

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

---



**HOSPITAL ADVISORY  
COMMITTEE MEETING**

**6 June 2013**

**AGENDA  
AND  
MEETING PAPERS**

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

## ATTENDANCE & PURPOSE

The functions of the Hospital Advisory Committee, 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
- to assess strategic issues relating to the provision of hospital and specialist services by the West Coast DHB; and
- to 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.”

<b>HOSPITAL ADVISORY COMMITTEE MEMBERS</b>	<b>EXECUTIVE SUPPORT</b>
Sharon Pugh (Chair) Paula Cutbush Karen Hamilton Gail Howard Doug Truman Richard Wallace Dr Paul McCormack (ex-officio) Peter Ballantyne (ex-officio)	Michael Frampton ( <i>Programme Director &amp; Acting General Manager, Hospital Services</i> ) Dr Carol Atmore ( <i>Chief Medical Officer</i> ) Gary Coghlan ( <i>General Manager, Maori Health</i> ) Carolyn Gullery ( <i>GM, Planning &amp; Funding</i> ) Karyn Kelly ( <i>Director of Nursing &amp; Midwifery &amp; Acting GM Primary &amp; Community Services</i> ) Justine White ( <i>General Manager, Finance</i> ) Kathleen Gavigan ( <i>General Manager, Buller</i> ) Ralph La Salle ( <i>Acting Operations Manager</i> ) Kay Jenkins ( <i>Governance</i> )

**WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING**  
To be held in the Board Room at Corporate Office, Grey Base Hospital,  
High Street, Greymouth  
Thursday 6 June 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**  
*2 May 2013*
3. **Carried Forward/ Action Items**

**REPORTS/PRESENTATIONS 11.10am**

4. **Management Report** Michael Frampton *11.10am - 11.30am*  
*General Manager, Hospital Services*
5. **Finance Report** Justine White *11.30am - 11.45am*  
*General Manager, Finance*
6. **Clinical Leaders Report** Dr Carol Atmore *11.45am - 12noon*  
*Chief Medical Officer*
7. **Model of Care Implementation Presentation** Michael Frampton *12noon - 12.40pm*  
*Programme Director*

**ESTIMATED FINISH TIME 12.40pm**

**INFORMATION ITEMS**

- Chair's Report to last Board meeting
- Board Agenda – 10 May 2013
- West Coast DHB 2013 Meeting Schedule
- 2013 Workplan

**NEXT MEETING**

**Date of Next Meeting:** 11 July 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.

# INTEREST REGISTER

<b>Member</b>	<b>Disclosure of Interests</b>
<b>CHAIR - HAC</b> Sharon Pugh <b>Board Member</b>	<ul style="list-style-type: none"> <li>• Shareholder, New River Bluegums Bed &amp; Breakfast</li> <li>• Deputy Chair, Greymouth Business &amp; Promotions Association</li> </ul>
Doug Truman <b>Deputy Chair HAC</b> <b>Board Member</b>	<ul style="list-style-type: none"> <li>• Deputy Mayor, Grey District Council</li> <li>• Director Truman Ltd</li> <li>• Owner/Operator Paper Plus, Greymouth</li> </ul>
Richard Wallace	<ul style="list-style-type: none"> <li>• Upoko, Te Runanga o Makawhio</li> <li>• Negotiator for Te Rau Kokiri</li> <li>• Trustee Kati Mahaki ki Makawhio Limited</li> <li>• Honorary Member of Maori Women's Welfare League</li> <li>• Wife is employed by West Coast District Health Board</li> <li>• Trustee West Coast Primary Health Organisation</li> <li>• Member of Tatau Pounamu</li> <li>• Kaumatua Health Promotion Forum New Zealand</li> <li>• Kaumatua for West Coast DHB Mental Health Service (employed part-time)</li> <li>• Daughter is a Board Member of both the West Coast DHB and Canterbury DHB</li> <li>• Kaumatua o te Runanga o Aotearoa NZNO</li> <li>• Te Runanga o Aotearoa NZNO</li> <li>• Member of the National Asthma Foundation Maori Reference Group</li> </ul>
Gail Howard	<ul style="list-style-type: none"> <li>• Chair of Coal Town Trust</li> <li>• Trustee on the Buller Electric Power Trust</li> <li>• Director of Energy Trust New Zealand</li> </ul>
Paula Cutbush	<ul style="list-style-type: none"> <li>• Owner and stakeholder of Alfresco Eatery and Accommodation</li> </ul>
Karen Hamilton	<ul style="list-style-type: none"> <li>• Grey District Councillor</li> <li>• Employed by Community &amp; Public Health (a division of Canterbury District Health Board)</li> <li>• Coordinator / Member of Alcohol Action West Coast</li> <li>• Member - Alcohol Action New Zealand</li> <li>• Member of West Coast Tobacco Free Coalition</li> <li>• Member CCS Disability Action (Canterbury / West Coast)</li> <li>• Member Cystic Fibrosis Association (Canterbury Branch)</li> <li>• 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. They also own the building where some of Community Services have relocated to.)</li> <li>• Shareholder – Bright Side Investments Limited</li> </ul>

<p>Dr Paul McCormack ex-officio <b>BOARD CHAIR</b></p>	<ul style="list-style-type: none"> <li>• General Practitioner Member, Pegasus Health</li> </ul>
<p>Peter Ballantyne ex-officio <b>BOARD DEPUTY CHAIR</b></p>	<ul style="list-style-type: none"> <li>• Appointed Board Member, Canterbury District Health Board</li> <li>• Chair, Quality, Finance, Audit and Risk Committee, Canterbury DHB</li> <li>• Retired partner now in a consultancy role, Deloitte</li> <li>• Member of Council, University of Canterbury</li> <li>• Trust Board Member, Bishop Julius Hall of Residence</li> <li>• Spouse, Canterbury DHB employee (Ophthalmology Department)</li> <li>• Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board</li> </ul>

**DRAFT**  
**MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING**  
**held in the Board Room, Grey Base Hospital, Corporate Office,**  
**on Thursday 2 May 2013, commencing at 11.00am**

**PRESENT**

Sharon Pugh (Chair); Paula Cutbush; Karen Hamilton; Gail Howard; Doug Truman; Dr Paul McCormack (ex-officio); and Peter Ballantyne (ex-officio).

**MANAGEMENT SUPPORT**

Garth Bateup (General Manager, Hospital Services); Michael Frampton (Programme Director); Karyn Kelly (Director of Nursing and Midwifery); Ralph La Salle (Planning & Funding); and Kay Jenkins (Minutes).

**WELCOME**

The meeting with opened with the Karakia.

**APOLOGIES**

An apology for absence was received and accepted from Richard Wallace.

**1. INTEREST REGISTER**

There were no additions or alterations to the interest register

**2. CONFIRMATION OF PREVIOUS MEETING MINUTES**

**Resolution (7/13)**

(Moved: Doug Truman/Seconded: Gail Howard – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 7 March 2013 be confirmed as a true and correct record.

**3. CARRIED FORWARD/ACTION ITEMS**

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

1. Patient Ambulance Transport – work is being undertaken regionally around this and there is pressure to complete this work with quite a bit of activity taking place.
2. Exit Interviews – The next report is due in July 2013.

The Committee noted the carried forward items.

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

The General Manager, Hospital & Specialist Services spoke to the Management Report, which was taken as read.

Discussion by the Committee related to:

- **Recruitment**

The Committee continues to take an interest in the recruitment processes taking place, and have asked management to highlight any areas which the Committee need to be aware of.

Particular comment was noted regarding: the positive response to the midwife manager vacancy; the commencement of the Cancer Nurse Coordinator; and the level of staffing in Allied Health being at 98%.

The Committee also noted the retirement of the Laboratory Manager after over 40 years service and asked management to ensure that Mr Clark's remarkable service was acknowledged.

- **In-Patient Volumes**

The Committee noted that surgical in-patient volumes were dropping behind due to sick leave. Management confirmed that plans are being developed to deal with this.

- **ESPI Compliance**

The West Coast DHB was non-compliant in ESPI 2 at the end of February and it is likely we will also be non-compliant in March and April. A recovery plan has already commenced to ensure compliance by May to avoid any financial penalty.

- **Accommodation**

The Committee noted that a review of accommodation options for visiting medical staff is currently underway, and that it would probably not be sensible to make decisions around this until more was known regarding the facilities project.

- **Orthopaedic Services**

Discussion took place regarding orthopaedic services and the Committee noted that Canterbury has increased its Orthopaedic Surgeons by 3 which will enable 6 surgeons to be included on the roster to come to the West Coast.

The Committee also noted that recently Management had engaged assistance to review a number of individual orthopaedic cases to ascertain the appropriateness of the care provided and has confirmed that the care provided was above the expectations provided elsewhere in the country and the actual care provided was clinically appropriate.

- **Quality Report**

The Committee noted that the Clinical Quality Improvement Team monitors any incidents and complaints occurring the Hospital Services and that this is in turn monitored by the Quality, Finance, Audit & Risk Committee. Members noted that in addition to this Committee having the responsibility of monitoring Quality it is also important to protect the privacy of individuals.

### **Resolution (8/13)**

(Moved: Doug Truman/Seconded: Gail Howard – carried)

That the Hospital Advisory Committee notes the Management Report.

## **5. FINANCE REPORT**

Michael Frampton, Programme Director, spoke to the Finance Report for the month of March 2013. The report was taken read.

A query was made regarding what the DHB pays for in regard to telecommunications equipment for different levels of staff. The Programme Director commented that management and clinical



staff are equipped with telephones and any private use is paid for and monitored as with internet access.

**Resolution (9/13)**

(Moved: Doug Truman/Seconded: Sharon Pugh – carried)

That the Committee notes the financial report for the period ending 31 March 2013.

**6. CLINICAL LEADERS REPORT**

Karyn Kelly, Director of Nursing & Midwifery presented the Clinical Leaders Report which was taken as read.

There was no discussion regarding the report.

The Board Chair provided the Committee with an update regarding the Partnership Group process. The Committee noted that the Group was making good progress and that they have been granted some additional time to provide their recommendations.

**7. ALLIED HEALTH PRESENTATION**

Stella Ward, Executive Director, Allied Health, provided the Committee with a presentation which detailed the achievements and challenges in the Allied Health area and the direction of travel for the future.

**GENERAL BUSINESS**

- Discussion took place regarding the need for a Deputy Chair for the Committee.

**Resolution (10/13)**

(Moved: Sharon Pugh/Seconded: Paula Cutbush – carried)

That Doug Truman be appointed Deputy Chair of the Hospital Advisory Committee.

There being no further business the meeting closed at 12.50pm

Confirmed as a true and correct record.

\_\_\_\_\_  
Sharon Pugh  
Chair

\_\_\_\_\_  
Date

## CARRIED FORWARD/ACTION ITEMS

Item No	DATE RAISED	ACTION	COMMENTARY	STATUS
1	24 May 2012	<b>Patient Ambulance Transport</b> Provide update on the South Island project around patient ambulance transport	A Regional process is being undertaken around this.	Verbal update will be provided at today's meeting by GM Planning & Funding.
2	24 May 2012	<b>Exit Interviews</b>	Provide a regular reporting on any trends (either positive or negative) emerging from exit interviews.	Next Report due at end of June so will come to July 2013 meeting.

**TO:** Chair and Members  
Hospital Advisory Committee

**SOURCE:** General Manager, Hospital Services

**DATE:** 6 June 2013

---

**Report Status – For:** Decision  Noting  Information

---

## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the Hospital Advisory Committee:

- i. Notes the Management Report

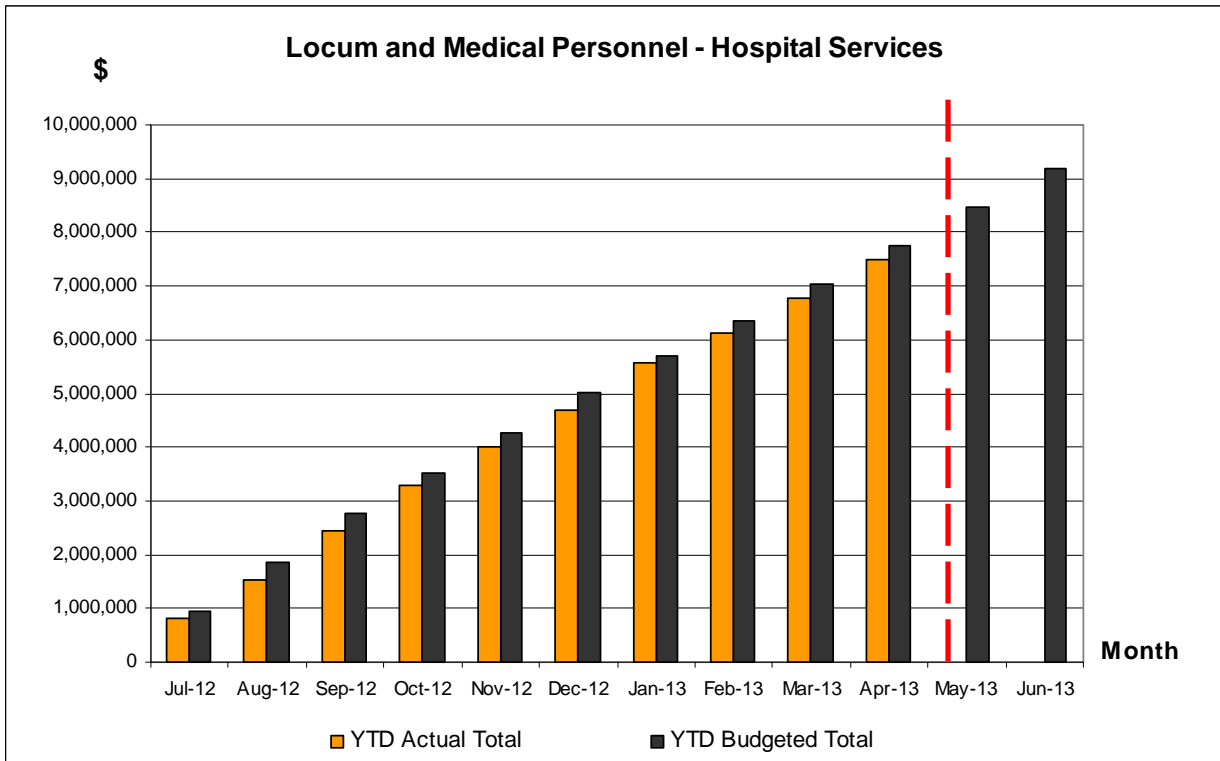
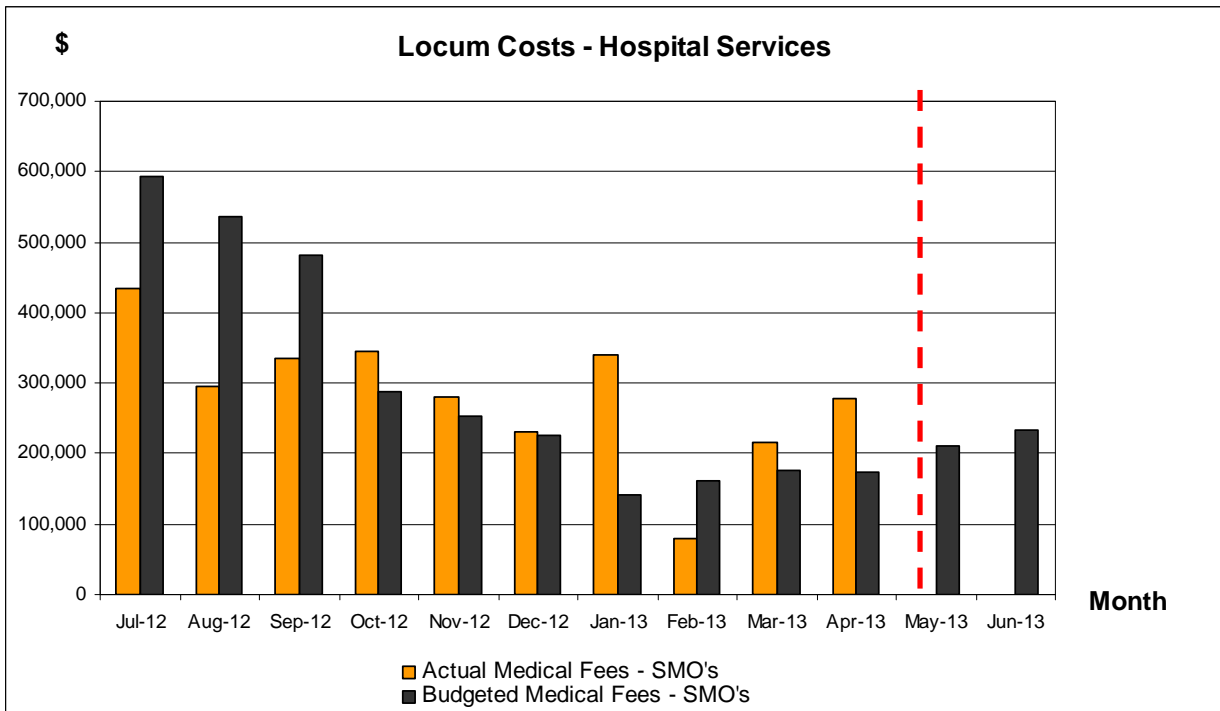
## 3. SUMMARY

- Medical Administration relocation to the community services building has been completed.
- Orthopaedic FSA plan to maintain ESPI2 compliance remains on track
- Locum medical staff cost have been higher than the budget due mainly to extensive sick leave taken (planned & unplanned)
- A number of senior medical staff vacancies will occur over the coming months due to resignations

## 4. DISCUSSION

### 4.1 Medical Personnel

- Both graphs are Hospital Services only
- Hospital Services is in this connection defined as: General Surgery, Orthopaedics, A&E, General Medicine, O&G, Paediatrics, Anaesthetics and Visiting Clinics
- The figures only include SMO's personnel and SMO related locum costs
- The SMO locum costs include travel, accommodation, Agency Fees and other locum costs
- July 2012 –April 2013 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



## 4.2 Recruitment Vacancies

### Monthly Summary

New Vacancies:	1
----------------	---

Total Open Vacancies	24
----------------------	----

Total FTE Recruiting:	24.55
-----------------------	-------

Appointed Vacancies	6
---------------------	---

Total FTE Appointed	8.6
---------------------	-----

### Corporate & Support Services

Date Received	Vacancy Name	Approved	FTE	H/C	Work Type	Division/Practice	Status	Stage & Comments
8/11/2012	General Manager – Grey & Westland	Y	1	1	Perm, FT	Greymouth		Search process ongoing
29/04/13	Booking Clerk	Y	1	1	Perm, FT	Grey Base		Interviewing
6/5/2013	Receptionist	Y	.15	1	Perm, FT	Grey Base		Interviewing
<b>Total CSS Recruiting:</b>			<b>2.15</b>	<b>3</b>				

### Appointments:

Date Received	Vacancy	FTE	H/C	Work Type	Division/Practice	Start Date	Appointee Comments (incl. Agency details and fee if applicable)	Int/Ext
18/04/13	Receptionist	2	2	Perm PT	Buller Health	TBC		Int
<b>Total CSS Hires:</b>		<b>2.5</b>	<b>3</b>					

### Medical

Date Received	Vacancy Name	Approved	FTE	H/C	Work Type	Division/Practice	Status	Stage & Comments
1/5/2011	O&G	Y	1	1	Permanent	Grey Hospital		Advertising Closed: - 1x direct applicant – screening commenced;
14/08/2012	Clinical Leader	Y	1	1	Permanent	Buller Health		<b>Advertising</b>
1/5/2011	GP	Y	2	2	Perm/FT/Locum	Buller		<b>Offered: 2x applicants interviewed and job offers sent made – awaiting confirmation of acceptance</b>
1/5/2011	GP	Y	1	1	Perm/FT/Locum	RAGP		<b>1x agency applicant for 2 year placement 1x direct applicant for three months then possible extension to permanent.</b>
6/5/2012	GP	Y	1	1	Perm/FT/Locum	Hokitika		
7/5/2012	GP	Y	1	1	Perm/FT/Locum	South Westland		
17/8/2012	Hospital Generalist	Y	3	3	Permanent	Greymouth		<b>Advertising – 3 CVs received</b>
21/9/2012	General Surgeon	Y	2	2	Permanent	Greymouth		<b>Shortlisting – 2 Applicants forwarded to Clinical team for screening.</b>
28/3/2013	Anaesthetist	Y	1	1	Permanent	Greymouth		<b>Shortlisting</b>
<b>Total Medical Recruiting to:</b>			<b>11.8</b>	<b>13</b>				

### Total Months Appointments:

Date Received	Vacancy	FTE	H/C	Work Type	Division/Practice	Start Date	Appointee Comments (incl. Agency details and fee if applicable)	Int/Ext
N/A								Ext
<b>Total Medical Hires:</b>		<b>0</b>	<b>0</b>					

### Nursing

Date Received	Vacancy Name	Approved	FTE	H/C	Work Type	Division/Practice	Status	Stage & Comments
22/8/12	Nurse Practitioner		1	1	Perm, FT	Buller		On hold
25/10/12	Rural Nurse Specialists		1	1	Perm, FT	Buller		On hold
07/01/13	Midwives - generic	Y	?	?	Perm/fixed term/casual	West Coast DHB		Advertising
3/4/13	Registered Nurses	Y	.6	1	Permanent	Grey Base		Appointed
4/3/13	CNC Ortho	Y	1	1	Permanent	Greymouth		In discussion
3/5/13	Registered Nurses	Y	2	2	Permanent	MH IPU		On going advertising
<b>Total Nursing Recruiting:</b>			<b>6.6</b>	<b>14</b>				

### Total Months Appointments:

Date Received	Vacancy	FTE	H/C	Work Type	Division/Practice	Start Date	Appointee Comments (incl. Agency details and fee if applicable)	Int/Ext
3/4/13	Registered Nurses	3.4	6	Permanent	Greymouth	May/June 13	3 internal 1 external	Int
24/4/13	Practice Nurses	2	2	Permanent	Grey MC & RAGP	June/July 13	1 internal & 1 external	Int
18/3/13	Registered Nurse	.7	1	Permanent	Buller Dunsford	June 2013		ext
7/1/13	Midwives	0	1	Casual	Greymouth	June 2013		ext
<b>Total Nursing Hires:</b>		<b>6.1</b>	<b>10</b>					

### Allied Health, Scientific & Technical

Date Received	Vacancy Name	Approved	FTE	H/C	Work Type	Division/Practice	Status	Stage & Comments
1/5/2012	Dental Therapist		1	1	Permanent	Greymouth		Re-advertising
24/4/2012	Senior Dietitian		1	1	Permanent	Greymouth		Under review

17/4/13	Physiotherapist	Y	1	1	Permanent	Greymouth		<b>Advertising closes 13 May 2013</b>
3/5/13	Child & Adult Resource Worker	Y	1	1	Fixed	Greymouth		<b>Advertising closes 19 May 2013</b>
<b>Total AHST Recruiting:</b>			<b>4</b>	<b>4</b>				

**Total Months Appointments:**

Date Received	Vacancy	FTE	H/C	Work Type	Division/Practice	Start Date	Appointee Comments (incl. Agency details and fee if applicable)	Int/Ext
8/5/13	Phlebotomist	.5	1	Permanent	Buller	Immediate		Int
<b>Total AHST Hires:</b>		<b>.5</b>	<b>1</b>					

### 4.3 District Health Board Specific Targets

National Health Target		West Coast DHB Target										
<b>Shorter Stays in Emergency Departments</b>	95% of patients will be admitted, discharged, or transferred from an Emergency Department within six hours	>95% across all triage categories	<p><b>Emergency Department Attendances</b></p> <p><b>For Period: 1 April – 30 April 2013</b></p> <table> <tr> <td>Over 6 Hours</td> <td>5</td> <td>0.00%</td> </tr> <tr> <td>Under 6 Hours</td> <td>1217</td> <td>1.00%</td> </tr> <tr> <td><b>Total Attendances:</b></td> <td><b>1222</b></td> <td></td> </tr> </table> <p><i>This report is calculated from Arrived time to Departed time. It combines the 3 Emergency Departments – Grey, Buller and Reefton.</i></p>	Over 6 Hours	5	0.00%	Under 6 Hours	1217	1.00%	<b>Total Attendances:</b>	<b>1222</b>	
Over 6 Hours	5	0.00%										
Under 6 Hours	1217	1.00%										
<b>Total Attendances:</b>	<b>1222</b>											
<b>Improved Access to Elective Services</b>	129,000 elective surgical discharges delivered nationwide in 2010/11	1592 elective surgical discharges	West Coast DHB was slightly behind on track to meet the target for the period to 31 March, but is anticipating meeting, or being close to meeting, target by year-end. Delivery against the electives Health Target for the year to 31 March was 1,173 cases – 28 cases behind year-to-date target (98% of YTD target). This represented 74% of throughput toward the year-end target of 1592 elective surgical discharges.									
<b>Shorter Waits for Cancer Treatment</b>	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	West Coast DHB continues to achieve the cancer treatment health target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks for the year-to-date (YTD) 30 April 2013.									
<b>Better Help for Smokers to Quit</b>	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	<b>ABC Implementation:</b> Excellent Smokefree ABC result for April: 98%.									

### 4.4 Case Weights

This Provider Arm 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 April 2013 overall case-weighted (CWD) inpatient delivery was 14% under contracted volume for surgical specialty services and 7% over for medical specialty services



The split between acute and electives were as follows:

CASE WEIGHTS (CWD)	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
<b>Surgical</b>				
Acute	912.13	751.16	-160.97	-18%
Elective	1,129.84	1,001.78	-128.06	-11%
<b>Sub-Total Surgical:</b>	<b>2,041.97</b>	<b>1,752.94</b>	<b>-289.03</b>	<b>-14%</b>
<b>Medical</b>				
Acute	1,098.16	1,169.72	71.56	7%
Elective	1.33	2.61	1.28	96%
<b>Sub-Total Medical:</b>	<b>1,099.49</b>	<b>1,172.33</b>	<b>72.84</b>	<b>7%</b>
<b>TOTALS:</b>	<b>3142</b>	<b>2925</b>	<b>-216</b>	<b>-7%</b>

\*The under-production in surgical specialty services is across most specialties.

\*The over-production in medical specialty services is driven largely by General Medicine.

### Outpatient Volumes

As at 30 April 2013 outpatient delivery was 13% under contracted volume for surgical specialty services and at contracted volume for medical specialty services.

The split between 1<sup>st</sup> Visit and Subsequent Visit were as follows:

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
<b>Surgical</b>				
1 <sup>st</sup> Visit	3,251	2,907	-344	-11%
Subsequent Visit	5,598	4,827	-771	-14%
<b>Sub-Total Surgical:</b>	<b>8,849</b>	<b>7,734</b>	<b>-1,115</b>	<b>-13%</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	1,327	1,192	-135	10%
Subsequent Visit	3,071	3,197	126	4%
<b>Sub-Total Medical:</b>	<b>4,398</b>	<b>4,389</b>	<b>-9</b>	<b>0%</b>
<b>TOTALS:</b>	<b>13,247</b>	<b>12,123</b>	<b>-1,124</b>	<b>-8%</b>

\*Under-production again in surgical specialty services, in particular with general surgery, orthopaedics, endocrinology, respiratory and general medicine. Services with higher throughput include Ear Nose and Throat surgery, gynaecology, ophthalmology, diabetes, and paediatric medicine.

## 4.5 Industrial Relations

- ASMS representing senior doctors and DHBs are considering a settlement
- APEX representing IT workers continue in negotiations.
- FIRST representing Pharmacy Workers continue in negotiations

## 4.6 Elective Services Patient Indicator

- For March 2013 – West Coast DHB was non-compliant by 35 cases in ESPI 2 and by 12 cases in ESPI 5. Plans are in place to regain compliance in ESPI 2 by end of May and in ESPI 5 by end of June. No financial penalties will accrue if these plans are met.

## MoH Elective Services Online

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

DHB Name: West Coast

	2012			2012			2012			2012			2012			2012			2012			2013			2013			2013								
	Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.			
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	18 of 18	100.0%	0	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1			
2. Patients waiting longer than six months for their first specialist assessment (PSA).	00	1.1%	0	20	0.6%	0	0	0.0%	0	12	1.9%	-12	26	2.1%	-26	1	0.1%	-1	4	0.4%	-4	15	1.3%	-15	0	0.0%	0	1	0.1%	-1	17	1.8%	-17	35	3.7%	-35
3. Patients waiting without a commitment to treatment whose priorities are higher than the usual treatment threshold (PTT).	1	0.0%	0	6	0.0%	0	6	0.0%	0	12	0.7%	-12	12	0.7%	-12	9	0.6%	-9	13	0.8%	-13	11	0.7%	-11	13	0.8%	-13	10	0.6%	-10	5	0.3%	-5	5	0.2%	-5
4. Patients given a commitment to treatment but not treated within six months.	34	1.8%	0	16	0.8%	0	0	0.0%	0	4	1.9%	-4	4	1.9%	-4	0	0.0%	0	2	0.9%	-2	2	0.8%	-2	0	0.0%	0	2	0.8%	-2	0	0.0%	0	12	3.2%	-12
5. Patients in active review who have not received a clinical assessment within the last six months.	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	30.0%	-3	0	0.0%	-0	0	0.0%	0	2	13.2%	-2	1	3.1%	-1	3	30.0%	-3
6. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	158	100.0%	0	171	100.0%	0	150	100.0%	0	104	100.0%	0	138	100.0%	0	151	100.0%	0	129	100.0%	0	152	100.0%	0	88	100.0%	0	83	100.0%	0	118	100.0%	0	96	100.0%	0

Data Warehouse Refresh Date: 04/May/2013

Report Run Date: 05/May/2013

**Notes:**

- ESPIs that apply from 1 July 2012.
  - ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
  - ESPIs 3 and 6 assess surgical specialties where patients are prioritised using nationally recognised tools.
  - Medical specialties are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
  - ESPI 1 and 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
  - 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.
  - 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.
  - ESPI 4 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.99%, and Red if 1% or higher.
  - ESPI 5 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 Electives team if you have any queries about ESPIs [electives\\_sen@psd.moh.govt.nz](mailto:electives_sen@psd.moh.govt.nz).

## 4.7 Patient Transfers

### Transfers to Tertiary Centres (March 2013 – April 2013)

Reasons for Patient Transfers	March 2013	April 2013
Service not available at Grey Base	-	1
Service not available at Grey Base – at time	-	-
Severity of illness	7	8
Special Procedure (not done at Grey Base)	3	13
Specialist Care Not available (at Grey Base)	19	17
Specialist Care Not available (at Buller)	-	-
Service Not available (at Buller)	4	1
Specialist Care Required Urgently	11	6
Other Staffing Issue	-	-
Post Operative Complication	2	2
Other reason for transfer	-	-
<b>Total No. of Categories (reasons*) for month</b>	<b>46</b>	<b>48</b>
<b>Total No. of Patients Transferred for month</b>	<b>31</b>	<b>37</b>

**\*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 Colonogram cannot 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; or the required level of specialist care is unavailable at Grey Base Hospital at the time.
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 (March 2013 – April 2013)

Reasons for Patient Transfers	March 2012	April 2013
Service not available at Buller	10	14
Specialist care not available at Buller	4	3
Specialist care required urgently	4	3
Other staffing issue	-	-
Post Operative complication	-	-
Other reason for transfer	-	-
Severity of illness	-	-
<b>Total No. of Categories (reasons*) for month</b>	<b>18</b>	<b>20</b>
<b>Total No. of Patients Transferred for month</b>	<b>13</b>	<b>16</b>

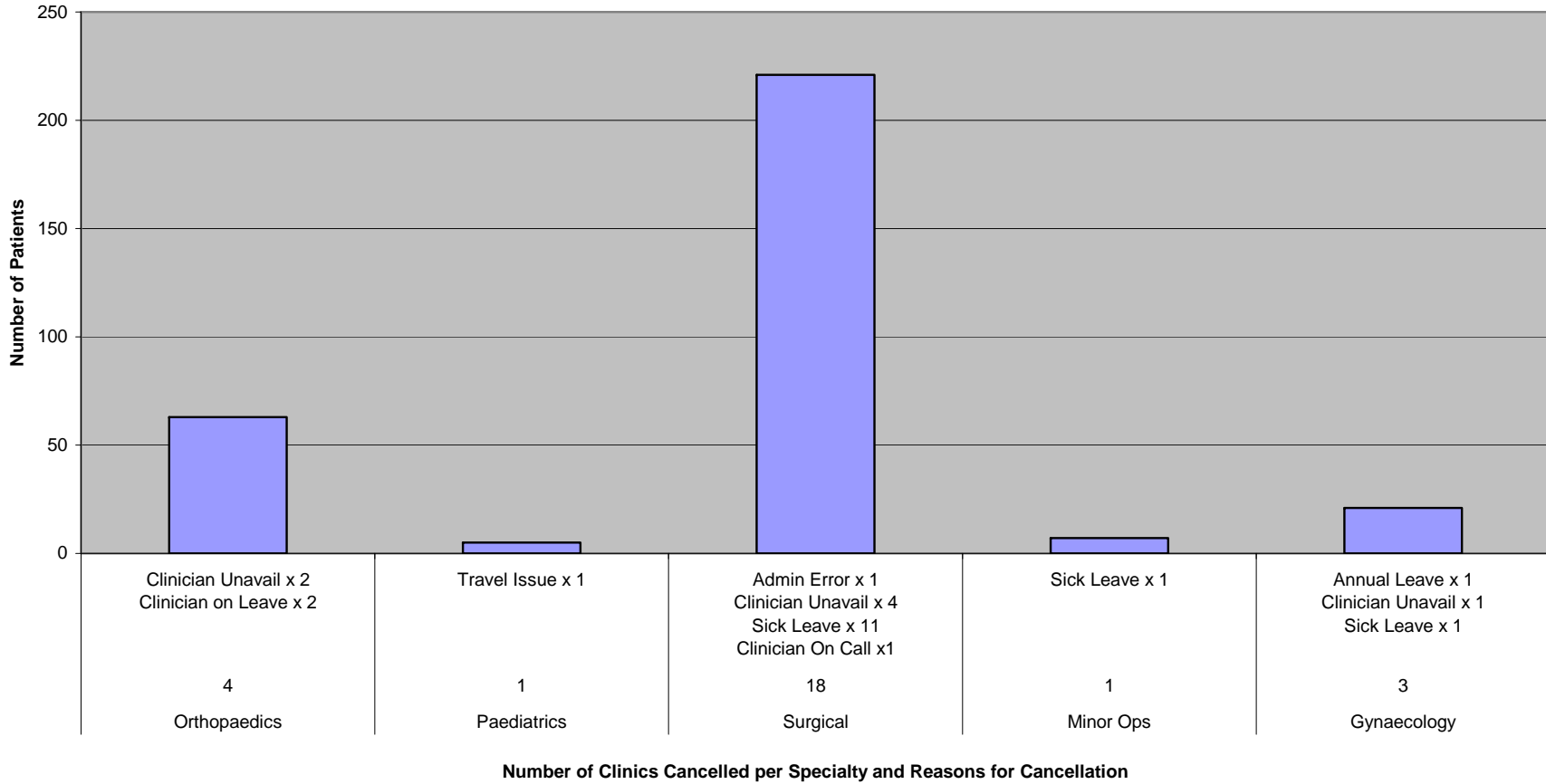
### Patient Transfers from Reefton to Grey Base Hospital (March 2013 – April 2013)

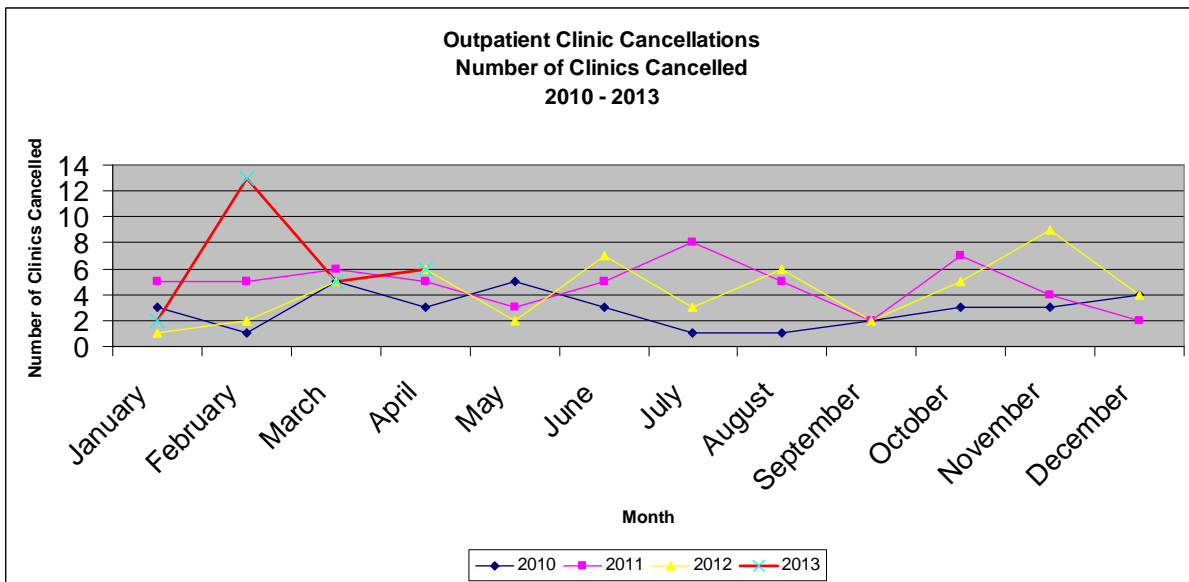
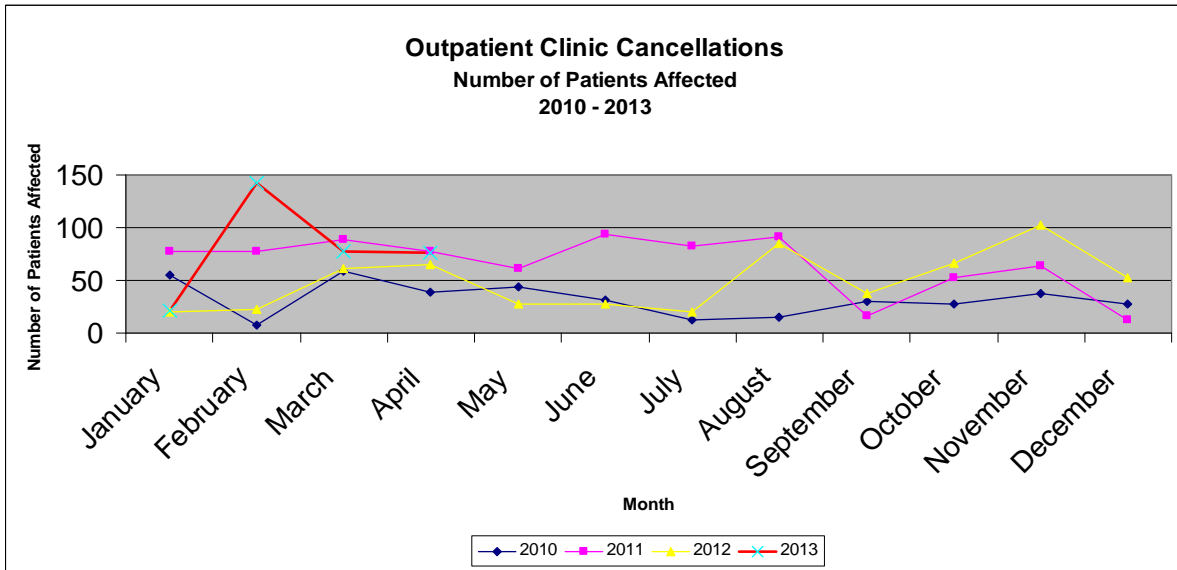
Reasons for Patient Transfers	March 2013	April 2013
Service not available at Reefton	-	-
Specialist care not available at Reefton	-	-
Specialist care required urgently	-	2
Other staffing issue	-	-
Post Operative complication	-	-
Special Procedure	-	-
Other reason for transfer	1	2
Severity of illness	1	2
<b>Total No. of Categories (reasons*) for month</b>	<b>2</b>	<b>6</b>
<b>Total No. of Patients Transferred for month</b>	<b>2</b>	<b>4</b>

#### 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
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%
January 2013	1849	1679	149	8.06%	21	1.14%
February 2013	1839	1685	154	8.37%	142	7.72%
March 2013	1752	1582	170	9.70%	78	4.45%
April 2013	1670	1532	138	8.26%	76	4.55%
<b>13 month rolling totals</b>	<b>24419</b>	<b>21891</b>	<b>2023</b>	<b>8.28% Average</b>	<b>801</b>	<b>3.28% Average</b>

**Outpatient Clinic Cancellations  
January - April 2013**





#### 4.9 Primary & Community

The first of two workshops was held on Thursday 16 May to determine the key deliverables for integrating health care in the Grey community over the next two years. The participants of these workshops include clinicians, managers, and health care consumers. The workshops will support the development of a two year implementation plan for the integration of services in the Grey region, allocation of roles and areas of responsibility for clinical leads and project managers, and to commence the work. Following each of the workshops a small operations group will utilise the outcomes of the workshop to clarify and document priorities and change threads for service integration across the system.

#### 4.10 Nursing Update

##### Maternity Services

An appointment has been made into the Clinical Midwife Manager role and will start on 22 July 2013. Ongoing issues continue with the recruitment and retention of midwives and locum cover

has been contracted for both Buller and Grey services .

The maternity service is currently under review.

A fixed term appointment has been made to collect a new set of urgent maternity data for the Ministry of Health.

#### **New Graduate Nurses**

These nurses are preparing to rotate into new wards at Grey Hospital, from July.

#### **Quality**

The Endoscopy Users Group met recently with representatives from QI Endoscopy, to progress implementation of the National Endoscopy Quality Improvement Programme. The group will be completing a self assessment of the service against a global rating scale and prioritising deliverables against their plan.

The Maternity Quality and Safety Group has held its first meeting with support from the Canterbury and West Coast DHBs Maternity Quality and Safety Coordinator. A key focus over the next few weeks will be to finalise the first annual report for the Ministry of Health.

### **4.11 Hospital Services Improvement Programme**

#### **Central Booking Unit Service Redesign**

During the month an introductory session was held with CBU staff to introduce the SBAR technique. SBAR stands for Situation, Behaviour, Assessment and Recommendation and is a noted communication tool in global use to ensure both parties in conversation develop the same mental map of the conversation. It is particularly useful in communications with clinicians

### **4.12 Quality Report**

#### **Incidents & Complaints**

Incidents and Complaints occurring in Hospital Services are monitored by the Clinical Quality Improvement Team who receive detailed reports monthly. Future reporting to this Committee will include trend information on these and any significant changes in service delivery resulting from recommendations made.

#### **Falls “Enthusiasts” – Preventing Falls within the West Coast DHB**

The Falls Safety Crosses initiative, as used at the Canterbury DHB, has been implemented at Kynnersley Home. This initiative is being rolled throughout the clinical areas of Grey Base Hospital with a “go live” date of 1st June.

The Falls Safety Crosses system uses a cross that has dates written within it for the month on a laminated A4 sheet. One of these sheets and a guide to completing the cross is provided to each ward.

The days of the month are coloured green when no falls occur and red on the date that a fall occurs. If two falls occur on that date, “x2” is recorded in red on the falls cross. The location of the falls is also noted on the ward floor plans. The number of days since the last fall is recorded at the bottom of the sheet. The aim is to make falls more visible to patients, staff and members of the public. These crosses will be displayed in public areas within the wards (close to public reception areas).

In parts of Grey Base Hospital (Barclay Ward for example) the system of providing patients identified as at risk of falls with a green coloured patient wrist band is in place. Patients are advised that they have been identified as a falls risk and their permission is sought to wear a



green wrist band. This will be rolled out across other clinical areas not already using this system when the falls safety crosses are implemented.

Training and education is being provided to staff. The Falls Safety Crosses will be part of a coordinated approach to recording and managing falls including reporting them via Incident Report forms and ensuring Falls Risks assessments are completed.

**Hospital Acquired Infections**

**February**

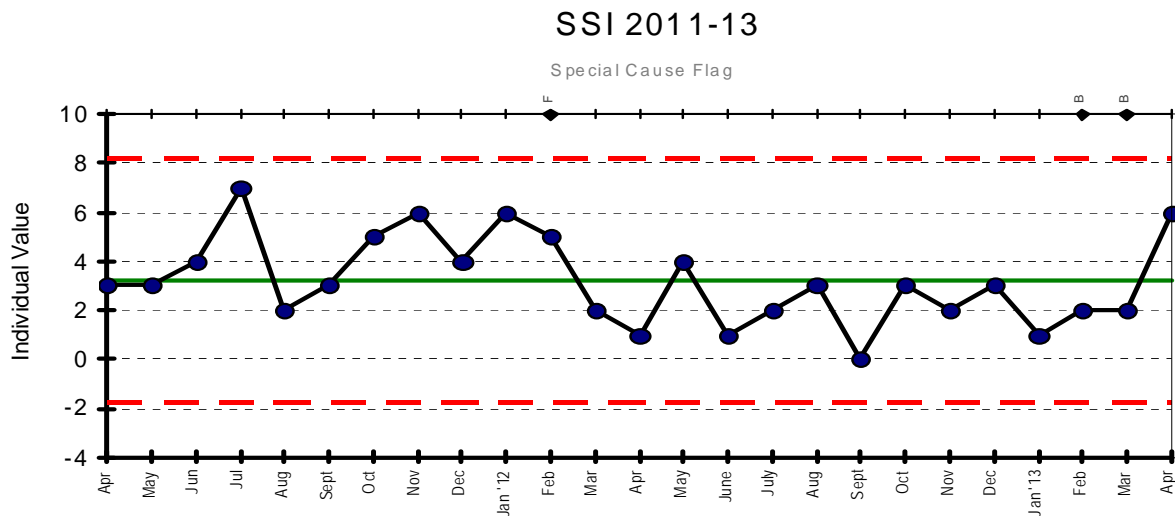
- 1 x UTI Hannan Ward

**March**

- 2 x Urology (1 x Urinary Tract & 1 x Blood Stream Infection)

**April**

- No HAIs



**Surgical Site Infections**

All SSIs are reported to and discussed at Morbidity and Mortality Review meetings.

**February 2013**

- 1 General Surgery & 1 Plastics

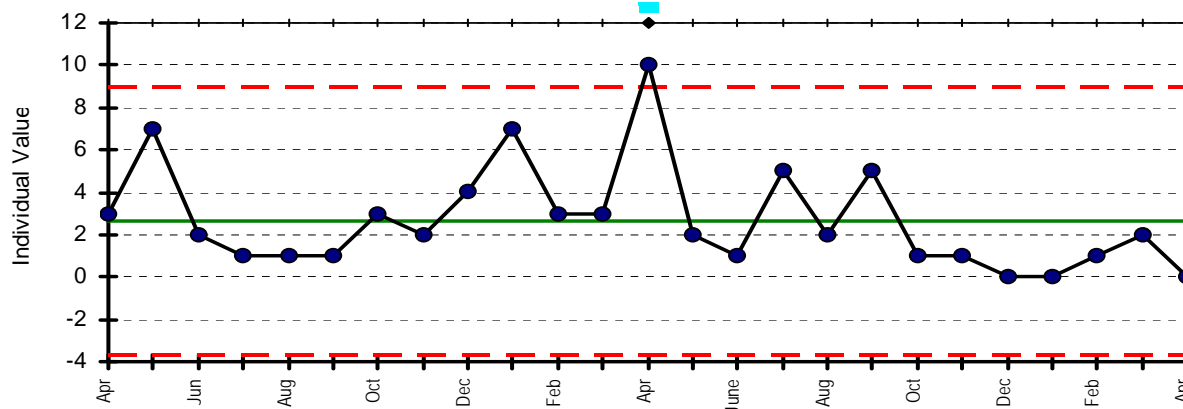
**March 2013**

- 1 General Surgery & 1 Plastics
- General Surgery
- 1 Obstetrics
- 1 Gynaecology



## HAI 2011-13

Special Cause Flag



### CLAB (Central line associated bacterium)

The West Coast DHB reported a CLAB on 17th July 2012. No further CLABs since this date have been reported. Maintaining 100% compliance with the maintenance bundle continues to hamper our 100% compliance rate.

### 332 Days CLAB free

As of 15th May 2013 the West Coast DHB has been 332 days CLAB free

### COMPLAINTS / COMPLIMENTS / SUGGESTIONS

Customer complaints received by any DHB staff member are currently entered into a secure online database with limited tracking functions. The current online system has no way of interrogating the data. For example, if we wanted to know how many complaints have been recorded for nursing in the outpatient department each and every individual complaint must be opened to identify this data

An additional complementary database has recently been developed and is being trialled alongside the current secure system. It will allow us record, track and update all complaints, compliments and Health and Disability Commission investigations. Numbers are allocated to the records for ease of tracking. The complaints will be categorised according to the categories used by the HDC and break the service areas down into teams much like the incident reporting database. Using the new spreadsheet based system filters can be applied to easily identify trends and patterns.

This is seen as a temporary improvement until such time as a South Island electronic solution can be implemented.

### NEW COMPLAINTS RECEIVED SINCE LAST HAC MEETING

There have been four new complaints in hospital services since the last meeting, all of which are under investigation. One relates to privacy and confidentiality, one to disability issues, and the remaining two raised concerns about treatment.

## **Current Projects**

### *GLOBAL TRIGGER TOOLS*

The Global Trigger Tool (GTT) is a methodology developed by the Institute for Healthcare Improvement (IHI) in 2003 to identify adverse events using medical record reviews. The focus is on harm rather than error. Focusing on actual patient harm, whether or not it was caused by a medical error and whether or not it was preventable targets the system rather than the individuals and allows the analysis of “unintended consequences” from a patient perspective.

The Quality Coordinator Hospital Services attended this workshop with Dr Anu Shinnamon who was funded by HQSC to attend. A paper will be prepared for the Quality and Patient Safety Manager and Programme Director outlining recommendations moving forward, and the steps involved in implementing Global Trigger Tools across the DHB.

### *PRIMARY SECONDARY ELECTRONIC INTERFACE GROUP*

Meetings continue on a regular basis with representatives from the GP practices and key staff from departments within Grey Base Hospital.

Members continue to bring issues to the fore that can be resolved by teamwork and communication. Special mention must be given to the fantastic support provided by IT who are always prepared to go the extra mile to resolve any IT issues.

## **4.13 Staffing**

Allied Health staffing levels continue to be good with the exception of Buller Health where there are difficulties recruiting for both Occupational Therapy and Physiotherapy. Solutions for both are currently being actively reviewed and discussion with CDHB. Part-time positions are not attractive and it may be necessary to over-staff the roles and include Reefton services in them. Private physiotherapists on the Coast have indicated that Westport is not a desirable location for private practice given the current uncertain economic climate there for the longer term in regard to the big employers, Holcim, Solid Energy and Bathhurst.

Buller will continue to be challenging where there are sole allied health roles and we need to consider this in future planning. Sole roles are not especially attractive to practitioners, with however much support a base provides to them.

Changes are underway in regard to National Travel Assistance and how that has been managed. A Travel Coordinator has been appointed to a central role and changing patient expectations and demands across the Coast is proving challenging but necessary. Unfortunately we expected this would bring forth a flurry of complaints and indeed it is. However, we need to focus our support on those patients who really need help and not those who can manage quite well in organising themselves and claiming reimbursement. It is quite clear that patients have been receiving assistance who were not eligible, and we are working actively to ensure compliance with the scheme.

A consultation document regarding reporting lines for the laboratory staff manager has just closed for comment by staff. Over the next few weeks, feedback will be reviewed and decisions made in regard to that.

Buller radiology continues to be problematic with equipment outages and work is being actively done to get the replacement machine in as soon as possible. This will require a period of no imaging available at Westport and contingency planning is being made for this.

#### **4.14 Emergency Planning**

Exercise Ripahapa is being held 29 May 2013. The focus for the DHB is on mass casualty management for the Grey District only with extrapolation in the future to other districts. MOH will be here observing. We will be sharing facilities with Community & Public Health staff.

#### **4.15 Relocation**

All staff have finally relocated from the Medical Admin block to Community Services. The Medical Admin block is now locked off and access is only via the Trades staff.

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:** Finance

**DATE:** 6 June 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 notes the Financial Report for the period ending 30 April 2013.

## 3. DISCUSSION

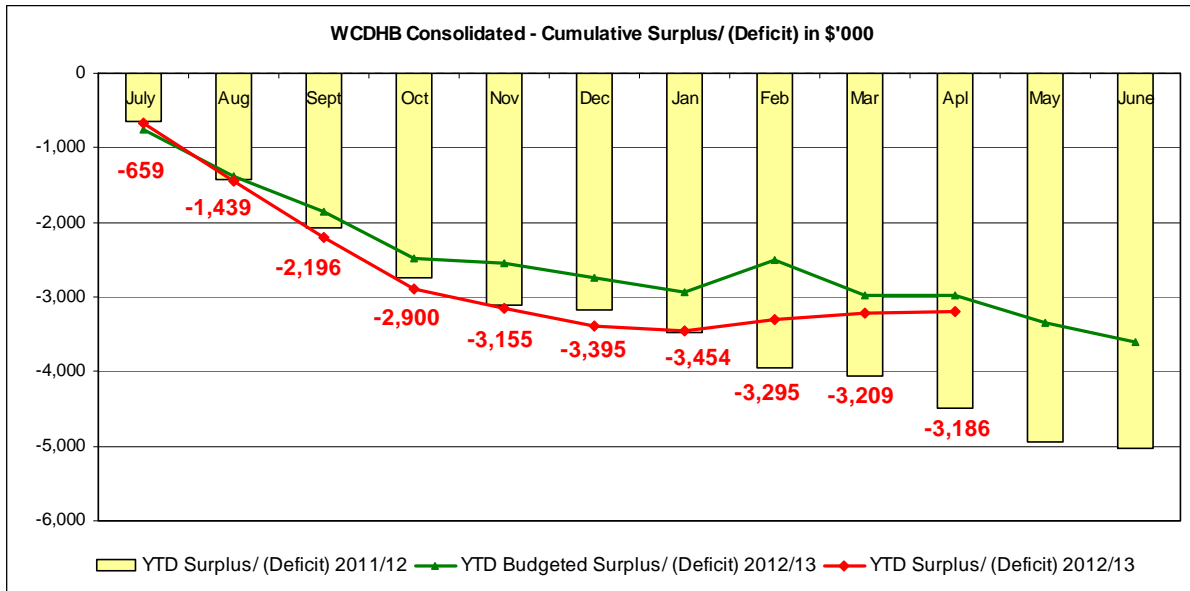
**Financial Overview for the period ending**

**30 April 2013**

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	6,300	6,457	(157)	x	62,360	63,807	(1,447)	x
Governance & Administration	179	183	(4)	x	1,856	1,833	23	√
Funds & Internal Eliminations	4,742	4,780	(38)	x	48,355	47,805	550	√
	<b>11,221</b>	<b>11,420</b>	<b>(199)</b>	<b>x</b>	<b>112,571</b>	<b>113,444</b>	<b>(873)</b>	<b>x</b>
<b>EXPENSES</b>								
Provider								
Personnel	4,582	4,697	115	√	45,573	46,371	798	√
Outsourced Services	607	676	69	√	8,511	8,156	(354)	x
Clinical Supplies	677	521	(156)	x	6,125	6,363	238	√
Infrastructure	1,040	930	(110)	x	11,281	9,242	(2,038)	x
	<b>6,905</b>	<b>6,824</b>	<b>(81)</b>	<b>x</b>	<b>71,489</b>	<b>70,133</b>	<b>(1,357)</b>	<b>x</b>
Governance & Administration	142	183	41	√	1,334	1,833	499	√
Funds & Internal Eliminations	3,696	3,888	192	√	38,301	39,350	1,049	√
<b>Total Operating Expenditure</b>	<b>10,743</b>	<b>10,896</b>	<b>153</b>	<b>√</b>	<b>111,124</b>	<b>111,315</b>	<b>191</b>	<b>√</b>
<b>Surplus / (Deficit) before Interest, Depn &amp; Cap Charge</b>	<b>478</b>	<b>524</b>	<b>(47)</b>	<b>x</b>	<b>1,447</b>	<b>2,130</b>	<b>(683)</b>	<b>x</b>
<b>Interest, Depreciation &amp; Capital Charge</b>	<b>455</b>	<b>510</b>	<b>55</b>	<b>√</b>	<b>4,633</b>	<b>5,097</b>	<b>464</b>	<b>√</b>
<b>Net surplus/(deficit)</b>	<b>23</b>	<b>13</b>	<b>9</b>	<b>√</b>	<b>(3,186)</b>	<b>(2,968)</b>	<b>(218)</b>	<b>x</b>

## CONSOLIDATED RESULTS

The consolidated result for the year to date ending April 2013 is a deficit of \$3,186k which is an unfavourable variance of \$218k to budget (\$2,968k deficit). The result for the month of April 2013 is a surplus of \$23k which is \$9k favourable to budget.



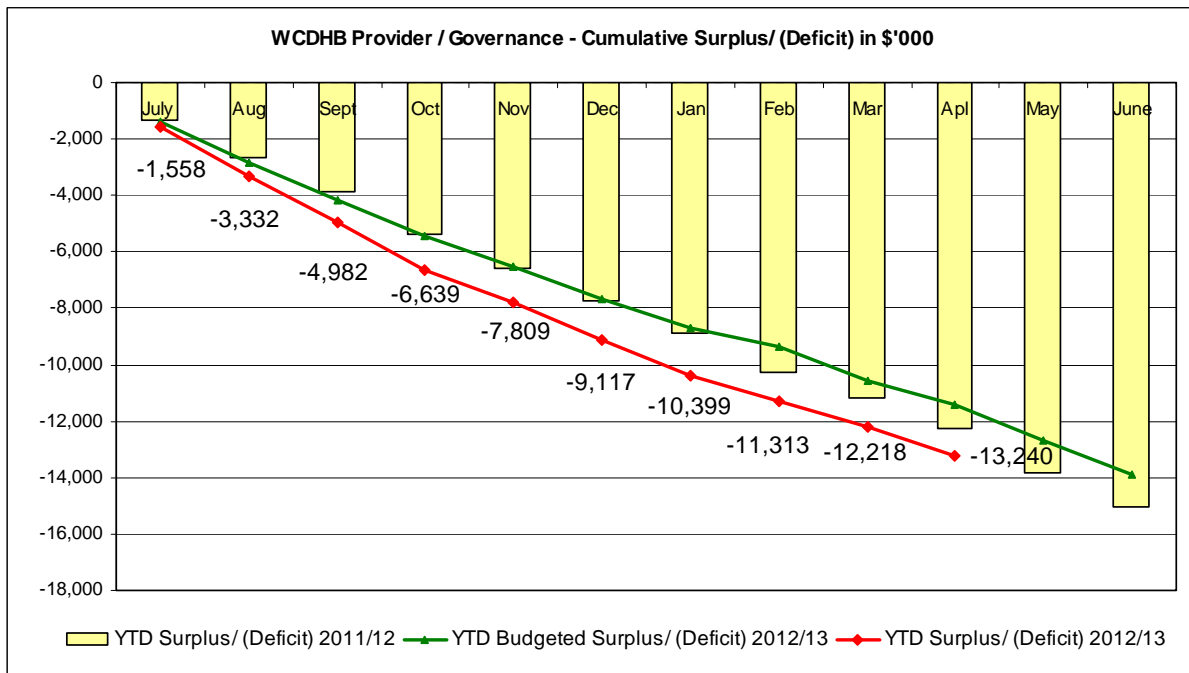
**RESULTS FOR EACH ARM**

**Year to Date to April 2013**

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	37	0	37	522	0	522
Funder Arm	1,046	891	155	10,054	8,457	1,597
Provider Arm	(1,060)	(878)	(183)	(13,762)	(11,425)	(2,337)
<b>Consolidated Result</b>	<b>23</b>	<b>13</b>	<b>9</b>	<b>(3,186)</b>	<b>(2,968)</b>	<b>(218)</b>

The variance to budget for the Provider arm is explained in the narrative below.

## PROVIDER ARM



### Provider Arm

YTD Provider Arm revenue received from external sources is \$1,431k unfavourable to budget. Revenue from Government sources makes up \$762k of this variance

- ACC revenue for the month was \$18k unfavourable to budget and YTD is \$331k unfavourable; \$156k 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. To date this revenue is unfavourable to budget. We are forecasting that annual ACC revenue will continue to be unfavourable to budget for the remainder of the year.
- Revenue for clinical training from Health Workforce New Zealand is \$109k unfavourable to budget for the YTD as several programmes had lower or no trainees last semester. Costs for training are also reduced and favourable to budget YTD.
- Revenue from home based support services continues to be unfavourable, \$120k unfavourable to budget YTD. We expect that this unfavourable variance will continue for the remainder of the year. Monthly revenue has been in line with the revenue received over the latter months of 2012/13 year. 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 (\$230k 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 \$181k unfavourable YTD. Although unfavourable YTD, revenue is in line with last years revenue. Sales of audiology aids are unfavourable to budget-this is partially offset by lower costs.

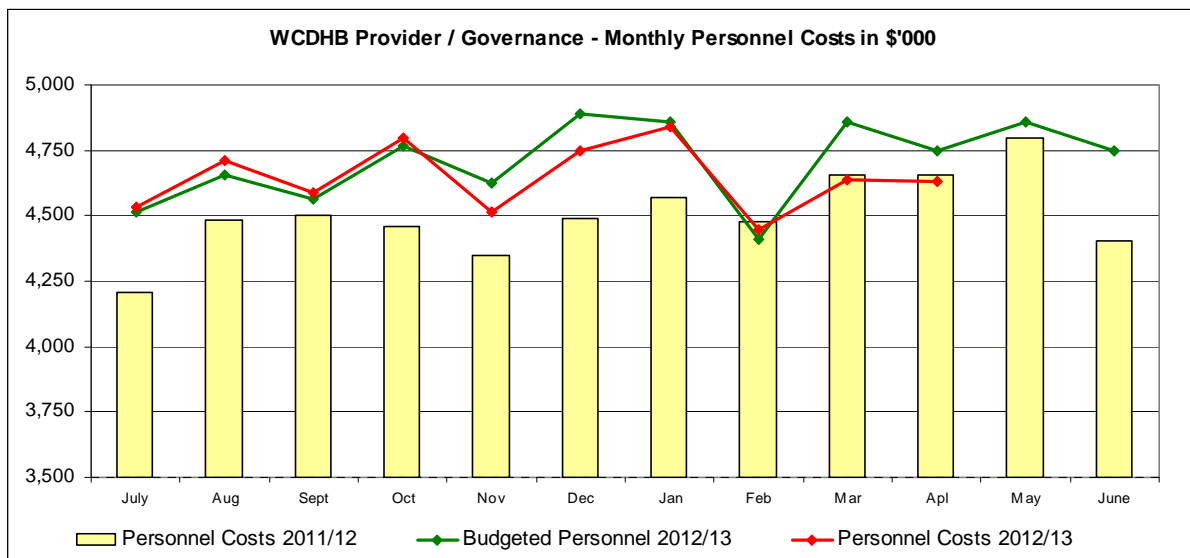
Total other income is \$435k unfavourable to budget YTD; laundry services revenue comprises \$308k of this variance. This variance has increased from February as we no longer supply linen to commercial customers, however offsetting this there is also a reduction in the cost of laundry services. Interest received by the Provider arm is \$56k unfavourable to budget; this is offset by interest received by the Funder arm which is \$105k favourable to budget.

## EXPENSES

### Personnel costs

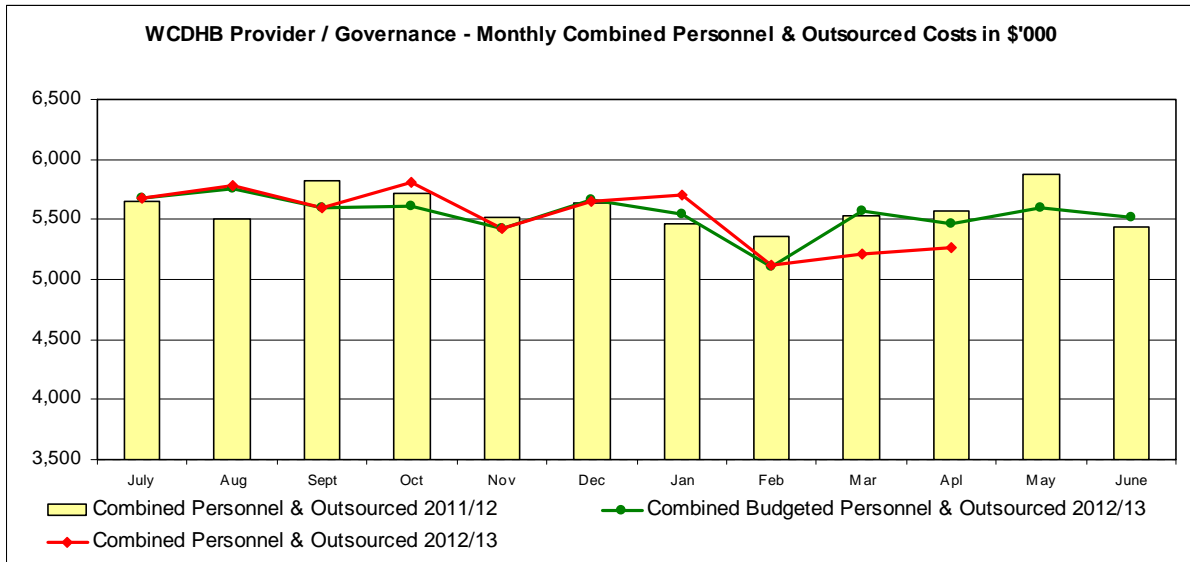
YTD Personnel costs are \$45,573, \$798k favourable to budget (\$46,371k).

- Medical Personnel costs are \$597k favourable to budget to date.
  - Salary costs for Senior Medical Officer (SMO) are \$77k favourable to budget. Resident Medical Officer (RMO) costs are \$149k favourable to budget; this is offset by outsourced locum costs for RMO's which are \$131k unfavourable to budget.
  - General Practitioner (GP) personnel costs are \$650k favourable to budget due to vacancies. Outsourced locum costs for GP's are \$1,285k unfavourable to budget (includes all travel, accommodation, fees etc).
- Nursing Personnel costs are unfavourable to budget by \$678k to date.
  - Costs for Caregivers and enrolled nurses working in residential care are unfavourable to budget to date; these are partially offset by increased revenue from subsidies (internal revenue from the Funder arm) and resident's contributions. District nursing costs are also unfavourable to budget to date.
- Allied Health Personnel costs are \$615k favourable to budget.
  - This is due to a number of vacancies within allied services.



**Outsourced services costs** are \$8,511k YTD; \$354k unfavourable to budget (\$8,156k).

- Outsourced Senior Medical Costs (locums) are \$5,169k for the YTD; an unfavourable variance of \$899k 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 and leave.
- Outsourced clinical services are \$590k favourable to budget. We have been working towards an agreement with CDHB for the services that they perform which has resulted in some adjustments to costs to date. Although costs for Ophthalmology services are unfavourable to budget YTD, this variance has reduced over the last seven months with costs over this period \$87k favourable to budget.

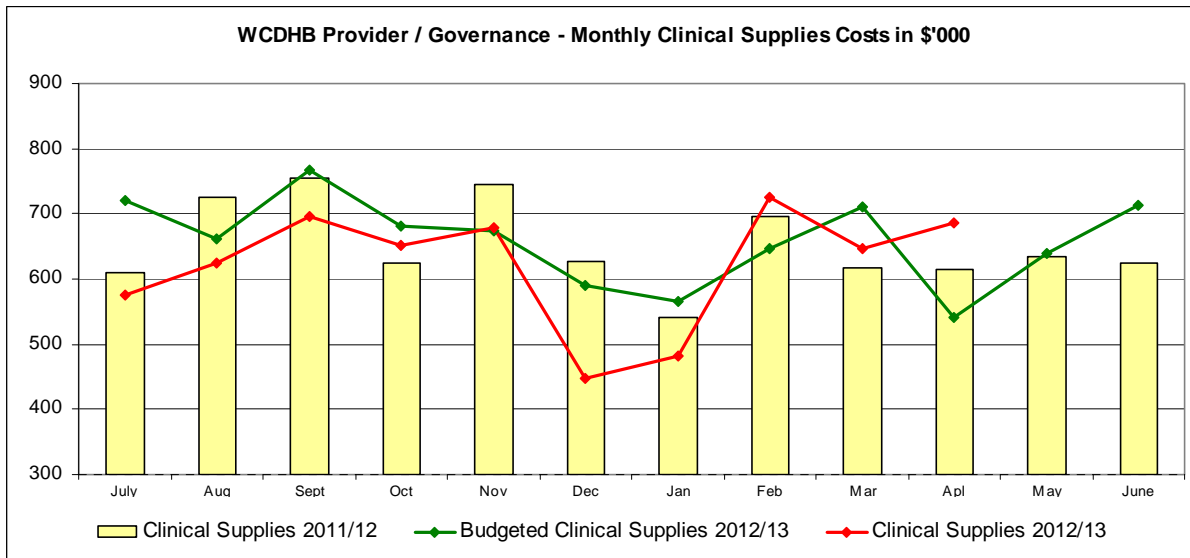


**Clinical Supplies**

Overall treatment related costs are \$238k favourable to budget YTD.

- As reflected in reduced revenue, purchases of audiology aids, implants and prostheses and medical gases are also favourable to budget. Air ambulance costs are \$341k 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. Year to date these costs are significantly lower than they were at this time last year.



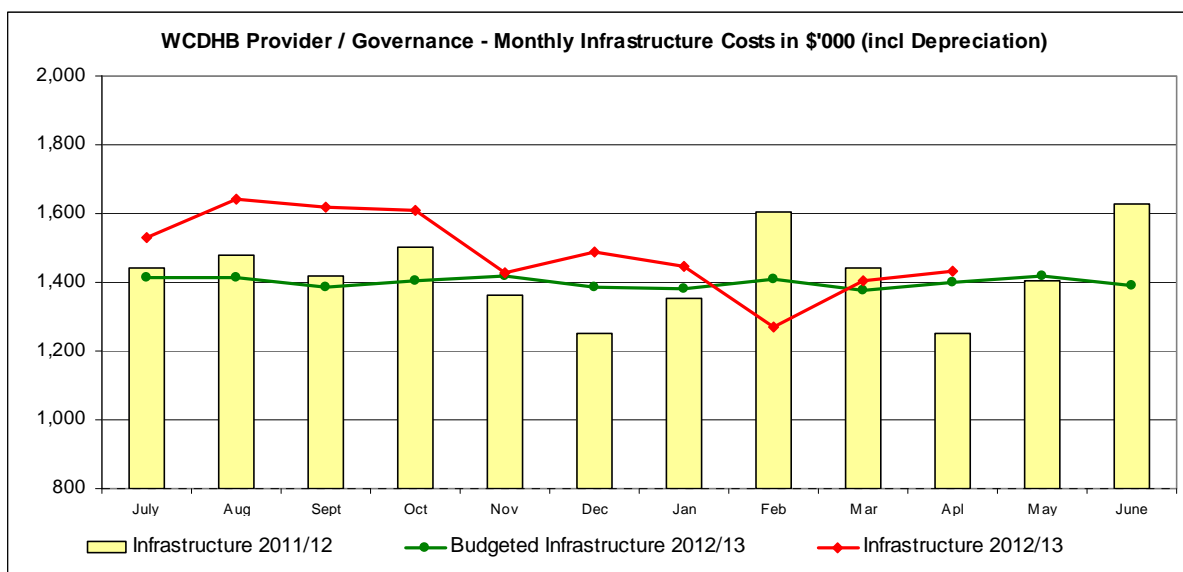
**Infrastructure and non clinical Cost**

Overall infrastructure and non clinical cost for the Provider arm are \$11,281k, \$2,038k unfavourable to budget. Within this variance are the following specific variances:



- Facilities costs are \$550k unfavourable to budget. The cost of insurance premiums on building and plant for the YTD is \$463k. Insurance premiums are 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 \$556k for the year; \$335k unfavourable to budget. Reconfiguration of laundry services resulted in a YTD cost for gas –for which there was no budget and electricity costs are \$54k unfavourable to budget to date (increase in unit costs when the contract was renewed in the last quarter of last year). Rents are \$56k unfavourable to date; this includes the cost of relocating Hannan ward patients to Granger House while remedial work was carried out in the hospital. To date the total cost of relocating services, both outside of the hospital and internally (excluding costs recorded in capital work in progress) is \$99k.
- Transport costs are \$126k unfavourable to budget to date.  
Staff travel costs are \$18k unfavourable to budget to date - mileage reimbursements to staff. Vehicle repairs and registration are \$75k unfavourable to budget. Lease costs are \$11k unfavourable to budget with additional costs incurred for vehicles retained past the lease expiry date as the purchase of these vehicles was delayed; current lease costs are now favourable to budget. Fuel costs are \$12k unfavourable.
- Hotel services, laundry and cleaning costs are \$841k unfavourable to budget.  
Outsourced laundry costs are \$808k unfavourable to budget YTD due to the closure of the laundry on site, now necessitating that all laundry processing is outsourced. This cost is now offset by savings in personnel costs as laundry staff were made redundant in January and savings in laundry supplies.

Other operating expenses include the costs of staff made redundant to date (\$425k).



#### 4. APPENDICES

Appendix 1: Provider Operating Statement – 30 April 2013

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 April 2013

	Monthly Reporting				Year to Date				Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	2011/12
<b>Income</b>										
Internal revenue-Funder to Provider	5,273	5,250	23	0.4%	52,488	52,504	(16)	(0.0%)	63,005	62,872
Ministry of Health side contracts	170	215	(45)	(20.9%)	1,172	1,577	(405)	(25.7%)	1,862	1,824
Other Government	585	579	6	1.0%	5,402	5,688	(286)	(5.0%)	6,841	6,483
InterProvider Revenue (Other DHBs)	3	10	(7)	(71.0%)	33	103	(70)	(68.1%)	124	106
Patient and consumer sourced	258	285	(27)	(9.5%)	2,613	2,847	(234)	(8.2%)	3,396	3,096
Other income	11	117	(106)	(90.6%)	652	1,087	(435)	(40.0%)	1,258	1,424
<b>Total income</b>	<b>6,300</b>	<b>6,457</b>	<b>(157)</b>	<b>(2.4%)</b>	<b>62,360</b>	<b>63,807</b>	<b>(1,447)</b>	<b>(2.3%)</b>	<b>76,486</b>	<b>75,805</b>
<b>Expenditure</b>										
<b>Employee benefit costs</b>										
Medical Personnel	924	1,145	222	19.3%	10,446	11,044	597	5.4%	13,316	10,673
Nursing Personnel	2,214	2,040	(174)	(8.5%)	20,669	19,991	(678)	(3.4%)	24,086	24,654
Allied Health Personnel	777	789	12	1.5%	7,377	7,992	615	7.7%	9,647	8,956
Support Personnel	135	153	18	11.6%	1,621	1,658	36	2.2%	1,988	2,163
Management/Administration Personnel	532	570	38	6.6%	5,460	5,687	228	4.0%	6,842	6,488
	<b>4,582</b>	<b>4,697</b>	<b>115</b>	<b>2.5%</b>	<b>45,573</b>	<b>46,371</b>	<b>798</b>	<b>1.7%</b>	<b>55,878</b>	<b>52,934</b>
<b>Outsourced Services</b>										
Contracted Locum Services	468	287	(181)	(62.9%)	5,169	4,270	(899)	(21.1%)	4,931	8,202
Outsourced Clinical Services	55	309	254	82.2%	2,502	3,092	590	19.1%	3,710	4,041
Outsourced Services - non clinical	83	79	(4)	(4.9%)	839	793	(46)	(5.8%)	952	521
	<b>607</b>	<b>676</b>	<b>69</b>	<b>10.3%</b>	<b>8,511</b>	<b>8,156</b>	<b>(354)</b>	<b>(4.3%)</b>	<b>9,593</b>	<b>12,764</b>
<b>Treatment Related Costs</b>										
Disposables, Diagnostic & Other Clinical Supplies	119	95	(24)	(25.3%)	1,140	1,103	(37)	(3.4%)	1,323	1,388
Instruments & Equipment	162	107	(54)	(50.5%)	1,496	1,432	(64)	(4.4%)	1,733	1,613
Patient Appliances	33	27	(6)	(23.3%)	251	295	44	14.8%	354	347
Implants and Prostheses	51	52	1	2.7%	497	672	175	26.1%	817	877
Pharmaceuticals	184	125	(59)	(47.0%)	1,805	1,609	(196)	(12.2%)	1,923	2,033
Other Clinical & Client Costs	129	115	(14)	(11.8%)	937	1,252	315	25.2%	1,525	1,294
	<b>677</b>	<b>521</b>	<b>(156)</b>	<b>(29.8%)</b>	<b>6,125</b>	<b>6,363</b>	<b>238</b>	<b>3.7%</b>	<b>7,675</b>	<b>7,552</b>
<b>Infrastructure Costs and Non Clinical Supplies</b>										
Hotel Services, Laundry & Cleaning	367	307	(60)	(19.4%)	3,909	3,067	(841)	(27.4%)	3,671	3,773
Facilities	253	216	(37)	(17.0%)	2,658	2,109	(550)	(26.1%)	2,554	2,554
Transport	80	71	(10)	(13.6%)	832	707	(126)	(17.8%)	850	1,034
IT Systems & Telecommunications	139	129	(10)	(7.4%)	1,325	1,271	(53)	(4.2%)	1,527	1,375
Professional Fees & Expenses	23	18	(5)	(29.6%)	427	178	(250)	(140.6%)	209	557
Other Operating Expenses	69	79	11	13.5%	1,031	810	(221)	(27.3%)	969	1,245
Internal allocation to Governance Arm	110	110	0	0.2%	1,100	1,102	2	0.2%	1,322	1,320
	<b>1,040</b>	<b>930</b>	<b>(110)</b>	<b>(11.8%)</b>	<b>11,281</b>	<b>9,242</b>	<b>(2,038)</b>	<b>(22.1%)</b>	<b>11,102</b>	<b>11,858</b>
<b>Total Operating Expenditure</b>	<b>6,905</b>	<b>6,824</b>	<b>(81)</b>	<b>(1.2%)</b>	<b>71,489</b>	<b>70,133</b>	<b>(1,357)</b>	<b>(1.9%)</b>	<b>84,248</b>	<b>85,108</b>
<b>Deficit before Interest, Depn &amp; Cap Charge</b>	<b>(605)</b>	<b>(368)</b>	<b>238</b>	<b>(64.6%)</b>	<b>(9,129)</b>	<b>(6,327)</b>	<b>2,803</b>	<b>(44.3%)</b>	<b>(7,762)</b>	<b>(9,303)</b>
<b>Interest, Depreciation &amp; Capital Charge</b>										
Interest Expense	53	61	8	13.5%	541	613	72	11.7%	735	732
Depreciation	334	388	54	14.0%	3,414	3,883	469	12.1%	4,661	4,757
Capital Charge Expenditure	68	60	(8)	(12.9%)	678	603	(76)	(12.5%)	723	613
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>455</b>	<b>510</b>	<b>55</b>	<b>10.8%</b>	<b>4,633</b>	<b>5,098</b>	<b>465</b>	<b>9.1%</b>	<b>6,119</b>	<b>6,102</b>
<b>Net surplus/(deficit)</b>	<b>(1,060)</b>	<b>(878)</b>	<b>183</b>	<b>(20.8%)</b>	<b>(13,762)</b>	<b>(11,425)</b>	<b>2,337</b>	<b>(20.5%)</b>	<b>(13,881)</b>	<b>(15,405)</b>

# CLINICAL LEADERS UPDATE



**TO:** Chair and Members  
Hospital Advisory Committee

**SOURCE:** Clinical Leaders

**DATE:** 6 June 2013

---

Report Status – For:      Decision                          Noting                          Information   

---

## 1. ORIGIN OF THE REPORT

This report is provided to the Hospital Advisory Committee as a regular update.

## 2. RECOMMENDATION

That the Committee:

- i. notes the Clinical Leaders Update

## 3. DISCUSSION

### **Partnership Group**

Significant work is continuing on the Health Service Delivery work stream and the Facilities design workstream for the Partnership Group process.

### **Future Workforce Planning**

The Rural Learning Centre continues to work with staff to develop the building blocks to support generalist training on the West Coast, for Rural Hospital Medicine training, and identifying the learning needs for the nursing and allied health workforce to work at the top of their scope within the West Coast health system. Spreadsheets that outline training needs and certification requirements have been developed for nurses within each clinical area. These help identify and track individual nurses' progress against their unit plan and form part of each nurses broader career plan. This year will also see several more nurses complete clinical Masters programmes, including an enrolled nurse. The next round of Standing Orders training for nurses commences this month, with sessions being delivered across the West Coast, to Rural Nurse Specialists and Practice Nurses.

### **Quality and Safety**

A training workshop for West Coast clinicians to gain the required skills to be part of our Serious and Sentinel Event investigation processes is planned for late May.

A Practical Obstetric Multi-Professional Training (PROMPT) course was delivered on the West Coast in April, by our Canterbury colleagues. The purpose of this training is to develop skills in managing obstetric emergencies. This day was highly effective and feedback included the high standard of the training as well as the benefit of collaboration with clinical peers from Canterbury in a training capacity.

### **Clinical Involvement in Budget process**

Clinical teams have been involved in the Budget setting process for 2013/14 through a series of workshops, to align clinical expectation and need with allocated budgets. A review of nursing FTE for Buller Health is underway in response to the new private practice opening in Westport. This process will be ongoing and in response to ensuring appropriate nursing resource for the enrolled population.

### **Quality and Safety**

The Clinical Board and the quality teams are planning for the National Patient Safety Campaign launch in May. The key focus for the first part of the campaign is on falls prevention. Consumer member of the Clinical Board, Robyn Moore, has been appointed to the South Island Regional Quality and Patient Safety Alliance.

### **Allied Health**

A planning day was held with all Allied Health staff in April. Key successes were shared and an implementation plan for achieving the vision of an integrated Allied Health Service across the West Coast Health System and how Allied Health will realign to achieve the new West Coast Health System models of care was developed.

Radiology has been able to extend the ultra sound service to full 5 day a week service and is continuing to work on the Buller equipment replacement.

The new Rurally Focussed Urban Specialist (RUFUS) role for Dietetics has commenced for paediatrics and the clinician will join the Paediatricians who visit from Canterbury. Nick Leach has qualified as a Pharmacist Prescriber within Mental Health and plans are in development for how this can be incorporated into the model of care and service delivery.

Medical Technicians are completing the accreditation process for cardiac physiologist outpatient work in collaboration with Canterbury.

## **4. CONCLUSION**

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

Report prepared by:

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

# HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 2 MAY 2013



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

**SOURCE:** Chair, Hospital Advisory Committee

**DATE:** 10 May 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 2 May 2013. Following confirmation of the minutes of that meeting at the 6 June 2013 HAC meeting, full minutes of the 2 May 2013 meeting will be provided to the Board at its 28 June 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 – 2 May 2013.

## 3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 2 May 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:

#### ▪ **MANAGEMENT REPORT**

##### **Recruitment**

The Committee continues to take an interest in the recruitment processes taking place, and have asked management to highlight any areas which the Committee need to be aware of.

Particular comment was noted regarding: the positive response to the midwife manager vacancy; the commencement of the Cancer Nurse Coordinator; and the level of staffing in Allied Health being at 98%.

The Committee also noted the retirement of the Laboratory Manager after over 40 years service and asked management to ensure that Mr Clark's remarkable service was acknowledged.

### **In-Patient Volumes**

The Committee noted that surgical in-patient volumes were dropping behind due to sick leave. Management confirmed that plans are being developed to deal with this.

### **ESPI Compliance**

The West Coast DHB was non-compliant in ESPI 2 at the end of February and it is likely we will also be non-compliant in March and April. A recovery plan has already commenced to ensure compliance by May to avoid any financial penalty.

### **Accommodation**

The Committee noted that a review of accommodation options for visiting medical staff is currently underway, and that it would probably not be sensible to make decisions around this until more was known regarding the facilities project.

### **Orthopaedic Services**

Discussion took place regarding orthopaedic services and the Committee noted that Canterbury has increased its Orthopaedic Surgeons by 3 which will enable 6 surgeons to be included on the roster to come to the West Coast.

The Committee also noted that recently Management had engaged assistance to review a number of individual orthopaedic cases to ascertain the appropriateness of the care provided and has confirmed that the care provided was above the expectations provided elsewhere in the country and the actual care provided was clinically appropriate.

### **Quality Report**

The Committee noted that the Clinical Quality Improvement Team monitors any incidents and complaints occurring the Hospital Services and that this is in turn monitored by the Quality, Finance, Audit & Risk Committee. Members noted that in addition to this Committee having the responsibility of monitoring Quality it is also important to protect the privacy of individuals.

### **Partnership Group**

The Board Chair provided the Committee with an update of progress with the Partnership Group and the Committee noted that the project group has been granted some additional time to provide its recommendations.

### **Allied Health Presentation**

Stella Ward, Executive Director of Allied Health, provided the Committee with a presentation which detailed the achievements and challenges in the Allied Health area and the directions for the future.

### **Deputy Chair**

Members appointed Doug Truman as Deputy Chair of the Committee.

## **4. APPENDICES**

Appendix 1: Agenda - Hospital Advisory Committee – 2 May 2013.

Report prepared by: Sharon Pugh, Chair, Hospital Advisory Committee

**WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING**  
**To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth**  
**Thursday 2 May 2013 commencing at 11.00am**

**ADMINISTRATION****11.00am**

- Karakia**
1. **Interests 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**  
*7 March 2013*
  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** Justine White *11.45am – 12.05pm*  
*General Manager, Finance*
6. **Clinical Leaders Report** Dr Carol Atmore *12.05pm – 12.20pm*  
*Chief Medical Officer*  
Karyn Kelly  
*(Director of Nursing & Midwifery & Acting GM Primary & Community Services)*
7. **Allied Health Presentation** Stella Ward *12.20pm – 12.45pm*  
*Executive Director, Allied Health*

**ESTIMATED FINISH TIME****12.45pm****INFORMATION ITEMS**

- Chair's Report to last Board Meeting
- Board Agenda – 22 March 2013
- 2013 Committee Work Plan
- West Coast DHB 2013 Meeting Schedule

**NEXT MEETING**

**Date of Next Meeting:** 6 June 2013

Corporate Office, Board Room at Grey Base Hospital.

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**To be held at St John, Waterwalk Road, Greymouth**  
**Friday 10 May 2013 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**

- 22 March 2013

3. **Carried Forward/Action List Items****REPORTS****10.15am**4. **Chair's Update – Oral Report**Dr Paul McCormack  
*Chairman*

10.15am – 10.30am

5. **Chief Executive's Update**David Meates  
*Chief Executive*

10.30am – 10.45am

6. **Clinical Leader's Report**Dr Carol Atmore  
*Chief Medical Advisor*  
Karyn Kelly  
*Director of Nursing and Midwifery*  
Stella Ward  
*Executive Director of Allied Health*

10.45am – 11.00am

7. **Finance Report**Justine White  
*General Manager, Finance*

11.00am – 11.15am

8. **Appointment of West DHB  
Electoral Officer**

Board Secretariat

11.15am – 11.25am

9. **Report from Committee Meetings***(Late papers due to timing of Meetings)*

- CPH&DSAC  
2 May 2013

Elinor Stratford  
*Chairperson, CPH&DSAC Committee*

11.25am – 11.35am

- Hospital Advisory Committee  
2 May 2013

Sharon Pugh  
*Chairperson, Hospital Advisory Committee*

11.35am – 11.45am

- Tatau Pomanau  
2 May 2013

Elinor Stratford  
*Board Delegate to Tatau Pounamu*

11.45am – 11.55am



**INFORMATION ITEMS**

- Confirmed Minutes (*Late papers due to timing of meetings*)
  - CPH&DSAC Meeting – 24 January 2013
  - HAC Meeting – 24 January 2013
  - Tatau Pounamu Meeting – 24 January 2013
- 2013 Meeting Schedule

**ESTIMATED FINISH TIME**

**12noon**

**NEXT MEETING**

*Friday 28 June 2013 commencing at 10.00am*

## 2013 HOSPITAL ADVISORY COMMITTEE WORKPLAN



	24 January	7 March	2 May	6 June	11 July	22 August	10 October	28 November	2014	
<b>STANDING ITEMS</b>	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	
<b>STANDARD REPORTS</b>	Hospital Services Management Report	Hospital Services Management Report  Finance Report	Hospital Services Management Report  Finance Report  P & F Report	Hospital Services Management Report  Finance Report	Hospital Services Management Report  Finance Report  P & F Report	Hospital Services Management Report  Finance Report	Hospital Services Management Report  Finance Report	Hospital Services Management Report  Finance Report  P & F Report	Hospital Services Management Report	
<b>PLANNED ITEMS</b>	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update  Patient Safety & Quality Report	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update  Patient Safety & Quality Report	Clinical Advisor Update	
<b>PRESENTATIONS</b>	As required	As required	Allied Health Presentation	Model of Care Implementation	As required	As required	As required	As required	As required	
<b>GOVERNANCE AND SECRETARIAT</b>	2013 Work Plan							2014 Meeting Dates		
<b>INFORMATION ITEMS:</b>	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	

## WEST COAST DHB – MEETING SCHEDULE FOR 2013

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

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