

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



**HOSPITAL ADVISORY
COMMITTEE MEETING**

11 July 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.”

HOSPITAL ADVISORY COMMITTEE MEMBERS	EXECUTIVE SUPPORT
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 & 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 & Funding</i>) Karyn Kelly (<i>Director of Nursing & Midwifery & Acting GM Primary & 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 11 July 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**
6 June 2013
3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS**11.10am**

4. **Management Report** Ralph La Salle *11.10am - 11.30am*
Acting Operations Manager, Hospital Services
5. **Finance Report** Justine White *11.30am - 11.45am*
General Manager, Finance
6. **Clinical Leaders Report** Karyn Kelly *11.45am – 12noon*
Director of Nursing & Midwifery
7. **General Business** *12noon*

ESTIMATED FINISH TIME**12.20pm****INFORMATION ITEMS**

- Chair's Report to last Board meeting
- Board Agenda – 28 June 2013
- West Coast DHB 2013 Meeting Schedule
- 2013 Workplan

NEXT MEETING

Date of Next Meeting: 22 August 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

Member	Disclosure of Interests
CHAIR - HAC Sharon Pugh Board Member	<ul style="list-style-type: none"> • Shareholder, New River Bluegums Bed & Breakfast • Deputy Chair, Greymouth Business & Promotions Association
Doug Truman Deputy Chair HAC 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"> • Chair 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. They also own the building where some of Community Services have relocated to.) • Shareholder – Bright Side Investments Limited

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

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Thursday 6 June 2013, commencing at 11.00am

PRESENT

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

MANAGEMENT SUPPORT

Michael Frampton (Programme Director & Acting General Manager, Greymouth & Westland); Carolyn Gullery (General Manager, Planning & Funding); Karyn Kelly (Director of Nursing and Midwifery); Ralph La Salle (Acting Operations Manager, Hospital Services) Justine White (General Manager, Finance) and Kay Jenkins (Minutes).

WELCOME

The meeting with opened with the Karakia.

APOLOGIES

Apologies for absence were received and accepted from Richard Wallace & Gail Howard.

1. INTEREST REGISTER

There were no additions or alterations to the interest register or conflicts of interest declared.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (10/13)

(Moved: Doug Truman/Seconded: Paula Cutbush – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 2 May 2013 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

The General Manager, Planning & Funding provided an update on carried forward item 1 - Patient Ambulance Transport – she commented that this is a Regional process which is taking an extraordinarily long time. A query was made as to whether St John would not provide the service and she assured the Committee that this is not the case.

The Committee noted the carried forward items.

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

Michael Frampton, Programme Director and Acting General Manager, Greymouth & Westland spoke to the Management Report, which was taken as read. He advised the Committee that Garth Bateup has now returned to his role in Ashburton and that he (Michael) has assumed the role of Acting General Manager, Greymouth & Westland in the interim. The Committee noted that we

will now await the outcome of the Facilities Business Case to determine where we go next in filling this position. Mr Frampton also advised that Ralph La Salle will now assume the role of Acting Operations Manager and will also continue to work with the CBU and be responsible for RMOs, visiting specialists and ESPIs.

Mr Frampton advised that it is his intention to revise the structure of the Committee reports to ensure the committee is receiving the most relevant information to meet their terms of reference.

Discussion by the Committee related to:

- **Recruitment**

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

- **Transfers**

The Committee noted the intention to reframe this template to relate to the new Models of Care.

The Committee also noted that over the upcoming months Mr Frampton will be speaking to various community groups to report progress, the new direction of travel and to ensure the community are included in and aware of the new direction.

- **ESPI Compliance**

The Committee noted that the West Coast DHB was non-compliant by 35 cases in ESPI 2 at the end of March and 12 cases in ESPI 5. It is likely we will also be non-compliant in April. A recovery plan has already commenced to ensure compliance by May for ESPI 2 and by June for ESPI 5 to avoid any financial penalty.

- **Did Not Attend (DNA)**

The committee noted that the DNA policy has been revised to make it clearer exactly what a DNA is. Discussion took place regarding this policy

- **Primary & Community Workshops**

The Committee noted that some 35 clinicians from across the West Coast health system attended the first of two workshops on 16 May to determine the key deliverables for integrating health care over the next 2 years.

Discussion took place regarding better help for smokers to quit and the comment was made that this is the best result the DHB has seen.

Discussion also took place regarding the DHBs complaints process and how decisions were made regarding publicity around these complaints. The Committee noted that this process is different in Primary Care.

Resolution (11/13)

(Moved: Doug Truman/Seconded: Karen Hamilton – carried)

That the Hospital Advisory Committee notes the Management Report.

5. FINANCE REPORT

Justine White, General Manager, Finance, spoke to the Finance Report for the month of April 2013. The report was taken as read. She commented that essentially we are seeing a continuation of previous results and we are starting to see the results of not having to pay double laundry costs.

She also commented that it is pleasing to see more stable rosters and balancing of permanent staff against locums.

ACC revenue is down and we are ensuring that we are claiming everything we should in this regard.

Discussion took place regarding Aged Care and the Committee noted that the DHB is obliged to pay MECA rates which means our labour costs are more than private facilities.

The Committee also noted that the DHB is on target to meet its budgeted deficit by the end of June.

Resolution (12/13)

(Moved: Peter Ballantyne/Seconded: Sharon Pugh – carried)

That the Committee notes the financial report for the period ending 30 April 2013.

6. CLINICAL LEADERS REPORT

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

Paula Cutbush departed at 12.25pm

Discussion took place regarding the budget setting process for 2013/14. The Committee noted that clinical teams have been involved in the budget setting process through a series of workshops to align clinical expectation and need with allocated budgets.

7. MODEL OF CARE IMPLEMENTATION - PRESENTATION

Michael Frampton, Programme Director, provided the Committee with a presentation regarding the implementation of the Model of Care.

The Chair thanked Mr Frampton for his presentation.

GENERAL BUSINESS

The Committee asked that their appreciation be passed to Garth Bateup for his work with the Hospital Advisory Committee during his time on the West Coast.

There being no further business the meeting closed at 1.10pm

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	Patient Ambulance Transport Provide update on the South Island project around patient ambulance transport	A Regional process is being undertaken around this.	Progress to be reported verbally at today's meeting
2	24 May 2012	Exit Interviews	Provide an update on any trends (either positive or negative) emerging from exit interviews.	An update will be provided at the August 2013 meeting.

TO: Chair and Members
Hospital Advisory Committee

SOURCE: General Manager, Hospital Services

DATE: 11 July 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

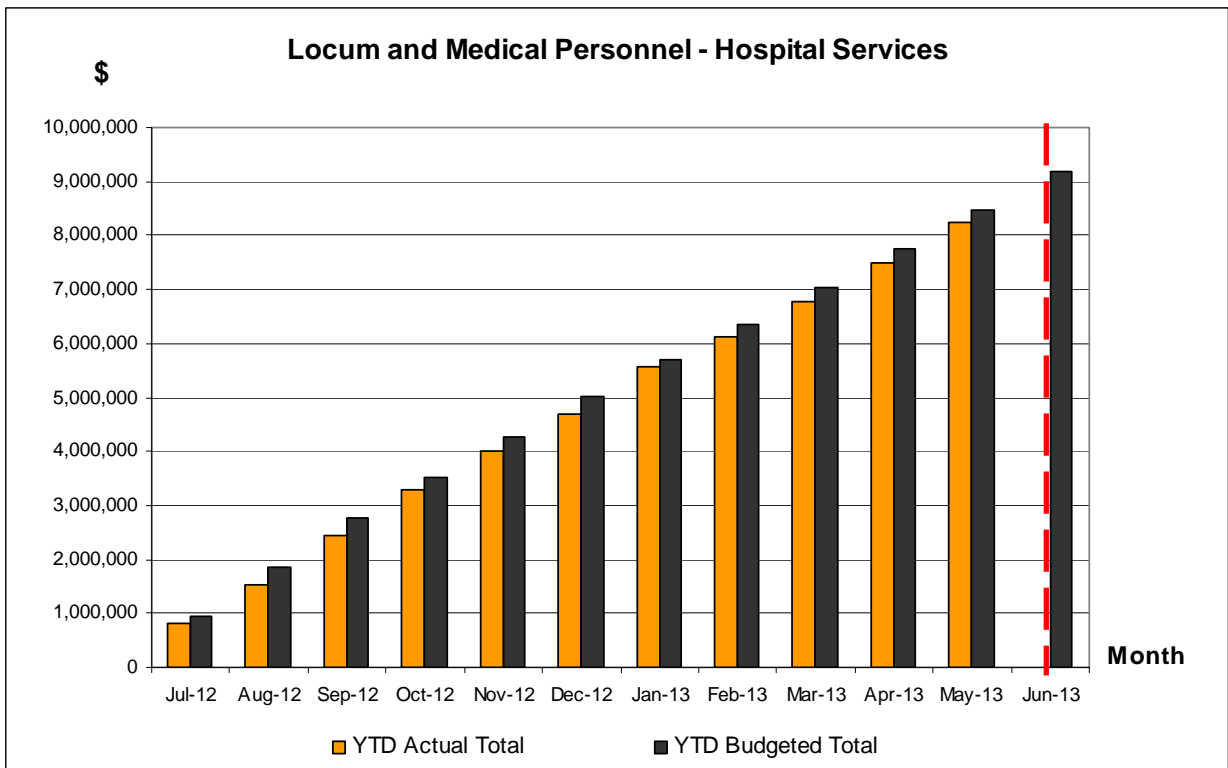
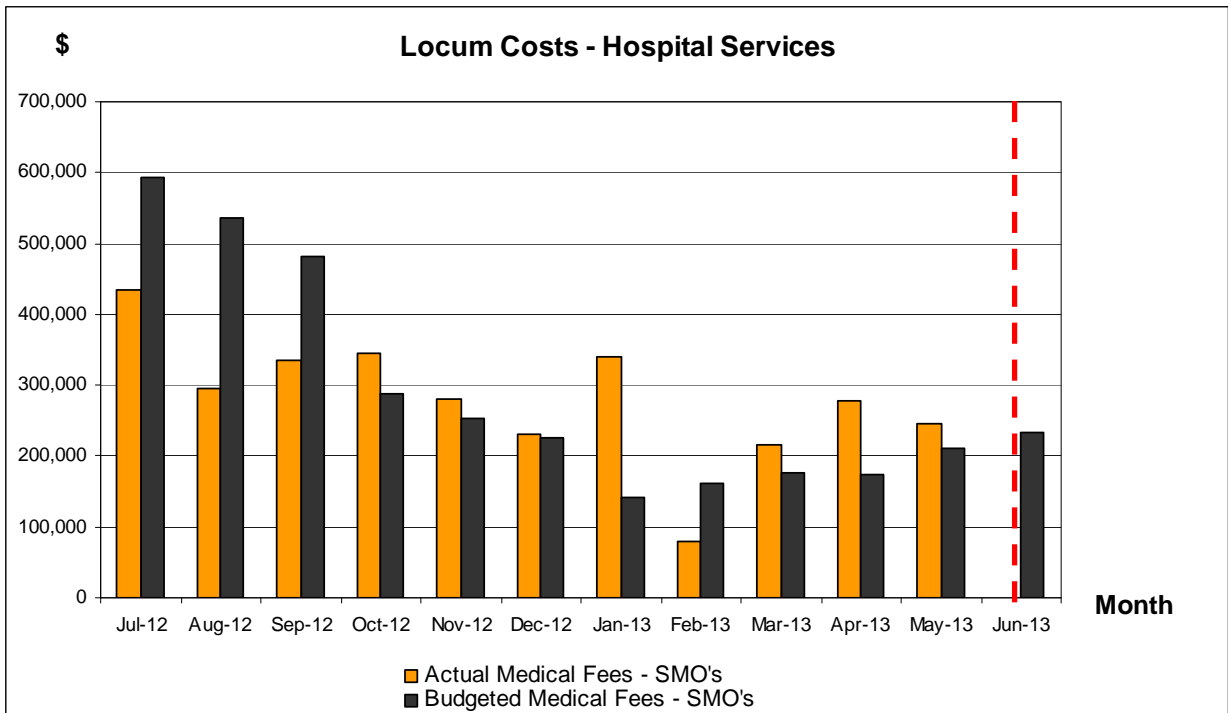
3. SUMMARY

- WCDHB achieved ESPI compliance to both ESPI 2 and 5 [150 day waiting time] by end of June
- WCDHB achieved and exceeded its elective health target of 1592 elective discharges
- Eight vacancies filled during the period
- DHB-specific health targets are being met
- Appointment to key position of Orthopaedic Coordinator made and role-holder has commenced
- Review of the Allied Health Leadership Framework has commenced and will progress over the next few months

4. DISCUSSION

4.1 Medical Personnel

- Both graphs [overleaf] relate to Hospital Services only.
- Hospital Services is defined as being General Surgery, Orthopaedics, A&E, General Medicine, Obstetrics and Gynaecology, Paediatrics, Anaesthetics and Visiting Clinics.
- The figures only include Senior Medical Officer [SMO] personnel and SMO-related locum costs.
- The SMO locum costs include travel, accommodation, agency fees and other locum costs.
- July 2012-May 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 indicates monthly spend.



4.2 Recruitment Vacancies

Monthly Summary – May 2013

New Vacancies	5
Total Open Vacancies	25
Total FTE Recruiting	25.2
Appointed Vacancies	8
Total FTE Appointed	6.85

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 within six hours	>95% across all triage categories	Emergency Department Attendances For Period: 1 May – 31 May 2013 <table> <tr> <td>Over 6 Hours</td> <td>5</td> <td>0.004%</td> </tr> <tr> <td>Under 6 Hours</td> <td>1148</td> <td>99.996%</td> </tr> <tr> <td>Total Attendances:</td> <td>1153</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	0.004%	Under 6 Hours	1148	99.996%	Total Attendances:	1153	
Over 6 Hours	5	0.004%										
Under 6 Hours	1148	99.996%										
Total Attendances:	1153											
Improved Access to Elective Services	129,000 elective surgical discharges delivered nationwide in 2010/11	1592 elective surgical discharges	As at 30 June, WCDHB achieved and surpassed this target by 22 cases. Further achievement will be noted next month as final discharges are coded									
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	Quarterly target – no update from 100% result in April									
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	ABC Implementation: Excellent Smokefree ABC result for May: 95%.									

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 May 2013, overall case-weighted (CWD) inpatient delivery was 13% beneath 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
Surgical				
Acute	1,003.34	841.74	-161.60	-16%
Elective	1,242.83	1,119.78	-123.05	-10%
Sub-Total Surgical:	2,246.16	1,961.52	284.64	-13%
Medical				
Acute	1,207.97	1,286.80	78.83	7%
Elective	1.47	2.61	1.14	78%
Sub-Total Medical:	1,209.44	1,289.41	79.97	7%
TOTALS:	3,456	3,182	-205	-6%

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

Outpatient Volumes

As at 30 May 2013, outpatient delivery was 11% under contracted volume for surgical specialty services and at contracted volume for medical specialty services.

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

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1 st Visit	3,576	3,284	-292	-8%
Sub. Visit	6,158	5,343	-815	-13%
Sub-Total Surgical:	9,734	8,627	-1,107	-11%
Medical				
1 st Visit	1,459	1,338	-121	8%
Sub. Visit	3,378	3,476	98	3%
Sub-Total Medical:	4,837	4,814	-23	0%
TOTALS:	14,571.33	13,441	-1,130	-8%

*The under-production in surgical specialty services in particular with orthopaedic subsequent visits.

4.5 Industrial Relations

- No update to provide

4.6 Elective Services Patient Indicators [ESPI Compliance]

- Official May results show compliance for ESPI 2 and non-compliance for ESPI 5. Plans were put in place to regain compliance in all indicators by end of June.
- While official results will not be issued until next month, we are pleased to advise that WCDHB achieved compliance in ESPI 2 & 5 by end of June – this was to 150 days wait time. This has involved a significant effort by staff right across the organisation.

MoH Elective Services Online

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

DHB Name: West Coast

	2012			2012			2012			2012			2012			2012			2013			2013			2013			2013			2013					
	Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May		
	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.	17 of 16	94.4%	1	17 of 16	94.4%	1	17 of 16	94.4%	1	17 of 16	94.4%	1	17 of 16	94.4%	1	17 of 16	94.4%	1	17 of 16	94.4%	1	17 of 16	94.4%	1	17 of 16	94.4%	1	17 of 16	94.4%	1	17 of 16	94.4%	1			
2. Patients waiting longer than six months for their first specialist assessment (FSA).	0	0.0%	0	12	1.1%	-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	1.6%	-17	25	2.1%	-25	54	5.0%	-54	0	0.0%	0
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (ATT).	0	0.0%	0	12	0.7%	-12	12	0.7%	-12	9	0.5%	-9	13	0.6%	-13	11	0.7%	-11	13	0.6%	-13	10	0.6%	-10	5	0.3%	-5	6	0.4%	-6	0	0.0%	0	0	0.0%	0
4. Patients given a commitment to treatment but not treated within six months.	0	0.0%	0	4	1.1%	-4	4	1.1%	-4	0	0.0%	0	2	0.5%	-2	2	0.6%	-2	0	0.0%	0	2	0.6%	-2	0	0.0%	0	12	3.0%	-12	8	2.0%	-8	7	2.0%	-7
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	3	20.0%	-3	6	40.0%	-6	0	0.0%	0	2	13.3%	-2	1	6.1%	-1	3	30.0%	-3	3	37.5%	-3	4	50.0%	-4
6. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	150	100.0%	0	104	100.0%	0	136	100.0%	0	151	100.0%	0	129	100.0%	0	152	100.0%	0	66	100.0%	0	62	100.0%	0	118	100.0%	0	97	100.0%	0	145	100.0%	0	147	100.0%	0

Data Warehouse Refresh Date: 29/Jun/2013

Report Run Date: 30/Jun/2013

Note:

- 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 8 assess surgical specialities where patients are prioritised using nationally recognised tools.
- Medical specialities are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
- ESPI 1 and 6 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 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.99%, and Red if 1% or higher.
- 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 Electives team if you have any queries about ESPIs (elective_services@moh.govt.nz).

4.7 Patient Transfers

- Patients transferred from / to tertiary centres dropped from 37 in April to 25 in May 2013. The principal reason here was in relation to the need for special procedures which are not performed at Grey Hospital
- Data is not available on transfers from Buller to Grey for the May period at the time of writing.
- Only four transfers were made from Reefton to Grey for the May period. It should be noted that this matches the April period.

4.8 Outpatient Clinics

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)
May 2012	2290	2047	215	9.39%
June 2011	1668	1511	130	7.79%
July 2012	2098	1891	187	8.91%
August 2012	1855	1628	142	7.65%
September 2012	2017	1827	152	7.54%
October 2012	1913	1696	151	7.89%
November 2012	1935	1703	130	6.72%
December 2012	1561	1382	126	8.07%
January 2013	1849	1679	149	8.06%
February 2013	1839	1685	154	8.37%
March 2013	1752	1582	170	9.70%
April 2013	1670	1532	138	8.26%
May 2013	1953	1788	165	8.45%
13 month rolling totals	22447	21951	2009	8.95% Average

4.9 Primary & Community

Due to the short time since the last meeting, a further update will be provided at the next meeting.

4.10 Nursing Update

Please refer to the Clinical Leaders report.

4.11 Hospital Services Improvement Programme

Central Booking Unit Service Redesign

The RTA committee approved a plan to bring CBU up to full staffing levels. An appointment for one position was made during the period and the new booking clerk will start in July. Another position has been advertised and candidates are being interviewed. These positions will be instrumental in developing forward looking processes.

4.12 Quality Report

Incidents & Complaints

Seventeen incidents were recorded in May – all of minor nature

Falls Safety Crosses – Implementation

The Falls Safety Crosses system uses a cross that has dates written within it for the month on a laminated A3 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 and these crosses will be displayed in public areas within the wards (close to public reception areas).

The Falls Safety Crosses initiative, as used at the Canterbury DHB was rolled out into Morice, Barclay and Hannan Ward on 1st June. Staff are completing these crosses on a daily basis and they are displayed in the wards. We still require updated floor plans for the clinical areas in order to be able to display the location of the falls.

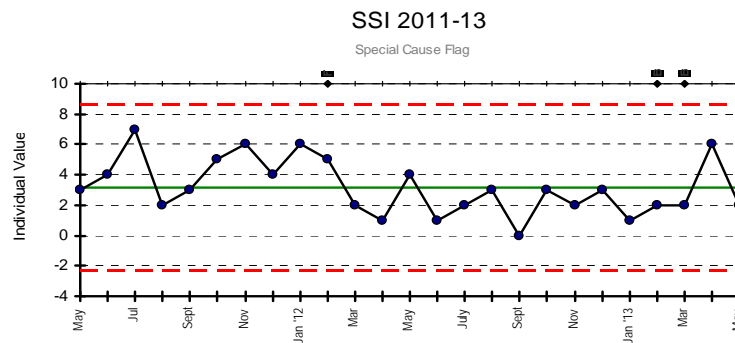
Falls Prevention Coalition

The second meeting of this group was held on 17th June 2013. Membership includes representation from community groups and NGOs across the West Coast with the common aim of falls prevention. Information on falls from varying sources across the West Coast is being collected and collated for review to determine where to aim falls prevention and to give a baseline to the current situation.

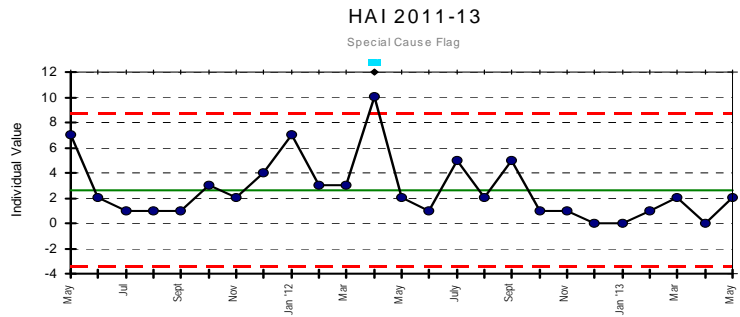
CLAB (Central line associated bacterium)

339 Days CLAB free as at 14th June 2013

Surgical Site Infections – Hospital services is performing within control limits



Hospital Acquired Infections – Hospital services is performing within control limits



Report prepared by:

Hospital Services

Report approved for release by:

Michael Frampton, Acting GM Hospital Services

FINANCE REPORT

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Finance

DATE: 11 July 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 31 May 2013.

DISCUSSION

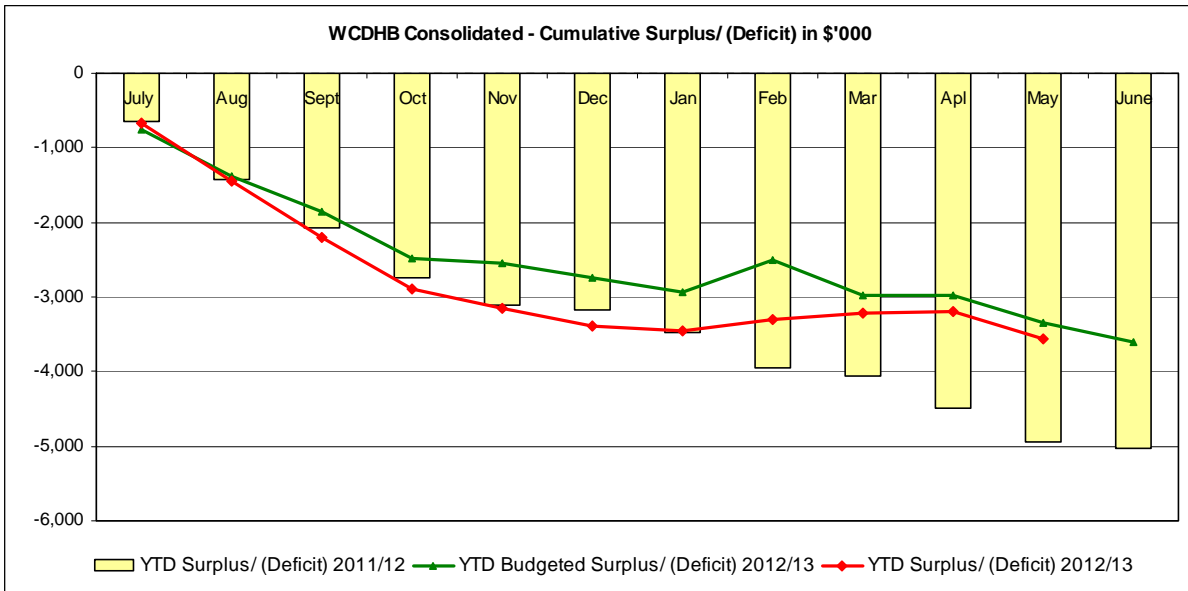
Financial Overview for the period ending

31 May 2013

	Monthly Reporting			Year to Date		
	May-13	Budget	Variance	Actual	Budget	Variance
REVENUE						
Provider	6,118	6,342	(224) ×	68,478	70,148	(1,671) ×
Governance & Administration	179	183	(4) ×	2,035	2,016	19 √
Funds & Internal Eliminations	4,961	4,780	181 √	53,316	52,585	730 √
	11,258	11,305	(47) ×	123,829	124,750	(920) ×
EXPENSES						
Provider						
Personnel	4,807	4,804	(3) ×	50,380	51,175	795 √
Outsourced Services	859	706	(153) ×	9,370	8,862	(508) ×
Clinical Supplies	655	620	(35) ×	6,789	6,984	195 √
Infrastructure	1,160	947	(213) ×	12,431	10,189	(2,242) ×
	7,481	7,077	(404) ×	78,970	77,210	(1,761) ×
Governance & Administration	97	183	87 √	1,430	2,016	585 √
Funds & Internal Eliminations	3,526	3,906	381 √	41,827	43,257	1,431 √
Total Operating Expenditure	11,103	11,167	64 √	122,227	122,483	255 √
Surplus / (Deficit) before Interest, Depn & Cap Charge	155	138	17 √	1,602	2,267	(665) ×
Interest, Depreciation & Capital Charge	519	510	(9) ×	5,152	5,607	455 √
Net surplus/(deficit)	(364)	(372)	8 √	(3,550)	(3,340)	(210) ×

CONSOLIDATED RESULTS

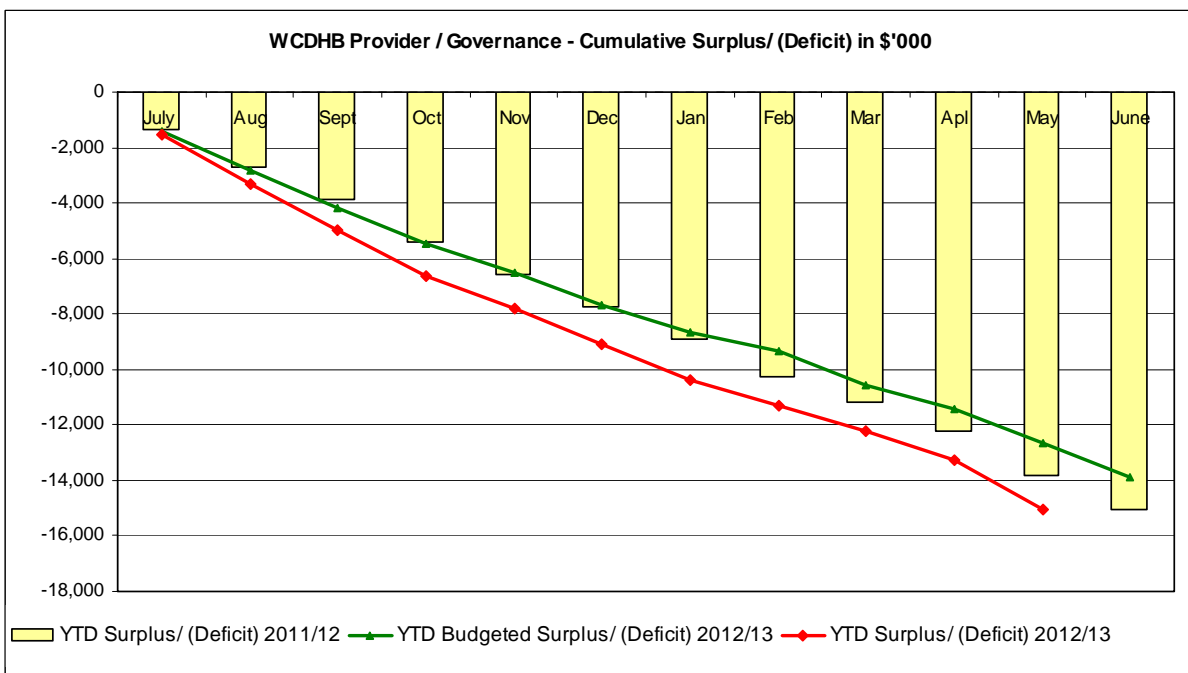
The consolidated result for the year to date ending May 2013 is a deficit of \$3,550k which is an unfavourable variance of \$210k to budget (\$3,340k deficit). The result for the month of May 2013 is a surplus of \$364k which is \$8k favourable to budget.



Result for each Arm - May 2013	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	82	0	82	605	0	605
Funder Arm	1,436	873	563	11,490	9,330	2,160
Provider Arm	(1,882)	(1,245)	(637)	(15,645)	(12,670)	(2,975)
Consolidated Result	(364)	(372)	8	(3,550)	(3,340)	(210)

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 \$1,671k unfavourable to budget. Revenue from Government sources makes up \$967k of this variance

- ACC revenue for the month was \$15k unfavourable to budget and YTD is \$346k unfavourable; \$148k of the YTD 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 \$130k 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, \$147k 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, 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 \$197k 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 \$476k unfavourable to budget YTD; this is mainly derived from laundry services revenue which is \$336k unfavourable to this year's budget. This unfavourable 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 \$61k unfavourable to budget; this is offset by interest received by the Funder arm which is \$118k favourable to budget.

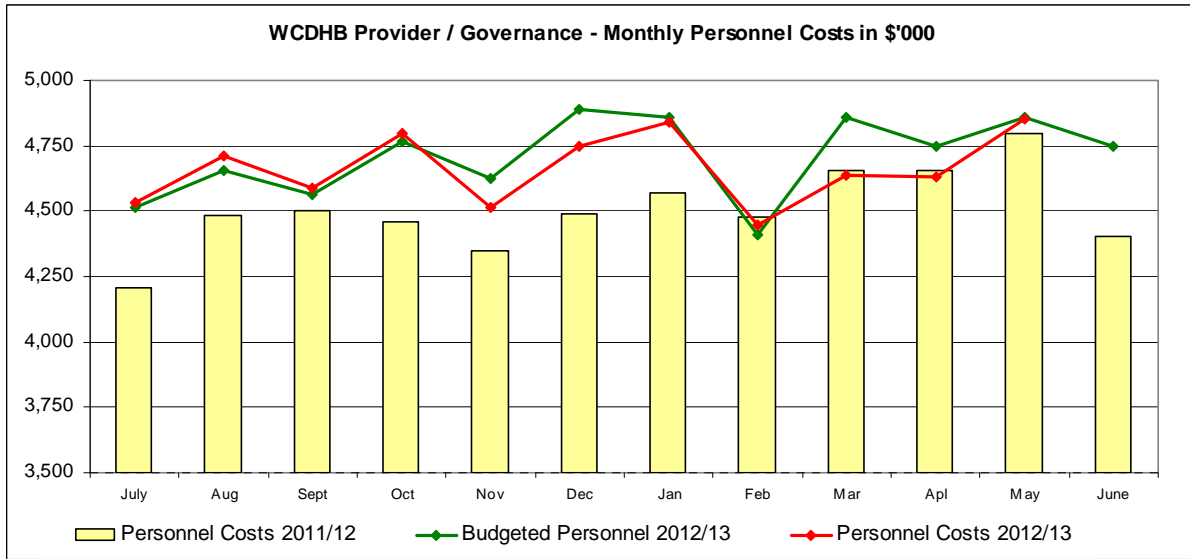
EXPENSES

Personnel costs

Personal cost for the YTD is \$50,380k, \$795k favourable to budget (\$51,175k).

- Medical Personnel costs are \$664k favourable to budget to date.
 - Salary costs for Senior Medical Officer (SMO) are \$71k favourable to budget. Resident Medical Officer (RMO) costs are \$186k favourable to budget; this is offset by outsourced locum costs for RMO's which are \$143k unfavourable to budget.
 - General Practitioner (GP) personnel costs are \$750k favourable to budget due to vacancies. Outsourced locum costs for GP's are \$1,439k unfavourable to budget (includes all travel, accommodation, fees etc).
- Nursing Personnel costs are unfavourable to budget by \$805k 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.

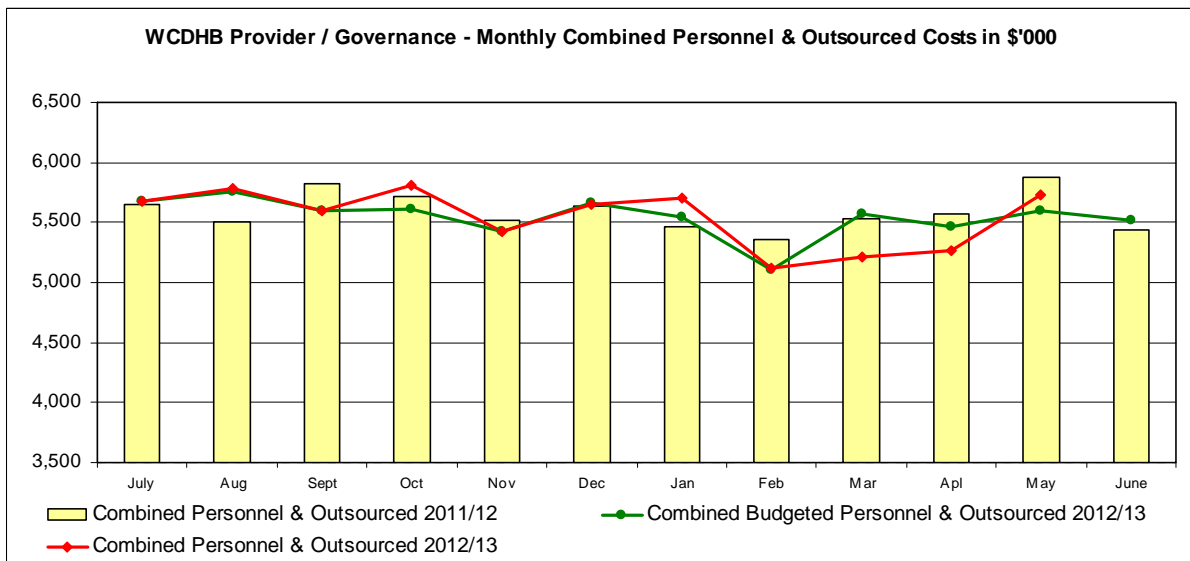
- Allied Health Personnel costs are \$647k favourable to budget.
 - This is due to a number of vacancies within allied services.



Outsourced services costs

Overall are \$9,370k YTD; \$508k unfavourable to budget (\$8,862k).

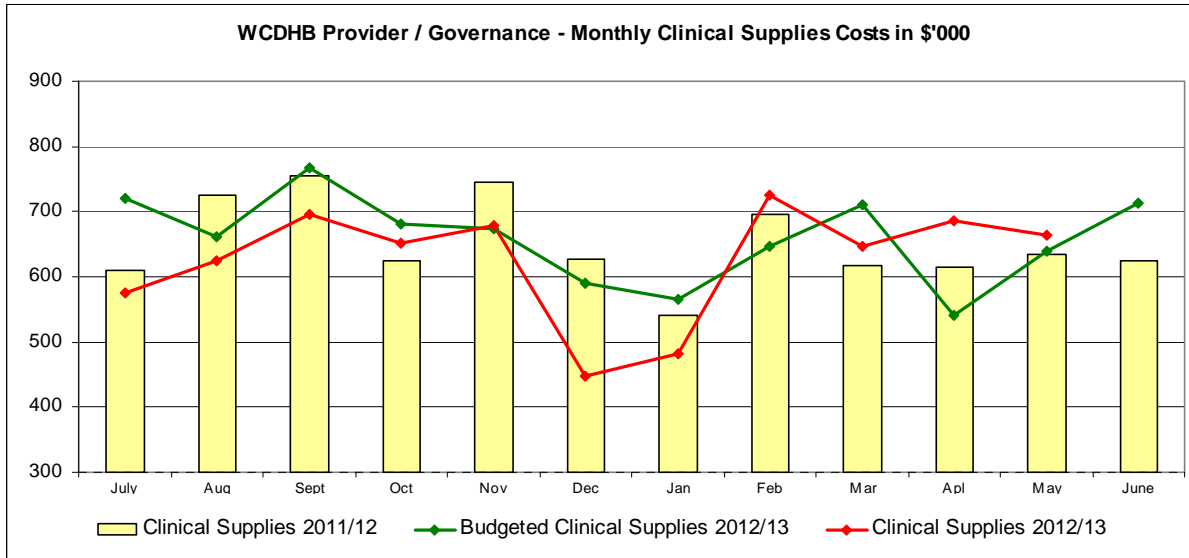
- Outsourced Senior Medical Costs (locums) are \$5,681k for the YTD; an unfavourable variance of \$1,093k to budget. SMO locum costs within hospital services are favourable to budget, particularly for orthopaedic services where service changes have been implemented and locum services within primary services are unfavourable to budget due to covering vacancies and leave.
- Outsourced clinical services are \$741k favourable to budget. We have been working towards and 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 \$135k favourable to budget.



Clinical Supplies

Overall treatment related costs are \$195k 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 \$365k 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.

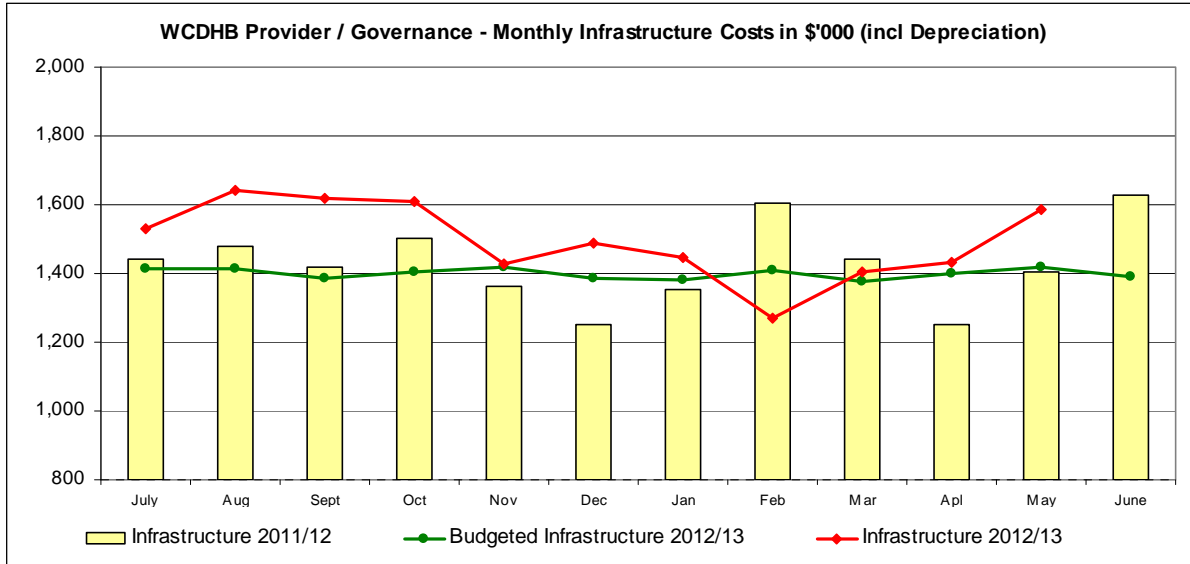


Infrastructure and non clinical Cost

Overall infrastructure and non clinical cost for the Provider arm are \$12,431k, \$2,242k unfavourable to budget. Within this variance are the following specific variances:

- Facilities costs are \$581k unfavourable to budget. The cost of insurance premiums on building and plant for the YTD is \$510k. 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 \$63k 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 \$103k.
- Transport costs are \$134k unfavourable to budget to date.
 - Staff travel costs are \$24k unfavourable to budget to date- mileage reimbursements to staff.
 - Vehicle repairs and registration are \$76k unfavourable to budget. Lease costs are \$10k 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 \$13k unfavourable.

- Hotel services, laundry and cleaning costs are \$867k unfavourable to budget.
Outsourced laundry costs are \$830k 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 – 31 May 2013

Report prepared by: Justine White, General Manager Finance

West Coast District Health Board

Provider Operating Statement for period ending

31 May 2013

in thousands of New Zealand dollars

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	Monthly Reporting				Year to Date				Full Year	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	2011/12
Income										
Internal revenue-Funder to Provider	5,130	5,250	(120)	(2.3%)	57,618	57,755	(137)	(0.2%)	63,005	62,872
Ministry of Health side contracts	89	142	(53)	(37.3%)	1,261	1,719	(458)	(26.7%)	1,862	1,824
Other Government	565	573	(8)	(1.5%)	5,967	6,262	(295)	(4.7%)	6,841	6,483
InterProvider Revenue (Other DHBs)	3	10	(7)	(71.0%)	36	114	(78)	(68.3%)	124	106
Patient and consumer sourced	282	276	6	2.2%	2,895	3,123	(228)	(7.3%)	3,396	3,096
Other income	49	90	(41)	(45.6%)	701	1,176	(476)	(40.4%)	1,258	1,424
Total income	6,118	6,342	(224)	(3.5%)	68,478	70,148	(1,671)	(2.4%)	76,486	75,805
Expenditure										
Employee benefit costs										
Medical Personnel	1,089	1,155	67	5.8%	11,535	12,199	664	5.4%	13,316	10,673
Nursing Personnel	2,199	2,072	(127)	(6.1%)	22,868	22,062	(806)	(3.7%)	24,086	24,654
Allied Health Personnel	797	829	32	3.9%	8,174	8,821	647	7.3%	9,647	8,956
Support Personnel	143	164	21	12.7%	1,764	1,821	57	3.1%	1,988	2,163
Management/Administration Personnel	580	584	4	0.7%	6,040	6,272	232	3.7%	6,842	6,488
	4,807	4,804	(3)	(0.1%)	50,380	51,175	795	1.6%	55,878	52,934
Outsourced Services										
Contracted Locum Services	512	317	(194)	(61.3%)	5,681	4,588	(1,093)	(23.8%)	4,931	8,202
Outsourced Clinical Services	157	309	152	49.1%	2,660	3,401	741	21.8%	3,710	4,041
Outsourced Services - non clinical	190	79	(111)	(139.4%)	1,029	873	(156)	(17.9%)	952	521
	859	706	(153)	(21.7%)	9,370	8,862	(508)	(5.7%)	9,593	12,764
Treatment Related Costs										
Disposables, Diagnostic & Other Clinical Supplies	137	105	(32)	(30.1%)	1,277	1,208	(69)	(5.7%)	1,323	1,388
Instruments & Equipment	138	145	7	5.1%	1,643	1,578	(65)	(4.1%)	1,733	1,613
Patient Appliances	33	28	(5)	(19.3%)	285	323	38	11.9%	354	347
Implants and Prostheses	56	75	19	25.5%	552	747	195	26.0%	817	877
Pharmaceuticals	187	141	(46)	(32.9%)	1,992	1,750	(242)	(13.8%)	1,923	2,033
Other Clinical & Client Costs	104	126	22	17.7%	1,040	1,378	338	24.5%	1,525	1,294
	655	620	(35)	(5.6%)	6,789	6,984	195	2.8%	7,675	7,552
Infrastructure Costs and Non Clinical Supplies										
Hotel Services, Laundry & Cleaning	328	302	(26)	(8.5%)	4,236	3,369	(867)	(25.7%)	3,671	3,773
Facilities	270	238	(32)	(13.3%)	2,928	2,347	(581)	(24.8%)	2,654	2,654
Transport	79	71	(8)	(11.7%)	911	777	(134)	(17.2%)	850	1,034
IT Systems & Telecommunications	134	129	(5)	(4.1%)	1,459	1,400	(59)	(4.2%)	1,527	1,375
Professional Fees & Expenses	84	18	(66)	(373.5%)	511	195	(316)	(161.7%)	209	557
Other Operating Expenses	155	79	(76)	(95.5%)	1,176	889	(287)	(32.3%)	969	1,245
Internal allocation to Governance Arm	110	110	0	0.2%	1,210	1,212	2	0.2%	1,322	1,320
	1,160	947	(213)	(22.5%)	12,431	10,189	(2,242)	(22.0%)	11,102	11,858
Total Operating Expenditure	7,481	7,077	(404)	(5.7%)	78,970	77,210	(1,761)	(2.3%)	84,248	85,108
Deficit before Interest, Depn & Cap Charge	(1,363)	(735)	627	(85.3%)	(10,492)	(7,062)	3,430	(48.6%)	(7,762)	(9,303)
Interest, Depreciation & Capital Charge										
Interest Expense	56	61	6	9.4%	597	674	77	11.5%	735	732
Depreciation	396	388	(8)	(1.9%)	3,810	4,272	462	10.8%	4,661	4,757
Capital Charge Expenditure	68	60	(7)	(12.4%)	746	663	(83)	(12.5%)	723	613
Total Interest, Depreciation & Capital Charge	519	510	(9)	(1.8%)	5,153	5,608	455	8.1%	6,119	6,102
Net surplus/(deficit)	(1,882)	(1,245)	637	(51.1%)	(15,645)	(12,670)	2,975	(23.5%)	(13,881)	(15,405)

CLINICAL LEADERS UPDATE



TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 11 July 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

The Clinical Leaders have been continuing their involvement in the development of the Detailed Business Cases as covered elsewhere.

Future Workforce Development

The Standing Orders training for the RNS team across the Coast continues. This will ensure the RNS team are well prepared to continue providing a high standard of care while working to the full extent of their scope of practice.

Canterbury and West Coast DHBs are hosting the National Nurse Entry to Practice and Nurse Entry to Specialty Practice Programmes (NETP/NESP) forum towards the end of June. It is a fantastic opportunity to listen to key speakers and share updates, innovations and evaluations with peers from around the country. Guest speakers include Carolyn Reed from Nursing Council, Jane O'Malley Chief Nurse, and Mary Gordon will be leading a panel of national nursing leaders to discuss building capability for the future workforce (5 years into the future).

Model of Care development

District Nursing teams are experiencing an increase in workload as the Complex Clinical Care Network (CCCN) becomes imbedded. Comprehensive packages of care are being implemented and are demonstrating the effectiveness of the new alignment of teams across the community setting, in particular Home Based Support Services (HBSS) and District Nursing. Monitoring of resources will be required to ensure success of the model, such as the recent increase in District Nurse availability over the weekends. Regular interdisciplinary team meetings with general practice are in place.

With the ongoing difficulties recruiting General Practitioners across the Coast, a review of the Rural Nurse Specialist (RNS) service in Reefton has taken place. It is proposed that an additional RNS will reduce the reliance on GPs to provide some services that nurses can, such the weekend P.R.I.M.E cover. Further planning for the service is anticipated and will be done in partnership with Better Health Limited.

Quality and Safety

Eighteen people attended a training workshop for West Coast clinicians to gain the required skills to be part of our Serious and Sentinel Event investigation processes in late May. Feedback from those who attended has been very positive.

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 - 6 JUNE 2013



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 28 June 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 6 June 2013. Following confirmation of the minutes of that meeting at the 11 July 2013 HAC meeting, full minutes of the 6 June 2013 meeting will be provided to the Board at its 2 August 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 - 6 June 2013.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 6 June 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**

Michael Frampton, Programme Director, advised the Committee that Garth Bateup has now returned to his role in Ashburton and that he (Michael) has assumed the role of Acting General Manager, Greymouth & Westland in the interim. The Committee noted that we will now await the outcome of the Facilities Business Case to determine where we go next in filling this position. The Committee were advised that Ralph La Salle will now assume the role of Acting Operations Manager and will also continue to work with the Central Booking Unit and be responsible for RMOs, visiting specialists and ESPIs.

Mr Frampton advised that it is his intention to revise the structure of the Committee reports to ensure the committee is receiving the most relevant information to meet their terms of reference.

Health Targets

The Committee noted excellent Smokefree ABC implementation results for April at 98%.

Recruitment

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

Transfers

The Committee noted the intention to reframe this template to relate to the new Models of Care.

ESPI Compliance

The West Coast DHB was non-compliant by 35 cases in ESPI 2 at the end of March and 12 cases in ESPI 5. It is likely we will also be non-compliant in April. A recovery plan has already commenced to ensure compliance by May for ESPI 2 and by June for ESPI 5 to avoid any financial penalty.

Primary & Community Workshops

The Committee noted that some 35 clinicians from across the West Coast health system attended the first of two workshops on 16 May to determine the key deliverables for integrating health care over the next 2 years.

▪ **FINANCE REPORT**

The General Manager, Finance, reported that essentially we are seeing a continuation of previous results and we are starting to see the results of not having to pay double laundry costs.

She commented that it is pleasing to see more stable rosters and balancing of permanent staff against locums.

ACC revenue is down and we are ensuring that we are claiming everything we should in this regard.

Discussion took place regarding Aged Care and the Committee noted that the DHB is obliged to pay MECA rates which means our labour costs are more that private facilities.

The Committee also noted that the DHB is on target to meet its budgeted deficit by the end of June.

▪ **CLINICAL LEADERS UPDATE**

The Committee noted that 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.

The Committee asked that their appreciation be passed to Garth Bateup for his work with the Hospital Advisory Committee during his time on the West Coast.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 6 June 2013.

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

AGENDA

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.

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
Friday 28 June 2013 commencing at 10.00am

KARAKIA		10.00am
ADMINISTRATION		10.05am
Apologies		
1.	Interest Register <i>Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.</i>	
2.	Confirmation of the Minutes of the Previous Meeting ▪ 10 May 2013	
3.	Carried Forward/Action List Items	
REPORTS		10.15am
4.	Chair's Update – Verbal Report Dr Paul McCormack <i>Chairman</i>	<i>10.15am – 10.25am</i>
5.	Chief Executive's Update David Meates <i>Chief Executive</i>	<i>10.25am – 10.40am</i>
6.	Clinical Leader's Report Karyn Kelly <i>Director of Nursing and Midwifery</i>	<i>10.40am – 10.50am</i>
7.	Finance Report Justine White <i>General Manager, Finance</i>	<i>10.50am – 11.05am</i>
8.	Health Target Results – Quarter 3 Carolyn Gullery <i>General Manager, Planning & Funding</i>	<i>11.05am – 11.15am</i>
9.	Revised PHO Services Agreement Carolyn Gullery <i>General Manager, Planning & Funding</i>	<i>11.15am – 11.25am</i>
10.	Report from Committee Meetings	
-	CPH&DSAC <i>6 June 2013</i> Elinor Stratford <i>Chairperson, CPH&DSAC Committee</i>	<i>11.25am – 11.35am</i>
-	Hospital Advisory Committee <i>6 June 2013</i> Sharon Pugh <i>Chairperson, Hospital Advisory Committee</i>	<i>11.35am – 11.45am</i>
-	Tatau Pomanau <i>6 June 2013</i> Elinor Stratford <i>Board Delegate to Tatau Pounamu</i>	<i>11.45am – 11.55am</i>
11.	Resolution to Exclude the Public <i>Board Secretariat</i>	<i>11.55am – 12noon</i>

INFORMATION ITEMS

- Confirmed Minutes
 - CPH&DSAC Meeting – 10 May 2013
 - HAC Meeting – 10 May 2013
 - Tatau Pounamu Meeting – 10 May 2013
- 2013 Meeting Schedule

ESTIMATED FINISH TIME

12noon

NEXT MEETING

Friday 2 August 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
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 Finance Report	Hospital Services Management Report Finance Report	Hospital Services Management Report Finance Report	Hospital Services Management Report Finance Report	Hospital Services Management Report Finance Report	Hospital Services Management Report Finance Report	Hospital Services Management Report Finance Report	
PLANNED ITEMS	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update Patient Safety & Quality Report	
PRESENTATIONS	As required	As required	Allied Health Presentation	Model of Care Implementation	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	

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.