

**MINUTES OF THE BOARD MEETING OF THE WAIRARAPA DHB,  
HELD ON 28 AUGUST 2007 AT 9.06AM,  
IN THE BOARD ROOM, WAIRARAPA DHB, BLAIR STREET, MASTERTON**

Present: Bob Francis (Board Chairman), Janine Vollebregt (Deputy Chair), Pamela Jefferies, Trish Taylor, Yvette Grace, Vivien Napier, Doctor Liz Falkner (lateness), Perry Cameron (lateness)

In Attendance: David Meates (Chief Executive), Joy Cooper (Director Planning and Funding), Eric Sinclair (Chief Financial Officer), Stephanie Turner (Director Maori Health), Maree Day (Board Secretary and Minute Taker), Mrs Linda Nelson (Standing Board Member)

**1. Apologies**

Board Members – Doctor Rob Tuckett and Cheryl Kurei – apologies sustained.

**2. Conflicts of Interest**

Nil.

**3. Minutes from the Previous Board Meeting Held 24 July 2007**

**Resolved:**

THAT THE MINUTES FROM THE PREVIOUS BOARD MEETING HELD 24 JULY 2007 BE RECEIVED.

**4. Matters Arising**

- Hydro pool is complete and is being commissioned.
- Kaumatua Survey. The report is complete. This item is to be removed from the Matters Arising Schedule.
- Annual Report – a broad concept is being developed up, that is different to reports in other years.
- Rest Homes. Further detail will be brought to the Board around new initiatives for rest home providers.
- The Wairarapa DHB is to review its current Code of Conduct. The update will be provided to the Board.
- A paper on the Hospital Patient Administration System (PAS) is to be provided to the Board at its September meeting.
- A clinical leadership paper will be provided to the Board in November.

**Mileage Rate Report.** The Chief Financial Officer advised any payment to a Board member is a withholding payment and is therefore subject to withholding tax. This avoids any double dipping occurring. Mrs Jefferies asked that the information that the CFO has received from the Inland Revenue be made available to the DHB CFO group. This way the group can report to the Ministry of Health and receive clarity.

**Resolved:**

THAT THE BOARD:

- (1) RECEIVE THE MILEAGE RATE REPORT NUMBERED D313.
- (2) NOTE THE RULING PROVIDED BY THE INLAND REVENUE DEPARTMENT AS ATTACHED TO THE REPORT.

- (3) NOTE THAT IN ACCORDANCE WITH THE RULING PROVIDED BY THE INLAND REVENUE DEPARTMENT WITHHOLDING TAX WILL BE DEDUCTED FROM ALL PAYMENTS, INCLUDING MOTOR VEHICLE MILEAGE REIMBURSEMENT CLAIMS, MADE TO A BOARD MEMBER.

## **5. Chair's Report**

The Chairman spoke to his report advising he is delighted with the achievements of the HEHA programmes and activities within the first year. Incredible experiences are being shared, particularly those coming from the local schools. The Chairman asked that congratulations be provided to Project Manager, Sue McAuley and her team for the wonderful work being done.

### **Resolved:**

THAT THE BOARD NOTE THE CHAIRMAN'S REPORT NUMBERED D314.

## **6. CEO**

The Chief Executive spoke to his report.

- Financials, negotiations and the implementation of the patient journey workstream have been key work items in the last month.
- There is a lot of ongoing work associated with the patient journey workstream. This work extends across the wider Wairarapa DHB sector.
- Professor Richard Bohmer visited in August. He is one of the world's leading thinkers in operational design. Around 10 DHB staff, including representatives from the primary care sector attended a 2 day workshop with him in Wellington. A one day workshop followed on Friday with thirty eight DHB staff involved. Professor Bohmer is due back before the year end. Clinicians are involved with this work.
- The financial position was pleasing for the first month of the 2007/08 financial year. The cash flow position has improved.
- The AT&R review is out for feedback.
- Many positive messages are emerging and being bedded down from the activities and work relating to HEHA. There is a lot of momentum.
- Registration requirements are being worked through for the South Wairarapa Primary Health Nurse position.
- Immunisation. There has been a lot of positive publicity around immunization. Although the stats in the last quarter dropped slightly the immunization team are very comfortable with getting this back on track. Whaiora Whanui staff played an incredible part in following up on referrals. The Maori Woman's Welfare League also played a key role with the achievements of the programme and continue to do so. A letter of thanks will be sent out by the Board Chairman on behalf of the Board.
- The draft result to finalise the end position for 2006/07 Inter District Flows have not yet been received.
- DHB Provider arm. The paediatric surgery is largely for children under 6 years of age. The Paediatric Surgeon may bring his own anaesthetist next time.
- The provider arm has remained ESPI compliant for the last 6 months.
- Doctor Falkner referred to the need for the Board to ensure it does not lose sight of the lack of service in terms of urology. The CEO advised the GM Hospital Services is working through a number of options in terms of the long term provision of urology. Urgent and semi urgent cases are still being picked up. This item is a matter arising for HAC so is therefore being followed up regularly.
- The draft redesign papers for the district nursing service are out for consultation. This work focuses on addressing passive referral processes.

- Three staff have now completed their DAO workbooks which is a significant achievement. This has enabled Mental Health Services to get to a more sustainable framework. Healthline is working very well with regular reporting on the volume and types of calls being reported through HAC.
- Mrs Taylor and Mr Cameron attended the Richmond Fellowship presentation. It was suggested Helma Van der Lans be invited to present to the Board on the Mental Health Service activities and initiatives she is moving forward. The CEO advised Ms Van der Lans brings a different set of competencies to the service that is having a real positive impact. A presentation will be arranged.
- The Maori Health Committee has got itself very focused on its work programme, which covers operational requirements. The Committee held a strategic planning day in early August. The Director Maori Health is driving the Wairarapa Pacific Cultural Responsiveness Framework. A number of frameworks that are in place elsewhere are now being tailor-made for the Wairarapa.
- Suicide prevention and self harm detection continues to be a key focus.
- HR is moving away from a manual HR system. The new system will enable payslips to be signed off electronically. Kiwi Saver procedures are all in place.
- Culture survey is going out in September to the organisation. Should have the initial results on this by end of September / October.
- The pay and equity review verification work is ongoing. This review is being funded by the MOH.
- The "Hospital Revue" is to be held on 6<sup>th</sup> September 2007. This event has been absent from for the last 7 years.
- Tentative approval has been received for Joy Cooper to be part of the next Executive Fellows Programme.
- A review is underway that has been commissioned by the MOH which highlights strengths and weaknesses of the DHB / PHO framework.

### **Strategic Issues**

- DHB Campus. Pegs have been laid out for the boundaries. Details will be put to LINZ. This work could take a few months.
- The Board approved the Learning Center. A number of discussions have been had with the CHFA and MOH. A health planner is looking at the plans. This work will be brought back to the Board.
- The HEHA Draft Strategic Plan has been submitted to the MOH.
- Aged care work is occurring to progress Glenwood-Masonic and Dalcum proposals. South Wairarapa rest homes are looking at future options. The Director Planning and Funding recently did a round of visits to the South Wairarapa rest homes. Exciting initiatives are being developed.
- Oral Health Services. A final letter is still awaited from the MOH to confirm final decisions and funding. This has been followed up and the letter is expected within the next 2 weeks.
- Wairarapa Hospital is fully utilizing its theatre sessions which is very encouraging. New initiatives are emerging with clinical confidence building.
- Treaty of Waitangi letter provides some great feedback from the participants of these recently held courses. Rob Consedine has a very unique way of approach to providing this course.
- Mihi Namana is running Maori language courses for staff that are being very well received.

### **Resolved:**

THAT THE CHIEF EXECUTIVE REPORT NUMBERED D314 BE RECEIVED.

### **7. Financial Report**

The CFO spoke to this report.

- July is always a difficult month to get a feel for trends. There were no major variances for the first month.
- It is pleasing to have an improved cash flow position going forward. This gives some further flexibility.
- The CEO advised there is a degree of uncertainty about receiving any further funding for the addition additional elective surgery.
- The CFO advised the sale of the building has been excluded from the figures this month.
- A further update on IDFs shows a refund should be received however the final year end figure is still awaited. Once clarification on the final figure is received a memo will be provided to the Board outlining the year end IDF position.

10.12am – Mr Cameron attended the meeting.

- There continues to be number of risks within the financials going forward that relate to MECA settlements, and the fluctuating exchange rate. The core debt with the CHFA is on an interest only repayment term. An agreement has been reached with the CHFA that no principle repayments will be made in the foreseeable future. The maturity dates for loan arrangements are shown within the Borrowing Schedule on page 6 of the financial report.

## **8. Committee Reports**

### **Disability Support Advisory Committee**

Mrs Taylor spoke to this report in the absence of Doctor Tuckett.

- Housing Research is looking at what needs are being met for disabled persons. Many elderly people now choose to continue to live in their own homes. It is important architects are brought on board to ensure there are correct designs of new homes.
- Funding responsibilities for long term chronic health support services. The Wairarapa DHB has written to the MOH stating its preferred option is option 3). This option provides the most continuity. This work is ongoing, including that at a central agency level.
- Managing entry into residential care continues to be closely monitored. Currently, the Wairarapa DHB supports 60% of its older people to enable them to live at home.
- The Wairarapa DHB does not receive funding for advocacy groups but does have a strong relationship with these groups. Mrs Jefferies commented that HAC reviewed the AT&R paper as well as DSAC. There is concern about the services for stroke patients and the linkages with the Stroke Foundation, including referrals through to hospital processes. There is a need to contact the Stroke Foundation and discuss the work they do and indicate how important their contributions are.

### **Resolved:**

THAT THE BOARD:

- (1) RECEIVE THE REPORT OF THE DISABILITY SUPPORT ADVISORY COMMITTEE FOR AUGUST 2007.
- (2) AGREE THAT OPTION THREE OF THE FUNDING FOR LONG TERM SUPPORT SERVICES PAPER BE SUPPORTED AS THIS IS MOST LIKELY TO PROVIDE CONTINUITY.
- (3) AGREE TO REPRESENT DSAC'S STRONG SUPPORT FOR THE HOUSING AND DISABILITY RESEARCH PAPER TO OUR LOCAL AUTHORITIES.

## **Community Public Advisory Committee Report**

Committee Chair, Bob Francis outlined key points from the August CPHAC meeting.

- A negative situation has come about due to a change in legislation giving providers the right to vary their mixture of beds. This has resulted in no hospital beds being available for long term residents. The Director Planning advised there is a need to meet with providers to look at getting more ownership of the collective ownership in terms of bed management. No one appeared to pick up that this would have such an impact. A further legislation change will be required to put it right. DHBs have taken legal advice. DHBs would like to see a change in certification practices, with some staffing ratios that would allow the certification of beds, not just the facility. The Director Planning and Funding will provide regular updates.
- A very positive report was provided on outreach clinics.
- An excellent amount of work is being progressed by the Wairarapa Public Health Unit. There are numerous projects and the Public Health Unit needs to be monitor carefully those it is involved with as there is a lot of time and energy involved.
- The provider arm is continuing to show strong performance with volumes at the 2006/07 year end coming in ahead of targets by 2.2% (\$875K).
- School Clinics. A very detailed report was received on two clinics with good progress being made.
- Kuranui and Makoura Colleges are considering extending their School Clinics, however any extension must be carefully considered.
- Sex education for the year 7-8 school group is being considered. Feedback is being received.
- Some new funding has been received from the MOH for an alcohol and drug initiative. It is likely a pilot will be run in one school.
- The Palliative Care Implementation Plan sets out a framework for an integrated range of services. The concept is to have one palliative care pathway with those providers (who wish to participate) working to one set of standards and protocols and one training programme. A workshop is being held next week with all the key stakeholders to put some case studies through the proposed framework to ensure it is right before it goes out to consultation.

### **Resolved:**

THAT THE REPORT OF THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE FOR AUGUST 2007 BE RECEIVED.

Meeting adjourned: 10.35am

Meeting recommenced: 11.00am

## **Hospital Advisory Committee**

Committee Chair, Pamela Jefferies spoke to key points from the August HAC meeting.

- ED attendances continue to be high. These are being monitored with a view to reducing them.
- There is significant pressure on ultra sound services particularly now that all ultra sound is done in imaging. Non-film based imaging is the preferred technology method.
- The District Nurse who covers Tinui / Riversdale areas has withdrawn her resignation.
- The FOCUS client waiting list is growing.
- Work on developing the electronic discharge service continues.
- There is a real need to reduce acute surgery to give capacity for more elective work.

- The reliance on visiting specialists to deal with Ear, Nose & Throat remains. The GM Hospital Services is looking at scheduling in blitzes (4 to 5 times a year).
- The employment of a 3<sup>rd</sup> Orthopaedic Surgeon will provide further income earning capacity going forward.
- The GM Hospital Services is continuing to work on alternatives for urology. The urgent urology cases have been dealt with in an appropriate manner.
- There is a need to look at the rural nursing components / provision of care as part of the district nursing review which will form part two this work. Mrs Vollebregt commented that there are reduced numbers of people living and working on farms now, as there are more contractors. Dr Falkner referred to the need to look at what the after hour arrangements and needs are for district nurses, particularly in the more remote areas. Expectations need to be clear.

**Resolved:**

THAT THE BOARD:

- (1) RECEIVE THE REPORT OF THE HOSPITAL ADVISORY COMMITTEE FOR AUGUST 2007 NUMBERED D319.
- (2) NOTE THE REPORT FOLLOWING THE REVIEW OF AT&R SERVICES AND NOTE A FURTHER UPDATE IS TO PROVIDED AT THE NEXT HOSPITAL ADVISORY COMMITTEE MEETING IN SEPTEMBER.

**9. Report of the Chair of Te Iwi Kainga**

The CEO spoke to this report. The new framework to which Te Iwi Kainga is working has brought about very clear accountabilities and ownership. The relationship is really blossoming. The Board Chairman met with Janice Wenn, Chair of Te Iwi Kainga last week to discuss key developments. The linkages that are being made are very positive for everyone.

Te Iwi Kainga had a very productive meeting at the PHO this week to talk about its relationship with the PHO and to look at research opportunities in to the future.

**Resolved:**

THAT THE BOARD RECEIVE THE TE IWI KAINGA CHAIRPERSON'S REPORT NUMBERED D320.

**10. Central Region Clinical Services Plan**

The CEO advised the provided papers have gone to each of the Central Region DHB's Clinical Boards.

Primary care has been noted as being absent. The CEO advised this is deliberate as a number of workstreams will emerge from the development of the Clinical Services Plan that will be major in their own right. These workstreams will then get emerged into the overall Plan. The focus of the regional work will then advance into primary care. The Board referred to the importance of primary care not becoming disconnected.

Mrs Vollebregt asked if there is a role within the framework for a discharge planner, recognising the impact that poor discharge planning has on tertiary flow and secondary services. The CEO advised a number of workshops are to be held, which are being coordinated by the Steering Group. Points such as these will feed into these workshops.

Page 31) under the heading “What will be the impact of the plan for DHBs?” The words safe, affordable, and sustainable are used. The CEO advised that these judgments will be made by the individual Boards. A key principle of this work is for Boards to be satisfied with its local service provision. The overall governance of this project work sits with the 6 CEOs, who are charged by the combined Boards.

The CEO advised technology across the sector has not yet been leveraged to its ultimate objective. The need for resource of these type of projects is costly and takes up a lot of time. The Board Chairman emphasized the need to see some local gains from this work. It is important that Boards remain engaged and are able to see the gains and milestones along the way. Board representation is also required at the workshops.

The CEO will ensure feedback comes back to the Board each month, rather than quarterly.

Summary points which the CEO will report back are:

- Ensure early gains are identified through the process.
- Concern about overall governance, particularly in relation to Board engagement. Make central region Governance more overt.
- Note monthly reports will come back to each Board.
- Invite Board members to participate in the Workshops.

**Resolved:**

THAT THE BOARD:

- (1) NOTE THE ATTACHED PROJECT SCOPE FOR THE DEVELOPMENT OF THE REGIONAL CLINICAL SERVICES PLAN.
- (2) NOTE THAT THIS PROJECT SCOPE IS CONSISTENT WITH THE RESOLUTIONS AGREED BY ALL SIX CENTRAL REGION DHBS.
- (3) CONFIRM AGREEMENT WITH THE OUTLINED PROJECT SCOPE.
- (4) NOTE THAT REGULAR REPORTS WILL BE PROVIDED TO THE BOARD ON THE PROGRESS IN THE DEVELOPMENT OF THE CLINICAL SERVICES PLAN.

**11. Energy Report**

Energy usage is higher than the predicted usage of the initial Wairarapa Hospital design. There is potential to make savings of around \$100K per annum going forward. Peter Clayton and the project team are working to get implementations done as quickly as possible. EECA will be approached in terms of some investments going forward.

The generators are being run at various times of the days to ease the load on the daily tariff to reduce costs.

Two further letters have been sent to Maunsell. These relate to whether there were design or installation issues in regards to the heat pump, chiller compressor and buffer tank that were not included in the initial hospital design. A ruling has been made. Letters have been sent to Maunsell advising there are design issues. Wairarapa DHB will not be taking responsibility for the outstanding issues until all matters are dealt with.

The Wairarapa DHB has held monies to the value of \$180K and won't be releasing these until certificates are received from Maltby's. If further legal advice needs to be taken, then these monies will be utilized for

that purpose. To install two buffer tanks the cost will be approximately \$50,000. In addition, the Wairarapa DHB has incurred some additional costs associated with raising the stud height to circulate air flow.

The Energy Review shows the heat pumps are not working correctly. This therefore comes back to whether this is a design or installation issue. If Wairarapa DHB takes ownership of the items, they would automatically become liable. Climatec and Riggs are separate contract issues. Equipment failures are not significant as there are back up generators.

Maunsell has agreed they should have included some vibrating mounts, which have since been installed. The pie chart will be circulated to Board members. The Board asked for an update on contract issues in the next two months.

Going forward, the Wairarapa DHB will be aiming to achieve a green star compliant building for any future new buildings and facilities.

**Resolved:**

THAT THE BOARD NOTE THE ENERGY MANAGEMENT REVIEW AND IMPLEMENTATION BOARD UPDATE FOR AUGUST 2007 NUMBERED D322.

**12. Laboratory Service RFP and Contract – Lessons Learned**

This report summarises key points learnt following the development and implementation of a strategy and RFP for community and hospital referred laboratory services.

Engagement with Maori and Iwi should be included (ie. Te Iwi Kainga). The Director Planning and Funding advised Maori were represented on the steering group.

The estimated cost for the laboratory project was around \$80K. The consultation costs were expensive.

**Resolved:**

THAT THE BOARD RECEIVE THE REPORT TITLED DEVELOPMENT OF THE LABORATORY SERVICES RFP AND CONTRACT – LESSONS LEARNED NUMBERED D323.

**12. Medical Workforce Strategy Update**

This report is provided for information and relates to a major piece of work that is occurring nationally to look at what the future medical workforce requirements and make up needs to be.

Medical Colleges are very involved with this work which will take 12 to 18 months. It focuses on outlining what the core requirements and issues are. The emphasis on life style (work / life balance) is a big part of requirements. It is clear that the next generation will not be working in the same way as they have in the past.

The CEO advised this work picks up rural doctors, Mental Health Services, including psychiatrist requirements and needs. A further component of this work relates to a Maternity Strategy that the MOH is driving that looks at the College of Midwives and GPs linking and engaging into the wider framework.

Mrs Jefferies commented that the selection process is at the front end. There is a need for flexibility allowing people the opportunity to enter into the workforce at a later age. The CEO advised the Medical

Schools are realizing this and there is more flexibility around the admission into Med Schools. A Medical Training Board is to be established. A clear, integrated picture has been missing to look at the emerging role of a doctor.

**Resolved:**

THAT THE BOARD NOTE THE MEDICAL WORKFORCE STRATEGY UPDATE REPORT NUMBERED D324.

**13. Quarterly Report to the MOH**

The quarterly report reports against MOH requirements and is for the period April to June 2007.

- Page 79 shows ambulatory sensitive admissions, which shows the 15-24 year old age group is an area the WDH B is not performing so well on.
- The Youth Health Strategy is designed to address youth issues.
- The Red Cross has an emergency driver to provide transport to patients. The PHO funds the Red Cross who also has a driver on call at weekends. Healthline staff need to be informed of the transport options. If patients are admitted into hospital they do not have to pay for ambulance transport costs.

Mrs Jefferies commented that the new HAC management report will show data such as the ambulatory sensitive admissions on a monthly basis.

**Resolved:**

THAT THE BOARD APPROVE THE REPORT TO THE MINISTRY OF HEALTH FOR QUARTER 4 2006/07.

**12.15pm**

**14. Move into Confidential Business**

**Resolved:**

THAT THE PUBLIC BE EXCLUDED FROM CONFIDENTIAL BUSINESS ITEMS LISTED WITHIN THE BOARD MEETING AGENDA PURSUANT TO THE FOLLOWING:

- (1) TO ENABLE THE BOARD TO DELIBERATE IN PRIVATE ON ITS RECOMMENDATIONS
- (2) WITHHOLDING OF INFORMATION IS NECESSARY TO MAINTAIN THE EFFECTIVE CONDUCT OF PUBLIC AFFAIRS THROUGH THE FREE AND FRANK EXPRESSION OF OPINIONS BY OR BETWEEN OR TO MEMBERS OR OFFICERS OR EMPLOYEES OF ANY LOCAL AUTHORITY.

**15. Report Back from Confidential Business**

The Chairman reported back the following resolutions that were passed on confidential business as follows:

**16. Report Back from Confidential Business**

The Chairman reported back the following resolutions that were passed on confidential business as follows:

**Confidential Minutes from the Board Meeting Held 24th July 2007**

**Resolved:**

THAT THE MINUTES FROM THE PREVIOUS BOARD MEETING HELD 24 JULY 2007 BE CONFIRMED AS A TRUE AND ACCURATE RECORD.

### **DSAC Confidential Meeting Report**

#### **Resolved:**

THAT THE BOARD:

- (1) RECEIVE THE CONFIDENTIAL REPORT OF THE DISABILITY SUPPORT ADVISORY COMMITTEE MEETING IN AUGUST 2007.
- (2) NOTE THAT REST HOMES, INDIVIDUALLY, ARE EXPLORING A NUMBER OF OPTIONS TO WIDEN THEIR BUSINESS SCOPE AND ENSURE THEIR FUTURE VIABILITY.
- (3) NOTE THAT THE SITUATION WILL BE RE-ASSESSED AND A FURTHER REPORT PROVIDED IN MARCH 2008.

### **CPHAC Confidential Board Meeting**

#### **Resolved:**

THAT THE BOARD RECEIVE THE CONFIDENTIAL REPORT OF THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING FOR AUGUST 2007.

### **HAC Confidential Board Meeting**

#### **Resolved:**

THAT THE BOARD RECEIVE THE CONFIDENTIAL REPORT OF THE HOSPITAL ADVISORY COMMITTEE REPORT.

### **Audit & Risk Committee Confidential Board Meeting**

#### **Resolved:**

THAT THE REPORT OF THE AUDIT & RISK COMMITTEE MEETING HELD 9.05AM BE RECEIVED.

### **MECA Impacts**

#### **Resolved:**

THAT THE BOARD NOTES THE REPORT OUTLINING MECA IMPACTS NUMBERED D330.

### **Community Health Building Business Case**

#### **Resolved:**

THAT THE BOARD:

- (1) NOTE THAT FOLLOWING THE BOARD RESOLUTION OF 19 DECEMBER 2006, THE FOLLOWING OPTIONS WERE CONSIDERED IN THE DEVELOPMENT OF THE BUSINESS CASE:
  - STATUS QUO
  - NEW BUILD FOR A WIDER VARIETY OF PROVIDERS
  - RELOCATION OF DHB SERVICES TO LEASED ACCOMMODATION
  - NEW BUILD ON DHB CAMPUS FOR PROVIDER ARM SERVICES
- (2) AGREE THAT THE OPTION CHOSEN (NEW BUILD ON DHB CAMPUS FOR PROVIDER ARM SERVICES) IS THE BEST OPTION
- (3) NOTE THAT THE PREFERRED OPTION IS CONSISTENT WITH THE OVERALL FACILITY MASTER PLAN.
- (4) NOTE THAT THE PREFERRED OPTION WILL DELIVER A HIGH AND ACCEPTABLE LEVEL OF CLINICAL QUALITY AND MODERN DELIVERY OF ORAL AND OTHER HEALTH SERVICES
- (5) NOTE THE PREFERRED OPTION REQUIRES INVESTMENT OF \$4,063,000
- (6) NOTE A FUNDING PARTNER WILL NEED TO BE SOUGHT TO PROVIDE THE FINANCING FOR THE CONSTRUCTION OF THE NEW FACILITY TO A CAPITAL COST VALUE OF \$3,763,000.

- (7) NOTE THAT THE PROJECT DESIGN AND COSTS HAVE BEEN DEVELOPED WITH DHB PLANNERS AND HOSPITAL CONTRACTOR (RIGG-ZSCHOKKE), AND IS IN THE PROCESS OF BEING CONFIRMED BY HEALTH ARCHITECTS AND AN INDEPENDENT QUANTITY SURVEYOR
- (8) NOTE THAT THE INVESTMENT REQUIRED THE INTRODUCTION OF A NEW MODEL OF CARE
- (9) AGREE TO THE ESTABLISHMENT OF A CHANGE MANAGEMENT PROGRAMME TO PROMOTE MODERN MODELS OF CARE AND SET CREDIBLE TARGETS.

**Car Parking**

**Resolved:**

THAT THE BOARD NOTE THE WAIRARAPA HOSPITAL CAMPUS VEHICLE PARKING PLAN NUMBERED D332.

**Annual Report: Statement of Service Performance**

**Resolved:**

THAT THE BOARD RECEIVE THE ANNUAL REPORT: STATEMENT OF SERVICE PERFORMANCE NUMBERED D333.

**Meeting closed: 3.45pm**

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Bob Francis

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Chair