drinks (over and above the minimum 55%).

Green category items:

- dominate the food and drinks available (at least 55% of choices available)
- are displayed prominently on shelves, benches, cabinets and vending machines
- are always available in sufficient quantities to be the predominant option.

Amber category items:

- make up less than 45% of choices available
- should be small portion sizes (as per specific criteria)
- are not prominently displayed at the expense of green category items.

Red category items:

- are not permitted (refer to section 2.2 for the scope of the policy)

- should be phased out over time in accordance with the implementation plan

Additional Requirements

In addition to complying with the criterion within the Nutrient Criteria Table (refer Section 6):

- all unpackaged / prepared on-site foods and drinks should be consistent with the overarching policy principles.
- all pre-packaged foods (excluding drinks) must meet set nutrient criteria standards (e.g. Health Star Rating (HSR) of at least 3.5 stars[4]). Additional criteria (such as portion sizes) may apply to some categories. For packaged foods without a Health Star Rating, manufacturers[5] can calculate a rating using the tool. http://healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/online-calculator#/step/1
- it is acknowledged that specialty items such as gluten and dairy free items may not be able to comply with all criteria, however products are still required to reflect the overarching policy principles and relevant criteria where practical.

[4] Technical Report: Alignment of NSW healthy food provision policy with the Health Star Rating system. URL: www.health.nsw.gov.au/heal/Pages/health-star-rating-system.aspx
[5] t is up to the packaged food provider/manufacturer to calculate and provide the Health Star Rating of their product(s) to the DHB if their product does not hold a rating. DHB food service staff can contact the manufacturer/provider to seek this information prior to purchasing

Heathy Food and Drink Environments Nutrient Crtieria Table[6]

Category	Green	Amber	Red
	>55% of products must fit within this category	<45% of products must fit within this category	Products within this category are not permitted

Vegetables and Fruit

Category	Green	Amber	Red
Vegetables	All fresh, frozen, canned and dried plain vegetables *Opt for no/minimal added unsaturated/salt varieties*		
Fruit	All fresh, frozen and canned fruit *Opt for no/minimal added sugar varieties*	Dried fruit ≤30g serving size as an ingredient or part of a fruit and nut mix	Dried fruit >30g serving size as ingredient or part of a fruit and nut mix or dried fruit on its own

Grain Foods

Category	Green	Amber	Red
Bread and crackers	All wholegrain, multigrain, wheatmeal, and wholemeal breads and crackers with a ≥3.5 Health Star Rating (HSR)	All wholegrain, multigrain, wheatmeal, and wholemeal breads and crackers with a <3.5 HSR	All white breads and crackers with a <3.5 HSR
Breakfast cereals	Wholegrain breakfast cereals with a ≥3.5 HSR and ≤15g/100g	Breakfast cereals with a ≥3.5 HSR	All breakfast cereals that do not meet the green/amber criteria
Cereal foods	Wholegrain and high fibre varieties *e.g. wholegrain rice, wholemeal pasta and couscous, quinoa, polenta, buckwheat, bulgar wheat, oats, pearl barley, spelt, rye*	Refined grains and white varieties *e.g. rice, plainpasta, unflavoured noodles, polenta (degermed), couscous*	

[6] Criteria for packaged and unpackaged food and drink items may not necessarily align

Milk and Milk Products

Category	Green	Amber	Red
Milk and milk products *See section Drinks*	Reduced or low-fat (with a ≥3.5 HSR): • milks and calcium enriched soy milk • yoghurt/dairy food (≤150mls portions) • custard (≤150ml portion) • cheese (≤40g portion) Calcium enriched milk alternatives (e.g. rice/almond/oat)	Full-fat (with a ≥3.5 HSR): • milks and calcium enriched soy milk • yoghurt/dairy food (≤150mls portion) • custard (≤150mls portion) • cheese (≤40g portion) Reduced or low varieties of the above (with a ≥3.5 HSR) with portion sizes greater than those stipulated in green category Lite varieties of cream, sour cream and cream cheese Frozen desserts (e.g. yoghurt, ice cream) with a ≥3.5 HSR and <100g portion	Full-fat (with a <3.5 HSR) • yoghurt/dairy (>150mls portion) • custard (>150mls portion) • cheese (>40g portion) Stadnard varieties of cream, sour cream and cream cheese Frozen desserts with a <3.5 HSR or >100g portion All sugar sweetened milk drinks

Legumes, Nuts, Seeds, Fish and other Seafood, Eggs, Poultry (e.g. Chicken), and Red Meat

Category	Green	Amber	Red
Legumes	Dried and canned beans and peas		
Nuts and seeds	All unsated nuts and seeds with no added sugar	All salted nuts and seeds ≤50g portion (with no added sugar) All nuts and seeds with dried fruit ≤50g portion	All salted nuts and seeds >50g / portion All sugared, candied, coated nuts and seeds Nuts and seeds with confectionary[7]
Fish and other seafood, eggs, poultry (e.g. chicken), and red meat *See section Fats and Oils, Spreads, Sauces, Dressings, and Condiments*	All fresh, frozen fish, seafood, skinless poultry e.g. chicken or turkey and lean meat. Eggs Premium or prime mince (≥95% visual lean meats/≥90% chemical lean) Canned and packaged fish, chicken and meat with a ≥3.5 HSR	Meat with small amounts of visible fat fat only Chicken drumsticks Standard mince (≥90% visual lean meats/≥85% chemical lean) cooked and fat drained off Process fish, chicken (e.g. smoked) and meat[8] • ≤50g in sandwiches, rolls, salads • ≤120g as a main meal • ≤150g sausages per meal Dried meat products e.g. jerky, biltong ≥3.5 HSR and ≤800kj per packet Canned or packaged fish, chicken, and meat with a <3.5 HSR	All meat where fat is clearly visible Poultry with visible fat and skin remaining (other than drumsticks) Standard mince (where the fat is not drained off) All processed fish, chicken and meat products that do not meet amber serving size

[7] Confectionery definition: confectionery includes a range of sugar-based products, including boiled sweets (hard glasses), fatty emulsions (toffees and caramels), soft crystalline products (fudge), fully crystalline products (fondants), gels (gums, pastilles and jellies) and chocolate. (Heart Foundation Food and Beverage Classification System Nutrient Framework for Schools. March 2016). It also includes fruit leathers, enrobed (eg, yoghurt-covered) items, candied fruit/nuts and compound chocolate

[8] Examples of processed meats include: fresh sausages; cooked comminuted meat products (eg, luncheon, bologna, cooked sausages); uncooked comminuted fermented meat products (UCFM) (eg, salami, pepperoni); cooked cured meat products (eg, ham, corned beef, pastrami); cooked uncured meat products (eg, roast beef); bacon; dry-cured meat products (eg, prosciutto); meat patties

Mixed Meals / Ready to Heat & Eat Meals

Category	Green	Amber	Red
Mixed meals *(2 or more items/ingredients from different food groups)* **and ready to eat/heat meals**	Unpackaged: ≥50% of a meal is *vegetables and/or fruit and prepared with green category items / ingredients only Packaged: ≥3.5 HSR and meet the above criteria **A variety of coloured vegetables/fruit are recommended*	Unpackaged: meal includes *vegetables and / or fruit prepared with at least 50% green category items / ingredients Packaged: ≥3.5 HSR and meet the above criteria **A variety of coloured vegetables/fruit are recommended*	Unpackaged: meal includes no vegetables of fruit and is prepared with less than 50% green cateogory items / ingredients Packaged: <3.5 HSR
Sandwiches	Prepared with green category items only[9]	Prepared with ≥50% green category items	Prepared with ≤50% green category items
Sushi	Prepared with green category items only[9]	All other sushi. Excludes sushi containing deep fried ingredients	Containing deep fried items / ingredients
Milk based Smoothies *Prepared onsite*	No added sugar, reduced fat milk based smoothies made with fresh/frozen and no sugar added canned fruit ≤300mls		Prepared with concentrate, fruit juice, or added sugar

[9] Foods not classified in amber or red can also be included, eg, cornflour or baking powder

Fats and Oils, Spreads, Sauces, Dressings and Condiments

Category	Green	Amber	Red
Fats and oils, spreads, sauces and dressings, and condiments	**Fats and oils, and spreads:** • Low salt mono- or poly-unsaturated spreads *e.g. margarine, peanut butter* • Oil sprays and vegetable *oils e.g. canola, olive, rice bran, sunflower, soya bean, flaxseed, peanut or sesame* **Sauces and dressings:** • Reduced fat/sugar/salt varieties of salad dressings, mayonasie, tomato sauce *Use in small amounts/serve on the side* **Condiments:** If available, opt for reduced fat/sugar/salt varieties of: sauces (chilli, soy, fish etc.), pastes (tomato), relishes, stocks, yeast and vegetable extracts (Marmite, Vegemite) **or** *if using standard items don't add salt.* Mustards Herbs and spices *If using salt, use iodised salt*	**Fats and oils, and spreads:** • Single serve butter (≤10g PCU) – *make margarine the default option for single serve spreads* **Sauces and dressings:** • Standard salad dressings, mayonasie, tomato sauce *Use in small amounts / Serve on the side* Lite varieties of: coconut milk or coconut cream, or dilute coconut cream with water *Refer milk and milk products section for cream, sour cream and cream cheese*	**Fats and oils, and spreads:** • Saturated fats and oils *e.g. butter (excluding single serve ≤10g PCU butter), lard, palm oil, coconut cream, coconut oil, and cream.* Standard varieties of: coconut milk and coconut cream *Refer milk and milk products section for cream, sour cream and cream cheese*
Deep fried foods			No deep fried foods[10]

[10] Where applicable use healthier cooking methods (i.e. braise, bake, steam, grill, pan fry or poach)

Packaged Snack Foods

Category	Green	Amber	Red
Packaged snack[11] foods		≥3.5 HSR and ≤800kj per packet	<3.5 HSR and / or > 800kj per packet
Confectionary[12]			All confectionary

[11] Packaged foods criteria apply to packaged foods not covered by other categories (eg, bakery items). Where shops are on site, multi-serve packaged foods that meet the HSR of greater than or equal to 3.5 and any other criteria that apply per serving are able to be sold (eg, crackers, cereal, biscuits, canned or packaged soups, plain popcorn). For multi-serve packaged foods the 800 kJ limit would apply per serving

[12] Confectionery definition: confectionery includes a range of sugar-based products, including boiled sweets (hard glasses), fatty emulsions (toffees and caramels), soft crystalline products (fudges), fully crystalline products (fondants), gels (gums, pastilles and jellies), and chocolate. (Heart Foundation Food and Beverage Classification System Nutrient Framework for Schools. March 2016). It also includes fruit leathers, enrobed (eg, yoghurt-covered) items, candied fruit/nuts and compound chocolate

Bakery Items

Category	Green	Amber	Red
Bakery items		**Unpackaged and packaged bakery items:** • More than half of the selection of baked products offered must contain some wholemeal flour, wholegrains *(e.g. oats, bran, seeds)* and/or fruit/vegetables *(e.g. fresh, frozen or dried)* • No or minimal icing *(e.g. water icing)* • Use less fat, salt and sugar • No confectionary within products • (Pies only) Follow the Better Pie Guidelines **Portion Sizes** • Scones, cake or dessert ≤120g • Loaf, muffins ≤100g • Slices, friands ≤80g • Biscuits, museli bars, pikelets ≤40g • Pies and quiches ≤180g • Small pastries ≤65g • Sausage rolls ≤100g	All products that do not meet the amber criteria

Drinks

Category	Green	Amber	Red
Cold Drinks	Plain, unflavoured, water and reduced fat milk/calcium enriched milk alternatives *e.g. reduced fat soy milk and almond milk*	• Plain full-fat milk and calcium enriched milk alternatives *e.g. soy milk, almond milk* • Carbonated water • Still/carbonated water and milk drinks that are sweetened with 'intense' sweeteners[13] ≤300mls • Diluted no added sugar fruit or vegetables juices with total added content <20g[14] and ≤300mls • 100% fruit and/or vegetable juices (or ice blocks) with no added sugar (including unflavoured coconut water) and ≤200mls	• Sugar sweetened drinks[15] • Milk based drinks with added sugar *e.g. milkshakes and liquid breakfasts* • Still/carbonated drinks that are sweetened with intense sweeteners >300mls • Diluted no added sugar fruit or vegetable juices with a total sugar content ≥20g and/or 300mls
Hot Drinks	No criteria developed at this stage. Try to minimise added saturated fat, salt and sugar. Make reduced fat milk the default option.		

[13] Intense' sweeteners (also known as artificial sweeteners) are a type of food additive that provides little or no energy (kilojoules). Intense sweeteners permitted for use in New Zealand include aspartame, sucralose and stevia
[14] This will be an equivalent sugar content to 200 ml of 100% fruit juice
[15] Any drink that contains added caloric sweetener, usually sugar. The main categories of sugary drinks include soft drinks/fizzy drinks, sachet mixes, fruit drinks, cordials, flavoured milk, flavoured water, cold tea/coffee, and energy/sports drinks

Scope

This policy applies to all West Coast DHB facilities/sites, contractors, and staff including:

- all food and drink provided or able to be purchased from any retailer, caterer, vending machine, or volunteer service on the West Coast DHB's premises for consumption by staff, visitors, and the general public[16]
- any gifts, rewards, and incentives offered to staff, guest speakers and/or formal visitors on behalf of the West Coast DHB if containing food and/or drinks
- any fundraisers organised by either internal or external groups where food and drinks are sold or intended for consumption on West Coast DHB premises. Fundraisers associated with groups outside the West Coast DHB which do not meet this policy should not be promoted on West Coast DHB premises or through DHB communications (e.g. chocolate fundraisers). Alternative healthy fundraising and catering ideas are encouraged https://www.cph.co.nz/wp-content/uploads/nut0098.pdf
- all health service providers contracted by the DHB that have a food and drink environment clause in their contract with the DHB
- any external party that provides food or catering at any West Coast DHB facility or function
    - on site at any West Coast DHB facility (e.g. recruitment agencies, drug companies), and
    - off site where the West Coast DHB organises and/or hosts a function for staff, visitors and/or the general public (e.g. conferences, training).

While the provision and consumption of healthy food and drink options is strongly encouraged, this policy excludes:

- food and drink brought to work by staff for their own consumption
- gifts from families / whānau of patients / clients to staff
- self-catered staff shared meals both on and off site (e.g. food brought for special occasions, off-site self-funded Christmas parties or similar celebrations)
- gifts, rewards, and incentives that are self-funded

[16] This includes foods and drink that patients can buy.

- inpatient meal services and meals on wheels. Separate standards exist for inpatients and Meals on Wheels which reflect food and drink requirements in both health and illness and for various age groups. The majority of inpatients are admitted because they are unwell and therefore require food and drink that is appropriate at that time, for their clinical care and treatment
- food and drink provided by clients / patients and their families and visitors for their own use (families and visitors are encouraged to check with healthcare staff before bringing in food for inpatients)

Associated Documents

This policy has been adapted from the National District Health Board Food and Drink Environments Network: National Healthy Food and Drink Policy 2016.

Ministry of Health. 2015a. Childhood Obesity Plan. URL: www.health.govt.nz/our-work/diseases-and-conditions/obesity/childhood-obesity-plan (accessed on 17 March 2016).

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Dunford, E., Cobcroft, M., Thomas, M., & Wu, J.H. 2015. Technical Report: Alignment of NSW Healthy Food Provision Policy with the Health Star Rating System. Sydney, NSW: NSW Ministry of Health. URL: www.health.nsw.gov.au/heal/Pages/health-star-rating-system.aspx (accessed on 17 March 2016).

Ministry for Primary Industries. 2014. Health Star Rating. URL: www.foodsafety.govt.nz/industry/general/labelling-composition/health-star-rating/ (accessed on 17 March 2016).

Measurement or Evaluation

Auditing will be completed on an annual basis using the Monitoring Tool – National Healthy Food and Drink Policy (https://www.health.govt.nz/publication/national-healthy-food-and-drink-policy).

WC Healthy Food & Drink Policy Communications plan

20 September 2018 / Version 2

Background

The review of the West Coast DHB's Healthy Food and Drink Policy (July 2018) has recently been completed and is now ready to be presented to the WCDHB Board for endorsement. The policy review started in 2015 but due to a number of factors such as resistance from staff to proposed changes, the review period was extended to allow for consultation with all stakeholders. Consultation was undertaken alongside a review of other DHB's Healthy Food and Drink Policies and research into best practice.

The updated policy will affect staff, patients, hospital visitors and contractors who purchase meals from the hospital cafeteria and vending machines (inpatient meals are not included in the scope of this policy). Staff working outside normal cafeteria hours are likely to be impacted the most as there is only one vending machine across the West Coast which is located in Grey Base Hospital. Internal and external (media) communications highlighting the changes to staff will be undertaken once the policy has been endorsed by the WCDHB Board.

Stakeholders: Healthy West Coast: DHB; dietitians, ISS/Spotless, DHB Support Services Manager/Dietitian Service Manager, EMT, unions, Consumer Council

Communications Plan Strategy

- Use clinical champions Dr John Garrett and Dr Cheryl Brunton to discuss the policy alongside other health messaging (e.g.) 53 teeth pulled in one morning at the Oral Health clinic; no fluoride in the water on WC, so teeth that are already vulnerable + sugary drinks = the worst stats for oral health in the country; long term conditions such as diabetes impacted by unhealthy eating. Develop infographic to show situation.
- Share reasoning behind changing portion sizes, removing sugary beverages, guidelines for vending machines (70% better choices/30% other); ; practical guidelines for food providers (audit every two years for compliance), through internal communications and public spaces throughout the WCDHB.
- Share outcomes of the policy change with members of the public, patients & hospital visitors through external communications.

Objectives

- WCDHB to adopt the 'Healthy Food and Drink' Policy (July 2018) which focuses on increasing the availability of healthier food and drink options across the WCDHB, by the end of 2018.

Comms Plan Approvals

First level:
Kimberley Browning, Dietitian
Second level:
Phil Wheble, GM
Karalyn van Deursen, Executive Director Communications

Spokespeople

- Kimberley Browning, Dietitian
- Dr Cheryl Brunton, West Coast Medical Officer of Health
- Dr John Garrett, paediatrician – clinical champion
- Phil Wheble, GM
- Under Healthy West Coast

Risks

1. Staff/unions unhappy about the limited access to sugar rich foods.
2. Calorie rich foods not being on site and available when patients require them as part of therapeutic nutrition intervention e.g. malnourished patients. Other staff unnecessarily restrict foods for patients.

Mitigation

1. Provide good information about the risks of unhealthy food choices; there will still be some 'unhealthy' choices.
2. Encourage staff to bring their own meals

Key Messages

- The West Coast DHB has a role to play in promoting healthy food and drink choices (role modelling).
- The West Coast DHB has a responsibility to its staff, patients and visitors in terms of their wellbeing.
- Most other DHBs already have a 'healthy food and drink' policy in place.

Activities

Timeframes	Activity	Target Audience	Responsible	Status/Notes
TBC	Present to the WCDHB Board for approval	WCDHB Board	Jane George/Helen Little	Planned
TBC	Discuss changes with Greymouth Spotless staff	Spotless staff	Kimberley Browning	Planned
TBC	CEO Update story: Our journey to a Healthy Environment: Food & Drink Policy	Staff; Media Key influencers	Imogen Squires	Planned
TBC	Ensure Healthy Food & Drink Policy is included in staff orientation/induction kits/Careers website	Staff	Imogen Squires	Check with P&C as this may already have happened (Lee H)
TBC	Update intranet with final policy	Staff	Imogen Squires	Planned
TBC	Send policy out to staff with FAQs on healthy eating plus a pop quiz – 10 questions on healthy eating. Consider prize	Staff	Jade (CPH) Kimberley/Imogen	Planned
TBC	Flyer around WCDHB facilities with policy information	Staff, patients, visitors, contractors	Kimberley/Imogen	Planned
TBC	Video – 30-60 seconds each: Cheryl Brunton; John Garrett; Kimberley Browning – dietitian, patient or visitor	All	Imogen	Videos already filmed?
TBC	Infographic or other update on WCDHB website with new policy	All	Imogen/Andreas	Planned

Evaluation

Communications Objectives	Evaluation - How	Status/Issues
• WCDHB has adopted the 'Healthy Food and Drink' Policy (early 2019)	• All sugary beverages removed by October 2015	Achieved
	• Portion sizes reduced by early 2019	Planned
	• Better choices in vending machines by early 2019	Planned
	• Annual auditing will be completed using the Monitoring Tool – National Health Food and Drink Policy	Planned
	• Increased awareness of the benefits of healthy food and drink within the West Coast community	Planned

References

- West Coast DHB Healthy Food and Drink Policy (July 2018)
- National DHB Food and Beverage Environment Network
- Healthy West Coast

CHIEF EXECUTIVE'S UPDATE

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

SOURCE: **Chief Executive**

DATE: **15 February 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a regular report and standing agenda item, providing the latest update and overview of key organisational activities and progress from the Chief Executive to the Board of the West Coast DHB.

Its format has been reorganised around the key organisational priorities that drive the Board and Executive Management Team's work programmes. Its content has been refocused on reporting recent performance, together with current and upcoming activity.

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

	DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY

A: Reinvigorate the West Coast Health Alliance

These key messages include examples of the Alliance leveraging our integration with Canterbury and the rest of the South Island to progress local development in areas of need. At their last meeting in December the Alliance Leadership Team (ALT):

- Had the opportunity to hear about the proposals for change that are currently being considered by DHB staff and the ALT were invited to provide feedback.
- Began the process of Annual Planning for 2019/20 by reviewing current national priorities and reconsidering local priorities as well as providing guidance to the workstreams.
- In looking at local priorities, the ALT have added "Improved access to services" and "Recruitment & Retention" to the Enablers as well as highlighting the need to "Engage with our communities".
- Reviewed the current workstreams and will continue to review these to ensure the right groups and people are given the responsibility to drive the changes.
- Extended their thanks to Karyn Bousfield for her service to the DHB and her contribution to the work of the Alliance and this Leadership Team.

B: Build Primary and Community Capacity and Capability

Primary

- **Integrated Health Services - Northern Region**
  - With the departure of our Northern Regional Manager in late January we have a person seconded into the position while we undertake a recruitment process. We are anticipating that we will be able to appoint someone into this position in the coming months.
- **South Westland Area Practice**
  - Clinics are extremely busy with the influx of tourists. One initiative to lessen the impact on the local Rural Nurse Specialists (RNSs) is the establishment of an RNS Career Pathway for RNs. This involves a 4 week on-site programme for WCDHB RNs who have the necessary skills to support the RNSs over summer, whilst at the same time gaining valuable insight/experience in the RNS role. The first applicant has started, a second and third are about to have dates confirmed.
  - The new Rover RNS has started her two month orientation programme.
  - The Franz Josef RNS has resigned and leaves early March. We are about to start advertising for this position and the Haast position (vacant for 12 months).
- **Greymouth Medical Centre**
  - Special Funding positions – a NETP (Nurse Entry To Practice) is joining the practice on 11 February and interviews for the second position took place on 23 January.
  - Public Health Nurses have been working within the practice for some time now and settled into their new worksite.
  - The unplanned service at GMC has been extremely busy with high demand for patients needing to be seen on the day.
  - Combined Clinical Nurse Specialists, District Nurses, Pharmacy and Greymouth Medical clinical staff meetings continue and are very valuable for the complex patients we share.

Community

- **Public Health/B4School/Vision Hearing**
  - Public Health Nursing – Annual leave has been a priority for this team during the summer holiday break. Recruitment has been successful to replace 0.8FTE in Buller and orientation is underway. Interviews are ready to go for the vacancy in Hokitika. Planning for the year ahead is also underway.
  - B4School – on course for achieving targets. Clinics scheduled are a little challenging with the gaps in the PHN team but working with this and planning going forward.
  - Vision Hearing – recruiting to this role has just started. We do have a casual in this role to assist until the position is filled.
  - Planning for the 2019 School Based HPV Immunisation Programme has started; 2019 pupil rolls received from school at the end of 2018 are being uploaded into the DHBs HPV database.
- **District Nursing**
  - The team have been reviewing workloads and, working alongside ISG, are looking to improve data collection that will provide greater visibility of service needs.
- **Clinical Nurse Specialists**
  - Poutini Waiora staff are inviting our CNSs to be part of a Maori Health day with them next month. We aim to have a good presence there to support their work with

Maori. We hope to be part of many initiatives with them ongoing.
    - The fundamentals of palliative care are about to be rolled out to ARC facilities and HBSS staff. These sessions will be delivered by our Palliative CNS team.
    - More advanced education is being offered to RNs and ENs in DHB, ARC facilities and Poutini Waiora.
- **Dental Service**
    - The Dental Therapy team has been on holiday through January and have a busy first term planned to start the year. Recruiting about to get underway for maternity leave replacement for 12 months.
- **Home Based Support Services**
    - HBSS are currently recruiting Support Workers coast-wide due to an increasing client need.
    - The FIRST service is now firmly embedded within HBSS Buller with new clients being accepted regularly.

C: Hauora Maori Update

On 23 January the GM Maori travelled to Canterbury DHB to continue working on a workforce plan for Pacific Island and Maori Health. Attendees were both Pacific Island and Maori staff and senior management from the People and Capability team. We wanted to advance the work undertaken in 2018. The aims were to determine an agreed pathway forward and endorsement to progress a detailed Maori and Pacific workforce action plan that includes key deliverables with associated timeframes for implementation, also with clearly defined responsibility.

Key themes are about system change enablers/sourcing and recruitment and retention. It is important to factor in regional and national deliverables as well as including local perspectives. We need to continue to build a responsive workforce to deliver health services to Maori and Pacific people. There is much to do but it's positive; there is a commitment to developing a comprehensive plan with strong outcomes expected.

Takarangi Cultural Competencies – We have begun a quality improvement process to ensure that Takarangi cultural competencies are as effective as possible. The idea is to gauge the thoughts of staff who have undertaken Takarangi and even if they, in some cases, haven't completed their portfolio. All feedback is very important. We want to hear as many perspectives as possible. We will be facilitating two focus groups held in Greymouth and will be sending out appointments for these shortly. Two separate groups are being scheduled to try and give people the opportunity to attend.

Planning Day Tatau Pounamu – The Mana Whenua and community advisory group will be holding a planning day on 8 February. In this they will be revising previous work plan goals and looking at the Terms of Reference and MOU with the DHB and iwi.

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

- The Council supply of potable water to Grey Hospital failed on Christmas Eve for 6 hours. The storage tanks had sufficient capacity to supply the hospital until it was restored.
- The Grey Hospital Pedestrian Bridge has been lifted onto site and design sign off for the

altered access is still with Opus and the Grey District Council.

- Grey District Council approval for a 45 year extension on the now permanent container housing the Main Switchboard is still awaiting confirmation.
- The relocation of the laundry and medical records to the old garage area has affected our ability to comply with Hazardous Substances and New Organisms regulations for the diesel tank due to its proximity to the building. Worksafe are still considering our request for an exemption.
- Grey Hospital Coal Boiler No 1 has passed its pressure test and is now online.

B: Partnership Group Update

Grey

- Fletcher is currently projecting a hospital and IFHC handover date for May 2019.
- The external cladding on the building is progressing with Nu wall and tile installation close to completion. Note, these external cladding materials are part of a façade build-up that includes a rain screen, which has already been installed meaning the building is weather tight.
- The boiler house work onsite is progressing and in ground services connections between the boiler house and the main build continue.
- Fit out of the north end of the main building is advanced, with most internal walls painted, floor prep completed, ceiling grid installed and doors installed, particularly in the ground floor maternity area and first floor IPU.
- Fit out of the IFHC is close to finished, with most internal walls painted, doors installed and ceilings installed.
- Fit out in the south end of the building has been building momentum, with internal walls being lined in short stay and ED areas.
- Significant work on site continues with the installation of electrical and mechanical services and this is most evident with progress in the operating theatres.
- DHB procurement of furniture, fixtures and equipment is very well advanced and remains on track. All high risk items have been purchased and are in storage awaiting installation.
- FF&E contractors have been visiting site in preparation for installation of the major equipment, particularly theatre and imaging.
- Migration commissioning strategy work is ongoing with all parties progressing interface planning with existing services, such as the hospital generator, at the time of the move. Robust plans are being developed for the move. This work is inextricably linked with the migration planning for the move from the existing hospital to the new facility and migration planning meetings with all clinical and support services are underway.

Buller

- On 19 November, the Minister of Health visited the existing facility in Buller and announced the joint Minister's approval of $20M for the Buller IFHC. Following this announcement, the project management of the Buller IFHC has been transferred back to the West Coast DHB.
- West Coast DHB has appointed Tom Cunningham as the Project Manager to lead the development. Tom will be supported by the Programme Director Construction and Property

at Canterbury DHB.

- The consultant contracts are currently being transferred from the MoH back to the West Coast DHB and following completion of this, the user groups will be re-engaged to progress the next phases of the design. Additionally, the Buller District Mayor, as the Council-appointed representative for the design phase, will participate in this process.
- The design phase will include the use of a 'mock-up' space with moveable walls, or tape on the floor to indicate the space available to perform certain tasks. There will be a number of opportunities for staff, patients/consumers and the wider community to 'test' the layout of the various rooms to ensure that they are functional and fit for purpose. We anticipate that the design will be completed by October 2019.

	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Hospital Services

Nursing

- Culture and Communication – Inpatient wards are working on establishing a care plan that is easy to work with, has a purpose and provides the evidence of patient involvement. The final version was put in place in January for Grey and Buller. A Nursing Operation Centre is in the old educator's area in preparation for CCDM (this is a requirement of CCDM). Electronic boards won't be available until we are in the new facility but paper rosters will be obsolete by the beginning of February.
- Processes and Documentation – Two proposals for change have gone out for consultation; one is for a DNM position through the day, the other is for a ventilator/trauma call roster. This will give nurses the ability to step up into a more senior role but also supports those staff who have been trying to cover on-call rosters for ventilated patients with very few people. It also supports colleagues in the emergency department when they have a multi-trauma.
- Workforce – Education hours were the lowest in six months. Sick leave however, increased by 59%. With this came an increase in casual hours of 51%. A significant amount of staff were deployed out to other areas (trending up) which shows the embedding of the generalist workforce and a caring culture within Grey Base.
- Clinical – Overall, hospital occupancy for December was 70%. CCU was up 4% whilst Foote ward was up 7%. Barclay and Morice wards decreased for the month of December. Maternity's occupancy has been inconsistent with the rest of the country due to the way we were collecting occupancy data. This has been corrected with the new upgrade to Trendcare, so from January on we will have reliable data from this area.

Medical

- We have had two applications for surgical work, but yet to result in an appointment.
- Elective services continue to perform strongly with current production sitting at 104% which positions us well for the new year and migration to the new facility. Access issues for orthopaedics continue and recent developments have meant that the regional bariatric pathway has stopped taking referrals. There have been recent changes to the access threshold for cataract surgery although WCDHB is still one of the lowest in the country.
- We have received a tentative tick for certification with Medical Sciences Council but have

some additional work to do over the coming months to ensure we get fully certified.

- A secondment into the medical staffing team has occurred to better support general practice with their locum recruitment.
- Another generalist has joined the team working across the hospital and general practice.

Allied Health

- Our dietitians, as part of the Healthy West Coast Alliance workstream are pleased to present to the Board this month the Healthy Food & Beverage Policy, which has had a long and thorough consultation process.
- We are continuing to work with the funding arm to develop a robust audiology service within the district. Challenges include small numbers in various cohorts and limited regional resource particularly with paediatric audiologists.
- The first of our new graduate Physiotherapists has commenced work and we look forward to welcoming two more in coming months. We have also welcomed our dedicated Community Rehabilitation Service Physiotherapist this month.
- Recruitment remains ongoing for Radiology, Psychology and Occupational Therapy across Hospital Services, Mental Health and Primary & Community teams.
- As reported in previous months, delays in the new build process are creating risk within our radiology service, as a number of imaging technologies reach their end of life. This means that the technology may become less reliable, equipment may no longer be able to be repaired, parts may no longer be available and the levels of radiation emitted may become too high for staff or patient safety. These factors are being monitored regularly and this risk has been elevated on the risk register.
- The transalpine Allied Health leaders continue to develop our RUFUS (rurally focused urban specialist) model of service delivery for all of our Child Development services. This means that experienced clinicians, both from CDHB and from WCDHB, can support their transalpine colleagues to deliver the specialist care required for this high needs client group.
- The transalpine Allied Health leaders are also reviewing proposals for new graduate programmes that provide opportunities for therapists to work across the various campuses at CDHB and the WCDHB. The aim is to have these rotational programmes defined and ready for implementation at the beginning of 2020.
- Work is progressing on the ePharmacy programme that will align the electronic medication management systems with the South Island regional plan. This piece of work is crucial due to the current system Windose no longer being supported technically as of December 2019.

Mental Health

- The Clinical Psychologist undertaking CAMHS psychometric testing has relocated out of the area. We have secured the services of a very experienced clinician who will take over this work and will now provide psychometric testing across the full age range of children and adults.
- There has been some movement in CAMHS recruitment; we have secured a highly experienced CAMHS Registered Nurse to join the team on secondment for a period of 1 year from Canterbury. They commence the middle of February 2019.
- A full training, induction and orientation package has been developed for the CAMHS service and is being rolled out to all new staff joining the team. It will also be utilised with staff members that have expressed an interest in working across two services, adult and

child, to ensure they have the level of knowledge to undertake such work.

- A recent incident within mental health involved patient abuse of staff and considerable damage to DHB property. A full review of incidents is taking place. All staff members involved have received debriefing and support measures to meet their individual needs.
- The Mental Health Educator has made good progress in her short time in the role. Training needs are being identified for all mental health staff by team and individual professions. Currently a stock take of existing and also identification of required training is taking place. From this a robust and sustainable plan will be produced to ensure mental health services are equitably and appropriately trained across the service. This will have a positive impact upon the clinical services being delivered.
- The recruitment process for Kahurangi unit has been completed for both CNM and ACNM. The successful applicants will take up their roles mid February.

DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

A: Improve Transport Options for Patient Transfers

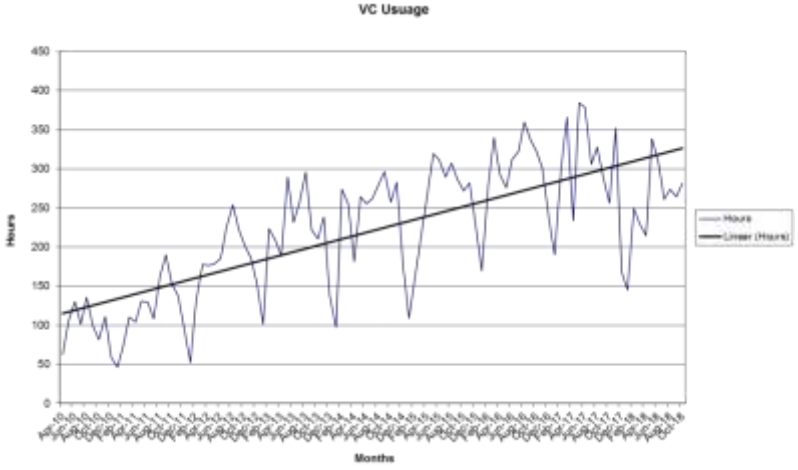
The following transport initiatives are in place to support the safe transfer of patients:

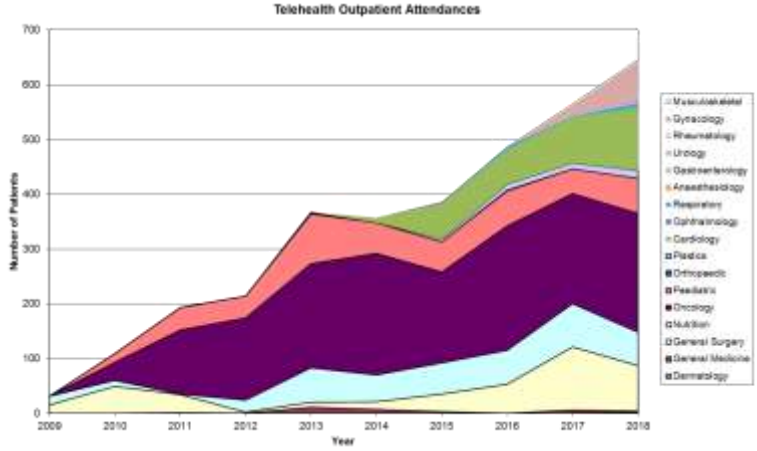
- St John community health shuttle to assist people who are struggling to get to health appointments in Greymouth.
- Non-acute patient transport to Christchurch through ambulance transfer.
- Buller Red Cross contract, to provide a subsidised community health shuttle transport service between Westport and Grey Base Hospital, through to August 2020.

Telehealth continues to be an option supported throughout the West Coast to reduce unnecessary patient travel and the DHB recently participated in the National Telehealth Survey to add support for this service.

B: Champion the Expanded use of Telemedicine Technology

- WCDHB has expanded its video conferencing capacity considerably within the last several years; see below graph for monthly usage details.





INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Older Persons Health Services

There has been increasing interest in dementia and how it will affect people on the West Coast as our community ages. Local NGOs are offering a range of services to client's and their family and carers. Many Aged Care Residential facilities have also increased the number of staff accessing education to support residents with dementia.

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 2018 was a deficit of $691k, which was $54k favourable to draft budget. The year to date net deficit of $3,153 is $127k favourable to draft budget (2nd submission).

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	$'000	$'000	$'000	$'000	$'000	$'000
Governance Arm	(120)	(146)	26	(922)	(901)	(21)
Funder Arm	223	69	154	396	287	109
Provider Arm	(794)	(668)	(126)	(2,627)	(2,666)	39
Consolidated Result	**(691)**	**(745)**	**54**	**(3,153)**	**(3,280)**	**127**

B: Effective Clinical Information Systems

- **eReferrals:** Stage 3 – electronic triage: eReferrals Stage 3, eTriage has gone live for ten services including Plastics, Gynaecology, General Surgery, General Medicine, Diabetes, Nutrition, Podiatry, Cardiology, Neurology, Dermatology with Sarcoma, Neurosurgery and Nephrology going live in December 2018. Planning is underway for ENT, Rheumatology and Orthopaedic Paediatrics to go live late February. Urology, Paediatrics and Physiotherapy to go live in May.
- **New Facility Work:** The computer hardware which allows ISG to move its services over into the new build has now been delivered. Detailed planning meetings occurred with

staff over January on computer, telephony and printer moves. Wireless equipment is onsite for new build. Audio Visual capex request has been completed and in the process of being approved.

- **Telehealth Replacement:** The new Telehealth system is progressing slowly. A number of technical issues resolved with internal video connections, focus now moved to external video connections.
- **Patientrak:** The electronic nursing observation tool, Patientrak, widely deployed within the CDHB is now also being deployed into WCDHB. User training currently underway, with go live scheduled for end of February.
- **eOrders:** Scoping underway with the implementation of radiology eOrders. This will allow safer process for ordering of radiology tests, allowing clinical staff to order electronically and then providing electronic sign off. Capital request being developed and aiming to complete before end of February.
- **Titanium:** Capex request completed and within sign off for the implementation of Titanium dental software into WCDHB for both hospital based dental treatment and community. This will be a multi phased project with initial capex request focused on the Titanium Software and a future capex request providing for digital scanning.

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

Media interest

- ***Releases***
  - West Coast Serious Adverse Events 2017/2018
  - Video clip: Te Nikau Grey Hospital & Health Centre – a look behind the scenes
  - Focus on People – Quality Accounts Publication for 2018
  - Mental Health services proposal focused on patient care
- ***Media responses were issued on the following subjects:***
  - Mental Health services:
    - CAMHS service
    - Assaults on staff
  - Planned Buller Health facilities
  - Resignation of doctor in Buller
  - WCDHB funding model
  - Midwives' strike
  - Gastro outbreak in Westport
  - Dental health on the Coast
  - Buller Health helipad
  - Orthopaedic services
  - Number of tourists accessing health care services in South Westland
  - Ngakawau Clinic update (Buller)
  - Coast's first new year baby
  - Junior doctors' strike
  - Protest outside Grey Base Hospital about internal 'proposal for change'
  - WCDHB nurses accord
  - Recruitment of permanent GP at Reefton Medical Centre
  - Cancer treatment timeframes

Social media posts

- World AIDS Day – 1 December 2018
- National Safe Sleep Day – 7 December 2018
- West Coast Civil Defence newsletter
- Focus on People – WCDHB 2018 Quality Accounts publication
- Mental Health Foundation of New Zealand helpline information
- Various posts (Facebook and Twitter) promoting current West Coast DHB vacancies

Publications

- 2018 West Coast DHB Quality Account publication
- CE Update – 21 December 2018

	PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

Key Achievements/Issues of Note

Six Monthly Reporting to the Ministry

CPH staff have compiled the six monthly report required by the Ministry's contract for public health service provision. This report has gone to the Ministry and a copy will be provided for information to the WCDHB Advisory Committee at its meeting on 15 February. The format of the report has been changed to align with the annual plan format for 2018-2019.

Report prepared by: Philip Wheble, General Manager West Coast DHB

Approved for release by: David Meates, Chief Executive

West Coast DHB national performance measures report

Quarter 2 2018/19: October - December 2018

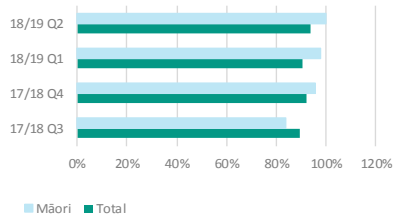
What are the national performance targets?

This report presents current performance against the national performance measures formerly referred to as national health targets. A new set of high-level measures are being developed, however these have not been released to DHBs.

These measures still reflect Canterbuy's performance in areas of significant public and government interest and continue to be tracked by the Ministry as part of the DHB's quarterly performance reporting suite. The targets remain in place until the new high-level measures set is released. We will continue to present performance across these priority areas. Three of the measures focus on patient access and three focus on prevention.

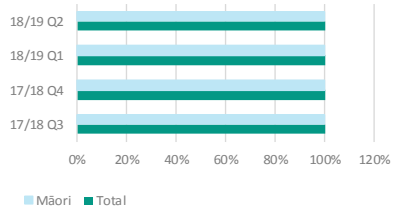
Supplementary indicators

Better help for smokers to quit: secondary smoking



This measures reflects patients in our hospitals, identified as smokers, being offered advice and help to quit smoking.

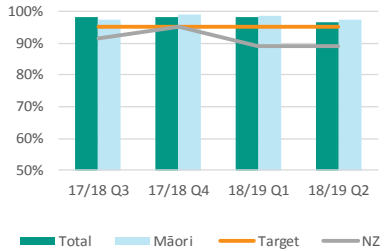
Better help for smokers to quit: maternity smoking



The Ministry sources this data for DHBs from the national Maternity Data Set. It should be noted that the source of the data only represents around 80% of all pregnancies nationally and the measure is still considered developmental. Results are provided for information only.

Shorter stays in ED — 97%

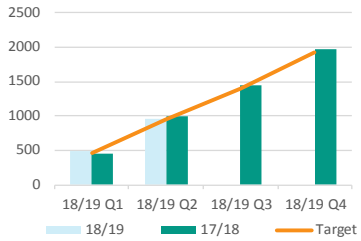
*Patients admitted, discharged or transferred ED within six hours. Target: **90%***



The West Coast continues to achieve the national ED target, with 97% of patients admitted, discharged or transferred from ED within 6 hours during quarter two.

Improved access to elective surgery — 102%

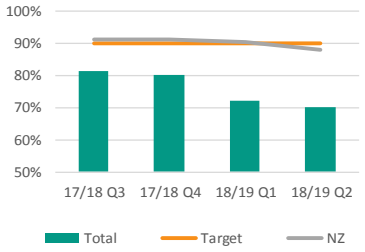
*Patients receiving planned surgery Year-end target: **1,916***



The West Coast DHB provided 963 elective surgical discharges, higher than anticipated, delivering 102% of planned discharges for quarter two.

Faster cancer treatment — 70%

*Patients getting their first cancer treatment within 62 days. Target: **90%***

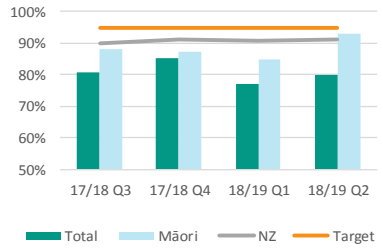


This quarter 70% of patients received treatment on time. Small numbers are challenging with this result reflecting only seven patients who were not seen within the 62 day period.

A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, or diagnostically challenging.

Increased immunisation — 80%

*Eight-month-olds fully immunised Target: **95%***

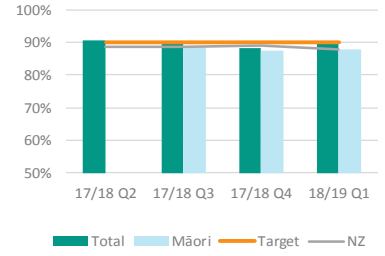


Three children were missed this quarter, a drop in performance compared to last quarter.

Overall, 96% of eligible (consenting) 8-month-olds were fully immunised. Strong results were achieved for Asian (100%) children.

Better help for smokers to quit — 90%

*Patients in the community who smoke are offered help to quit. Target: **90%***

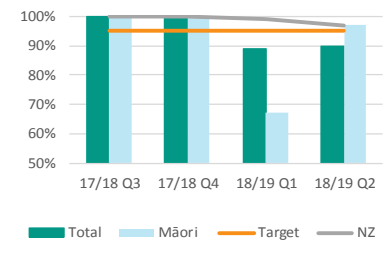


West Coast health practitioners have reported giving 4,669 smokers cessation advice in the 15 months ending December 2018. This represents 89.8% of smokers against the 90% target.

88.4%of Māori and 83.3% of our Pacific populations were given brief advice to quit smoking.

Raising healthy kids — 90%

*Children with obesity referred for support Target: **95%***



During quarter one, 21 children were identified as obese and offered referrals for support. Fourteen of these were an acknowledged referral with one child already under care. Four declined a referral.

Two children were referred but acknowledgement was received outside of the 30 day target. Work with the primary practices will continue to highlight the importance of acknowledging referrals in a timely way.

FINANCE REPORT

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

SOURCE: **Finance**

DATE: **15 February 2019**

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.

2. RECOMMENDATION

That the Board notes the financial results for the period ended 31 December 2018.

3. DISCUSSION

Overview of December 2018 Financial Result

The consolidated West Coast District Health Board financial result for the month of December 2018 was a deficit of $691k, which was $54k favourable to draft budget. The year to date net deficit of $3,153 is $127k favourable to draft budget (2nd submission).

	Monthly Reporting				Year to Date				Full Year 18/19
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	12,089	11,926	163	1.4%	71,489	71,367	122	0.2%	143,217
Inter DHB Revenue	0	0	0	0.0%	8	0	8	0.0%	0
Inter District Flows Revenue	145	145	0	0.0%	957	871	86	9.8%	1,735
Patient Related Revenue	606	595	11	1.8%	3,470	3,532	(62)	(1.8%)	6,860
Other Revenue	47	82	(35)	(42.7%)	323	385	(62)	(16.1%)	740
Total Operating Revenue	12,887	12,748	139	1.1%	76,247	76,155	92	0.1%	152,552
Operating Expenditure									
Personnel costs	6,041	6,001	(40)	(0.7%)	34,605	34,619	14	0.0%	69,123
Outsourced Services	0	0	0	0.0%	0	0	0	0.0%	0
Treatment Related Costs	624	659	35	5.3%	3,746	3,914	168	4.3%	7,750
External Providers	3,418	3,391	(27)	(0.8%)	20,186	20,291	105	0.5%	40,523
Inter District Flows Expense	1,942	1,870	(72)	(3.9%)	11,315	11,224	(91)	(0.8%)	22,455
Outsourced Services - non clinical	105	111	6	5.4%	688	668	(20)	(3.0%)	1,334
Infrastructure and Non treatment related costs	983	995	12	1.2%	6,076	5,924	(152)	(2.6%)	12,566
Total Operating Expenditure	13,113	13,027	(86)	(0.7%)	76,617	76,640	23	0.0%	153,751
Result before Interest, Depn & Cap Charge	(226)	(279)	53	(19.0%)	(370)	(485)	(115)	23.7%	(1,199)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	339	341	2	0.6%	2,032	2,046	14	0.7%	3,400
Capital Charge Expenditure	126	125	(1)	(0.8%)	751	750	(1)	(0.1%)	1,488
Total Interest, Depreciation & Capital Charge	465	466	1	0.2%	2,783	2,796	13	0.5%	4,888
Net Surplus/(deficit)	(691)	(745)	54	7.2%	(3,153)	(3,280)	127	3.9%	(6,087)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	**(691)**	**(745)**	**54**	**7.2%**	**(3,153)**	**(3,280)**	**127**	**3.9%**	**(6,087)**

in thousands of New Zealand dollars

4. APPENDICES

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

Report prepared by: Justine White, Executive Director, Finance & Corporate Services

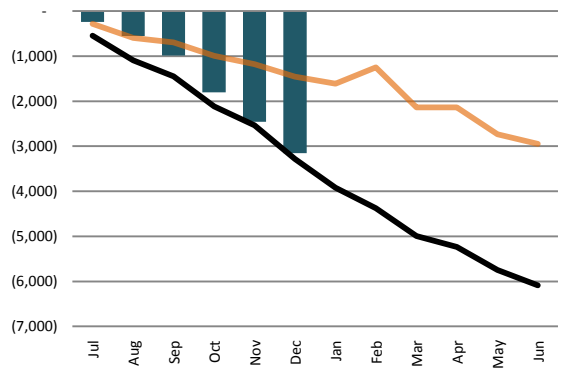
APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – December 2018

Net operating results

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Surplus/(Deficit)	(691)	(745)	54	-7%	✓	(3,153)	(3,280)	127	-4%	✓

Net operating results year-to-date

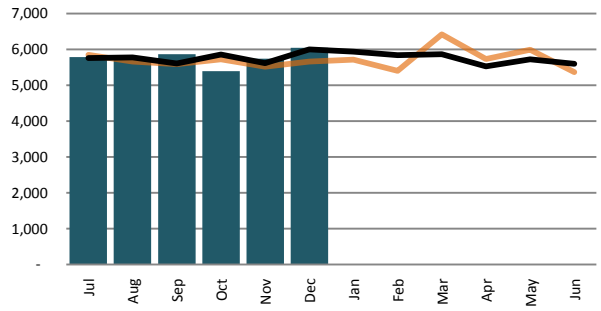


Over the last few financial years West Coast DHB has been in the process of implementing our new model of care in readiness for our new Grey Health Hospital/IFHC. Full implementation needs to be co-ordinated with the completion of the new facility. New ways of working need to be embedded before we move into the new facility. Our draft plan has been submitted based on the building being completed in the 1st quarter of 2019, delays in the rebuild not only increase the cost of the build (influencing out-years capital charge and depreciation costs), but will impact operational expenditure where we have either factored savings; or periods costs of embedding new models of care in our old facility in our draft plan. These efficiencies are at risk as the facilities delays continue, and will impact detrimentally on our planned financial results.

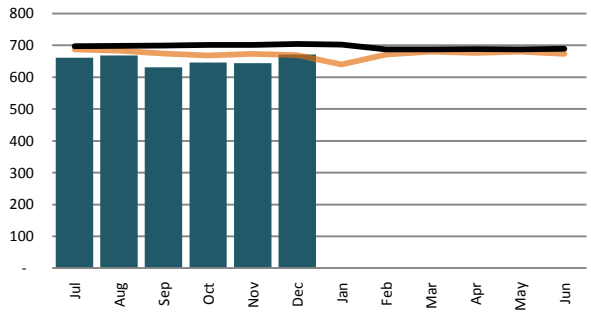
Personnel costs & FTE

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Medical	1,460	1,546	86	6%	✓	9,098	9,154	56	1%	✓
Nursing	2,750	2,667	(83)	-3%	✗	15,306	15,030	(276)	-2%	✗
Allied Health	1,092	1,019	(73)	-7%	✗	5,755	5,894	139	2%	✓
Support	89	98	9	9%	✓	549	581	32	6%	✓
Management & Admin	650	671	21	3%	✓	3,896	3,959	63	2%	✓
Total	**6,041**	**6,001**	**(40)**	-1%	✗	**34,604**	**34,618**	**14**	0%	✓

Personnel costs (incl Locums)



Personnel FTE (accrued)

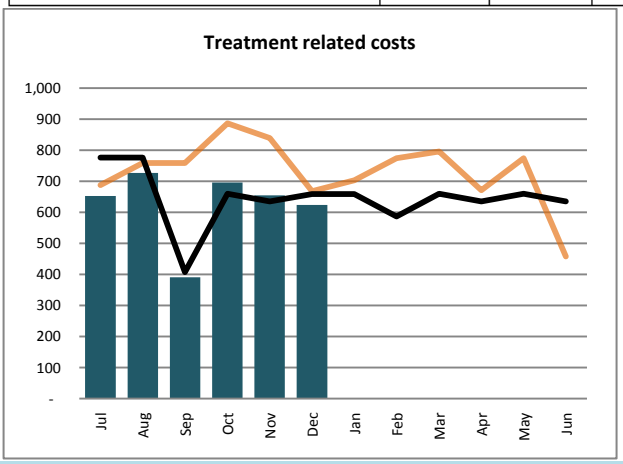


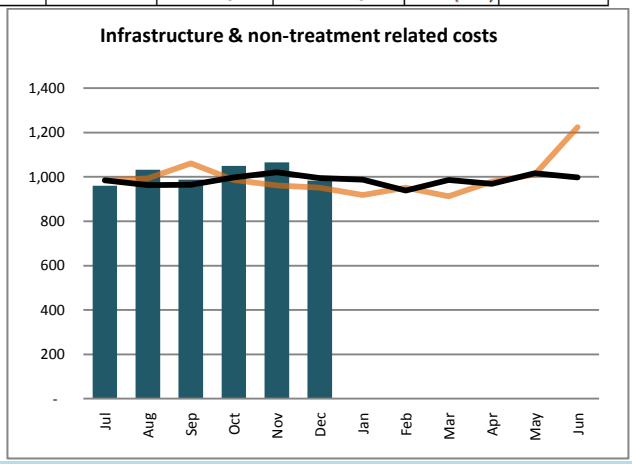
KEY RISKS AND ISSUES: Although better use of stabilised rosters and leave planning has been embedded within the business, there remains reliance on short term placements, which are more expensive than permanent staff.
The Ministry of Health has a keen focus on ensuring DHBs do not exceed their management 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 continue to monitor intensively to ensure that we remain under the cap, especially with the anticipated facilities development programme.

2018/19 YTD Actual 2017/18 YTD Actual 2018/19 YTD Budget

Treatment and non-treatment related costs

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Treatment related costs	624	659	35	5%	✓	3,746	3,914	168	4%	✓
Non Treatment related costs	951	982	31	3%	✓	5,937	5,812	(125)	-2%	✗





KEY RISKS AND ISSUES:

Treatment related costs favourable variance is driven from lower volumes of high cost pharmaceuticals and PCTs. It is still too early in the year to bank these YTD savings. Our DHB has low volumes of these types of drugs and if we have one or two patients prescribed these high cost medicines our pharmaceuticals cost will increase significantly.

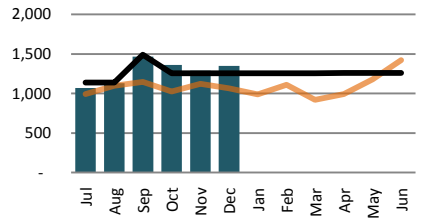
Overall we are continuing to monitor to ensure overspend in **non-treatment related costs** is limited where possible.

2018/19 YTD Actual 2017/18 YTD Actual 2018/19 YTD Budget

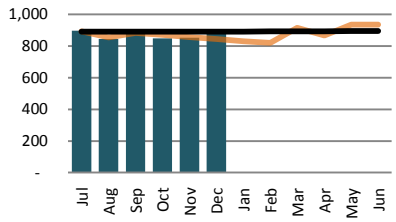
External provider & inter district flows costs

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Secondary Care	1,348	1,256	(92)	-7%	✗	7,668	7,537	(131)	-2%	✗
Primary Care	876	890	14	2%	✓	5,200	5,340	140	3%	✓
Older Person's Health	880	967	87	9%	✓	5,554	5,746	192	3%	✓
Mental Health	320	220	(100)	-45%	✗	1,423	1,320	(103)	-8%	✗
Maori Health	56	58	2	3%	✓	341	348	7	2%	✓
IDF	1,880	1,870	(10)	-1%	✗	11,315	11,224	(91)	-1%	✗
Outsourced Clinical	105	111	6	5%	✓	688	668	(20)	-3%	✗
Total	5,465	5,372	(93)	-2%	✗	32,189	32,183	(6)	0%	✗

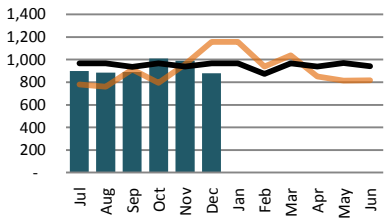
Secondary care



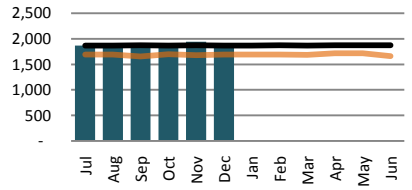
Primary care



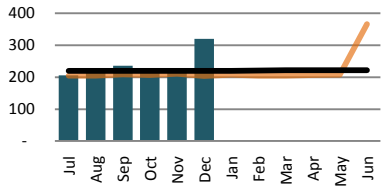
Older persons health



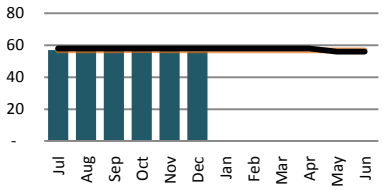
Inter District Flows



Mental health



Maori health



KEY RISKS AND ISSUES:

YTD Provider payments are showing an unfavourable result to draft plan of $6K. The favourable variance is mainly driven by lower bed occupancy in ARC facilities. This may turn around depending on a change in occupancy in ARC. Capacity constraints within the system require continued monitoring of trends and demand for services. We are also currently seeing a high demand for referred radiology, which we will monitor closely.

Financial position

	Month Actual $'000	Month Budget $'000	Month Variance $'000			Annual Budget $'000
Equity	22,556	22,428	128	1%	✓	100,302
Cash	11,511	9,521	1,990	21%	✓	10,630

KEY RISKS AND ISSUES:

The equity and cash position compared to budget reflect the delay in commencing the Grey Base rebuild. Our available cash is reflecting the artificial inflation due to the delayed capex spend due to the delay in the Grey rebuild.

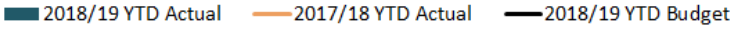
2018/19 YTD Actual 2017/18 YTD Actual 2018/19 YTD Budget

APPENDIX 2: WEST COAST DHB STATEMENT OF COMPREHENSIVE REVENUE & EXPENSE

For period ending 31 December 2018
in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 18/19
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	12,089	11,926	163	1.4%	71,489	71,367	122	0.2%	143,217
Inter DHB Revenue	0	0	0	0.0%	8	0	8	0.0%	0
Inter District Flows Revenue	145	145	0	0.0%	957	871	86	9.8%	1,735
Patient Related Revenue	606	595	11	1.8%	3,470	3,532	(62)	(1.8%)	6,860
Other Revenue	47	82	(35)	(42.7%)	323	385	(62)	(16.1%)	740
Total Operating Revenue	12,887	12,748	139	1.1%	76,247	76,155	92	0.1%	152,552
Operating Expenditure									
Personnel costs	6,041	6,001	(40)	(0.7%)	34,605	34,619	14	0.0%	69,123
Outsourced Services	0	0	0	0.0%	0	0	0	0.0%	0
Treatment Related Costs	624	659	35	5.3%	3,746	3,914	168	4.3%	7,750
External Providers	3,418	3,391	(27)	(0.8%)	20,186	20,291	105	0.5%	40,523
Inter District Flows Expense	1,942	1,870	(72)	(3.9%)	11,315	11,224	(91)	(0.8%)	22,455
Outsourced Services - non clinical	105	111	6	5.4%	688	668	(20)	(3.0%)	1,334
Infrastructure and Non treatment related costs	983	995	12	1.2%	6,076	5,924	(152)	(2.6%)	12,566
Total Operating Expenditure	13,113	13,027	(86)	(0.7%)	76,617	76,640	23	0.0%	153,751
Result before Interest, Depn & Cap Charge	(226)	(279)	53	(19.0%)	(370)	(485)	(115)	23.7%	(1,199)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	339	341	2	0.6%	2,032	2,046	14	0.7%	3,400
Capital Charge Expenditure	126	125	(1)	(0.8%)	751	750	(1)	(0.1%)	1,488
Total Interest, Depreciation & Capital Charge	465	466	1	0.2%	2,783	2,796	13	0.5%	4,888
Net Surplus/(deficit)	(691)	(745)	54	7.2%	(3,153)	(3,280)	127	3.9%	(6,087)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	**(691)**	**(745)**	**54**	**7.2%**	**(3,153)**	**(3,280)**	**127**	**3.9%**	**(6,087)**

in thousands of New Zealand dollars



APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 31 December 2018

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	23,481	24,191	(710)	(2.9%)	25,341
Intangible assets	525	431	94	21.7%	446
Work in Progress	5,920	4,796	1,124	23.4%	4,796
Other investments	605	604	1	0.2%	519
Total non-current assets	30,531	30,022	509	1.7%	31,102
Current assets					
Cash and cash equivalents	11,511	9,521	1,990	20.9%	11,724
Patient and restricted funds	(9)	54	(63)	(116.7%)	54
Inventories	1,106	1,058	48	4.5%	1,058
Debtors and other receivables	3,634	3,726	(92)	(2.5%)	3,725
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	16,242	14,359	1,883	13.1%	16,561
Total assets	46,773	44,381	2,392	5.4%	47,663
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,587	2,443	(144)	(5.9%)	2,443
Other	72	71	(1)	(1.4%)	71
Total non-current liabilities	2,659	2,514	(145)	(5.8%)	2,514
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	10,607	8,503	(2,104)	(24.7%)	8,503
Employee entitlements and benefits	10,951	10,936	(15)	(0.1%)	10,939
Total current liabilities	21,558	19,439	(2,119)	(10.9%)	19,442
Total liabilities	24,217	21,953	(2,264)	(10.3%)	21,956
Equity					
Crown equity	85,994	85,994	0	0.0%	85,994
Other reserves	25,681	25,681	0	0.0%	25,681
Retained earnings/(losses)	(89,119)	(89,247)	(128)	(0.1%)	(85,968)
Trust funds	0	0	0	0.0%	0
Total equity	22,556	22,428	(128)	(0.6%)	25,707
Total equity and liabilities	**46,773**	**44,381**	**2,392**	**5.4%**	**47,663**

in thousands of New Zealand dollars

2018/19 YTD Actual 2017/18 YTD Actual 2018/19 YTD Budget

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 31 December 2018
in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	13,412	12,715	697	5.5%	77,785	75,964	1,821	2.4%
Cash paid to employees	(6,387)	(6,001)	(386)	(6.4%)	(33,951)	(34,622)	671	1.9%
Cash paid to suppliers	233	(1,765)	1,998	113.2%	(10,057)	(10,127)	70	0.7%
Cash paid to external providers	(3,380)	(3,391)	11	0.3%	(18,412)	(20,291)	1,879	9.3%
Cash paid to other District Health Boards	(1,979)	(1,870)	(109)	(5.8%)	(13,545)	(11,224)	(2,321)	(20.7%)
Cash generated from operations	1,899	(312)	2,211	(708.0%)	1,820	(300)	2,120	(706.4%)
Interest paid	0	(0)	0	100.0%	0	(0)	0	100.0%
Capital charge paid	(751)	(125)	(626)	(500.8%)	(751)	(750)	(1)	(0.1%)
Net cash flows from operating activities	1,148	(437)	1,585	(362.5%)	1,069	(1,050)	2,119	(201.8%)
Cash flows from investing activities								
Interest received	29	31	(2)	(6.5%)	169	184	(15)	(8.2%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(410)	(524)	114	21.8%	(1,175)	(3,146)	1,971	(62.7%)
Acquisition of intangible assets	(1)	0	(1)	0.0%	(192)	0	(192)	
Net cash flows from investing activities	(382)	(493)	111	(22.5%)	(1,197)	(2,962)	1,765	59.6%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0	0.0%	0	0	0	0.0%
Repayment of equity	0	0	0	0.0%	0	0	0	0.0%
Cash generated from equity transactions	0	0	0	0.0%	0	0	0	0.0%
Borrowings raised								
Repayment of borrowings	0	0	0	0.0%	0	0	0	0.0%
Payment of finance lease liabilities	0	0	0	0.0%	0	0	0	0.0%
Net cash flows from financing activities	0	0	0	0.0%	0	0	0	0.0%
Net increase in cash and cash equivalents	766	(931)	1,696	(182.3%)	(127)	(4,014)	3,887	(96.8%)
Cash and cash equivalents at beginning of period	10,745	10,072	673	6.7%	11,724	11,727	(3)	(0.0%)
Cash and cash equivalents at end of period	**11,511**	**9,141**	**2,370**	**25.9%**	**11,597**	**7,712**	**3,884**	**50.4%**

in thousands of New Zealand dollars

2018/19 YTD Actual 2017/18 YTD Actual 2018/19 YTD Budget

RESOLUTION TO EXCLUDE THE PUBLIC

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

SOURCE: **Board Secretary**

DATE: **15 February 2019**

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 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 14 December 2018	For the reasons set out in the previous Board agenda.	
2.	Emerging Issues Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
3.	Clinical Leaders Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
4.	Risk Management Report	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)
5.	Annual Planning Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Report from Committee	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(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

FEBRUARY – DECEMBER 2019

DATE	MEETING	TIME	VENUE
Thursday 7 February 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 15 February 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 15 February 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 29 March 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 29 March 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 2 May 2019 (in place of ANZAC Day)	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 10 May 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 10 May 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Tuesday 18 June 2019	Special QFARC Teleconference	2.30pm	Boardroom, Corporate Office
Friday 28 June 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 28 June 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 25 July 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 9 August 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 9 August 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 27 September 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 27 September 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 24 October 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 1 November 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 1 November 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 28 November 2019	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 13 December 2019	BOARD MEETING	10.00am	St John, Water Walk Rd, Greymouth

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