

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



**HOSPITAL ADVISORY
COMMITTEE MEETING**

24 January 2013

**AGENDA
AND
MEETING PAPERS**

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

AGENDA

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital,
High Street, Greymouth
Thursday 24 January 2013 commencing at 11.00am

ADMINISTRATION

11.00am

Karakia

1. **Interest Register**
Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.
2. **Confirmation of the Minutes of the Previous Meeting & Matters Arising**
22 November 2012
3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS

11.15am

4. **Management Report**
Garth Bateup *11.15am - 11.45am*
General Manager, Hospital Services
5. **Finance Report**
David Green *11.45am - 12.05pm*
Acting General Manager, Finance
6. **Clinical Leaders Report**
Dr Carol Atmore *12.05pm - 12.20pm*
Chief Medical Officer
7. **2013 Draft Work Plan**
Michael Frampton *12.20pm - 12.40pm*
Programme Director
Garth Bateup
General Manager, Hospital Services

ESTIMATED FINISH TIME

1.00pm

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 7 December 2012
- West Coast DHB 2013 Meeting Schedule

NEXT MEETING

Date of Next Meeting: 7 March 2013

Corporate Office, Board Room at Grey Base Hospital.

E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa
Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o kotahitanga, mo
nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini mai i Karamea tae noa atu
ki Awarua.

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

TERMS OF APPOINTMENT



HOSPITAL ADVISORY COMMITTEE

Member	Date of Appointment	Length of Term	Expiry Date
Sharon Pugh (Chair)	27 January 2011 (Re-appointed 27 January 2012 and 30 April 2012)	21 months	31 January 2014
Doug Truman	27 January 2011 (Re-appointed 27 January 2012 and 30 April 2012)	21 months	31 January 2014
Karen Hamilton	22 November 2012	16 months	24 March 2014
Richard Wallace	25 July 2005	Reviewed annually by Te Runanga o Makaawhio	Until advised by Te Runanga o Makaawhio
Gail Howard	6 May 2011	Three years	6 May 2014
Paula Cutbush	6 May 2011	Three years	6 May 2014

DISCLOSURE OF INTEREST

Member	Disclosure of Interests
CHAIR - HAC Sharon Pugh West Coast District Health Board Member	<ul style="list-style-type: none"> • Shareholder, New River Bluegums Bed & Breakfast • Deputy Chair, Greymouth Disabled Persons Assembly
DEPUTY CHAIR – HAC	
Doug Truman West Coast District Health Board Member	<ul style="list-style-type: none"> • Deputy Mayor, Grey District Council • Director Truman Ltd • Owner/Operator Paper Plus, Greymouth
Richard Wallace	<ul style="list-style-type: none"> • Upoko, Te Runanga o Makawhio • Negotiator for Te Rau Kokiri • Trustee Kati Mahaki ki Makawhio Limited • Honorary Member of Maori Women’s Welfare League • Wife is employed by West Coast District Health Board • Trustee West Coast Primary Health Organisation • Member of Tatau Pounamu • Kaumatua Health Promotion Forum New Zealand • Kaumatua for West Coast DHB Mental Health Service (employed part-time) • Daughter is a Board Member of both the West Coast DHB and Canterbury DHB • Kaumatua o te Runanga o Aotearoa NZNO • Te Runanga o Aotearoa NZNO • Member of the National Asthma Foundation Maori Reference Group
Gail Howard	<ul style="list-style-type: none"> • Chairman of Coal Town Trust • Trustee on the Buller Electric Power Trust • Director of Energy Trust New Zealand
Paula Cutbush	<ul style="list-style-type: none"> • Owner and stakeholder of Alfresco Eatery and Accommodation
Karen Hamilton	<ul style="list-style-type: none"> • Grey District Councillor • Employed by Community & Public Health (a division of Canterbury District Health Board) • Coordinator / Member of Alcohol Action West Coast • Member - Alcohol Action New Zealand • Member of West Coast Tobacco Free Coalition • Member CCS Disability Action (Canterbury / West Coast) • Member Cystic Fibrosis Association (Canterbury Branch) • Director – Future Knowledge Limited (this company owns a property that is leased by Richmond New Zealand Trust and another property that is leased by Presbyterian Support) • Shareholder – Bright Side Investments Limited

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Thursday 22 November 2012, commencing at 11.00am

PRESENT

Warren Gilbertson (Chair); Sharon Pugh (Deputy Chair); Paula Cutbush; Karen Hamilton; Gail Howard; Doug Truman; and Richard Wallace.

MANAGEMENT SUPPORT

Garth Bateup (General Manager, Hospital Services); Gary Coghlan (General Manager, Maori Health); Michael Frampton (Programme Director); David Green, (Financial Controller, CDHB); Jennie Hasson (Financial Accountant); Carol Horgan (Team Leader, Planning & Funding, CDHB); Brian Jamieson (Communications Officer); Karyn Kelly (Director of Nursing & Midwifery); Kay Jenkins (Minutes).

WELCOME

The Chair welcomed everyone to the meeting and asked Richard Wallace to open the meeting with a Karakia.

APOLOGIES

An apology for lateness was received and accepted from Peter Ballantyne.
Leave of absence for Paul McCormack was noted.

1. INTEREST REGISTER

Richard Wallace advised that his interest regarding “Kaumatua for West Coast DHB Mental Health Service (part-time)” should state “employed part-time”.
Interests for Karen Hamilton will be included in the next meeting papers.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution

(Moved: Warren Gilbertson/Seconded: Doug Truman – carried)

“That the minutes of the meeting of the Hospital Advisory Committee held on 11 October 2012 be confirmed as a true and correct record.”

Chair’s Report to Board

The Chair provided an update back to the Committee from the last Board meeting and commented in particular on seismic issues which had been well documented in the media, and the Grey business Case. Further reports will be provided as the project develops.

3. CARRIED FORWARD/ACTION ITEMS

The General Manager, Hospital Services provided an update on the carried forward items;

1. Complaints – more information is provided at today’s meeting. This item can now be deleted.

2. Transportation – the pilot operating between Buller & Greymouth will be evaluated in December and then again in 3 months time. The most appropriate day varies from week to week. This item will now be split into 2: evaluation report; and SI project around ambulance transport.
3. Work Plans – The Board will be discussing at its December meeting and an update will be provided at the January committee meeting.
4. Exit interview trends – this will be included in the work plan and be reported six monthly.

The Committee noted the carried forward items.

4. HOSPITAL ADVISORY COMMITTEE WORKPLAN

There was no further discussion on the work plan.

5. HOSPITAL AND SPECIALIST SERVICE (H&SS) MANAGEMENT REPORT

The General Manager, Hospital & Specialist Services spoke to the Management Report.

Discussion by the committee related to:

- Medical Staffing:
 - Locum costs – these are reasonable at the present time
 - Obstetrics & Gynecology appointment will commence in January
 - An anesthetist will be commencing shortly and another applicant will be interviewed early in December.

Vacancies are shown in the papers.

- Health Targets – these show reasonably good results but the smoking target for September is disappointing. Work is taking place around improving this. Discussion took place regarding how many people the percentages refer to. This information will be provided at the next meeting.
- The committee noted that there are financial implications around exceeding targets and this is not necessarily a good thing.
- Out Patient Clinic Cancellations – Discussion took place regarding the reasons for these cancellations, the process around them and what can be done to alleviate the situation.
- Seismic Issues & Relocation - Seismic issues are widespread around the DHB sector and the West Coast is very advanced in looking at these issues. There have been some huge costs related to Engineering reports and there are still some broader facility questions to be dealt with. Planning to relocate several services continues with the priority to ensure that patient and staff disruption is mitigated as much as is possible.
- Discussion took place regarding maternity services in Buller and the possible need for mothers to commute to Greymouth on weekends. The Committee noted that work is taking place to strengthen this service.
- Xclr8 – the committee noted that presentations are taking place tomorrow for the latest course. There had been a good uptake of Senior Medical Staff and more are keen to be involved in the future.
- Serious & Sentinel Events – the Health Quality & Safety Commission report on Serious & Sentinel Events has been published and is available on the Health & Quality Commission web site.
- Laundry – the General Manager provided the Committee with some background around this issue including information regarding the South Island procurement work stream.

Garth Bateup declared an interest in the Laundry discussions as part of his role includes membership of the Board of the CLS.

12.10pm Peter Ballantyne & Michael Frampton joined the meeting via video conference.

- Hospital Improvement Projects – the General Manager tabled some information regarding current projects underway in the hospital. The paper stated that whilst the list of hospital

improvement projects is detailed in the meeting papers it has been decided to suspend most of the work on all projects except the following;

- Central Booking Unit: A team involving clinical leaders from all specialities will be embarking in detailed work on the CBU over the next few weeks. Some key indicators have been developed however, a comprehensive work plan with milestones and key deliverables needs to be completed so that progress can be monitored. This should also have positive implications on outpatient clinic cancellations.
- Theatre Utilisation: Utilisation of theatre lists has been reviewed for a period of 8 weeks and results show a utilisation rate of 63%. In a hospital such as this where predominately elective surgery is undertaken a utilisation rate of 80-85% should be easily achievable. This work will proceed in conjunction with the CBU processes.
- Production Plan/ESPI Compliance: The DHB struggles to maintain compliance on a regular continuous monthly basis. Work is taking place around medical staff rostering and clinical/theatre scheduling in this area.
- Ward Resourcing vs Patient Activity: Work is taking place in this area around matching staffing levels to actual patient activity. The tool currently used is the Trendcare system. Work will commence shortly to ensure maximum capacity of the Trendcare system.

The report was noted.

6. FINANCE REPORT

Jennie Hasson, Financial Accountant, spoke to this report. The report was taken as read and she commented on: Laundry costs; seismic costs; Capex; and the decrease in revenue. She added that if we continue on this path the outcome will not be what we are trying to achieve.

Michael Frampton, Programme Director, commented that we need to be really clear that this is a collective challenge. The picture is not good and a comprehensive re-forecasting exercise is currently being undertaken across the organisation, both in primary and secondary services. We will also be looking at what the choices and opportunities are to deliver on our Annual Plan commitments.

Discussion took place regarding seismic issues and whilst some of the engineering costs could be capitalised this is part of the recasting exercise.

In regard to DHB owned GP services Michael commented that this remains one of the top priorities of the DHB.

Resolution

(Moved: Richard Wallace/Seconded: Sharon Pugh – carried)

That the Committee received the financial report for the period ending 31 October 2012.

7. CLINICAL LEADERS REPORT

Dr Carol Atmore, Chief Medical Officer, spoke to the Clinical Leaders Report which was taken as read. The Committee noted that as the new work plan is developed this will set the priorities for future reporting to the Committee.

Resolution

(Moved: Sharon Pugh/Seconded: Gail Howard – carried)

That the Committee notes the report.

The Committee noted that there were no public excluded items.

GENERAL BUSINESS

The Chair advised that he has indicated to the Board Acting Chair that he will no longer be available to Chair this Committee so this will be his last meeting as Chair.

The Committee moved a vote of thanks to the Chair for his work in Chairing the Committee.

There being no further business the meeting closed at 12.50pm

Confirmed as a true and correct record.

Warren Gilbertson
Chairman

Date

CARRIED FORWARD/ACTION ITEMS

Item No	DATE RAISED	ACTION	COMMENTARY	STATUS
1	30 September 2011	Transportation home following discharge. Work to be undertaken on communication regarding what people could reasonably expect, and what can be delivered.	A pilot is operating between Buller & Greymouth. This was evaluated in December 2012 and will be further evaluated in 3 months time. The most appropriate day varies from week to week.	Further evaluation due in March 2013
2	24 May 2012	Patient Ambulance Transport	Provide update on the South Island project around patient ambulance transport.	
3	24 May 2012	Updated Work Plan	Draft work plan for discussion in January 2013	Item 7 on today's agenda
4	24 May 2012	Exit Interviews	Provide a regular reporting on any trends (either positive or negative) emerging from exit interviews.	Next Report due June 2013.

MANAGEMENT REPORT

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Garth Bateup, General Manager Hospital Services
Hecta Williams, General Manager

DATE: 24 January 2012

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This is a standing report outlining progress on service delivery in the West Coast DHB Provider Arm.

2. RECOMMENDATION

That the Hospital Advisory Committee:
a. Notes the report

3. SUMMARY

December was a relatively busy month leading towards the annual closure of elective services and scheduled outpatient clinics for two week period over Christmas/new year. Work progressed well on the relocation of services from Morice and McBrearty wards.

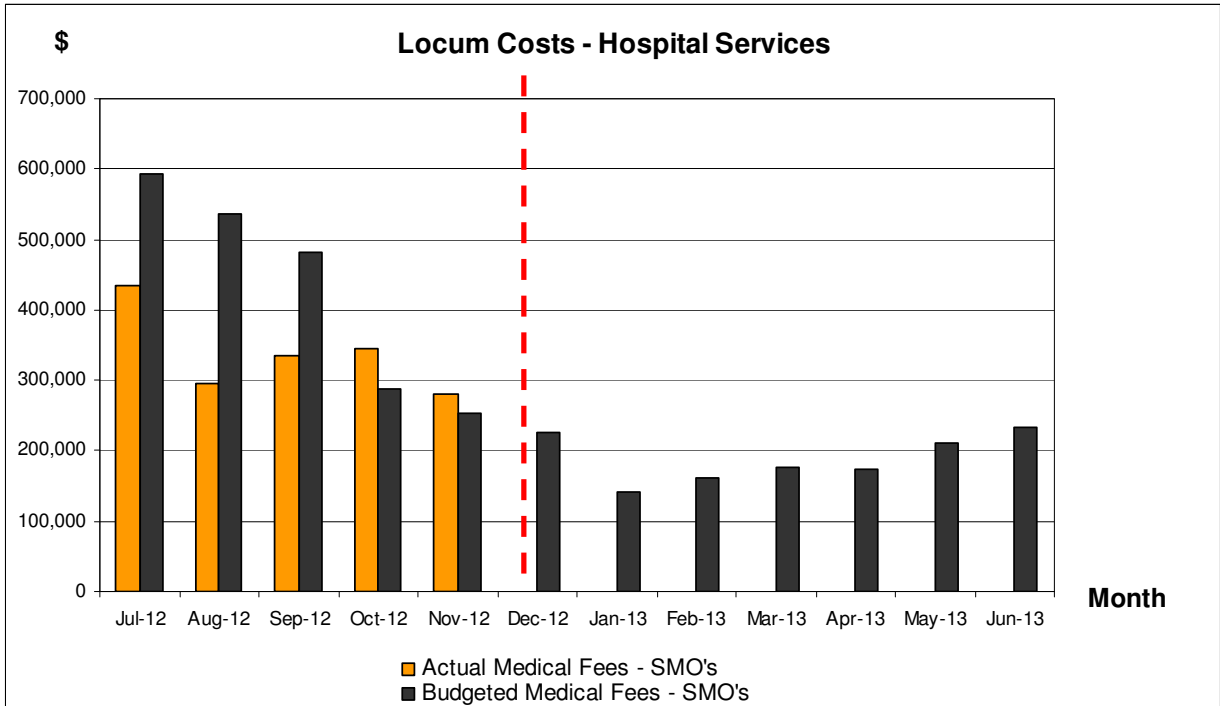
4. DISCUSSION

4.1 Medical Personnel

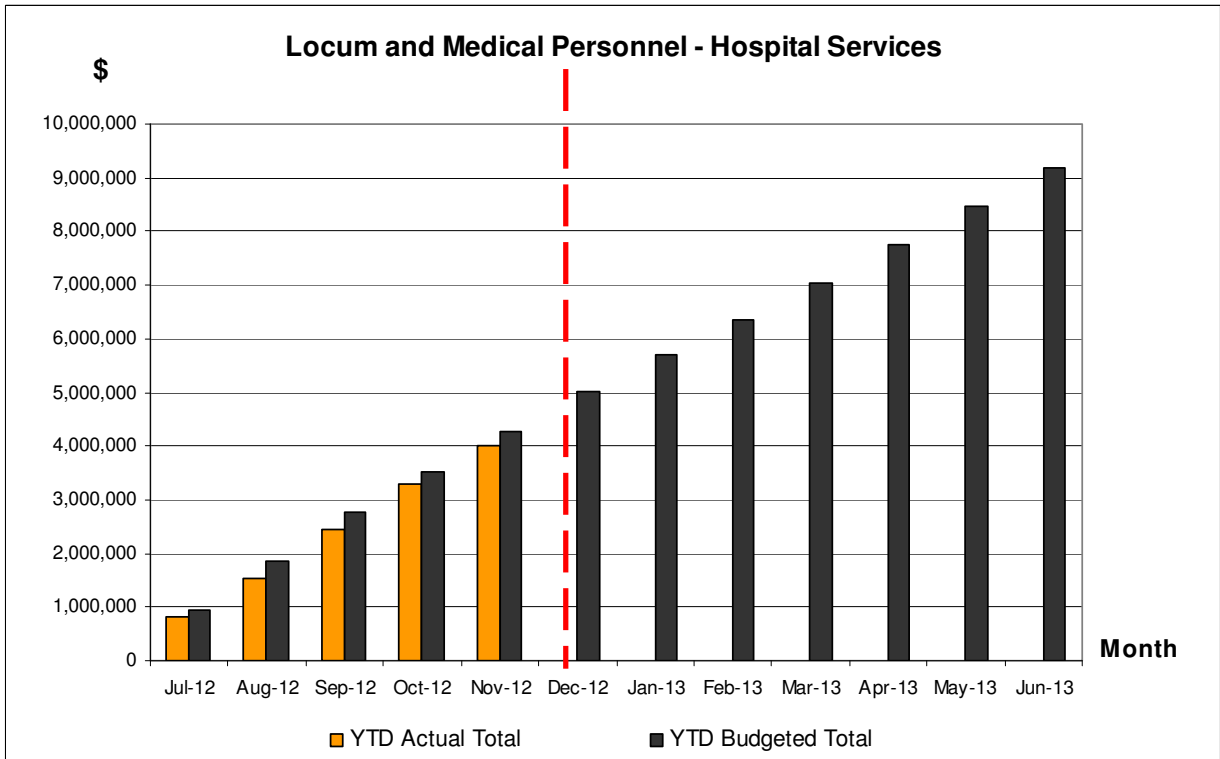
Locums (refer to Graphs)

- Both graphs are Hospital Services only
- Hospital Services is in this connection defined as: General Surgery, Orthopedics, Accident & Emergency, General Medicine, Obstetrics & Gynaecology, Pediatrics, Anesthetics and Visiting Clinics.
- The figures only include Senior Medical Officer's personnel and Senior Medical Officer related locum costs
- The Senior Medical Officer locum costs include travel, accommodation, Agency Fees and other locum costs
- July –November figures are based on actual spend.
- The graph showing Locum and Medical Personnel costs are accumulated figures
- The graph showing only the locum costs are showing the monthly spend

December Figures



December Figures



4.2 Recruitment Vacancies

Medical

Vacancy Name	FTE	Division/ Practice	Date Advertised	Stage & Comments
Obstetrics & Gynaecology	1	Grey Hospital	1/5/2011	Videoconference completed and the West Coast DHB is going to send through set criteria so it will enable the recruitment team to screen and refer candidates more effectively, we will also organise for a Canterbury DHB Representative to review CV's. Will need to re-advertise in the New Year
Anaesthetist	2	Grey Hospital	30/05/2012	Job offer sent through to candidate
Clinical Leader	1	Buller Health		Advertising
General Practitioner	2.2	Buller	1/5/2011	Advertising – no enquiries to date
General Practitioner	1.7	Greymouth	1/5/2011	Nigel Ogilvie is dealing with the Australian General Practitioner's looking to rotate every 6 weeks; we are still working through the logistics of this. The 12 month locum originally interested in Grey Medical. Job Offer is all ready to go, just waiting on Terms Of Business to be signed - We are not going to sign Terms Of Business, so will be withdrawing offer.
General Practitioner	1	Reefton	1/5/2011	
General Practitioner	1	Greymouth	5/5/2012	
General Practitioner	1	Hokitika	6/5/2012	
General Practitioner	1	South Westland	7/5/2012	
Hospital Generalist	3	Greymouth	17/8/2012	Re-advertising
General Surgeon	1	Greymouth		Have received through one direct enquiry and have sent CV through to the Medical Council NZ as unsure if he would be eligible for registration - unable to gain Provisional Vocational Registration.
Total Medical Open:	15.9			

Nursing

Vacancy Name	FTE	Division/ Practice	Date Advertised	Stage & Comments
Nurse Practitioner	1	Buller	22/8/12	On-hold: Position has been placed on hold until New Year while some service changes take place within Buller IFHC
Rural Nurse Specialists	2	Buller	25/10/12	Placement pending: A candidate has been offered the Rural Nurse Specialist role in Ngakawau. Will arrange to come to visit Ngakawau early 2013, prior to confirmation of acceptance of position
Registered Nurses	4	Manaakitanga IPU	30/10/12	Reference checking/Re-advertising: Completed reference checks - awaiting confirmation if candidate is to be offered role. One candidate still to be interviewed in early 2013. Another advertisement has been put up as still have vacancies
District Nurse	.7	Buller	14/11/12	Advertising closed: 1 interview held, 1 candidate in United Kingdom to be pre-screened
Enrolled Nurses	0	Buller	15/11/12	On hold - No suitable applicants - to discuss with Barbara Smith w/c 10 Dec
Practice Nurse	1	Grey Medical Centre	13/11/12	On Hold - Interview held candidate not suitable - will look at re-advertising in New Year
Total Nursing Open:	8.7			

Allied Health, Scientific & Technical

Vacancy Name	FTE	Division/ Practice	Date Advertised	Stage & Comments
Dental Therapist	1	Greymouth	1/5/2012	Re-advertising
Senior Dietician	1	Greymouth	24/4/2012	Under review: Met with Raewyn during recent visit to discuss what further action required - outcome, position under review. Senior clinical role is being performed by senior clinicians at Christchurch Hospital.
Occupational Therapist	1	Greymouth	22/11/2012	Offer pending: Offer has been made subject to reinstatement of registration. Candidate has been working in a non-OT role for this year and let registration lapse.
Total AHST Open:	3			

Corporate & Support Services

Vacancy Name	FTE	Division/ Practice	Date Advertised	Stage & Comments
General Manager – Buller	1	Buller	8/11/2012	Advertising closed 7 Dec. 57 applications received. Short listing from review of applications completed. Pre-screen commenced.
General Manager – Greymouth & Westland	1	Greymouth	8/11/2012	
Total CSS Open:	2			

Progress

A permanent Emergency Physician started in December in a permanent capacity.

We have appointed another permanent Anaesthetist who is looking to start in April 2013, and a face-to-face interview was held with another Anaesthetist in December resulting in a job offer made – candidate decision pending.

The new Obstetrics & Gynaecology Senior Medical Officer is arriving in January 2013 and will spend two weeks at the Canterbury DHB from the 21st of January and then head over to take on the permanent role at the West Coast DHB.

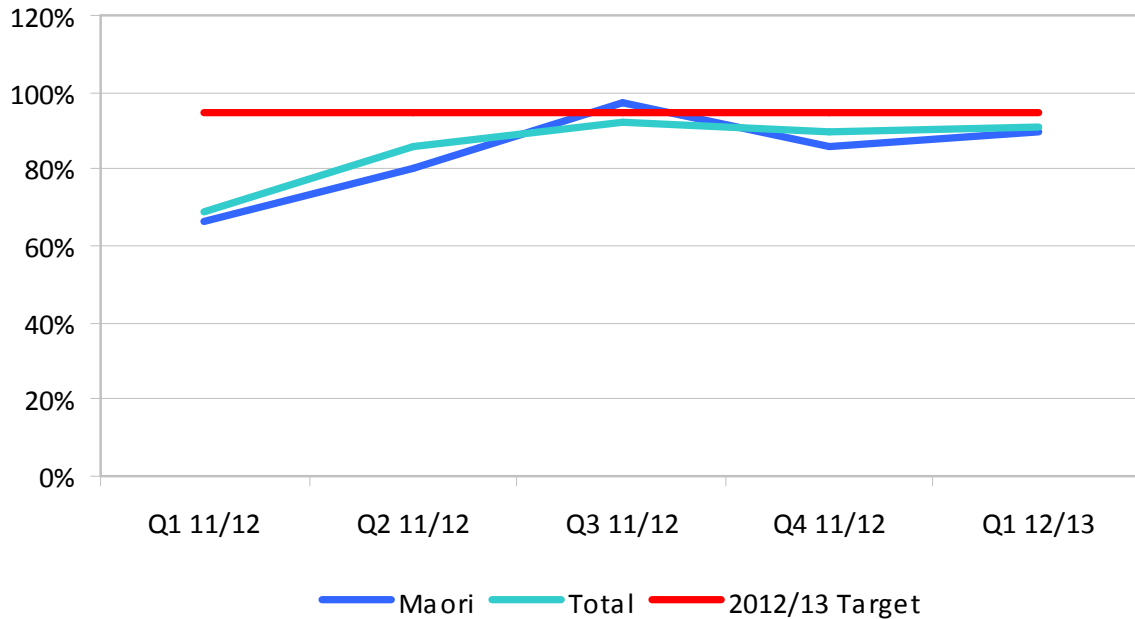
General Practitioners – continuing active advertising with a new campaign starting. Hokitika is looking at employing four General Practitioners from Australia on a rotational roster which should fill their vacancies for up to 12 months.

4.3 District Health Board Specific Targets

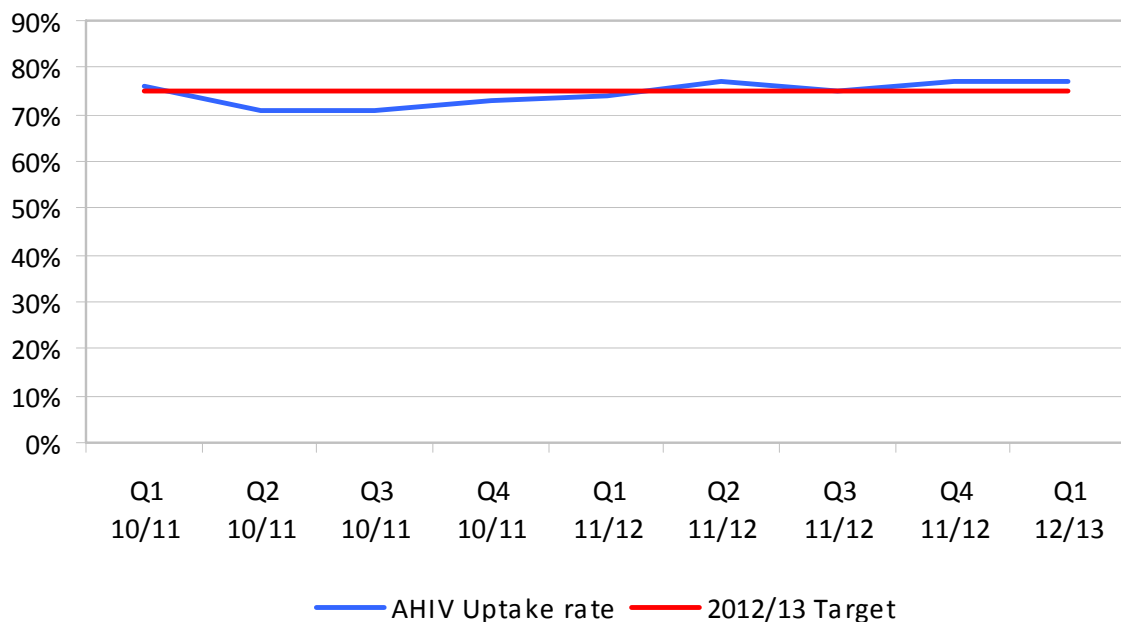
National Health Target		West Coast DHB Target		
Shorter Stays in Emergency Departments	95% of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours	>95% across all triage categories.	Emergency Department Attendances	
			For Period: 1 November – 30 November 2012	
			Over 6 Hours	4 0.00%
			Under 6 Hours	1,217 1.00%
			Total Attendances:	1,221
			For Period: 1 December – 31 December 2012	
			Over 6 Hours	4 0.00%
			Under 6 Hours	1,370 1.00%
			Total Attendances:	1,374
			<i>This report is calculated from Arrived time to Departed time. It combines the 3 Emergency Departments – Grey, Buller and Reefton.</i>	

			<p style="text-align: center;">Quarterly Data</p> <p>Period: 1 October to 31 December 2012</p> <p>ED - Buller</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Over 6 Hours</td> <td style="width: 20%; text-align: right;">2</td> <td style="width: 20%; text-align: right;">0.28%</td> </tr> <tr> <td>Under 6 Hours</td> <td style="text-align: right;">711</td> <td style="text-align: right;">98.72%</td> </tr> </table> <p>ED - Greymouth</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Over 6 Hours</td> <td style="width: 20%; text-align: right;">9</td> <td style="width: 20%; text-align: right;">0.30%</td> </tr> <tr> <td>Under 6 Hours</td> <td style="text-align: right;">2,946</td> <td style="text-align: right;">99.70%</td> </tr> </table> <p>ED - Reefton</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Over 6 Hours</td> <td style="width: 20%; text-align: right;">1</td> <td style="width: 20%; text-align: right;">0.98%</td> </tr> <tr> <td>Under 6 Hours</td> <td style="text-align: right;">101</td> <td style="text-align: right;">99.02%</td> </tr> </table> <p>Total 3,770</p> <p>Attendances</p> <p><i>This report is calculated from Arrived time to Departed time.</i></p>	Over 6 Hours	2	0.28%	Under 6 Hours	711	98.72%	Over 6 Hours	9	0.30%	Under 6 Hours	2,946	99.70%	Over 6 Hours	1	0.98%	Under 6 Hours	101	99.02%
Over 6 Hours	2	0.28%																			
Under 6 Hours	711	98.72%																			
Over 6 Hours	9	0.30%																			
Under 6 Hours	2,946	99.70%																			
Over 6 Hours	1	0.98%																			
Under 6 Hours	101	99.02%																			
Improved Access to Elective Services	129,000 elective surgical discharges delivered nationwide in 2010/11	1592 elective surgical discharges	The year to date (YTD) report as of 31 October 2012 shows that there have been 588 actual raw surgical discharges had been delivered by the West Coast DHB, which is nine cases above the YTD planned target of 579 surgical discharges. This is 37.0% of the total national health target of 1592 discharges to be delivered by the West Coast DHB for the year. These discharges resulted in case weight discharges (CWD) of 799.9 which was over-delivery at 103.2% of planned year to date volume.																		
Shorter Waits for Cancer Treatment	Everyone needing radiation & chemotherapy treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010	100% started within four weeks	From July 2012, the Cancer Treatment Health Target expanded to include chemotherapy as well as radiation therapy. West Coast DHB continues to achieve the target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks for the current financial year to 16 December 2012.																		
Better Help for Smokers to Quit	90% of hospitalised smokers are provided with advice and help to quit. Introduce similar target for primary care from July 2010 through the Primary Health Organisation Performance Programme.	95% for 2011-2012	<p>ABC Implementation:</p> <p>Note: Quarter 3 2012/13 result not available</p> <p>Quarter 3 update:</p> <ul style="list-style-type: none"> - October – 90% - November – 92% <p>Smokefree staff has been working with Clinical Nurse Managers to provide leadership to their staff around this health target. This includes working with coders to pick up files of patients where brief advice to a smoker has not been delivered and providing this information back to the Clinical Nurse Manager. This will be helpful information in reaching the health target of 95%, as one identified smoker provided with brief advice can be more than one percent of the health target, due to the relatively small numbers involved.</p>																		

Smokefree Health Target: 95% of Hospitalised smokers given advice and help to quit



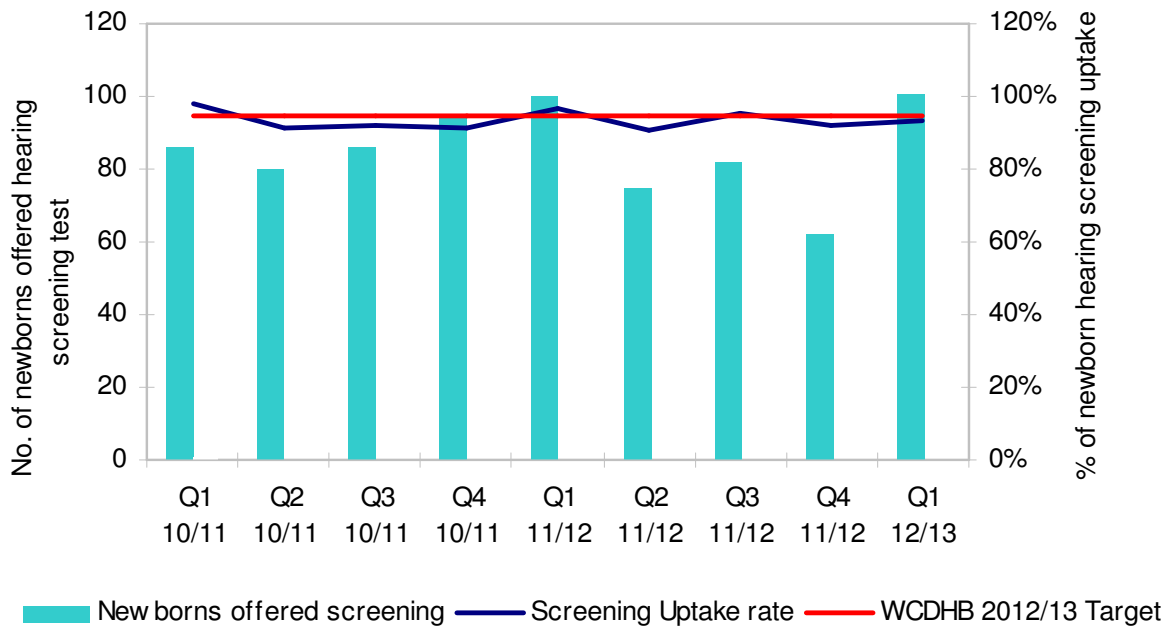
Antenatal HIV screening programme



The Antenatal Human Immunodeficiency Virus (AHIV) screening programme aims to ensure all women are offered HIV screening along their first pregnancy blood tests so that transmission of the virus from mother to baby can be prevented.

The AHIV screening test uptake on the West Coast remains above 75% since Quarter 2 2011/12. In Quarter 1 2012/13, 77% of pregnant mothers have taken up AHIV screening test, which is 2% more the target set for 2012/13 by the West Coast DHB.

Universal Newborn Hearing Screening and Early Intervention Programme (UNSEIP)



The UNHSEIP aims to identify newborns with hearing loss so that they can access timely and appropriate interventions, leading to better outcomes for these children as well as their families, Whanau and society.

On the West Coast, the uptake of the newborn hearing screening test has been consistently high, with coverage remaining above 90%.

In the 3 month period to September 2012, 101 newborn hearing screening tests were offered, of which there was a 93% uptake – 2% less than the target set by the DHB for 2012/13. Five newborns’ parents declined the test and two were missed. One newborn required a targeted follow-up.

A positive progress for the programme is the recommencement of a newborn hearing screening clinic at the Glorivale Christian Community in October 2012.

4.4 Case Weights

This report includes base service level agreement additional electives initiative volumes. This report is on a straight yearly volume divided over 12 months basis.

Inpatient Volumes

As at 30 November 2012 overall case-weighted (CWD) inpatient delivery was 19.23% under contracted volume for surgical specialty services (930.79 actual vs. 1020.98 contracted) and 55.75% over for medical specialty services (600.76 actual vs. 549.75 contracted).

The split between acute and electives were as follows:

CASE WEIGHTS (CWD)	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	456.06	378.83	-77.23	-16.93%
Elective	564.92	551.96	-12.96	-2.29%
Sub-Total Surgical:	1020.98	930.79	-90.19	-19.23%

Medical				
Acute	549.08	600.76	+51.68	+9.41%
Elective	0.67	0.00	-0.67	-100%
Sub-Total Medical:	549.75	600.76	+51.01	+55.75%
TOTALS:				
	1570.73	1531.55	-39.18	-2.49%

The under-production in surgical specialty services is driven largely by Orthopaedics.
The over-production in medical specialty services is driven largely by General Medicine.

Outpatient Volumes

As at 30 November 2012 overall case-weighted (CWD) outpatient delivery was 1.65% under contracted volume for surgical specialty services (4437 actual vs. 4425 contracted) and 5.54% down for medical specialty services (2077 actual vs. 2199 contracted).

The split between 1st Visit and Subsequent Visit were as follows:

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1 st Visit	1625	1672	+47	+2.87%
Subsequent Visit	2799	2765	-34	-1.22%
Sub-Total Surgical:	4425	4437	+12	-.28%
Medical				
1 st Visit	663	553	-110	-16.63%
Subsequent Visit	1535	1524	-11	-0.74%
Sub-Total Medical:	2199	2077	-122	-5.54%
TOTALS:				
	6623	6514	-109	-1.65%

Under-production again in surgical specialty services, in particular subsequent visits in orthopaedics and first visits in ENT. First visits remain over in Ophthalmology and Plastics.
Under-production continues across medical specialties, primarily in first visits.

4.5 Industrial Relations

Negotiations with the First Union (formerly NDU) for renewal of the West Coast DHB Pharmacy Collective Employment Agreement are scheduled to take place in Greymouth on 23 and 24 January 2013.

4.6 Elective Services Patient Indicator

MoH Elective Services Online

Summary of Patient Flow Indicator (ESPI) results for each DHB

DHB Name: West Coast

	2011			2012			2012			2012			2012			2012			2012			2012			2012			2012								
	Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov		
	Levd	Status %	Imp. Req.	Levd	Status %	Imp. Req.	Levd	Status %	Imp. Req.	Levd	Status %	Imp. Req.	Levd	Status %	Imp. Req.	Levd	Status %	Imp. Req.	Levd	Status %	Imp. Req.	Levd	Status %	Imp. Req.	Levd	Status %	Imp. Req.	Levd	Status %	Imp. Req.						
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	8 of 10	80.0%	0	10 of 10	100.0%	0	8 of 10	100.0%	0	10 of 10	100.0%	0	10 of 10	100.0%	0	17 of 17	100.0%	1	17 of 17	100.0%	1	17 of 17	100.0%	1	17 of 17	100.0%	1	17 of 17	100.0%	1	17 of 17	100.0%	1			
2. Patients waiting longer than six months for their first specialist assessment (PSA).	14	0.0%	0	28	0.0%	0	32	0.0%	0	10	0.0%	0	80	1.0%	0	29	0.0%	0	0	0.0%	0	12	1.1%	-12	28	21%	-28	1	0.0%	-1	4	0.4%	-1	15	1.0%	-15
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (AT).	13	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	1	0.0%	0	6	0.0%	0	6	0.0%	0	13	0.7%	-13	0	0.0%	-13	10	0.6%	-10	9	0.6%	-9	12	0.7%	-12
4. Patients given a commitment to treatment but not treated within six months.	34	1.0%	0	20	1.7%	0	34	1.7%	0	41	2.1%	0	34	1.0%	0	16	0.0%	0	0	0.0%	0	4	1.1%	-4	4	11%	-4	0	0.0%	0	2	0.5%	-2	2	0.6%	-2
5. Patients in active review who have not received a clinical assessment within that six months.	0	0.0%	0	0	X	0	0	X	0	0	X	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	3	17.6%	-3	6	40.0%	-6
6. The proportion of patients treated who were prioritised using rationally recognised processes or tools.	127	90.0%	0	117	100.0%	0	150	100.0%	0	110	90.0%	0	150	100.0%	0	171	90.0%	0	150	100.0%	0	106	90.0%	0	136	100.0%	0	151	100.0%	0	126	90.0%	0	152	100.0%	0

Data Warehouse Refresh Date: 12/Jan/2013

Report Run Date: 13/Jan/2013

Notes:
 1. ESPIs that apply from 1 July 2012.
 2. ESPI results do not include non-elective patients, or elective patients awaiting planned, urgent or surveillance procedures.
 3. ESPIs 3 and 6 assesses surgical specialities where patients are prioritised using rationally recognised tools.
 4. Medical specialities are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
 5. ESPI 1 and 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
 6. ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.39%, and Red if 0.4% or higher.
 7. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
 8. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.99%, and Red if 1% or higher.
 9. ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than 14.99%, and Red if 15% or higher.
 Please contact the Ministry of Health's Elective's team if you have any queries about ESPIs (elective_services@moh.govt.nz).

4.7 Patient Transfers

Transfers to Tertiary Centres October - November 2012

Reasons for Patient Transfers	October	November
Service not available at Grey Base	-	1
Service not available at Grey Base – at time	-	-
Severity of illness	5	3
Special Procedure (not done at Grey Base)	4	10
Specialist Care Not available (at Grey Base)	20	17
Specialist Care Not available (at Buller)	-	-
Service Not available (at Buller)	-	1
Specialist Care Required Urgently	6	3
Other Staffing Issue	-	-
Post Operative Complication	2	1
Other reason for transfer	2	2
Total No. of Patients Transferred for month	36	31
Total No. of Categories (reasons*) for month	39	38

***NB:** *Please note that some patients will fall into two categories, e.g. a mother in premature labour fits into “service not available at Grey Base” and “specialist care not available at Grey Base.”*

Reasons for Patient Transfers	Explanation
Service not available at Grey Base	This service is never offered at Grey Base Hospital e.g. Magnetic Resonance Imaging MRI.
Service not available at Grey Base – at time	Service temporarily not available e.g. a CT Cologram can not to be done without a Radiologist.
Severity of Illness	Patient too ill to stay at Grey Base, requires tertiary level care.
Special Procedure (not done at Grey Base)	Procedure never done at Grey Base Hospital e.g. cardiology.
Specialist Care not available at Grey Base	Never have this type of Specialist on staff e.g. Neurologist.
Specialist Care required urgently	Patient requires urgent transfer e.g. cardiac evaluation.
Other staffing issue	Staffing issue other than specialist availability e.g. recently surgeons could not operate on a patient that might have required a ventilator as there was no one available to operate the ventilator. Normally the ventilator would have been available, the patient would have had the operation and there would have been someone to operate the ventilator for 24 hours prior to transferring the patient.
Post Operative Complication	Complication arising out of surgery that requires tertiary level specialist care.
Other Reason for Transfer	Reasons falling outside of the above categories: e.g. Christchurch patient admitted, once stable wants to be transferred back to Christchurch.

Definitions:

- Specialist – Expert clinician
- Service – equipment, resources and operators

Patient Transfers from Buller to Grey Base Hospital October-November 2012

Reasons for Patient Transfers	October	November
Service not available at Buller	8	14
Specialist care not available at Buller	-	4
Specialist care required urgently	8	10
Other staffing issue	-	-
Post Operative complication	1	-
Other reason for transfer	-	-
Severity of illness	3	-
Total No. of Patients Transferred for month	16	19
Total No. of Categories (reasons*) for month	17	28

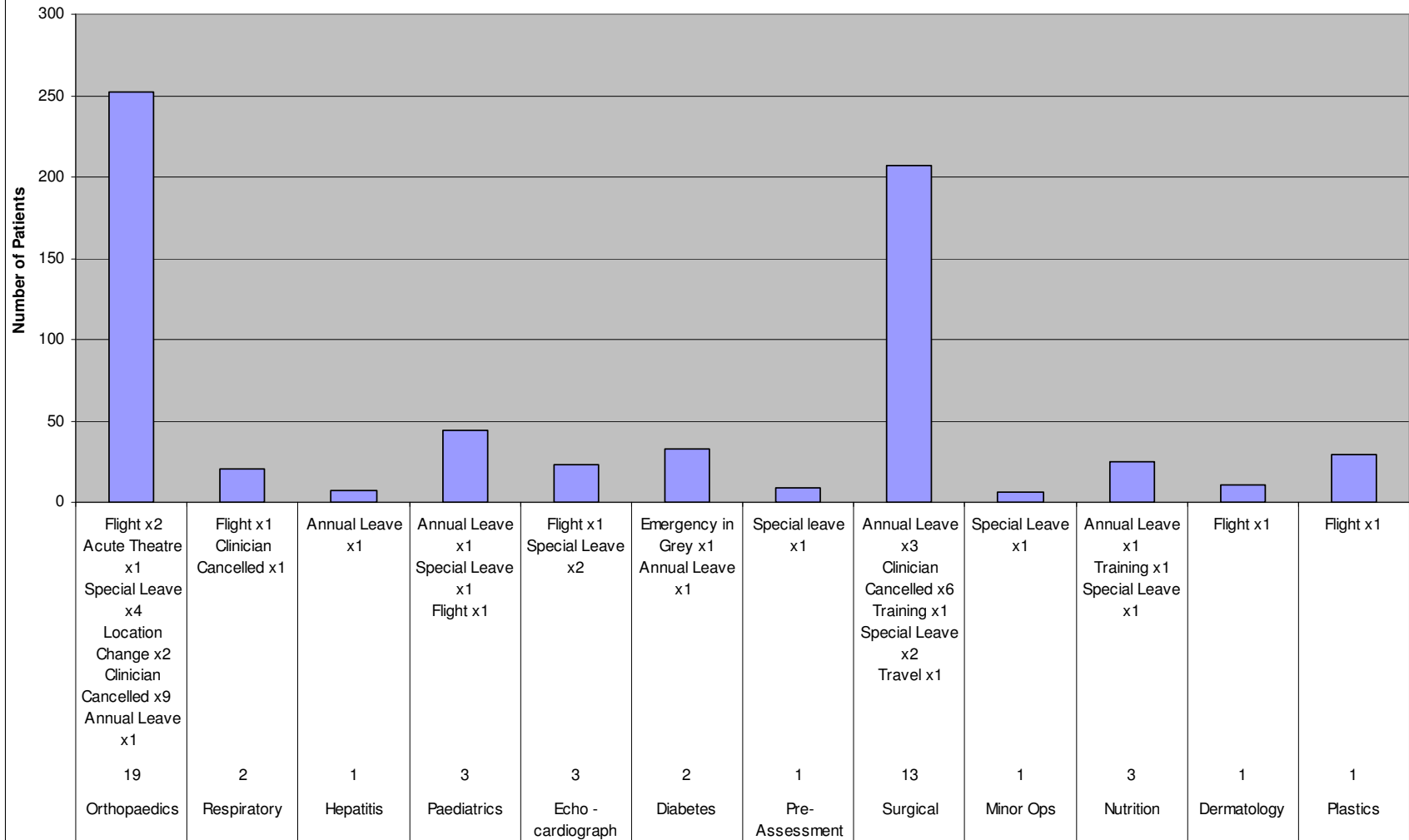
Patient Transfers from Reefton to Grey Base Hospital October-November 2012

Reasons for Patient Transfers	October	November
Service not available at Reefton	-	-
Specialist care not available at Reefton	2	1
Specialist care required urgently	-	-
Other staffing issue	-	-
Post Operative complication	-	-
Special Procedure	-	-
Other reason for transfer	-	-
Severity of illness	3	-
Total No. of Patients Transferred for month	5	1
Total No. of Categories (reasons*) for month	5	1

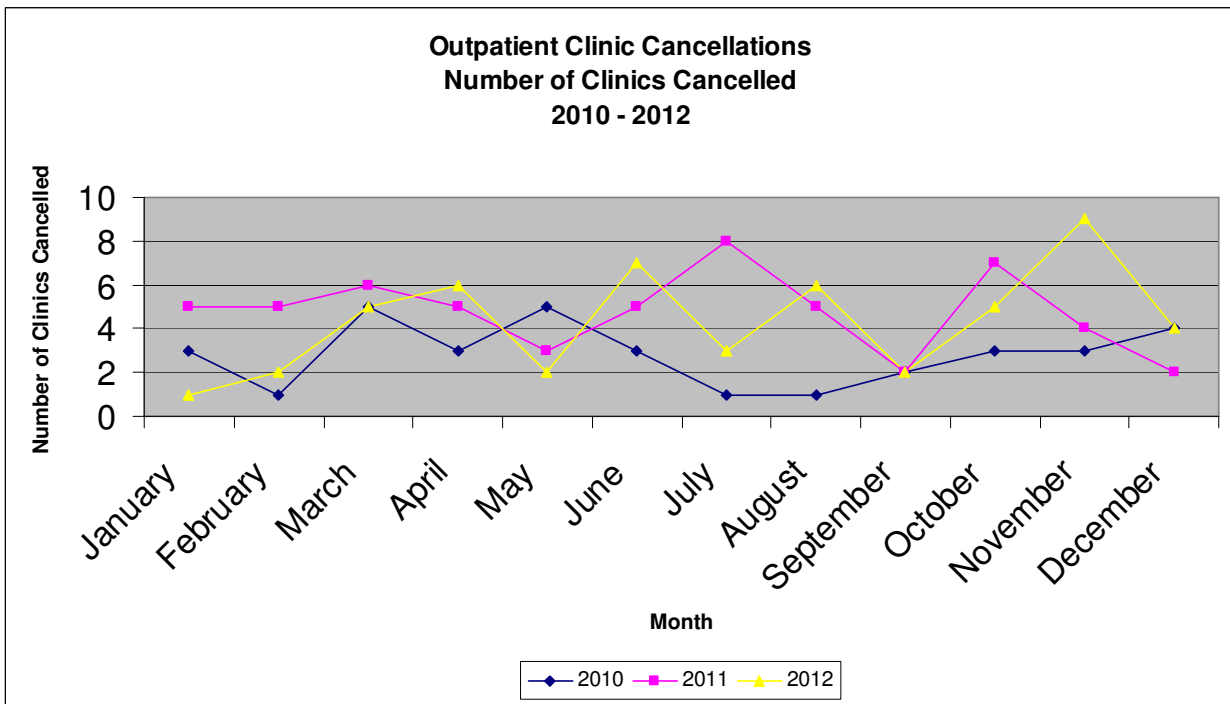
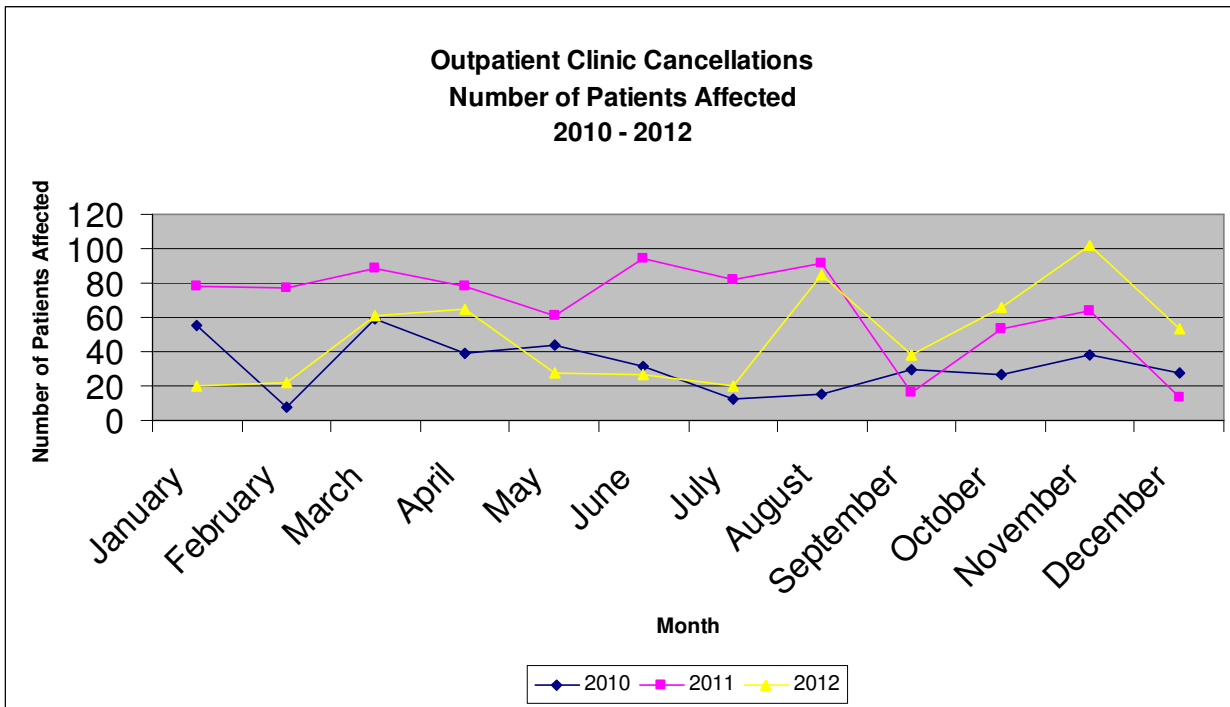
4.8 Outpatient Clinic Cancellations

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend (DNA)	Percentage of patients did not attend (DNA)	Number of patients affected by clinic cancellations (rebooked)	Percentage of patients affected by clinic cancellations
December 2011	1978	1776	189	9.56%	13	0.66%
January 2012	1587	1421	146	9.20%	20	1.26%
February 2012	2128	1937	169	7.94%	22	1.03%
March 2012	1974	1752	161	8.16%	61	3.09%
April 2012	1972	1728	179	9.08%	65	3.30%
May 2012	2290	2047	215	9.39%	28	1.22%
June 2011	1668	1511	130	7.79%	27	1.62%
July 2012	2098	1891	187	8.91%	20	0.95%
August 2012	1855	1628	142	7.65%	85	4.58%
September 2012	2017	1827	152	7.54%	38	1.88%
October 2012	1913	1696	151	7.89%	66	3.45%
November 2012	1935	1703	130	6.72%	102	5.27%
December 2012	1561	1382	126	8.07%	53	3.40%
13 month rolling totals	24976	22299	2077	8.32% Average	562	2.40% Average

Outpatient Clinic Cancellations January-December 2012



Number of Clinics Cancelled per Specialty and Reasons for Cancellation



4.9 Mental Health

A current initiative of the West Coast DHB is the development of the Peri-Natal and Infant Mental Health Service system of care on the West Coast. A recent workshop sponsored by the DHB, and facilitated by The Werry Centre for Child and Adolescent Mental Health Workforce Development provided an opportunity for people from services working with mothers, infants and their caregivers/Whanau to get together and consider the strengths and challenges of Peri-Natal and Infant service delivery. A key focus of the day was the promotion of services to each other, with the aim of the development of a coordinated and

integrated pathway of care for people accessing Peri-Natal and Infant services. The workshop also provided an opportunity to consider activity which will support further development of the Peri-Natal and Infant system of care primarily at a local West Coast level with collaboration from the Regional Mother and Babies Mental Health Service in Canterbury.

The facilitators of the workshop, Tania Wilson and Dr Bronwyn Dunnachie from The Werry Centre are very keen to continue to support workforce development and service-pathway development in the area of Peri-Natal care. The Mental Health Service is being supported by Planning and Funding, Regional Services and the Werry Centre in advancing the Ministry of Health Healthy Beginnings strategy. Future work streams to identify local processes, links across local services and regional Services are planned for 2013.

4.10 Reefton

Recruitment

- Ongoing recruitment for a General Practitioner (GP) in partnership with the Rural Academic General Practice (RAGP). A GP spent three days at Reefton recently looking at the practice and township before making a decision for permanent work. This is being followed up by Dr Carol Atmore and Dr Greville Wood.
- A resignation received from a Registered Nurse from hospital wing, actively recruiting.

Incident Review Group

The first meeting of the Reefton Health Incident Review Group was held 21st December. The Term of Reference for this group has been confirmed.

Complaints

Three complaints received in December.

- 1 from family member regarding care of patient in the hospital wing Oct/Nov 2011
- 1 from patient complaining about staff in general practice.
- 1 from new patient to Reefton about not having her needs addressed.

Hospital Volumes

- Emergency Department: actual volume 142, presentations down 25% on Year to Date contract volume.
- Rural inpatient beds: actual volume 115, down 75% on Year to Date contract volume.
- Residential beds: current level 11 hospital level residents plus 1 in Kahurangi for AT&R.
- One rest home level resident.

General

- Emergency planning; plan is complete. Wheelie bin starter kits and grab bags are in place.

4.11 Buller

Out Patient Department (OPD) Clinics:

Sessions cancelled November and December = 1 Orthopaedic; 4 Surgical; 1 Surgical rescheduled; 2 Medical .93.27% of Outpatient clinics were held in November & December.

Weekend General Practice clinics

The weekend clinic relocated to the OPD. Generally went well although very busy the first weekend. Communication to Foote/Emergency Department staff about the dates and times of clinics during the Christmas/Boxing Day holidays could have been better. On Boxing Day Foote/Emergency Department had 21 patients seen in the morning that could have been referred to the afternoon clinic if staff had known it was had been scheduled. The New Year clinic schedule has been sent to Foote/Emergency Department staff.

Locum and Medical personnel

Dr Ian Peterson continues to fly into Karamea once weekly for a clinic. This service will be reviewed after six months e.g.; April/May 2013.

Nursing personnel

- Two District Nurses have been recruited to cover a resignation and a retirement. Two other District Nurses have indicated they will retire at the end of March. Recruiting will start as soon as possible for experienced nurses to cover the gaps these experienced District Nurses will create.
- A Practice Nurse has been employed to cover 12 months maternity leave. Advertising to replace another Practice Nurse due to finish 1 March 2013 will commence early January 2013.
- One Practice Nurse and one Enrolled Nurse have indicated they will be leaving sometime before 1 April to work for General Practice setting up private practice in Westport; they have yet to hand in their resignations. Another Practice Nurse has indicated she will be leaving for overseas early in the New Year, again has yet to hand in her resignation. These positions will need to be replaced once resignations have been received.
- A casual Registered Nurse has been employed to cover a maximum of 3 – 5 shifts a fortnight in Kynnersley.
- The Clinical Nurse Specialist Gerontology position is currently 0.5FTE to be reviewed by June. Indications are the position will need to be full time as soon as possible.
- A Rural Nurse Specialist has been recruited for the Ngakawau clinic starting mid February 2013. This position is in addition to the full time RNS in place.

Administration

- The Buller Health Medical Centre practice manager has resigned effective 20 January 2013. She is leaving to take up the position as practice manager for the new private general practice opening in Westport. Practice management support will be provided until details of a replacement are finalised.
- An administration review is underway looking at roles and responsibilities as part of the Buller Implementation Plan.
- A clinical audit tool has been installed through the MedTech practices. We see great potential in this tool.

Care giver personnel

The actual FTE continues to be over budget. A formal review of the budget and workloads is required to ascertain the exact requirements of the aged residential services within the Buller facility.

Recruitment

- Human Resources are actively recruiting for General Practice Clinical Leader position.
- The general practice is undergoing several changes with staffing and the proposed new business structure for general practices. The Rural Nurse Specialist and Nurse Practitioner positions within the primary team are on hold until March/April when there is more stability within the practice.
- Human Resource support from Canterbury DHB has been a positive change by reducing the amount of time previously spent on recruitment.
- KaupapaMaori Nurse - advertising has closed for this position, we are now waiting to hear from Rata TeAwhina Trust how many applicants were received and when interviews will be held.

Incident Review Group

November meeting held, December meeting cancelled as unable to reach quorum due to leave of several members.

Complaints

The majority of outstanding complaints have now been resolved. The few remaining should be resolved by end January. All new complaints are being dealt with within the complaints policy timeframe.

Hospital

- Emergency Department actual volume 1116, contract volume 1113.33, variance >3.
- Rural inpatient beds actual volume 845, down 7% on YTD contract volume.
- Dunsford Ward hospital level residential aged care beds = 17
- Kynnersley rest home level residential aged care beds = 26

General

- Staff are asking when the results of the seismic testing in Buller will be published.
- Emergency planning. Wheelie bin starter kits and grab bags are in place. A meeting was held early December with St John and local Civil Defence to discuss the emergency plan. One of the administration team has been seconded for 40 hours for emergency planning work.

4.12 Community Services

Greymouth

Relocation of most of community services will happen this month. There are groups of staff moving to the following areas: The 'Kip McGrath Centre' on the corner of High and Marlborough streets; a DHB owned house in Nancarrow Street (following a replacement roof and bats and installation of a disabled access toilet); The Maori Mental Health Whare; and a small group to stay in community services Dept. (this includes District Nursing).

Due to Christmas and New Year intervening the consenting process has been slowed down thereby preventing installing toilets etc. Staff have already started preparing by organising some of their office contents into boxes. IT, Telecom and electricians are ready to do their work as soon as consents come through.

South Westland Area Health

The last few days have provided even greater challenges for our nurses due to the Wanganui bridge being out of action. The nurse changeover was arranged by using a helicopter to ferry the two nurses who were changing with each other for days off. This worked very effectively.

HariHari still has a series of short term relievers until our permanent nurse arrives in March. Haast will have a new nurse starting on 24 January. She will do five days per fortnight covering Haast and four days per fortnight as clinical team leader moving from clinic to clinic working with and mentoring the other nurses.

The roving Rural Nurse Specialist based at HariHari leaves our employment on the 25 January. We hope to be able to recruit a Nurse Practitioner into that slot. This role will support the very busy General Practitioner as well as moving around to relieve Rural Nurse Specialist slots for Annual Leave.

We still have short term locum General Practitioner's but have been unable to attract a second 'permanent' doctor.

4.13 Nursing Update

Nursing and midwifery workforce issues

New graduate nurses have been formally advised of their ongoing placements. 6.4FTE new graduates have been recruited to work across Grey Hospital. Throughout the length of the programme, it is anticipated that all clinical services will work with new graduates. Recruitment is underway for a Lead Maternity Carer, a Clinical Midwife Manager and a midwife in their first year of practice.

West Coast DHB will be visited by Debbie Fisher, Midwifery Advisor for the Nelson Marlborough DHB and Bronwen Pelvin, Senior Advisor- Maternity Services on the 10th and 11th January 2013 to begin the conversation about the future direction of the midwifery service.

Relocation of clinical services

Teams have worked collaboratively to ensure a smooth transition into temporary spaces, in particular moving Hannan Ward off site to the Greenwood Wing at Granger House.

Care Capacity Demand Management

West Coast DHB recently hosted the National Trendcare Coordinator to review our use of TrendCare, as a Care Capacity Demand Management tool. Her written report, with recommendations to further enhance the use of TrendCare, is due mid January.

Countdown Kids Appeal

The 2012 appeal raised \$56,524 to purchase equipment for the child and maternal service. It is anticipated that the following equipment will be purchased: an incubator (to keep neonates warm), a bladder scanner (to scan children's bladders), an accuvein (to assist with challenging cannulations), an oximeter (to measure saturated oxygen levels) and specialised play equipment. This is in addition to the money raised by the Parfitt Kids Charity. This purpose of this charity is to raise money that will supply each child admitted to Parfitt Ward with an age-appropriate gift bag.

Stroke project

The stroke dashboard has been updated. Following attendance at an education day in Christchurch, West Coast DHB has started a thrombolysis service. To date, one patient has been successfully thrombolysed. Routine audit and ongoing quality improvement processes will be important to identify any issues and to enable local solutions.

4.14 Hospital Services Improvement Programme

The planning and prioritization of the activities and resources is an on-going process and will change over time in order to meet the operational and strategic targets.

Overall status in that the progress during the last month has been less than originally planned due to the seismic issues, as previously mentioned. As the relocation of Services has taken up a lot of time for key resources in Hospital Services, the majority of the projects are expected to be put on hold until 2013.

Epidural Service Re-instatement

The Epidural Service is up and running 24/7. A minimum number of staff is educated to run the service at the moment. The up skilling of more staff will happen continually. The project will be closed when it has been running for a bit longer and the service is proven to run the way indicated in the project description.

Central Booking Unit Processes

The Central Booking Unit Manager continues to work closely with the Electives Services Manager – Planning and Funding, Canterbury District Health Board to improve the Systems and Processes within the CBU. Work has commenced to addresses a number of process improvements and risks identified in Jane Potiki's, Team Leader, Ministry of Health's Elective Services, report.

Medical Staff Roster

The targets detailed in the previous Hospital Improvements Project HAC Report have been met where possible. Key clinical staff meet once per week with the Central Booking Unit Manager and SMO and Medical Staff Roster and Locum Coordinator to ensure adequate staffing and resourcing for the Medical Roster.

Production Plan/ESPI Compliance

ESPI Compliance was met for the end of Quarter Two and continues into December.

The Production Plan is continuing to be close to reaching the required targets except in Orthopaedics. The Canterbury DHB GP Liaison Medical Officer has commenced triaging the Orthopaedic Referrals and it is planned to commence the Musculoskeletal Clinics early in 2013. Three additional Canterbury DHB Orthopaedic Surgeons have joined the Canterbury DHB Orthopaedic Rotation to the West Coast DHB.

Adverse Weather Events

Weather patterns in late December early January caused transport issues in South Westland (HariHari) and to a lesser degree SH73 to Christchurch. Transport of clinical supplies, laundry and personnel over the bridge washout were by helicopter. Communications were maintained through the St Johns communication network.

Report prepared by: Garth Bateup, General Manager Hospital Services
 Karyn Kelly, Acting General Manager Primary Services

FINANCE REPORT

TO: Chair and Members
Hospital Advisory Committee

SOURCE: General Manager: Finance

DATE: 24 January 2013

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 Provider Arm of the West Coast District Health Board.

2. RECOMMENDATION

That the Hospital Advisory Committee receive the Financial Report for the period ending 30 November 2012.

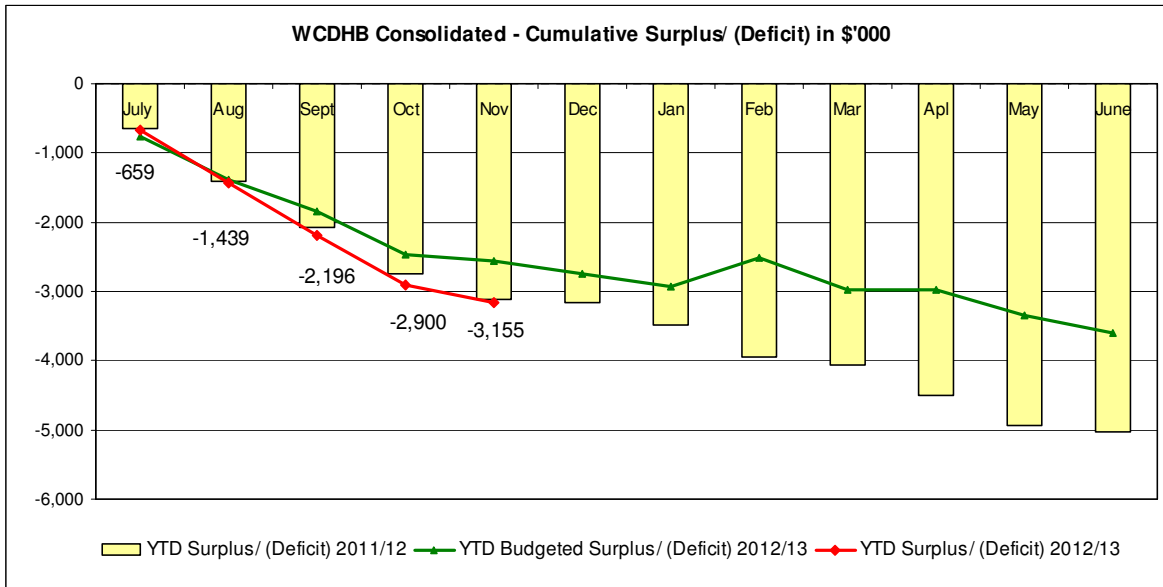
3. DISCUSSION

Financial Overview for the period ending 30 November 2012

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Provider	6,302	6,363	(61) x	31,212	31,720	(508) x
Governance & Administration	179	183	(4) x	904	916	(12) x
Funds & Internal Eliminations	4,748	4,780	(32) x	24,078	23,902	176 √
	11,229	11,326	(97) x	56,194	56,538	(344) x
EXPENSES						
Provider						
Personnel	4,468	4,576	108 √	22,835	22,863	28 √
Outsourced Services	884	765	(119) x	4,996	4,762	(234) x
Clinical Supplies	671	654	(17) x	3,182	3,405	223 √
Infrastructure	949	942	(7) x	5,703	4,656	(1,047) x
	6,972	6,937	(35) x	36,716	35,686	(1,031) x
Governance & Administration	161	183	22 √	764	916	152 √
Funds & Internal Eliminations	3,833	3,769	(64) x	19,424	19,938	514 √
Total Operating Expenditure	10,966	10,889	(77) x	56,904	56,540	(365) x
Deficit before Interest, Depn & Cap Charge	(263)	(437)	(174) x	710	2	(708) x
Interest, Depreciation & Capital Charge	518	510	(8) x	2,445	2,549	104 √
Net deficit	255	74	(181) x	3,155	2,551	(604) x

CONSOLIDATED RESULTS

The consolidated result for the year to date ending November 2012 is a deficit of \$3,155k which is an unfavourable variance of \$604k to budget (\$2,551k deficit). The result for the month of November 2012 is a deficit of \$255k which is \$181k unfavourable to budget.



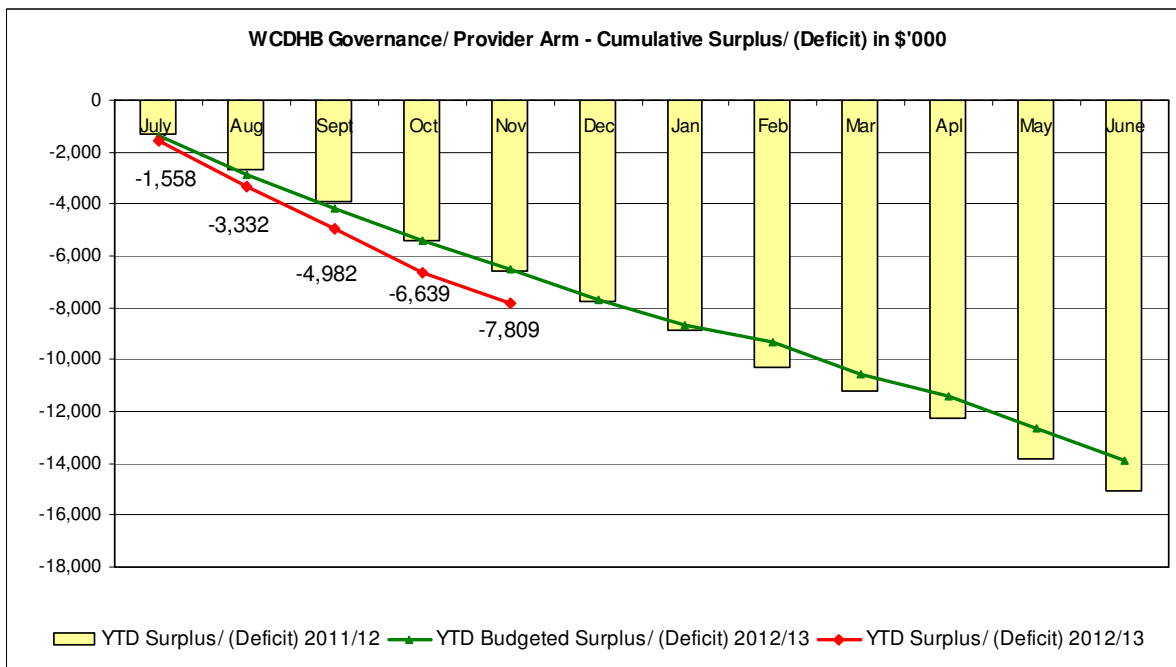
RESULTS FOR EACH ARM

Year to Date to November 2012

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	\$000	\$000	\$000	
Provider Arm surplus / (deficit)	(7,949)	(6,516)	(1,433)	Unfavourable
Funder Arm surplus / (deficit)	4,654	3,965	689	Favourable
Governance Arm surplus / (deficit)	140	0	140	Favourable
Consolidated result surplus / (deficit)	(3,155)	(2,551)	(604)	Unfavourable

The variance to budget is explained in the narrative for the separate arms below.

PROVIDER ARM



Provider Arm

YTD Provider Arm revenue received from external sources is \$526k unfavourable to budget. Revenue from Government sources makes up \$294k of this variance

- ACC revenue for the month was \$34k favourable to budget, although YTD it remains \$91k unfavourable to budget; \$42k of the year to date variance relates to the ACC elective services contract. The balance of the unfavourable variance is mainly spread over radiology, physiotherapy, community services and assessment, treatment and rehabilitation (AT&R) of older persons. Community nursing contracts with ACC changed in September with revenue now billed as a package of care when services are completed instead of on individual visit basis, this will affect the timing of revenue recognition. Although ACC revenue has improved over the last two months we are forecasting that annual ACC revenue will remain unfavourable to budget.
- Revenue for clinical training from Health Workforce New Zealand is \$51k unfavourable to budget for the YTD. Several programmes have lower trainees this semester; this may change for the first semester in 2013.
- General Practice revenue from the WCPHO and revenue from home based support services continue to be unfavourable to budget YTD. Ministry of Health funding of home based support services is \$58k unfavourable to budget YTD; we are reviewing these services (which are in line with revenue over the later part of the previous year, after the budget was set) and forecasting that this unfavourable variance will continue.
- Budgets were set for external revenue from the Ministry of Health for immunisation services and community youth alcohol and other drug services – this funding has since been devolved to the Funder arm and is now paid as internal funding to the Provider arm (\$109k to date), thus making up part of the unfavourable variance to date for Ministry of Health side contracts.

Patient and consumer sourced revenue from Primary Care Practices is \$74k unfavourable to YTD budget. These services and revenue collection practices are currently under review with an aim to maximise all revenue claiming. Sales of audiology aids are unfavourable to budget-this is however, offset by lower costs.

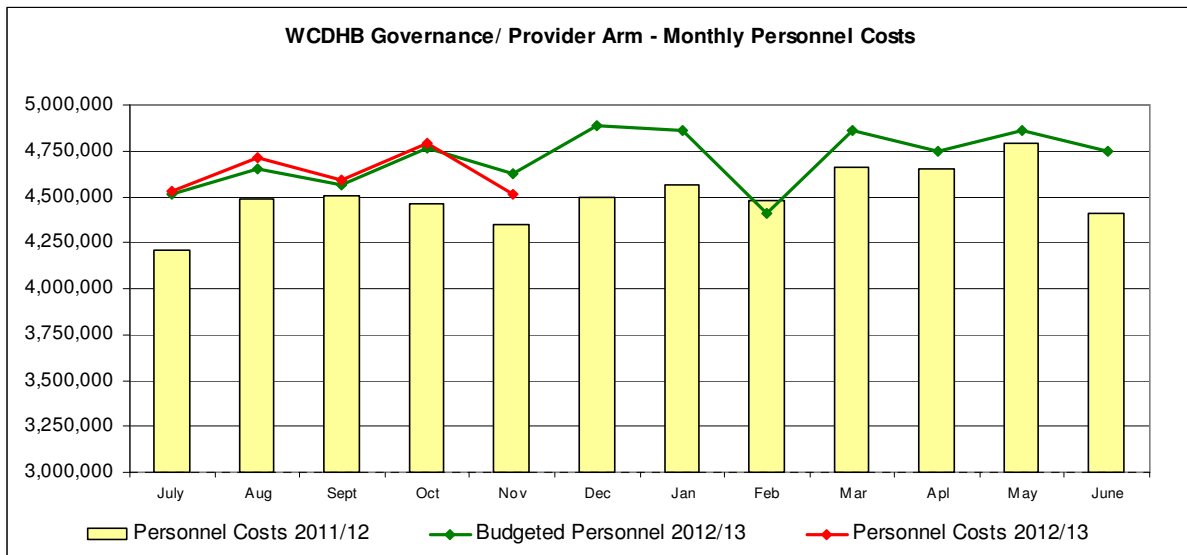
Total other income is \$109k unfavourable to YTD budget; this is mainly derived from laundry services revenue which is \$61k unfavourable to this year's revenue budget. Laundry revenue for November is \$10k less than it was for the same month last year. Interest received by the Provider arm is \$30k unfavourable to budget; this is however offset by interest received by the Funder arm which is \$58k favourable to budget.

EXPENSES

Personnel costs

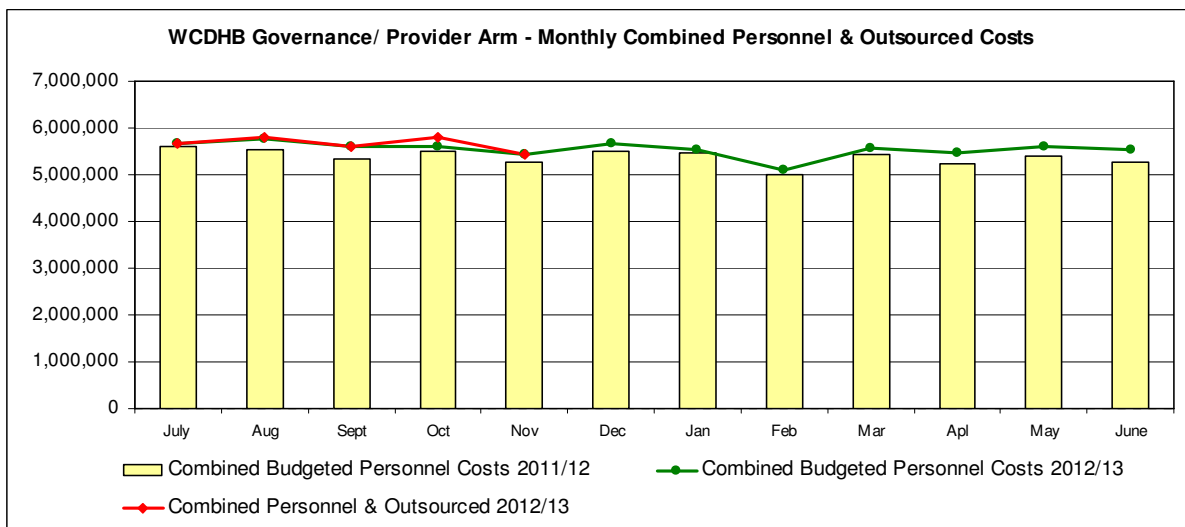
Personal cost for the YTD is \$22,835k, \$28k favourable to budget (\$22,863k).

- Medical Personnel costs are \$70k favourable to budget to date.
 - Senior Medical Officer (SMO) costs are \$112k unfavourable to budget. Three new employees started in earlier months than had been budgeted and allowances and penal time YTD are higher than budget.
 - General Practitioner (GP) personnel costs are \$240k favourable to budget due to vacancies. YTD overtime is unfavourable as staff provide cover for the vacancies. Outsourced locum costs for GP's are \$371k unfavourable to budget (includes all travel, accommodation, fees etc).
- Nursing Personnel costs are unfavourable to budget by \$305k to date.
 - Costs for Caregivers and enrolled nurses working in residential care are more than budget to date; these are partially offset by increased revenue from subsidies (internal revenue from the Funder arm) and resident's contributions.
- Allied Health Personnel costs are \$295k favourable to budget.
 - This is due to a number of vacancies within allied services.



Outsourced services costs are \$4,996k YTD; \$234k unfavourable to budget (\$4,762k).

- Outsourced Senior Medical Costs (locums) are \$2,611k for the YTD; a small unfavourable variance of \$5k to budget. SMO locum costs within hospital services are favourable to budget, particularly for orthopaedic services where service changes have been implemented and locum services within primary services are unfavourable to budget due to covering vacancies. SMO locum costs for the month of November were \$164k unfavourable to budget, \$139k of this related to primary services. SMO locum costs are unfavourable to budget for maternity services as the new O&G SMO will not now start until mid January. O&G locum costs will continue to be unfavourable to budget over the next couple of months as supervision of staff will be provided by a locum.
- Outsourced clinical services are \$289k unfavourable to budget with orthopaedic services and ophthalmology being the two main contributors. Both these services are being reviewed and costs should reduce as new patient pathways are embedded. Ophthalmology services for November were on budget and there were no costs for outsourced orthopaedic services in November.

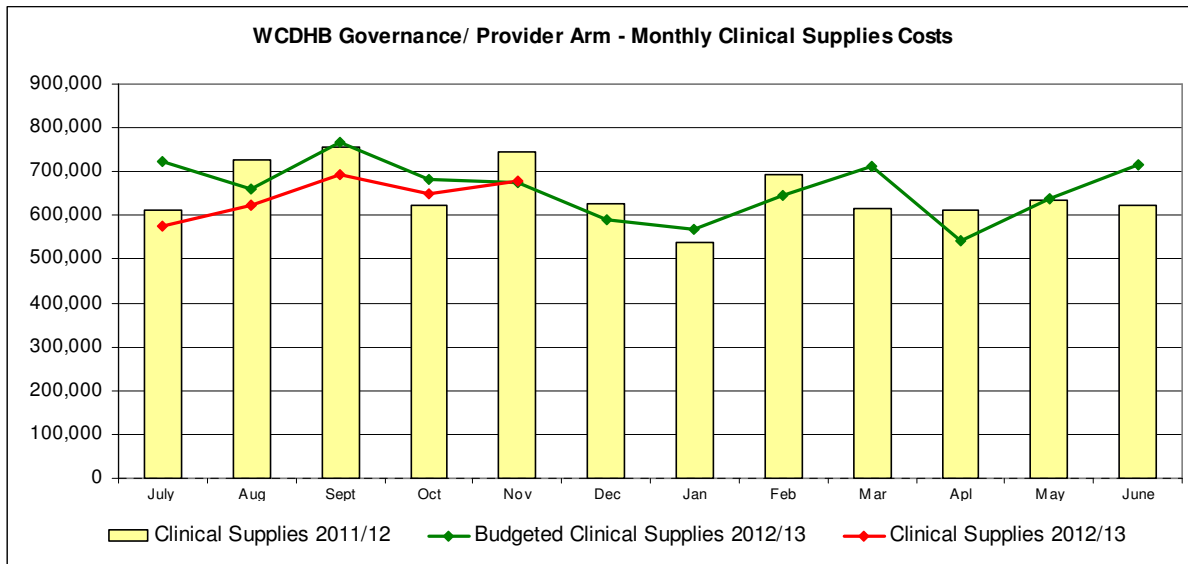


Clinical Supplies

Overall clinical supplies are \$223k favourable to budget YTD.

- As reflected in reduced revenue, purchases of audiology aids, implants and prostheses and medical gases are also less than budget. Air ambulance costs are \$215k favourable to budget.

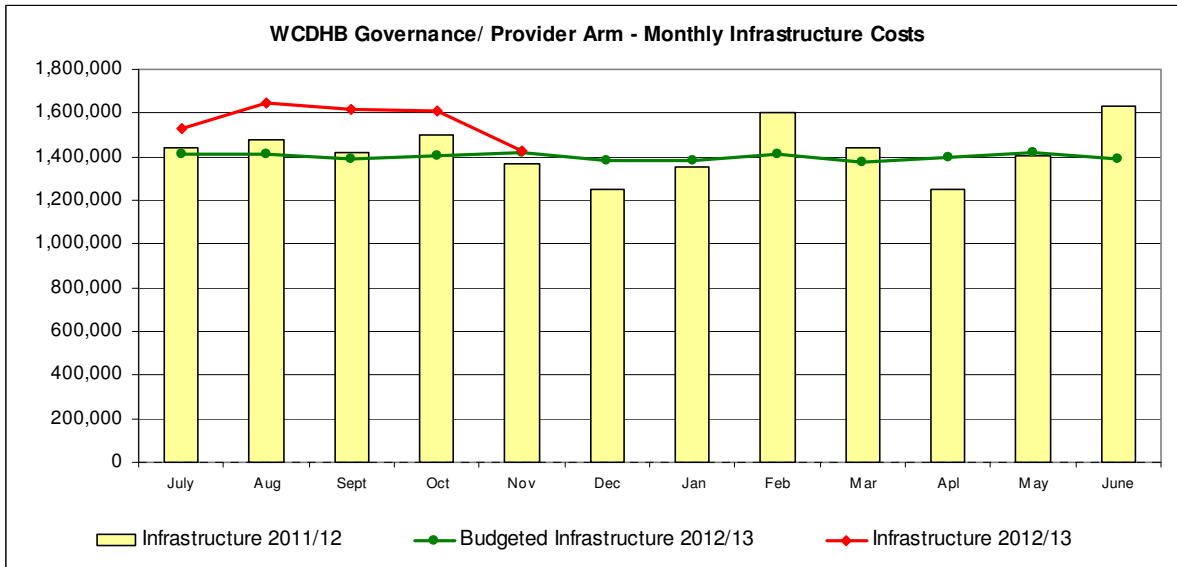
The budget for air transfers was increased from 2011/12 based on new models of service provision for Orthopaedics and Paediatrics in 2012/13 and was set before changes were made regarding the criteria for air transfers (particularly relating to cardiac patients) which reduced actual costs in the latter part of last year. Based on this change it is expected that savings in air transfers will continue for the remainder of the year.



Infrastructure and non clinical Cost

Overall infrastructure and non clinical cost for the Provider arm are \$5,703k, \$1,047k unfavourable to budget. Within this variance are the following specific variances:

- Facilities costs are \$291k unfavourable to budget. Insurance premiums on building and plant are \$232k for the five months to date. Insurance premiums for the remainder of the year will be much higher than budget as a result of the New Zealand seismic activity causing pressure on premiums, which were only confirmed in August 2012 (after the budget was set). Insurance costs are forecast to be \$330k unfavourable to budget for the year. Reconfiguration of laundry services has resulted in a cost for gas –for which there was no budget and electricity costs are \$45k unfavourable to budget to date (increase in unit costs when the contract was renewed in the last quarter of last year).
- Transport costs are \$116k unfavourable to budget to date. Staff travel costs are \$36k unfavourable to budget to date (mileage reimbursements to staff are \$22k unfavourable against budget to date and under review) and vehicle repairs and registration are \$53k unfavourable to budget. Lease costs are \$12k unfavourable to budget with additional costs incurred for vehicles retained past the lease expiry date as the purchase of these vehicles was delayed.
- Hotel services, laundry and cleaning costs are \$499k unfavourable to budget. Laundry costs are \$449k unfavourable to budget due to the closure of the laundry on site, now necessitating that all laundry processing is outsourced. A proposal for change was put to staff for consultation early in December. After considering submissions a decision was made just prior to Christmas to permanently close the laundry, as a result of which laundry staff will be made redundant in late January. To date laundry staff have been on the WCDGB payroll; these costs will be reduced from February, but offsetting these savings will be redundancy costs that will be recognised in January.



4. APPENDICES

Appendix 1: Provider Operating Statement – 30 November 2012

Report prepared by: Justine White, General Manager: Finance

West Coast District Health Board
 Provider Operating Statement for period ending
 in thousands of New Zealand dollars

30 November 2012

	Monthly Reporting					Year to Date					Full Year	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2011/12
Income												
Internal revenue-Funder to Provider	5,271	5,250	21	0.4%	5,208	26,270	26,252	18	0.1%	26,460	63,005	62,872
Ministry of Health side contracts	91	143	(52)	(36.3%)	139	572	766	(194)	(25.3%)	791	1,862	1,824
Other Government	595	563	32	5.6%	588	2,702	2,802	(100)	(3.6%)	2,699	6,841	6,483
InterProvider Revenue (Other DHBs)	3	10	(7)	(71.0%)	3	17	52	(35)	(67.1%)	20	124	106
Patient and consumer sourced	262	281	(19)	(6.8%)	236	1,296	1,384	(88)	(6.4%)	1,200	3,396	3,096
Other income	80	115	(35)	(30.2%)	191	355	464	(109)	(23.5%)	649	1,258	1,424
Total income	6,302	6,363	(61)	(1.0%)	6,365	31,212	31,720	(508)	(1.6%)	31,819	76,486	75,805
Expenditure												
Employee benefit costs												
Medical Personnel	984	1,111	127	11.5%	733	5,200	5,270	70	1.3%	4,158	13,316	10,673
Nursing Personnel	2,002	1,942	(60)	(3.1%)	2,065	10,186	9,881	(305)	(3.1%)	9,982	24,086	24,654
Allied Health Personnel	712	796	84	10.6%	692	3,692	3,987	295	7.4%	3,669	9,647	8,956
Support Personnel	176	163	(13)	(8.2%)	192	919	889	(31)	(3.4%)	881	1,988	2,163
Management/Administration Personnel	594	563	(31)	(5.6%)	533	2,839	2,836	(3)	(0.1%)	2,723	6,842	6,488
4,468	4,576	108	2.3%	4,215	22,835	22,863	28	0.1%	21,413	55,878	52,934	
Outsourced Services												
Contracted Locum Services	553	376	(177)	(46.9%)	751	2,828	2,819	(9)	(0.3%)	3,842	4,931	8,202
Outsourced Clinical Services	267	309	42	13.6%	321	1,835	1,546	(289)	(18.7%)	1,891	3,710	4,041
Outsourced Services - non clinical	64	79	15	19.3%	54	333	396	63	15.8%	267	952	521
884	765	(119)	(15.6%)	1,126	4,996	4,762	(234)	(4.9%)	6,000	9,593	12,764	
Treatment Related Costs												
Disposables, Diagnostic & Other Clinical Supplies	120	109	(11)	(10.1%)	143	570	581	11	1.9%	610	1,323	1,388
Instruments & Equipment	172	147	(25)	(16.7%)	177	813	790	(23)	(2.9%)	786	1,733	1,613
Patient Appliances	33	28	(5)	(17.9%)	26	129	152	23	15.1%	127	354	347
Implants and Prostheses	61	72	11	15.3%	71	311	371	60	16.2%	479	817	877
Pharmaceuticals	181	153	(28)	(18.3%)	174	908	862	(46)	(5.3%)	801	1,923	2,033
Other Clinical & Client Costs	104	145	41	28.3%	155	451	649	198	30.5%	658	1,525	1,294
671	654	(17)	(2.5%)	746	3,182	3,405	223	6.6%	3,461	7,675	7,552	
Infrastructure Costs and Non Clinical Supplies												
Hotel Services, Laundry & Cleaning	437	310	(127)	(41.0%)	329	2,040	1,541	(499)	(32.4%)	1,549	3,671	3,773
Facilities	235	219	(16)	(7.2%)	183	1,379	1,088	(291)	(26.7%)	1,132	2,554	2,554
Transport	91	71	(20)	(28.8%)	92	469	353	(116)	(32.7%)	473	850	1,034
IT Systems & Telecommunications	133	135	2	1.4%	75	660	621	(39)	(6.4%)	523	1,527	1,375
Professional Fees & Expenses	51	18	(33)	(187.3%)	29	254	89	(165)	(186.2%)	157	209	557
Other Operating Expenses	(108)	79	187	236.4%	90	351	414	63	15.2%	532	969	1,245
Internal allocation to Governance Arm	110	110	0	0.2%	110	550	551	1	0.2%	550	1,322	1,320
949	942	(7)	(0.8%)	908	5,703	4,656	(1,047)	(22.5%)	4,916	11,102	11,858	
Total Operating Expenditure	6,972	6,937	(35)	(0.5%)	6,995	36,716	35,686	(1,031)	(2.9%)	35,790	84,248	85,108
Deficit before Interest, Depn & Cap Charge	(670)	(574)	96	(16.7%)	(630)	(5,504)	(3,966)	1,539	(38.8%)	(3,971)	(7,762)	(9,303)
Interest, Depreciation & Capital Charge												
Interest Expense	53	61	8	13.5%	60	272	306	34	11.2%	306	735	732
Depreciation	367	388	21	5.5%	431	1,835	1,942	107	5.5%	1,939	4,661	4,757
Capital Charge Expenditure	98	60	(38)	(62.7%)	56	338	301	(37)	(12.2%)	416	723	613
Total Interest, Depreciation & Capital Charge	518	510	(8)	(1.6%)	547	2,445	2,549	104	4.1%	2,661	6,119	6,102
Net deficit	(1,188)	(1,084)	104	(9.6%)	(1,177)	(7,949)	(6,516)	1,433	(22.0%)	(6,632)	(13,881)	(15,405)

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical leaders

DATE: 24 January 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB as a regular update.

2. RECOMMENDATION

That the Committee
i. notes that this report

3. SUMMARY

Sustainability

Ongoing work is focusing on the further development and implementation of service delivery improvements, both in primary and community care, and in hospital services, including implementing the transalpine service delivery models. The interdisciplinary team meetings between primary and community services based in general practices continue. A recent workshop was held involving health providers, community representatives and NGOs which looked at integrated approaches to mental health services on the West Coast.

Transalpine Services

An evaluation of the first four months of the Transalpine orthopaedic transition service is underway.

Mr Ian Civil, trauma surgeon and Clinical Lead of the National Major Trauma Clinical Network will be in Greymouth today to discuss with staff how we provide the best care to people who have experienced major trauma on the West Coast.

West Coast Clinical Managers in Allied Health attended a Master Class on building and selling a case for change. There are 4 projects for improving allied health services both locally and also as part of collaboration with Canterbury have been developed and will be implemented over the next 12 months. This was a collaborative event for all South Island DHBs.

Leadership, Clinical Governance and Quality

The West Coast Health System Clinical Board met recently for its third meeting. The group is beginning to establish priority areas for focus, and working towards developing a whole of system quality work plan for 2013.

The National Serious and Sentinel Events Report has been released. The key indicators being monitored by the Health Quality and Safety Commission are being adopted by the Clinical Board and the Hospital Clinical Quality Improvement Team.

The Health Quality and Safety Commission have developed an Atlas of Health Care Variation, available at www.hqsc.govt.nz. In this Atlas, the CVD (cardiovascular disease) management domain examined the use of secondary prevention medications in all New Zealand residents

who were hospitalised with an ischaemic CVD event (myocardial infarction, ischaemic stroke and/or coronary or peripheral arterial procedure) between 2000 and 2010.

A person was considered to be taking a medication consistently if they had been dispensed the following medications in at least three of the four quarters of 2011:

1. a statin
2. a blood pressure lowering drug
3. an antiplatelet or anticoagulant drug

Best practice is that people who have had a CVD event should be on all three medications, as there is strong evidence that this reduces further events and death. The West Coast Long Term Conditions strategy, a joint WCPHO, CPH and WCDHB programme that has been running for seven years, has been focusing on providing a structured long term conditions management programme, as well as other interventions on the health care continuum, to reduce the burden of cardiovascular disease, as well as diabetes and chronic obstructive airways disease, within our community.

The Atlas shows that the West Coast DHB population has the highest rates of people with a previous CVD event being on all three medication groups in the country, both for Maori and non-Maori. This is testament that the concerted effort within our health system to improve our management of people with long term conditions is bearing fruit.

The South Island Regional Training Hub held a strategic planning workshop recently. The Hub sees its role as sitting within the South Island Alliance, and being the facilitator to develop the future workforce for the needs of the whole South Island community.

The South Island Alliance Road show, to inform people of the challenges and opportunities in meeting the needs of our communities over the next 20 years visited the West Coast recently.

Workforce

Five new junior doctors started at Grey Hospital recently. As part of their orientation they were taken to visit six of the West Coast general practices, and experienced first hand the enthusiasm of our general practice teams for the work they undertake, as well as the circumstances and constraints in which they work. We have a Rural Hospital Medicine registrar and a first year GP registrar with us as well.

There has been a record number of nurses apply for Health Workforce New Zealand funding for postgraduate clinical qualifications for 2013 (34 nurses). The advanced health assessment and applied Pharmacology papers continue to be well subscribed to with another large cohort completing the foundation research paper. There are six nurses completing clinical masters with either thesis or dissertation and two nurses completing clinical masters who intend to continue on to Nurse Practitioner.

The recruitment process for Nursing Entry to Practice new graduate nurses is nearly complete. The two entry to Specialty Practice (mental health) placements have not yet been filled and there are two positions in the Buller also vacant. The second round of ACE (national NETP recruitment programme) has commenced and it is anticipated that these four NETP vacancies will be filled.

Consistent with the national response to Care Capacity Demand Management (CCDM), an opportunity has arisen for the Safe Staffing Healthy Workplaces Unit (SSHW) to provide 0.3FTE funding that will enable a better match of required nursing hours to nursing resource. This will be relevant to nursing services that currently utilise TrendCare as a patient acuity tool: Grey, Buller and Reefton Hospitals. A formalised data collection process is taking place during November and December, to better understand our nursing variances. It is recommended that roster re-engineering take place, in collaboration with key stakeholders. This process would be informed by other concurrent quality activities in progress for example the theatre utilisation project and production planning projects.

The National Clinical Governance project report has been completed and will be released by the Minister at an event in Wellington on 6 December. West Coast DHB participated in the survey and the site visit and our Executive Director Allied Health is part of the panel.

5. **CONCLUSION**

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

Report prepared by: Carol Atmore, Chief Medical Officer
Karyn Kelly, Director of Nursing & Midwifery
Stella Ward, Executive Director, Allied Health

2013 DRAFT WORKPLAN FOR HOSPITAL ADVISORY COMMITTEE - BASED ON WEST COAST DHB PRIORITY PLAN



	24 January	7 March	2 May	6 June	11 July	22 August	10 October	28 November	2014	
STANDING ITEMS	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	
STANDARD REPORTS	Hospital Services Management Report	Hospital Services Management Report P & F Report	Hospital Services Management Report	Hospital Services Management Report	Hospital Services Management Report P & F Report	Hospital Services Management Report	Hospital Services Management Report	Hospital Services Management Report P & F Report	Hospital Services Management Report	
PLANNED ITEMS	Clinical Advisor Update	Clinical Advisor Update Patient Safety & Quality Report	Clinical Advisor Update	Clinical Advisor Update H&SS Update Report/ and presentation- Budget 2010/11	Clinical Advisor Update Patient Safety & Quality Report	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update Patient Safety & Quality Report	Clinical Advisor Update	
PRESENTATIONS	As required	As required	As required	As required	As required	As required	As required	As required		
GOVERNANCE AND SECRETARIAT	2013 Work Plan							2014 Meeting Dates		
INFORMATION ITEMS:	Latest Board Agenda Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	

CHAIRS REPORT TO THE BOARD

22 NOVEMBER 2012



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 24 January 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 22 November 2012. Following confirmation of the minutes of that meeting at the 24 January 2013 HAC meeting, full minutes of the 22 November 2012 meeting will be provided to the Board at its 8 February 2013 meeting.

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

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

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

2. RECOMMENDATION

That the Board:

- i. notes the Hospital Advisory Committee Meeting Update – 22 November 2012.

3. SUMMARY

Detailed below is a summary of the HAC meeting held on 22 November 2012. Minutes of the meeting will be available once confirmed by the next HAC meeting on 24 January 2013. Papers presented to the Committee meeting are available on the West Coast DHB website. A copy of the agenda for this meeting is attached as Appendix 1.

ADVICE TO THE BOARD

The Committee noted the following key points which it wished to draw to the attention of the Board:

- **Financial Position:** The financial position is a collective challenge and a comprehensive re-forecasting exercise across the organisation, both in primary and secondary services will shortly take place. This will also determine the choices and opportunities available for us to deliver on our Annual Plan commitments. Management have advised that the current trajectory for financials is not acceptable and a re-forecast and review is necessary.

There are also currently a number of pressures outside our core business such as facilities (seismic issues), uncertainty over insurance increases yet to still be confirmed from insurer's, and the outsourcing of laundry while still incurring the existing laundry operational

costs.

- **Seismic Issues & Relocation:** Seismic issues are widespread around the DHB sector and the West Coast is very advanced in looking at these issues. There have been some huge costs related to Engineering reports and there are still some broader facility questions to be dealt with. Planning to relocate several services continues with the priority to ensure that patient and staff disruption is mitigated as much as is possible.
- **Central Booking Unit Processes:** A team involving clinical leaders from all specialities will be embarking in detailed work on the CBU over the next few weeks. Some key indicators have been developed however, a comprehensive workplan with milestones and key deliverables needs to be completed so that progress can be monitored. This should also have positive implications on outpatient clinic cancellations. .
- **Community Services:** The DHB & PHO are working together to improve recall screening, smoking cessation and immunisation rates. Systems are being reviewed and improvements introduced to support the clinical teams.
- **DHB Owned GP Services:** this continues to be one of the top priorities – in terms of the business model and recruitment / retaining GP's.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 22 November 2012.

Report prepared by: Warren Gilbertson, Chair, Hospital Advisory Committee

**WEST COAST DISTRICT HEALTH BOARD
AND ADVISORY COMMITTEE SCHEDULE
JANUARY TO DECEMBER 2013**



DATE	MEETING	TIME	VENUE
Thursday 24 January 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 24 January 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 24 January 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 24 January 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 8 February 2013	BOARD	10.00am	Board Room, Corporate Office
Thursday 7 March 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 7 March 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 7 March 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 7 March 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 22 March 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 2 May 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 2 May 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 2 May 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 2 May 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 10 May 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 6 June 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 6 June 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 6 June 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 6 June 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 28 June 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 11 July 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 11 July 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 11 July 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 11 July 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 2 August 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 22 August 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 22 August 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 22 August 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 22 August 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 13 September 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 10 October 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 10 October 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 10 October 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 10 October 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 25 October 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 28 November 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 28 November 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 28 November 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 28 November 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 13 December 2013	BOARD	10.00am	Board Room, Corporate Office

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
Friday 7 December 2012 commencing at 10.00am

KARAKIA **10.00am**

ADMINISTRATION **10.05am**

Apologies

1. **Interest Register**

Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.

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

- 19 October 2012

3. **Carried Forward/Action List Items**

- There are no carried forward items.

REPORTS **10.10am**

4. **Acting Chair's Update – Verbal Report** *Peter Ballantyne*
Acting Chairman *10.10am – 10.20am*

5. **Chief Executive's Update** *David Meates*
Chief Executive *10.20am – 10.45am*

6. **Clinical Leaders Report** *Dr Carol Atmore*
Chief Medical Officer
Karyn Kelly
Director of Nursing and Midwifery
Stella Ward
Executive Director of Allied Health *10.45am – 10.55am*

7. **Finance Report** *Justine White*
General Manager, Finance *10.55am – 11.05am*

8. **Better Sooner More Convenient & Alliance Leadership Team Update** *Dr Carol Atmore*
Chief Medical Officer *11.05am – 11.15am*

9. **Schedule of Meetings for 2013** *Michael Frampton*
Programme Manager *11.15am - 11.25am*

10. **Report from Committee Meetings**
- CPHAC&DSAC *Elinor Stratford*
Chairperson, CPH&DSAC Committee *11.25am – 11.35am*
- 22 November 2012

- Hospital Advisory Committee *Warren Gilbertson*
Chairperson, Hospital Advisory Committee *11.35am – 11.45am*
- 22 November 2012

- Tatau Pounamu *Elinor Stratford*
Board Representative on Tatau Pounamu *11.45am – 11.55am*
- 22 November 2012

11 Resolution to Exclude the Public

INFORMATION ITEMS

- Confirmed Minutes
 - CPHAC&DSAC Meeting – 11 October 2012
 - HAC Meeting – 11 October 2012
 - Tatau Pounamu Meeting – 11 October 2012
- Schedule of Correspondence

ESTIMATED FINISH TIME

12noon

NEXT MEETING

Friday 8 February commencing at 10.00am