West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

9 SEPTEMBER 2011

AGENDA
AND
MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

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KARAKIA

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.

BOARD MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
Dr Paul McCormack Chair	• Consultant, Ministry of Health, Better, Sooner More Convenient Implementation • General Practitioner Member, Pegasus Health • Contractor, ACC Claims Management • Advisor, Mauri Ora Associates
Peter Ballantyne Deputy Chair	• Appointed Board Member, Canterbury District Health Board • Chair; Quality, Finance, Audit and Risk Committee, Canterbury District Health Board • Retired partner now in a consultancy role, Deloitte • Audit, Risk and Finance Committee Member, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Spouse, Canterbury District Health Board employee (Ophthalmology Department) • Niece, Juliette Reese, Administrative Assistant West Coast District Health Board
Kevin Brown	• Councillor, Grey District Council • Trustee, West Coast Electric Power Trust • Wife is a Pharmacy Assistant at Grey Base Hospital • Member of CCS • Co Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association
Warren Gilbertson	• Chief Operational Officer, Development West Coast • Member, Regional Transport Committee • Director, Development West Coast Subsidiary Companies
Helen Gillespie	• Chair, St Mary's Primary School, Hokitika, Board of Trustees • Peer Support Counsellor, Mum 4 Mum • Volunteer Facilitator, Babes in Arms • Casual employee, OPUS • Casual employee, DOC
Sharon Pugh	• Shareholder, New River Bluegums Bed & Breakfast
Elinor Stratford	• Clinical Governance Committee, West Coast Primary Health Organisation • Manager, Disability Resource Service West Coast • Committee member, Active West Coast • Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust • Deputy Chair of Victim Support, Greymouth • Executive Committee Member, New Zealand Federation of Disability Information Centres.

	• Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust
John Vaile	• Director, Vaile Hardware Ltd
Susan Wallace	• Tumuaki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board • Father member of Hospital Advisory Committee • Father Chair of Tatau Pounamu • Father employee of West Coast District Health Board • Vice Chair, Ngā Mātā Waka o Te Tai o Poutini • Secretary and Treasurer of Te Aiorangi Maori Women's Welfare League • Director, Kōhatu Makaawhio Ltd • Appointed member of Canterbury District Health Board • Secretary of Te Runanga o Makaawhio • Board Member, Rata Te Awhina Trust
Mary Molloy	• Spokesperson for Farmers Against 1080 • Representative for Local Health Concerns – Hari Hari Community Association • Director, Molloy Farms South Westland Ltd • Trustee, L.B. & M.E. Molloy Family Trust • Executive Member, Wildlands Biodiversity Management Group Inc. • Trustee of the West Coast Community Trust
Doug Truman	• Deputy Mayor, Grey District Council • Director Truman Ltd • Owner/Operator Paper Plus, Greymouth

DRAFT MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING HELD ON THURSDAY 28 JULY 2011 COMMENCING AT 8.38 AM AT THE FERN ROOM, MUELLER MOTEL, FRANZ JOSEF

PRESENT

Dr Paul McCormack (Chair)
Peter Ballantyne
Sharon Pugh
Elinor Stratford
Mary Molloy
Doug Truman
Susan Wallace

IN ATTENDANCE

David Meates, Chief Executive – West Coast and Canterbury District Health Boards
Hecta Williams, General Manager
Colin Weeks, Chief Financial Manager
Karyn Kelly, Acting Director of Nursing and Midwifery
Carol Atmore, Chief Medical Advisor
Wayne Turp, General Manager Planning and Funding
Gary Coghlan, General Manager Maori Health
Stella Ward, Executive Director of Allied Health, West Coast and Canterbury District Health Boards
Garth Bateup, Acting General Manager Hospital Services
Erin Jamieson, Communications Consultant
Bryan Jamieson, Communication Officer
Susan Fitzmaurice, Assistant to CEO
Gaylene Mahauariki, Minute Secretary

APOLOGIES

Kevin Brown
Helen Gillespie
Warren Gilbertson
John Vaile

KARAKIA

The meeting began with a Karakia.

1. WELCOME

The Board Chair welcomed Board members and staff to the meeting.

2. APOLOGIES

Resolution 70/11

Moved: Dr Paul McC ormack **Seconded: Susan Wallace**

Motion

"That the apologies from Kevin Brown, Helen Gillespie, Warren Gilbertson and John Vaile be noted."

Carried.

3. DISCLOSURES OF INTERESTS

- Mary Molloy

Added: Trustee of the West Coast Community Trust

4. MINUTES OF THE PREVIOUS BOARD MEETING HELD FRIDAY, 3 JUNE 2011

Page 3, Section 9 – Clinical Board
Corrected to read "A Clinical Board is to be shaped as a matter of urgency…."

Resolution 71/11

Moved: Dr Paul McCormack **Seconded: Elinor Stratford**

Motion:
"THAT the Minutes of the West Coast District Health Board meeting held Friday, 3 June 2011 be adopted as a true and accurate record subject to the above amendments."

Carried.

5. MATTERS ARISING

Item 1: Patient Transport
A report will be presented at a future meeting.

Item 2: General Practices
Refer Section 10 – In Committee.

Item 3: PHO Quarterly Report
Report attached as Appendix Four to the Chief Executive Report.

6. MATTERS REFERRED TO ADVISORY COMMITTEES FOR CONSIDERATION

Item 1: Canterbury DHB Advisory Committee Workstreams - CPHAC
The Chief Executive to speak with the Chair of the Canterbury DHB CPHAC Committee.

7. CHAIR'S REPORT

The Chair gave a verbal update.

- The Chair attended the South Island Chair's meeting on the 13 June 2011.
- Kevin Woods, Director General of Health attended the South Island Chairs and Chief Executives' meeting
- DHNBZ group being discontinued with the work being transferred to shared services agency.
- There was a session on Health Benefits Limited and Better Sooner More Convenient.
- Day long workshop planned for 22 August 2011.
- Established formal South Island Alliance Framework.
- The Memorandum of Understanding and Terms of Reference were signed between the West Coast District Health Board and local Rununga.
- Attended the West Coast Primary Health Organisation Board meeting.
- The Chair stated that he would like to accelerate the implementation of Better Sooner More Convenient.
- The Chair, as an observer, attended the last Alliance Leadership Team meeting.

Resolution 72/11

Moved: Dr Paul McCormack **Seconded: Peter Ballantyne**

Motion:
"THAT the West Coast District Health receive the Chair's Report."

Carried.

8. BOARD AND CHAIR'S CORRESPONDENCE

Resolution 73/11

Moved: Dr Paul McCormack **Seconded: Doug Truman**

Motion:
"THAT the inwards correspondence is received and the outwards correspondence is approved."

Carried.

9. CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive took his Report as read and gave an additional verbal update;

- The West Coast DHB has made a lot of progress on a number projects over the last twelve months with electives, 'Living Within Our Means' and progress on Buller's of Model Of Care.
- The South Westland Health Services Clinic opened yesterday – fantastic to see the Facility open.
- The Chief Executive acknowledged the General Manager Hospital Services work through this Project and the Community Liaison Officer's organisation of the opening.
- The Model of Care in South Westland is becoming more robust.
- An additional General Practitioner has commenced work in South Westland and a clerical person has been employed for the first time in South Westland.

- Telehealth is coming to life.
- Beginning parts of the Model of Care for Greymouth - moving from process to action.
- Disruptive year, with the Pike River disaster and with Canterbury earthquakes. This has impacted on services on the Coast.
- Quality and Risk – several sentinel events currently being investigated. Improvements are being made and a 'Quality Review' has been undertaken.
- For a small DHB the West Coast DHB is relatively complex. Continuing to move to more simplicity.
- BSMC – The Minister has raised concerns that delivery not quick enough – lack of understanding by District Health Board's.
- Communication process improved. Community.

Resolution 74/11

Moved: Sharon Pugh **Seconded: Peter Ballantyne**

Motion:
"THAT the West Coast District Health Board note the Chief Executive's Report."

Carried.

11. FINANCE REPORTS

The Chief Financial Manager spoke to the Finance Report and briefed the Board on the end of year reporting requirements.

For the year ended 30 June 2011 the provisional consolidated result is a deficit of $7,133k; $67k better than budget ($7,200k).

For the month of June 2011 the consolidated result is a deficit of $306k, 64k better than the budgeted deficit of $370k.

It was noted:

- Confident will meet the budget of $7.2M Deficit.
- A number of 'workforce issues' including the use of locums needs to be addressed in order to achieve budget.
- Past year – elective revenue over $2M.
- Valuation Land Buildings – Coast Valuations has started the revaluation.
- The Report will go through to the Audit Risk and Finance Committee for the meeting planned for 18 August 2011.
- The Committee will then report back to the Board.

Resolution 75/11

Moved: Dr Paul McCormack **Seconded: Peter Ballantyne**
Motion:
"THAT the West Coast District Health Board receive the Financial Reports."

Carried.

Resolution 76/11

Moved: Sharon Pugh **Seconded: Peter Ballantyne**
Motion:
"That the Board accepts the CFIS templates and that the audited templates be presented to the Audit Risk and Finance Committee;

And

Delegates the authority to the Chair on the recommendation of the Audit Risk and Finance Committee to;

Sign the Statement of Representation to accompany the audited Crown Financial Information Systems monthly financial template and Crown Financial Information Systems template;

And

Delegate the signing of the Request for a Letter of Comfort from the Minister of Health and Minister of Finance to the Deputy Chair, Chief Executive, Chief Financial Manager and one other Board member."

12. HEALTH TARGETS REPORT

The General Manager Planning and Funding spoke to the Health Targets Report.

It was noted that the table 'Immunisation coverage by prioritised ethnicity for the 12 months to 1 July 2011' was inaccurate. The Board requested that this table be amended and presented at the next meeting.

Resolution 77/11

Moved: Dr Paul McCormack **Seconded: Peter Ballantyne**
Motion:
"THAT the West Coast District Health Board receive the Health Targets Report."
Carried.

13. REPORTS FROM ADVISORY COMMITTEES

13.1 Hospital Advisory Committee

The Deputy Chair spoke to the Hospital Advisory Committee Chair's Report.

The work by Alison McDougall, Process Improvement Leader, on Clinical Theatre Production Planning was acknowledged.

Resolution 78/11

Moved: Peter Ballantyne **Seconded: Sharon Pugh**
Motion:
"THAT the West Coast District Health Board adopt the Hospital Advisory Committee Workplan and Terms of Reference subject to Management ensuring consistency across all Advisory Committees' Terms of References.
Carried.

13.2 Community and Public Health and Disability Support Advisory Committees

The Chair spoke to the Report.

Resolution 79/11

Moved: Elinor Stratford **Seconded: Peter Ballantyne**

Motion:
"THAT the West Coast District Health Board re-appoints Patricia Nolan to the combined Community and Public Health and Disability Support Advisory Committees for the term of one year.

Carried.

Resolution 80/11

Moved: Elinor Stratford **Seconded: Dr Paul McCormack**

Motion:
"THAT the West Coast District Health Board adopts the Community and Public Health and Disability Support Advisory Committees' Terms of References with the addition of 'Tatau Pounamu' following Manawhenua ki Te Tai O Poutini (Page four) – this is to be consistent in all Advisory Committees' Terms of References."

Carried.

Resolution 81/11

Moved: Dr Paul McCormack **Seconded: Peter Ballantyne**

Motion:
"THAT the West Coast District Health Board receives the West Coast District Health Board Advisory Committee Reports."

Carried.

The Board broke for morning tea at 10.07 am reconvened at 10.27 am.

14. IN COMMITTEE

Resolution 82/11

Moved: Dr Paul McCormack **Seconded: Elinor Stratford**

Motion:
"THAT members of the public now be excluded from the meeting pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health and Disability Act, so that the meeting may discuss the following matters:

- **In Committee Minutes of meeting held 6 May 2011**
- **In Committee Matters Arising from the minutes of 6 May 2011**
- **In Committee Correspondence**
- **In Committee Chair's Report**
- **In Committee Reports from Advisory Committees**
- **In Committee CAPEX List 2011-12**
- **In Committee HBL Commercial Banking and Treasury Collective Contract**
- **In Committee Primary Practice Review – Update**
- **In Committee Strategic Stage Analysis**

On the grounds that public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under section 9 of the Official Information Act 1982."

Carried.

15. NEXT MEETING

The next meeting will be held on 9 September 2011 at the Te Tauraka a Waka a Maui Marae, Bruce Bay, South Westland.

The Board spent 1 hour 57 minutes in In Committee.

There being no further business to discuss the meeting concluded at 12.30 pm.

The Board went into a Workshop at 1.15 pm to 2.15m.

_____ _____

Signed **Date**

MATTERS ARISING FROM WEST COAST DISTRICT HEALTH BOARD MEETINGS

Item No.	Board Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref
1.	14 July 2010	The Board Chair requested a report from the Chief Executive around the Patient Transport issue within the region and out of the region and asked that details are provided around the relationship with the current provider and the long-term plan of transport for patients on the West Coast.	Chief Executive	Due to the complexity of the issues i.e. rapid evacuation and road transport etc, a report will be presented to a future meeting.	6
2.	27 August 2010	That the West Coast District Health Board review the present ownership of the General Practices with the intent of identifying options that are clinically and financially sustainable.	Chief Executive	Report attached.	16

MATTERS REFERRED TO ADVISORY COMMITTEES FOR CONSIDERATION

Item No.	Board Meeting Date	Action Item	Committee	Reporting Status	Agenda Item Ref
1.	28 July 2011	Advisory Committee Terms of References to be aligned to ensure consistency.	HAC and CPHAC/DSAC	Completed.	13.

CHAIR'S REPORT

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

FROM: **Dr Paul McCormack, Board Chair**

DATE: **9 September 2011**

The Chair will give a verbal update at the Board Meeting.

RECOMMENDATION

That the West Coast District Health Board receive the Chair's Report.

Author:	**Dr Paul McCormack, Board Chair – 20 July 2011**

BOARD AND CHAIR'S CORRESPONDENCE FOR AUGUST 2011

OUTWARDS AND INWARDS CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
26 August 2011	Anne Kolbe, Chair National Health Committee	Board Chair	National Health Committee		
25 August 2011	Hon Tony Ryall Minister of Health	Board Chair	Repeat Presentations to Emergency Departments		
23 August 2011	Hon Tony Ryall Minister of Health	Chris Fleming Lead CEO, South Island Region	2011/12 South Island Regional Health Services Plan		
17 August 2011	Alastair Scott Chair, CHFA	Board Chair	Disestablishment of CHFA		

RECOMMENDATION

That the inwards correspondence is received.

National Health Committee

Tunga Kaitiriro Te Hauora o te Tangata

26 August 2011

Paul McCormack
Chair
West Coast DHB
PO Box 387
GREYMOUTH

Dear Paul McCormack

National Health Committee

I am pleased to inform you that the Minister has recently announced the National Health Committee's full membership and its Terms of Reference – both are available on our website – www.nhc.health.govt.nz.

The Committee had its first formal meeting last week and we look forward to agreeing our work plan with the Minister in the coming weeks. That will allow us to begin to add value to the sector.

Role of the Committee

The National Health Committee has been re-focused on value for money and prioritising existing and new services. I am very pleased with the Terms of Reference - they are enabling and give us the chance to develop a system for better evaluating existing technologies, services and systems which benefits New Zealand.

The role of the Committee is to assist the health and disability sector to direct its expenditure in ways which make it most effective. We aim to assist the sector to continue to improve the health status of New Zealanders, within the country's financial resources. Further information on our brief and the scope of our activities is available on our website.

How the Committee Will Work

As we build our capacity the NHC will assess and make recommendations on new, and a selection of existing health technologies, which will include systems and models of care. We are also being asked to assist the sector to identify technologies which may have reached the end of their life-cycles and to exit those in a way which is effective for patients, clinicians and the sector alike.

We are required to advise the Minister on cost effectiveness and affordability and we will establish consistent national processes which have five domains for assessment – clinical, societal, ethical, economic and financial and a set of decision making criteria agreed to by the Minister. By ensuring all aspects of a decision are considered and by having transparent processes and high levels of engagement we intend that both the community and health professionals will be able to build confidence in the Committee's recommendations to the Minister of Health.

We want to ensure that our work is relevant to the sector and that our recommendations support and enhance the work of the sector. Therefore, in the coming weeks we are intending to seek referrals from you for assessment. We will seek these from DHBs, professional colleges, community and consumer groups, non-government organisations, other Ministerial Committees and Boards, the Ministry of Health and other representative bodies, so I am asking all entities which think they are likely to be engaging in this process, to begin to consider how they will determine their priorities for referral.

Obviously our capacity is relatively limited at this point, so it is important that referring organisations are thoughtful about their referrals and this, in itself, helps us build the conversation in the health and disability sector, because it is important that we all take on this challenge together.

We will post the prospective process, referral template and timeframes on the website to give you an idea of the likely parameters within which you will be working.

Learning and Delivering As We Go

In order to assist the NHC and the sector to learn and develop, alongside the referral process we will undertake three initial assessments over the next twelve months. We have chosen these because, while they are on a relatively small scale and we can deliver them in the timeframe, the lessons we will learn will assist us as we build our scale of focus and of activity.

It is important that we focus on technologies, services and systems which are of a scale that make a real difference to New Zealand, but it is also important that we start small and build from there. We will post the three initial assessments on our website when they are agreed with the Minister and we will be in direct contact with the stakeholders related to those streams of work.

I, with the new Committee, look forward to engaging with you as we learn and develop together for the benefit of the health and disability sector and all New Zealanders.

Kind regards

Anne Kolbe

Anne Kolbe
ONZM, MBBS (Hons), FRACS, FRCSEng (Hon), FCSHK (Hon), FRCSEd (Hon)
Chair

Cc Chief Executive Officer

Office of Hon Tony Ryall

Minister of Health
Minister of State Services

Dr Paul McCormack
Chair
West Coast District Health Board
Grey Base Hospital
PO Box 387
GREYMOUTH 7840

Dear Paul

Repeat Presentations to Emergency Departments

I recently asked the Ministry of Health for information on frequent presentations to emergency departments (EDs) and the initiatives that DHBs have to improve services for these patients.

For your interest I have enclosed a copy of the information. It summarises analysis of frequent presentations and includes examples of efforts underway in DHBs to address the issue. This is not an exhaustive list and I am aware there will be other initiatives underway not described in the attached information.

Many of the repeat ED visits may well be appropriate, but some repeats may instead indicate health needs that are not being well met. This means it may be possible to do better here for patients, while potentially also reducing ED visits.

I trust you will find the attached information useful.

Yours sincerely

Hon Tony Ryall
Minister of Health

cc: David Meates, Chief Executive, West Coast District Health Board

14 July 2011

Repeat Presentations to Emergency Departments

Introduction

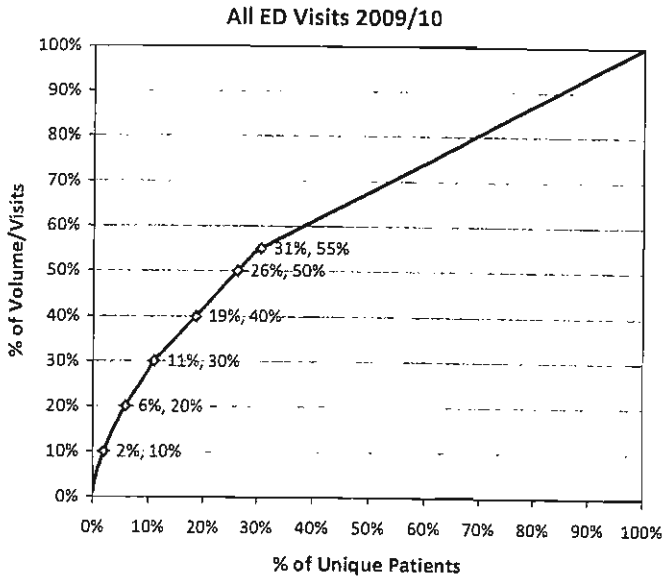
You have asked for advice on the initiatives DHBs have to focus on frequent attenders to Emergency Departments (EDs) and how this differs for older people. This briefing provides context about the issue and summarises analysis of frequent presentations and efforts underway in DHBs to address the issue.

National prevalence

In the 2009/10 financial year there were around one million presentations to New Zealand emergency departments (EDs), made by about 670,000 people.

The majority of patients visited ED once within the year. However, a small number of patients visited repeatedly. 1.5 percent of patients visited ED 6 times or more. Two percent of patients were responsible for ten percent of presentations.

Graph 1: Volume of ED visits compared with number of unique patients

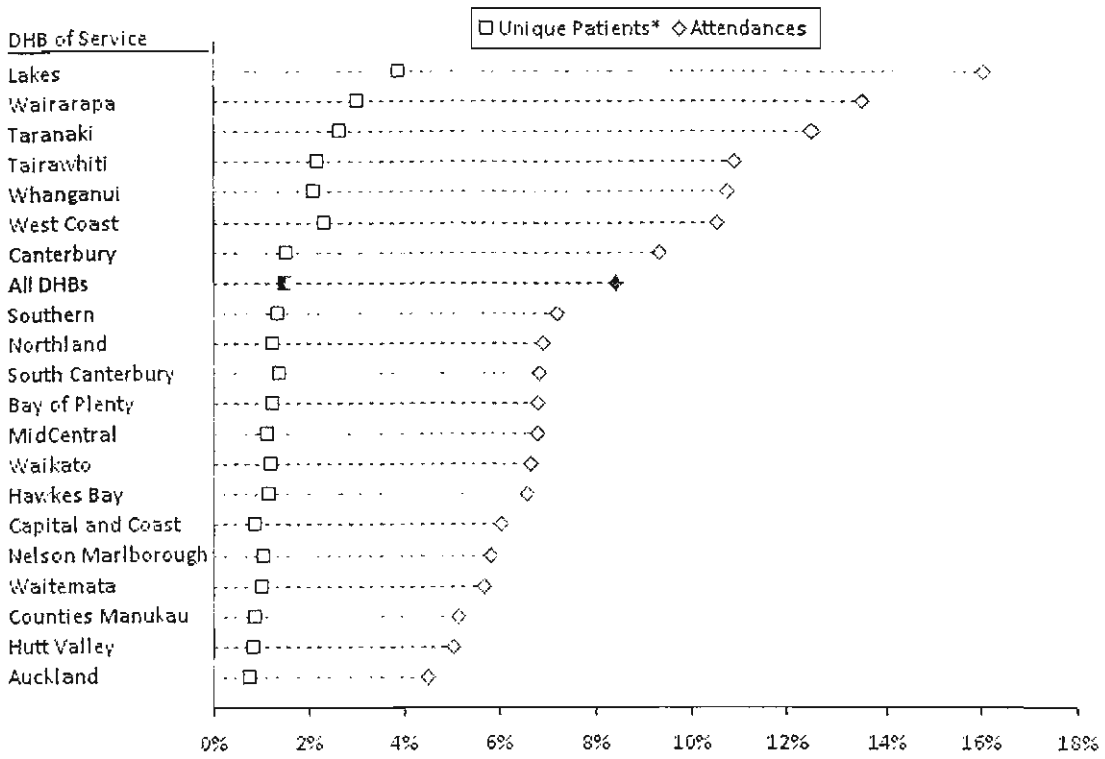


Studies have looked at the extent to which frequent attenders continue to frequently attend. There appears to be a 'natural decay' in attendance, with around two thirds stopping their frequent visits over the course of a few years. However, they are replaced by new frequent attenders, so the total number does not tend to decrease over time.

Regional Differences

The proportion of frequent attenders among DHBs varies. Graph 2 shows differences between DHBs in the percentage of people in their populations who presented 6 or more times, and the number of visits this represented. Across all DHBs, 1.5% of unique patients visiting ED accounted for 8.4% of the total number of visits to EDs (see table 2 in the appendix for this information in table format).

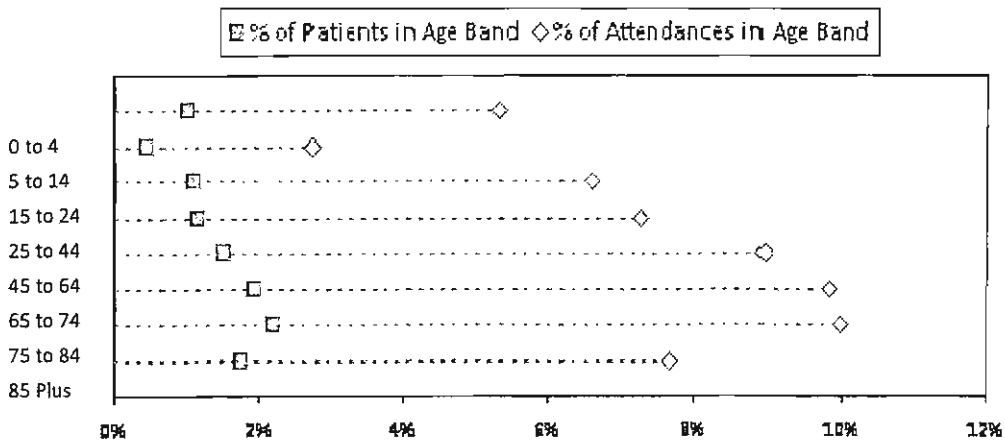
Graph 2: Ranked Percentage Of Attendances And Patients Who Attended Ed 6 Or More Times Within 2009/10
* Patient is unique to the DHB (i.e. may also have attended another DHB and would be counted there)



Age Differences

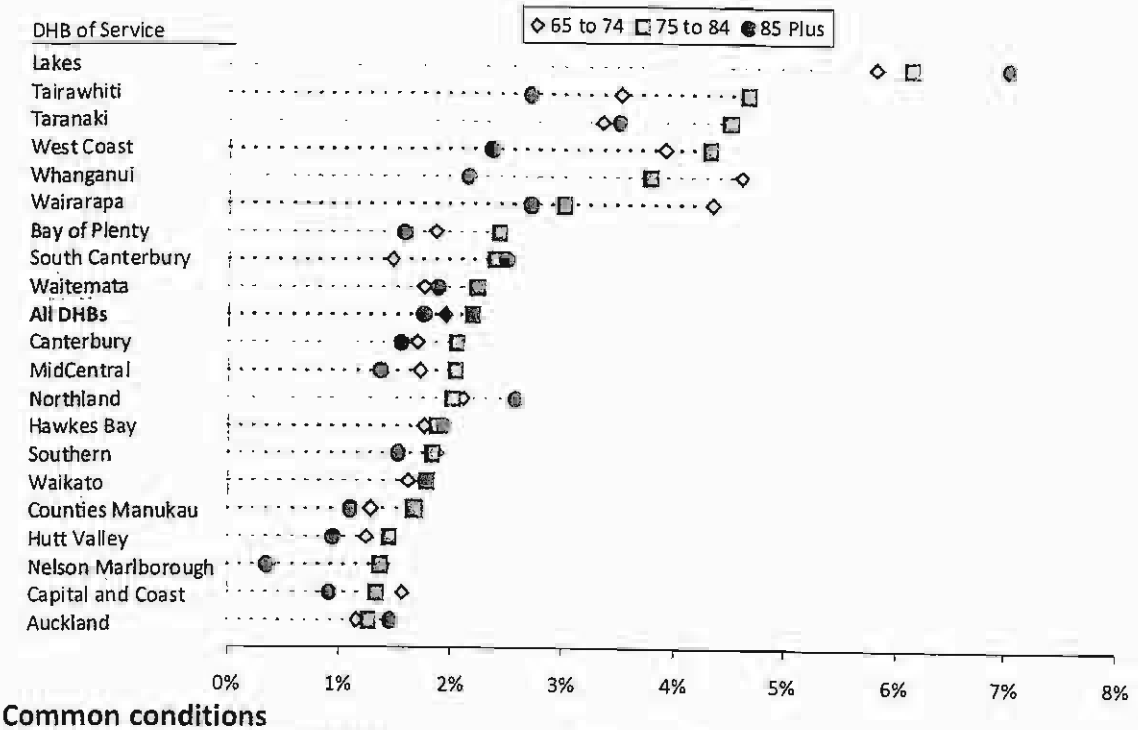
Older people are more likely to attend ED six times or more. In 2009/10, 22% of all visits to EDs were made by people in the 65 plus age group, but 28% of the frequent attendances (6 visits or more) were made by this age group. Nationally, within the 65 plus age group frequently attending, the 18,865 visits were made by 2,428 unique patients. A higher percentage of frequent attendances are made by people 75-84 years old, followed by 65-74, and 85 or older.

Graph 2a: Age breakdown of patients who attended ED 6 or more times within 2009/10



However, this varies between DHBs, as shown by Graph 3 below. In some DHBs, patients aged 85 or older are the highest proportion of older patients attending frequently, whereas the 65-74 and 75-84 age ranges are highest in other DHBs.

Graph 3: Ranked Percentage Of Attendances And Patients Who Attended Ed 6 Or More Times Within 2009/10
*** Patient is unique to the DHB (i.e. may also have attended another DHB and would be counted there)**



Common conditions

The literature generally describes three groups of frequently attenders; those with psychiatric conditions, those with substance dependence, and those with unstable chronic conditions.

It should not be assumed that frequent attendance to ED is inappropriate because it doesn't represent a genuine emergency or should be dealt with in a primary care context. Many patients have a condition serious enough to warrant admission to an inpatient facility. Approximately 300,000 unique individuals presented to ED and were admitted in 2009/10. These individuals had an average annual visit rate of 1.4 per patient.

Interventions to help prevent re-attendance

The *Shorter Stays in ED* national health target provides a performance incentive for DHBs to reduce the number of re-attendances to their EDs, because demand to ED is one of the variables that contribute to ED overcrowding and longer stays in ED.

In addition, all DHBs have a performance target to improve acute readmissions to hospital[1]. Both of these targets are reported quarterly to the Ministry.

Management plans are a common intervention, although the effectiveness of these plans is not conclusively demonstrated in the literature. Some studies show reduced attendance by frequent attenders after management plans are introduced, but it is not clear how much of this effect is the result of the natural decay in attendance mentioned earlier.

[1] DHBs have an Ownership Measure (OS: 08), which requires them to maintain 28 day unplanned acute readmission rates at a target rate agreed each year with the Ministry.

You have asked for detailed examples currently in progress across the country by PHOs and DHBs, to address frequent presentations to ED. Examples are listed below by region.

Northern Region

- Northland DHB has established Care Coordinator roles, by altering some of its District Nursing roles, whose responsibilities include identifying and following up repeat ED attenders.

- The Very High Intensive Users (VHIU) programme in Mangere, Otara, Manurewa and Howick/Pakuranga is an integrated primary/secondary model of care that uses a planned case management, patient-centred holistic approach for people with complex long term conditions. The key objective is to reduce the increasing volume of ED self referrals by focussing on a cohort of frequent attenders, and thereby reduce ASH rates and impact on acute demand over winter. VHIU has been operating since late 2009 and currently has 371 patients enrolled. Staff working on VHIU are employed by a lead PHO and the DHB.

Midlands Region

- Coordinated Primary Options (CPO) operates in the Eastern and Western Bay of Plenty through the three PHOs to remove barriers for the patient in the primary/secondary interface. The goal is to improve primary care capacity to deal with non acute patients who require treatment for conditions such as cellulitis management. This is expected to reduce avoidable ED attendances and potentially inappropriate acute admissions.

- Bay of Plenty DHB prepares reports for the PHOs on patients enrolled with them with "Repeat Admissions". This allows the PHOs to work with the General Practices to target these patients, with an option of enrolling them into the CarePlus programme

- Bay of Plenty DHB and primary care stakeholders are implementing the "Bay Navigator" initiative, which will identify clinical care pathways for diabetes, child health, cardiology and respiratory. The pathways include pre and post hospital intervention and address repeat ED presentations by streamlining and integrating the clinical process between primary and secondary, supported by policies and procedures to ensure patients receive the right care at the right place.

- The Kaupapa Maori PHO in the Bay of Plenty has initiated extended opening hours for one of its five General Practices as a pilot and commenced Nurse Led Clinics specifically for chronic conditions and walk in GP clinics without appointments.

- Fortnightly multi-disciplinary team meetings are held by Waikato hospital to review patients who have presented 'frequently'. The team discusses reasons for the repeat presentations, develops and reviews management plans. Team members are the first point of contact for liaison with ED, in-patient and community teams, and with hospital security for potential frequent attenders with security risks. 'Green' folders containing hard copies of management plans for frequent attenders are kept at ED triage to help staff manage these patients expeditiously.

- An 'Advanced Paramedic In ED' pilot operates from the Taumarunui Hospital ED. The paramedic can help reduce frequent attenders by providing them with treatment at home and referring back to their primary care provider where appropriate. The pilot is testing

the integration of St John's Advanced Paramedics into an ED environment and 'joining up' the local workforce.

- Waikato hospital is considering an Older Adults Admission Avoidance Project designed to reduce hospital admission in older adults through early intervention in their home and linking with community supports, including the person's primary care provider. The project will target older adults who have frequent admissions to hospital to identify suitable admission avoidance services/strategies.

Central Region

- The Post Graduate Nursing school at Victoria University is currently looking at why frequent attenders with chronic conditions attend ED rather than Primary Care.

- At Capital & Coast DHB, an ED group including nursing, consultant, and patient care coordination representatives meet monthly to discuss patients who present to ED six times in a six month period and develop a management plan where appropriate. Medically unwell people are dealt with by the Patient Care Coordination service, who work with the community to make sure patients are linked in with the services they need. The ED liaises closely with other services to reduce utilisation of ED, such as the Chronic Pain service.

- Wellington ED has an informal agreement with Te Aro Health Clinic in relation to patients with alcohol and drug related problems – common frequent ED attenders. The clinic acts as a default GP for patients who are homeless or with alcohol and drug related problems, who are not registered with a local GP. It also provides GP time to attend fortnightly multidisciplinary team meetings, provides two sessions of GP time per week for outreach visits to these patients, and one session of GP time each week based at the Night Shelter.

- Te Roopu Aramuka Wharoaroa is a new strengths-based case coordination service in Wellington (launched April 2011) working with priority people (people who are homeless and have significant unmet physical or psychological health needs) to improve their health and wellbeing. The service is delivered by a partnership of providers including Downtown Community Ministry, Te Aro Health Centre, Capital & Coast DHB and Regional Public Health. The patients receive support to identify their strengths, plan actions, and access resources to move towards their health and wellbeing goals. An integrated, coordinated, individually tailored service is offered to each person.

- Newtown Union Health Service (NUHS) works closely with Capital & Coast DHB to target frequent attenders to ED. NUHS uses DHB data to analyse regular attenders to ED, then forwards information to GPs each day for follow up on patients who have attended ED. A psychiatrist holds regular clinics at NUHS to work with GPs and their clients who are frequent attendees, and a low cost after hours doctor service is provided until 11:00 pm. NUHS and the ED have agreed that ED staff can refer patients to NUHS for appropriate primary health care treatment, and an acute "on-the- day" service is offered for acutely unwell requiring primary health care intervention. Patients with complex and long-term chronic conditions patients, are case managed by nurses who contact patients regularly either by phone or home visit, to help prevent unplanned attendance either at ED or NUHS.

- Similar case management is provided by NUHS for patients with mental health issues. In addition, Capital & Coast DHB funds a mental health liaison service in primary care that

enables mental health clients to have increased numbers of free visits in primary care to help keep people well in the community.

- As part of the Karori Medical Centre 'Hospital Discharge initiative' it contacts ED attendees and offers a free GP appointment. This is mainly concentrated on those frequent attenders with chronic conditions that can be addressed in Primary Care (e.g. asthma in paediatric patients).

- The PEDAL Service in Midcentral is a small team working out of ED that targets frequent users of ED and people who are assessed as likely to be frequent users. It also identifies ED patients who can have their health needs met at home and puts in place a care package to do this, thus avoiding a hospital admission. PEDAL is basically a short term case management approach and has been very successful at reducing attendances and hospital admissions.
- 'Urgent Care in the Community' service is a one year trial in the Horowhenua that involves advanced ambulance paramedics triaging and treating patients rather than triage and transport. The service has been in place since December and has already produced a demonstrable reduction in the number of people being transported to the ED.

- Health of Older People specialist teams are being set up Tararua and Horowhenua, comprising GPs with special interest and specialist nursing resources. One of their objectives is to reduce ED/hospital admissions. In the first instance they are working with Aged Residential Care providers with a view to improving care and reducing the transfer of patients to Palmerston North Hospital.

- Midcentral DHB has a 'Recovery at Home' initiative, which involves District Nurses putting in place intensive nursing care packages in partnership with the GP/A&M centre to care for patients at home. Services run 24/7 and include canulation, IV therapy, and observations/assessment of health status.

- Whanganui DHB ED is working with primary health (Whanganui Accident and Medical) to improve management of frequent attenders. This work entails producing a report to identify frequent presentations each month, identifying the patients who may have presented unnecessarily and could be better handled by their GPs, then working together to improve the processes for these patients.

- Whanganui DHB has carried out a review to improve management of chronic diseases via the diabetes review project 2010. The recommendations from this project include management of ambulatory sensitive hospitalisation including those patients are frequent attenders at the ED and after hours.

- The Wairarapa BSMC business case (Tihei Wairarapa) includes a number of initiatives to improve the patient pathway and reduce avoidable hospital admissions and presentations to ED. These include the development of integrated pathways through primary and secondary services for patients with long term conditions, mental health concerns, and the frail elderly.

- DHB and PHO analysis of frequent attenders to Masterton Hospital ED highlighted four areas of focus for better targeting of service. Initiatives have already been put in place to address two of these areas of focus (protocols for management of DVT in primary care developed and about to go live, increased provision of insulin pumps to young people

contributing to a dramatic reduction in ED presentation and admissions). The other two are initial of focus area of Tihei Wairarapa (primary care treatment for cellulitis and DVT).

- Wairarapa DHB has been working with community support agencies to put in place arrangements that provide the support for the small group of people whose needs were primarily social/psycho-social support.

Southern Region

- West Coast DHB has been focusing on repeat attenders for the past six months. A weekly multidisciplinary meeting is held, including both hospital and GP practice managers, where patients who attend ED regularly are discussed and those with non-acute problems identified for GP followup.

- South Canterbury and West Coast DHBs have a voucher system for the small number of patients who say they can not afford to go to the doctors. Canterbury DHB has, since the earthquake, also introduced cost incentives to encourage use of primary care and therefore reduce presentations to ED.

- Southern DHB has introduced DVT and cellulitis pathways in Dunedin so there is greater clarity about which patients with these conditions can be treated in primary care, therefore reducing avoidable and sometimes multiple hospital visits.

- Specialties in Dunedin hospital follow up with primary care for paediatric asthma admissions, and with public health nurses for teenagers presenting with alcohol related problems, to ensure a suitable plan has been put in place

- The 'Year of Care' project in Mosgiel identifies patients at most risk of Hospital admissions and develops care plans to ensure appropriate management in the community.

- The Dunedin Hospital Community Rehabilitation team is a multidisciplinary team which takes referrals from secondary and primary care. They have a facilitated an early discharge programme to prevent readmission to ED post-discharge and also to take referrals from GPs to prevent the so called social admissions.

- Analysis showed that DVT, cellulitis and asthma were common causes of frequent presentations to Southland hospital ED. Interventions have been introduced in response. A DVT pathway has been developed. A "Discharge Kit" and associated processes have been developed for IV therapy (a cellulitis treatment) to be administered by District Nursing. This provides patients with an alternative to attending ED. A cellulitis pathway is also being developed.

- The ED and General Practices in Invercargill are working more closely together in developing clinical pathways, and also as part of the "On the Right Track" project to achieve the Shorter Stays in ED target.

Appendix

- 0.1% of patients visited ED more than once a month on average, and constituted 1.6% of the total number of visits.

- 1.5% of patients visited ED 6 times or more, and constituted 8.4% of the number of visits.

Table 1: All ED Presentations 2009/10

Number of Visits Per Annum	Percentage of Patients	Percentage of Visits	Cumulative % of Patients	Cumulative % of Visits
Over 12	0.1%	1.6%	0.1%	1.6%
12	0.0%	0.3%	0.2%	1.9%
11	0.1%	0.4%	0.2%	2.3%
10	0.1%	0.5%	0.3%	2.8%
9	0.1%	0.7%	0.4%	3.6%
8	0.2%	1.0%	0.6%	4.6%
7	0.3%	1.5%	0.9%	6.0%
6	0.6%	2.3%	1.5%	8.4%
5	1.1%	3.7%	2.7%	12.1%
4	2.5%	6.6%	5.2%	18.6%
3	6.0%	11.8%	11.2%	30.4%
2	18.5%	24.1%	29.8%	54.4%
1	70.2%	45.6%	100%	100%
All Visits	**100%**	**100%**	**100%**	**100%**

Table 2: Percentage Of Presentations And Patients Who Attended Ed 6 Or More Times 2009/10

* Patient is unique to the DHB (i.e. may also have attended another DHB and would be counted there)

	Percentage 6 or More PA	
DHB of Service	Attendances	Unique Patients*
Northland	6.9%	1.2%
Waitemata	5.7%	1.0%
Auckland	4.5%	0.8%
Counties Manukau	5.1%	0.9%
Waikato	6.7%	1.2%
Lakes	16.0%	3.9%
Bay of Plenty	6.8%	1.2%
Tairawhiti	10.9%	2.2%
Hawkes Bay	6.6%	1.2%
Taranaki	12.4%	2.6%
MidCentral	6.8%	1.1%
Whanganui	10.8%	2.1%
Capital and Coast	6.1%	0.9%
Hutt Valley	5.1%	0.8%
Wairarapa	13.5%	3.0%
Nelson Marlborough	5.8%	1.0%
West Coast	10.5%	2.3%
Canterbury	9.3%	1.5%
South Canterbury	6.9%	1.4%
Southern	7.2%	1.4%
All DHBs	**8.4%**	**1.5%**

Age and ethnic variation in ED Frequent Presentations

The tables below show the age breakdown of people who attended ED 6 times or more (table 4) compared with the total ED presentations (table 3); and differences in the ethnicity of people who presented to ED 6 times or more, for the 2009/10 year.

Table 3: All attendances per Annum

Age Band	Attendances	Unique NHI	% of All Attendances	% of All Patients
0 to 4	105,905	73,176	11.4%	11.6%
5 to 14	88,463	67,988	9.5%	10.8%
15 to 24	147,759	102,901	15.9%	16.3%
25 to 44	202,859	141,120	21.8%	22.4%
45 to 64	184,340	124,161	19.8%	19.7%
65 to 74	78,322	49,394	8.4%	7.8%
75 to 84	79,362	47,048	8.5%	7.5%
85 Plus	42,636	25,473	4.6%	4.0%

Table 4: 6 Or More Attendances Per Annum

	Attendances	Unique NHI	% of Attendances in Age Band	% of Patients in Age Band
0 to 4	5,648	746	5.3%	1.0%
5 to 14	2,415	311	2.7%	0.5%
15 to 24	9,705	1,143	6.6%	1.1%
25 to 44	14,732	1,650	7.3%	1.2%
45 to 64	16,491	1,876	8.9%	1.5%
65 to 74	7,680	958	9.8%	1.9%
75 to 84	7,919	1,026	10.0%	2.2%
85 Plus	3,266	444	7.7%	1.7%

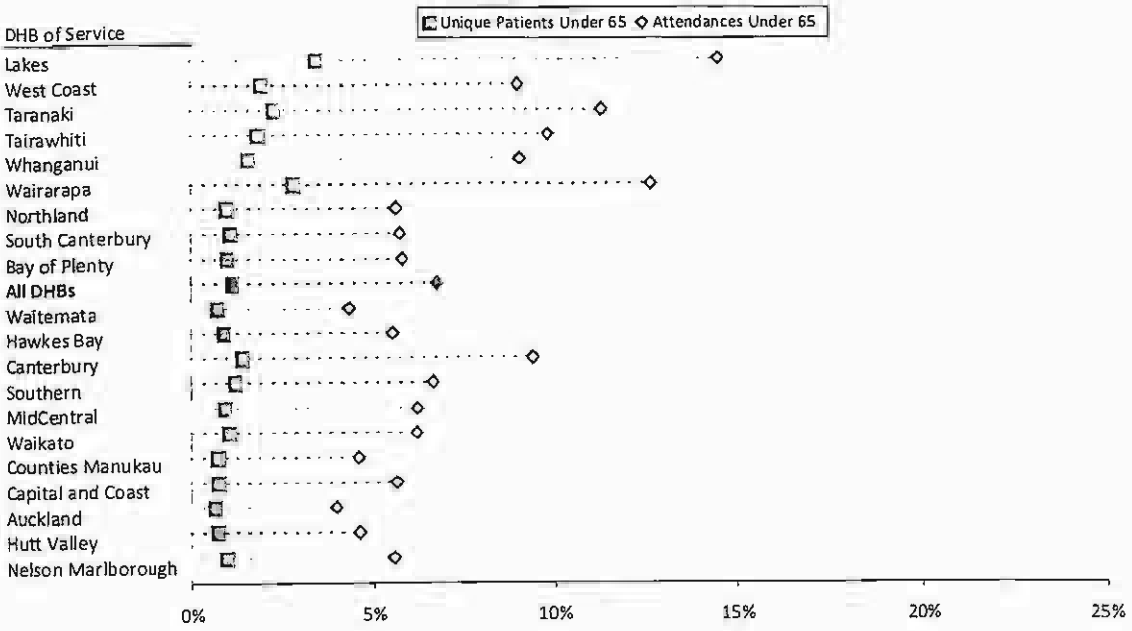
Table 5: Ethnicity of People Presenting to EDs 6 Times or More

Ethnicity	% of Patients	% of Visits
Maori	2.2%	10.8%
Pacific	1.4%	7.4%
Other	1.4%	7.8%
All Ethnicities	1.5%	8.4%

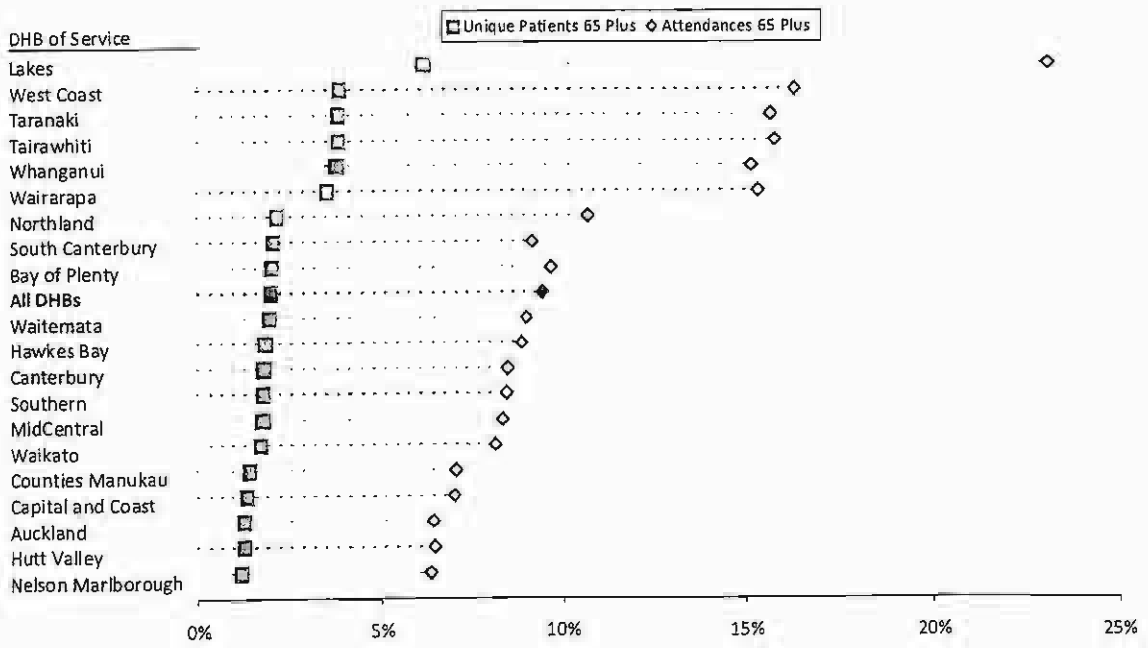
DHB Variation in ED Frequent Presentations: Under 65 versus Over 65

Graph 4 shows regional variation in visits by the 0-64 age group, compared with the 65+ age group in graph 5.

Graph 4: Ranked Percentage Of Attendances And Patients Who Attended Ed 6 Or More Times Within 2009/10
*** Patient is unique to the DHB (i.e. may also have attended another DHB and would be counted there)**



Graph 5: Ranked Percentage Of Attendances And Patients Who Attended Ed 6 Or More Times Within 2009/10
*** Patient is unique to the DHB (i.e. may also have attended another DHB and would be counted there)**



Office of Hon Tony Ryall

Minister of Health
Minister of State Services

4.20
1.51

23 August 2011

Chris Fleming
Lead CEO, South Island Region
Chief Executive Officer
South Canterbury DHB
Private Bag 911
TIMARU 7940

Dear Chris

2011/12 South Island Regional Health Services Plan

This letter is to advise you I have approved the 2011/12 South Island Regional Health Services Plan (RSP).

This is a transition year in respect to service planning and accountability documentation and I want to thank you for your assistance as we move to a new way of thinking about how we coordinate the delivery of health services throughout the country. I look forward to your continued support as we strive for improved health services for all New Zealanders.

District Health Boards (DHBs) working collaboratively within regions are about ensuring the right services are provided in the right place. By working regionally, DHBs can ensure that services are delivered in a clinically sustainable and financially viable ways to meet the needs of the region.

RSPs need to develop quickly; with immediate action on vulnerable services and key priority areas and with DHB Annual Plans increasingly seen as part of this broader regional plan.

My expectation for RSPs is that they:

- Include agreed actions to work on in key priority areas, services needing to be strengthened and health targets that need to be achieved;
- Demonstrate clinical leadership and engagement necessary to support the development of models of care and actions to be implemented for priority areas;
- Document linkages and implications for infrastructure including IT and workforce that will resolve service vulnerability for prioritised services; and
- Establish regional governance capability with their Chairs and CEOs that enables effective regional decision-making on behalf of constituent DHBs.

It is critical these key priority areas are supported by IT and workforce development which is increasingly organised at a national and regional level as an integrated whole, rather than at a district level.

In laying the foundation for formal regional collaboration, the South Island region has worked to identify measurable actions in this first year and this has been challenging. Notwithstanding this, I expect to see good progress on your agreed RSP actions for 2011/12 and for the South Island

Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand, Telephone

region to focus on working better as a region to realise the benefits of regional and sub-regional collaboration.

All South Island DHBs have supported Canterbury DHB with earthquake recovery efforts. I see this as being an ongoing focus for the South Island.

I also look forward to seeing greater ongoing support for the work of Health Benefits Limited in developing shared back office functions where appropriate and thank you for your continued commitment to work with the Health Quality and Safety Commission.

DHB Annual Plans

DHBs are each expected to identify the specific actions they will undertake to give effect to their RSP implementation plan at a local level in their Annual Plans. I am pleased to see a range of activities identified by individual DHBs in these plans to act on their RSP commitments and expect this to be strengthened in coming years.

Next steps

The NHB will continue to work closely with the South Island region and will monitor progress against your identified actions, offer support and act as a resource to assist you to deliver on your RSP. Through important regional initiatives (IT, workforce support and development, and capital investment) I look forward to seeing real benefits resulting from the South Island region's collaborative partnership with the NHB.

The South Island Regional Health Services Plan is new and will need to be disseminated and embedded. The region needs to move quickly to establish the regional clinical networks and groups, and to enable clinical leadership and clinical integration. As part of implementing these actions I expect the South Island region to measure and communicate the benefits of regional collaboration, particularly the benefits to patients.

Finally, please ensure that a copy of this letter is attached to the copy of your signed RSP held by the Board and to all copies of the RSP made available to the public.

Yours sincerely

Hon Tony Ryall
Minister of Health

cc South Island Region DHB Chairs
South Island Region DHB Chief Executive Officers

CROWN HEALTH
FINANCING AGENCY
lending, property, advisory

17 August 2011

Dr Paul McCormack
Chair
West Coast District Health Board
PO Box 387
GREYMOUTH

Disestablishment of CHFA

On 1 August 2011, the Cabinet agreed to disestablish the CHFA.

It further agreed to:

- Continued administration of CHFA District Health Board lending function by the Debt Management Office in the Treasury
- Ministry of Health taking over other DHB lending functions such as pre-loan credit analysis and post-loan credit monitoring
- Transfer CHFA liabilities, which primarily consist of historic claims relating to Area Health Boards, to the Ministry of Health
- Discontinue CHFA's property advisory, disposal and financial advisory services
- Transfer CHFA's existing portfolio of property and any remaining assets to the Ministry of Health.

It is not yet clear as to by when our functions will transfer to the Ministry. It follows that we will continue to provide you with our current range of services except that it would be imprudent of us to enter into any contract to purchase surplus property assets.

I will keep you informed as events unfold.

Yours sincerely

Crown Health Financing Agency

Alastair Scott
Chair

Copy: DHB CEs

Level 2, Tourism & Travel House
79 Boulcott Street, Wellington
PO Box 5358, Lambton Quay
Ph: 04 472 3310, Fax: 04 472 3311

CHIEF EXECUTIVE OFFICER'S REPORT

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

FROM: **David Meates, Chief Executive Officer**

DATE: **9 September 2011**

FINANCIAL AND OPERATIONAL PERFORMANCE OVERVIEW

Financial Overview for the period ending 31 July 2011

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,269	6,288	(19)	×	6,269	6,288	(19)	×
Governance & Administration	208	212	(4)	×	208	212	(4)	×
Funds & Internal Eliminations	4,375	4,284	91	√	4,375	4,284	91	√
	10,852	10,784	68	√	10,852	10,784	68	√
EXPENSES								
Provider								
Personnel	4,126	4,388	262	√	4,126	4,388	262	√
Outsourced Services	1,389	1,083	(306)	×	1,389	1,083	(306)	×
Clinical Supplies	611	594	(17)	×	611	594	(17)	×
Infrastructure	974	914	(60)	×	974	914	(60)	×
	7,100	6,980	(120)	×	7,100	6,980	(120)	×
Governance & Administration	198	212	14	√	198	212	14	√
Funds & Internal Eliminations	3,694	3,807	113	√	3,694	3,807	113	√
Total Operating Expenditure	10,992	10,999	7	√	10,992	10,999	7	√
Deficit before Interest, Depn & Cap Charge	140	215	75	√	140	215	75	√
Interest, Depreciation & Capital Charge	513	551	38	√	513	551	38	√
Net deficit	**653**	**766**	**113**	√	**653**	**766**	113	√

For the month of July 2011 the result was a consolidated deficit of $653k, this being $113k favourable to budget. The main drivers of the favourable variance were lower than budgeted payments to external providers, lower financing costs including capital charge and better than budgeted revenue.

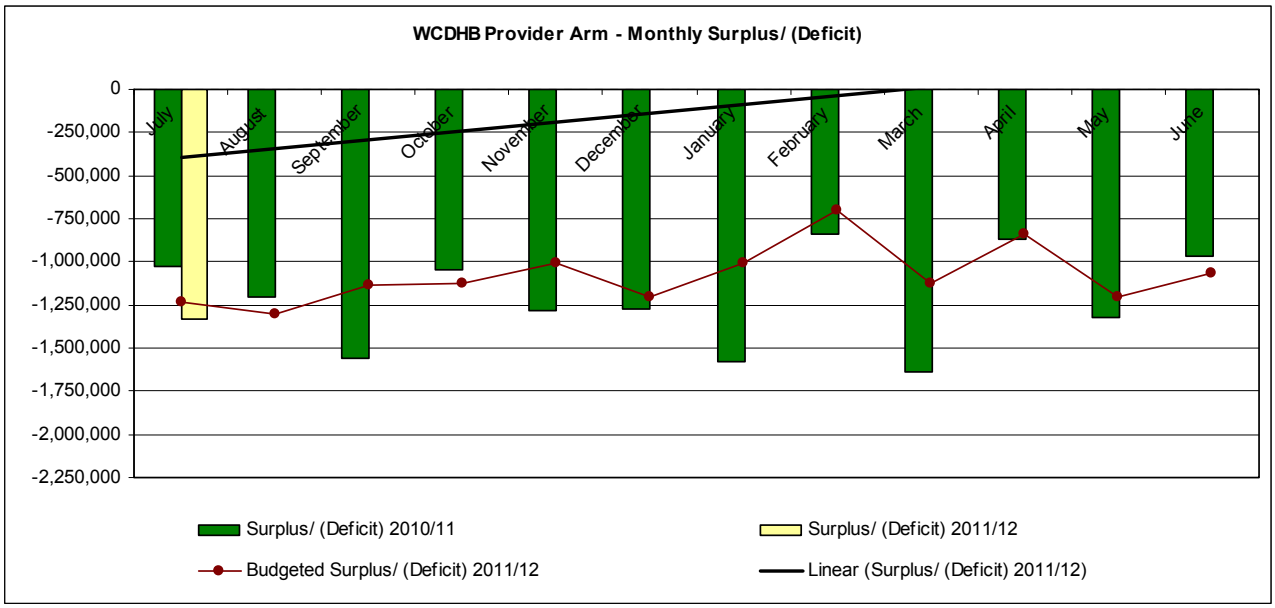
This has been a busy month. Audited CFIS templates have been submitted to the National Health Board. Preliminary revaluation of property, plant and equipment has been completed. The Quality Review has been endorsed by executive management and implementation has commenced. Workshops in Buller have been completed and the resultant model of care and facility design is progressing to a business case for submission to the October board meeting. The Strategic Stage Analysis for Greymouth Regional Health Centre has been submitted to the National Capital Committee.

DHB PROVIDER ARM OPERATIONAL PERFORMANCE OVERVIEW

Operational and Financial Performance Overview

Provider Arm
Financial Performance

For the first month ending 31 July 2011 the operating result after interest and depreciation for the Provider Arm is a deficit of $1,344k, this resulting in an unfavourable variance of $101k. The main drivers of the unfavourable variance are outsourced clinical service costs. Compensating this unfavourable variance of $306k were favourable variances against personnel costs of $262k. Measures are being implemented to address the mix between outsourced services and personnel costs to bring the combined spend to within budget.



West Coast DHB Hospital Activity (including all patients' regardless of Domicile)

	Month				Year to Date			
	Jul- 11	Jul-10	Variance	Var %	Jul-11	Jul-10	Variance	Var %
Total Discharges - Buller	67	85	-18	-21.2	67	85	-18	-21.2
- Reefton	4	6	-2	-33.3	4	6	-2	-33.3
- Grey	489	374	115	30.7	489	374	115	30.7
Occupied bed days - Buller	556	711	-155	-21.8	556	711	-155	-21.8
-Reefton	238	205	33	16.1	238	205	33	16.1
- Grey	2415	1933	482	24.9	2415	1933	482	24.9
ED attendances (all facilities)	1207	1256	-49	-3.9	1207	1256	-49	-3.9
Outpatient attendances *	1351	1282	69	5.4	1351	1282	69	5.4
Deliveries (Buller Health and Grey Hospital)	13	15	-2	-17.9	13	15	-2	-17.9

* Specialist medical and surgical services only. Excludes ACC outpatient volumes.

West Coast DHB Hospital Case Weighted Discharge (CWD) and First Specialist Assessment (FSA) performance against plan activity

	Month - July 2011				Current Year To Date			
	Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var%
Surgical Acute CWD	86.50	82.70	3.8	4.6	86.50	82.70	3.8	4.6
Surgical Elective CWD	149.83	71.27	78.56	110.2	149.83	71.27	78.56	110.2
Total Surgical CWDs	236.33	153.97	82.36	53.5	236.33	153.97	82.36	53.5
Medical CWD	160.21	100.93	59.28	58.7	160.21	100.93	59.28	58.7
Surgical FSA	330	403	-73	-18.1	330	403	-73	-18.1
Medical FSA	138	124	14	11.3	138	124	14	11.3

HOSPITAL SERVICES SUMMARY

Trend Care

The Trend Care Co-ordinator has been appointed. Better use of Trend Care information is essential if we are to achieve our budget efficiencies. The Co-ordinator will shortly visit another New Zealand site to see how the system is best utilised.

Incident Reporting and Investigation Processes

The new system went live on 1 July 2011. There have been few issues, with the new processes being adopted enthusiastically by staff.

Medical Rostering

The new medical rostering programme went live on 1 July 2011. This will take a little while to bed in. The Elective Services Production Plan will be added in August 2011.

COMMUNITY, PRIMARY AND MENTAL HEALTH SERVICES SUMMARY

Community services have experienced a busy month in July with volumes higher than planned in district nursing, continence services and respiratory nurse led services.

Inpatient numbers at Buller Hospital were lower than expected for this month.

Needs assessments provided by Carelink for people needing support services were significantly up in number against plan at 58 assessments completed for the month.

Financial results for July are pleasing showing that all community services including primary practices are $108k better than planned.

Financial results for the Mental Health Service are pleasing this month being $85k better than budget.

Key highlights for the month include

- The new Carelink manager commences.
- Service reviews continue for people receiving support services.
- Recent data analysis shows West Coast DHB uses less complex packages of care and has a higher rate of rest home admission compared to Nelson Marlborough DHB.
- New Smoking Cessation Coordinator commences.
- Adolescent Oral Health Promoter is visiting schools and alternative education centres and supporting the work of the oral health team in transitioning from a treatment to preventative model of care.
- Strategic plan for future provision of Home Based Support Services is under development
- Primary health is currently over budget on locums but permanent appointments have been made with one permanent GP commencing in Westport in November and a further fixed term appointment starting in September for 6 months which should reduce locum expenditure.
- Impressive commitment and input has been demonstrated by Buller Health staff into the IFHC workshops– with 25 – 30 attending at each workshop. Participants displayed an openness and willingness to think beyond what is, to ensure the best possible outcomes for Buller residents.
- There has been movement at Buller from a ‘co-located’ group of teams to a model where of a single team working together. This was evident in the language, the focus on outcomes for patients, the letting go of ‘territory’ and the increased listening to each other.
- Lean Thinking informed the work facilitated by Daine Vermeulean (Kaizen Institute). The workshop delivered by Bryan Dolan in Buller helped enormously to provide the group with a common language. This thinking carried over into the **Facility Design** work.

INFORMATION TECHNOLOGY

Telehealth

All units as part of the original Telehealth expansion project other than Karamea have been successfully installed. In Karamea the new trench for the updated network has been completed and the new network has been partially installed. The video conferencing system should be up and running in Karamea within a month. The Haast Video Conferencing system is now being used, however on going issues with satellite technology are causing some issues in the clinic. IT is working with the satellite provider to try and resolve these issues however the technology constraints are difficult to solve. The mobile clinical cart evaluation has been completed with a capital request submitted for approval with management, the full capital cost of the equipment is being funded by Fresh Futures. Partial funding for the oncology system has been provided, with $76,000 savings over five years being identified by reduced travel and time costs. A capital request for the oncology system has been completed and approved with installation to occur within four-eight weeks.

Fleet Booking system

An internet-based fleet booking system has been developed which involves many West Coast DHB vehicles being placed in a pool and therefore able to be better utilised. This is necessary to manage access to vehicles following the reduction in the car fleet. The change process has been planned with significant consultation throughout the DHB. Mental Health have been trialing the system for several weeks, with workshops being carried out over the last two weeks with all West Coast DHB staff. Full roll out to be done early September.

PACS Regionalisation

The PACS and Radiology Information System (RIS) regionalisation project is progressing with regular technical meetings to progress the implementation. The new system is part of the program of work to create a single clinical record for all clinical systems between West Coast DHB and Canterbury DHB, and ultimately the South Island. Go live is on track for December 2011.

Server Infrastructure Upgrade

The project to replacement a number of aged computer servers is progressing, with the 1st stage completed. Cut over to the new file server is to be done before the end of next week, with the remainder of the work to be completed within four-six weeks. The current server equipment is no longer meeting expectations in regards to performance, has a increased risk of failure due to age, and part of which is required to support the PACS regionalization project. This project was approved by regional CIO and National Health IT Board.

Laboratory Information Systems Replacement (CHL Delphi) Update

The Laboratory Information System (LIS) business case refresh is still in progress with some delays in gathering the required information. The business case will be completed and provided to executive management by mid-September. The implementation timeframe is being determined in consultation with Canterbury DHB and with clinical input from West Coast DHB around impact to normal operations. The project is also related to the Clinical Information System (CIS) business case, in that the CIS pulls information from the LIS for diagnostic tests.

Clinical Information System Business Case

The business case for the new clinical information system hosted by Canterbury DHB and using Orions Concerto product has been developed and submitted to the September West Coast DHB Board meeting. Simultaneously the business case has also been sent to National Health IT Board with the understanding that it is also going through board approval process at WCDHB. Provisional review of the business case by the National Health IT review group has provided favourable feedback. If approved, go live for the new system is to be July/August 2012. This clinical information system will enable a single patient portal to clinical information housed within West Coast DHB, South Canterbury DHB, Canterbury DHB and ultimately all South Island DHB's.

WHOLE OF HEALTH SYSTEM OVERVIEW

PLANNING AND FUNDING UPDATE

West Coast District Health Board.
Funder Arm – Payments to External Providers
As at 31 July 2011

July					SERVICES	Year to Date				
Actual	Budget	Variance				Actual	Budget	Variance		
$000	$000	$000	%			$000	$000	$000	%	
					Referred Services					
31	41	10	23%	√	Laboratory	31	41	10	23%	√
792	764	-28	-4%	×	Pharmaceuticals	792	764	-28	-4%	×
823	**804**	**-19**	**-2%**	×		**823**	**804**	**-19**	**-2%**	×
					Secondary Care					
0	20	20	100%	√	Inpatients	0	20	20	100%	√
128	82	-46	-56%	×	Travel & Accommodation	128	82	-46	-56%	×
1,285	1,285	0	0%	√	IDF Payments Personal Health	1,285	1,285	0	0%	√
1,413	**1,386**	**-27**	**-2%**	×		**1,413**	**1,386**	**-27**	**-2%**	×
					Primary Care					
42	41	-1	-2%	×	Dental-school and adolescent	42	41	-1	-2%	×
0	2	2	100%	√	Maternity	0	2	2	100%	√
0	1	1	100%	√	Pregnancy & Parent	0	1	1	100%	√
0	3	3	100%	√	Sexual Health	0	3	3	100%	√
-1	0	1	350%	√	General Medical Subsidy	-1	0	1	350%	√
521	523	2	0%	√	Primary Practice Capitation	521	523	2	0%	√
3	7	4	57%	√	Primary Health Care Strategy	3	7	4	57%	√
77	77	0	0%	√	Rural Bonus	77	77	0	0%	√
13	13	0	3%	√	Child and Youth	13	13	0	3%	√
8	8	0	0%	√	Immunisation	8	8	0	0%	√
13	14	0	4%	√	Maori Service Development	13	14	0	4%	√
18	31	13	42%	√	Whanua Ora Services	18	31	13	42%	√
6	13	7	54%	√	Palliative Care	6	13	7	54%	√
1	15	14	93%	√	Chronic Disease	1	15	14	93%	√
18	11	-7	-61%	×	Minor Expenses	18	11	-7	-61%	×
719	**760**	**41**	**5%**	√		**719**	**760**	**41**	**5%**	√
					Mental Health					
0	1	1	100%	√	Eating Disorders	0	1	1	100%	√
44	50	6	12%	√	Community MH	44	50	6	12%	√
1	1	0	0%	√	Mental Health Work force	1	1	0	0%	√
47	47	0	0%	√	Day Activity & Rehab	47	47	0	0%	√
10	10	0	0%	√	Advocacy Consumer	10	10	0	0%	√
6	5	-1	-13%	×	Advocacy Family	6	5	-1	-13%	×
0	5	5	100%	√	Minor Expenses	0	5	5	100%	√
107	118	11	9%	√	Community Residential Beds	107	118	11	9%	√
66	66	0	0%	√	IDF Payments Mental Health	66	66	0	0%	√
281	**304**	**23**	**7%**	√		**281**	**304**	**23**	**7%**	√
					Public Health					
24	29	5	16%	√	Nutrition & Physical Activity	24	29	5	16%	√
7	7	0	-1%	×	Public Health Infrastructure	7	7	0	-1%	×
0	6	6	100%	×	Tobacco control	0	6	6	100%	×
0	0	0		√	Screening programmes	0	0	0		√
31	**41**	**10**	**24%**	√		**31**	**41**	**10**	**24%**	√
					Older Persons Health					
-20	52	72	138%	√	Home Based Support	-20	52	72	138%	√
11	10	-2	-16%	×	Caregiver Support	11	10	-2	-16%	×
211	174	-37	-21%	×	Residential Care-Rest Homes	211	174	-37	-21%	×
-17	0	17		√	Residential Care Loans	-17	0	17		√
5	10	5	51%	√	Residential Care-Community	5	10	5	51%	√
368	396	28	7%	√	Residential Care-Hospital	368	396	28	7%	√
0	5	5	100%	√	Ageing in place	0	5	5	100%	√
7	7	0	1%	√	Environmental Support Mobility	7	7	0	1%	√
11	6	-5	-77%	×	Day programmes	11	6	-5	-77%	×
-4	12	16	134%	√	Respite Care	-4	12	16	134%	√
14	0	-14		√	Community Health	14	0	-14		√
108	108	0	0%	√	IDF Payments-DSS	108	108	0	0%	√
694	**781**	**87**	**11%**	√		**694**	**781**	**87**	**11%**	√
3,961	**4,076**	**115**	**3%**	√		**3,961**	**4,076**	**115**	**3%**	√

please note that payments made to WCDHB via Healthpac are excluded from the above figures

Smokefree
For the Quarter 4 period 1 April - 30 June, 83% of hospitalised smokers were given advice and help to quit. This is 5% less than the previous quarter. The decrease by 5% for quarter 4 from quarter 3 can be partially attributed to the fact that there was no Smokefree Coordinator from 20 April 2011 and the Smoking Cessation Counsellor and Health Target Trainer left in May 2011. A new Smoking Cessation Counsellor and a Health Target Trainer have now been recruited in mid-July. The process to recruit a Smokefree Coordinator has just been completed and this position will also be filled with effect from 5th September 2011.

There had been a steady progress since quarter one, which saw the West Coast DHB providing advice and support to over 80% of hospitalised smokers for quarter 3 and 4. However the drop for Quarter 4, including monthly data showing results dropping to a low of 79% in June, is disappointing given the progress made in previous quarters. The decline suggests that ABC has not yet been embedded within hospital systems and processes and is not sustainable without the coordination, training and support provided by these roles. Further work is required as a priority if the 95% target is to be achieved in 2011/12, to embed the ABC so that it becomes sustainable intervention within the hospital setting.

Radiotherapy Treatment and Waiting Times
Radiotherapy treatment and waiting times information for West Coast domiciled patients is supplied in the spreadsheet provided each month by Canterbury District Health Board – principal providers of the radiation oncology treatment services for West Coast DHB residents. We note the data for our residents, and equally, we recognise that their respective treatment waiting time is acuity dependent; based on the relative clinical priority and urgency of each individual case in relation to that of people from other regions also served by Canterbury DHB.

During the period April – June 2011, 10 West Coast domiciled patients began treatment in Christchurch (compared to 21 people in the January - March 2011 quarter). 8 of those treated in the April – June quarter were Category A, B, C. One West Coast resident who commenced treatment during the fourth quarter (in June) was treated outside four weeks target time frame, giving us a compliance rate of 87.5% against target. This patient was in category B (curative) - the delays in treatment starting time was due to capacity constraints of the service. All other West Coast residents in category A, B, and C started in the April – June quarter were treated within the four week timeframe. For national reporting, the Ministry of Health has ignored this outlier and rounded up our compliance rate for the June quarter to 100% in their publically published Health Target results.

All 5 West Coast patients treated in July were seen within the 4-week timeframe. In spite of heavy snow disruptions in mid-August, weekly monitoring has not indicated any likely breach of the 4-week target for our population in the month of August.

We note from the information on waiting times for radiation oncology provided by Canterbury District Health Board that there was just 1 West Coast resident person waiting for assessment for radiation treatment at the end of July 2011.

Health of Older People
The year to date overall expenditure on long-term support services for older people (residential and non-residential) was under budget by $542,369 (4%). This has reduced from the last report, reflecting the changes that are starting to be made in home support, day-care and respite care.

An issues-based audit of Granger House/Richard Seddon Hospital was undertaken for West Coast DHB by Health Compliance Solutions Ltd during 7-19 July, following complaints and concern at the quality of care at the facility. The previous manager has left and a new manager has been appointed as clinical manager from August 2011. West Coast DHB General Manager Planning and Funding, and Acting Director of Nursing met with the CEO and Board Chairman of Unimed on 1 September. A corrective action plan and a strong commitment from the Board and Management

of Unimed to rectify the concerns over adequacy of patient care at Granger House was achieved. As part of the corrective action plan the West Coast DHB Director of Nursing and new Clinical Leader at Granger House will be organizing a joint support and training programme for Granger House staff, the clinical nurse specialists are providing a series of training sessions and Planning & Funding has contracted with an independent nurse specialist to maintain oversight on quality of care and monitor service delivery at the facility for the next twelve months.

The West Coast DHB's home support services are being upgraded in preparation for the move to a restorative homecare model. This project is now progressing on track.

Collaboration between specialist older person's services (both physical and mental health) in Canterbury and West Coast continues, with a number of service improvements being worked on and good buy-in from staff. CDHB geriatrician, Dr Jackie Broadbent, has been contracted by Planning & Funding to assist with service development.

The Carelink manager position has now been filled and work is progressing on ensuring that access to long-term care services is benchmarked to the regional level, and that long-term care is provided on a restorative package model. Carelink is working with West Coast DHB Home Support and the hospital wards to develop a more streamlined, effective and efficient method of ensuring people receive the home support services they need on leaving hospital.

Planning for a gerontology nurse practitioner position is progressing. The West Coast DHB is considering a proposal from the regional dementia team for a dementia training programme for carers working in rest home and homecare.

MAORI HEALTH

Smoking and Pregnancy

Key projects

- input and agreement from the Clinical Manager McBrearty ward to develop a proposal that will enable the Rata Te Awhina Trust Kaiawhina to attend regular midwife appointments with every Maori women and develop a plan for antenatal and post natal support and education
- Auahi Kore Smoking Cessation Adviser, Berdie Milner and Tracey Page RTAT are working collaboratively with clients. An agreement from midwives and hospital Kaiawhina that they will contact Berdie when any Maori clients wanting cessation support. Berdie and Tracey regularly visit the maternity ward and attend Midwife meetings.

Grey Medical – Cardiovascular Risk Assessment Clinics for Maori

Free Cardiovascular Risk Assessment (CVRA) clinics have been arranged for Maori registered with Grey Medical Centre. This is an appointment with the nurse to identify at risk Maori and to educate them on risk factors and prevention strategies. For those who require it, medical intervention will be facilitated and a follow-up appointment with the GP and ongoing visits with the nurse.

To date two clinics are fully booked and another two clinics are being held next month.

Health Workforce NZ

West Coast Primary Health Organisation Kaiawhina has completed her National Certificate in Hauora Maori. She will graduate fully early next year. West Coast DHB Kaiawhina is booked for the second intake to begin in September.

Kia ora Hauora

A school road show is being planned as a follow up from the Educators Breakfast in the Buller and Grey districts. One of the outcomes of this will be to develop a way of working more closely with the schools teachers and Career Advisers. Students will be connected to pathways and linked with mentors who will assist them through the KOH network.

Tatau Pounamu

Memorandum of Understanding was signed on the 14 July by Paul Madgwick (Te Runanga O Makaawhio chair), Dr Paul McCormack (Board Chair), and Francois Tumahai (Te Runanga O Ngati Waewae chair)

Maori Mental Health

Work undertaken around a National Key Performance Indicator on Mental Health and Addiction Services has identified certain areas of under performance within these services. Maori Mental Health has been identified as one of these areas and as a result a Project team has been established to drill down the data and ascertain areas that will be improved on in the future.

Rata Te Awhina Trust

Board members may have seen an article in the Greymouth Evening star on the 25 August, Titled Shake – up for Maori health. From the perspective of both the District Health Board, Planning and Funding and Maori health teams this is seen as a significant opportunity for the Maori health provider Rata Te Awhina Trust to better engage with Te Runanga o Ngati Wae Wae and Te Runanga o Makaawhio in collaborative approach to improving Maori health on the West Coast. This shared approach to improving Maori health outcomes is entirely consistent with the planned integration of health services elsewhere on the West Coast.

COMMUNITY AND PUBLIC HEALTH (CPH)

Pertussis (Whooping Cough)

The rise in pertussis cases on the West Coast mentioned in last month's Board report has unfortunately continued. Since 1 May 2011 there have been 66 notifications of suspected pertussis received by CPH. Forty of these have been confirmed by laboratory testing. Of these, 21 were male and 19 were female with a median age of 28.2 years (range 16 months to 55 years). Two of the cases were hospitalised for complications of the disease. Almost all cases so far have been in the Westland district. We are actively monitoring the epidemic and instituting measures to prevent further spread. Many cases have not presented until after several weeks of symptoms, during which they have been infectious and exposed others to the risk of pertussis. Prompt diagnosis and antibiotic treatment can reduce the risk of infecting others.

Smokefree Environments

The Westland District Council's Strategy sub-committee met last week and following a presentation from CPH on behalf of the West Coast Tobacco Free Coalition has agreed to recommend to the full Council meeting this week that a Smokefree Environments policy be adopted. This would support the Smokefree signage that was put up in a number of playgrounds in Westland in 2009. The policy will be an educational one and will apply to Council-owned parks, playgrounds and sports fields. The Buller District Council recently had their Smokefree Environments policy out for public consultation. With only one submission received (in support of the policy from the West Coast Tobacco Free Coalition) the recommendation is that the policy be adopted.

Westland District Council Gambling Policy

CPH staff gave a presentation to the Westland Safer Community Council on the Social Impact Assessment run with Westland District Council on their Gaming Venue Policy. Staff also attended a WDC Strategy Sub-committee meeting to have input into its recommendations to Council. The sub-committee is recommending that Council adopt a more restrictive policy in line with the recommendations of the SIA.

Active Transport and Road Safety

CPH staff have had continuing involvement in the Grey District Council's Town Development Strategy's Pedestrian Linkages Study. We have also provided input into the 2011/2012 West Coast Road Safety Plan.

Medical Students Learn about Public Health

Last week CPH hosted eight 3rd Year medical students for a day to give them the opportunity to see and hear about some of the work we do. CPH also hosted a 5th year medical student for a week earlier this year as part of the Rural Medical Immersion Programme. CPH has been involved in medical student teaching for many years and we provide students with a wider public health perspective to complement their clinical learning.

BETTER SOONER MORE CONVENIENT

The Better Sooner More Convenient Progress Report – August 2011 is attached as Appendix One to this Report.

The West Coast Better Sooner More Convenient (BSMC) primary care business case was signed off by the Ministry of Health (MoH) on 14 April 2010, confirming "progression of your business case to the next stage of planning for implementation". This resulted in the then development of an implementation plan for the first year (2010-11), which was submitted on 1 June 2010, and approved for implementation by the Ministry of Health 14 June 2010.

Following are the improvements made which will positively impact on patients since the last report to the Board in late July.

- **Maori Health**
  - Agreement has been reached with Maori health provider to develop Maori nurse and kaiawhina roles for placement in each of the IFHCs. Placement of positions for Buller IFHC will be organised by December 2011 and positions in Greymouth by June 2012.
  - General Manager Maori Health attended the Quality Improvement Training Day with Practice staff and gave a presentation on the WCDHB Maori Health Plan and the development of Maori health plans within each of the Practices. To date one practice has had a planning session with GM Maori health with several more scheduled over the next few months with other practices. The aim is to have these completed within each of the practices by Oct 30 2012.

- **Mental Health**
  - Develop Integrated Care Model - Buller Health Services has been established as a pilot site, with increased liaison between General Practitioners and Psychiatrists and inclusion of primary practice and ED in crisis care planning. Joint assessments undertaken by the DHB specialist services and the PHO Brief Intervention Counseling Service have been further enhanced with the addition of a practice nurse. working together, and 'blurring' traditional eligibility boundaries to ensure the patients' needs are meet. Work continues on developing this model of care.

- **Integrated Family Health Facilities**
  - IFHC business case and facilities plan for Westport is scheduled to be completed by September 2011.

- **Frail older people**
  - CDHB geriatrician Jackie Broadbent is working actively with West Coast health services to develop AT&R services in the community, with the aim of setting up a 'virtual ward' with an interdisciplinary team looking after complex frail older people in the community. This exciting development is also linked with the Rural Hospital Medicine Programme.

REGIONALISATION

The following is a high level summary of some of the key activities the WCDHB is currently engaged in at a regional level.

Quality
Quality systems within WCDHB are being aligned with CDHB systems with oversight from the CDHB Corporate Quality and Risk Manager to ensure our focus in all activities is on patient safety

Clinical collaboration
We are engaging with Canterbury clinicians across a number of key service areas as we work to confirm the future model of care for West Coast health services

Health Pathways
Health pathways continue to be used by General Practice teams across the West Coast. Those remaining pathways that have yet to be localised to the West Coast are currently being worked on, with the aim to have all the Health Pathways localised by the end of this year

Nursing
The West Coast DHB DONM has been aligned with the DON/DOM group from Canterbury DHB and is an active member of the Southern Region Nurse Executives of New Zealand Group. There is engagement occurring with a number of activities such as the Enrolled Nurse transition to the new Scope of Practice, whereby Canterbury DHB and West Coast DHB collaborated with a shared process. Also, shared education and support for the West Coast Midwifery epidural service is being developed between the Midwifery teams of CDHB and WCDHB.

Credentialling
A South Island wide clinical credentialing process is being agreed which will result in doctors at West Coast and Canterbury being credentialed under the same system

Human Resource Management
We have a service level agreement with Canterbury DHB to provide human resources services for West Coast DHB. The full range of services are provided in a collaborative model that reduces risk without losing the West Coast face to the Organisation.

Payroll
West Coast DHB and Canterbury DHB share a common payroll system. This ensures that risk associated with loss of key personnel for whatever reason is managed effectively and additional technical support is available to the West Coast.

Recruitment
A joint recruitment strategy between Canterbury DHB and West Coast DHB has been developed and is currently being implemented. This arrangement provides additional technical expertise to support the West Coast and in future this will also include access to technology to support recruitment processes.

Industrial Relations
Dedicated resource available through Canterbury DHB provides additional technical and operational support to the West Coast Advisors, thereby reducing risk. Consistent application of regional or national documents is supported through this process where appropriate

Supply Chain
The West Coast DHB's procurement and supply chain management is a shared service with Canterbury DHB and the West Coast DHB is part of the South Island Procurement and Supply Chain Alliance. This is a regional alliance with all South Island district health boards participating and works closely with Health Benefits Limited (HBL). This ensures the West Coast DHB and

other South Island DHB's requirements are met with respect to any collective activity HBL is undertaking. The Alliance has undertaken approximately 30 regional collective projects, including the capital expenditure plans; and is working towards a single reporting framework for all South Island DHBs.

The relationship with Canterbury DHB is developing well with the West Coast DHB sharing greater specialist procurement knowledge, reduced supply chain risk and opportunity for increased savings across most goods and services.

Planning and Funding
Planning and Funding are continuing to work and consult together on a wide range of activity including the development of regional services; including current projects regional bariatric surgery services for our population; and the proposed new rural ranking scales and payments to General Practices that are scheduled to take effect from the latter part of the 2011/12.

Financial Management Information Systems (FMIS)
The Canterbury DHB has recently approved their business case to replace the hardware and upgrade the software of the GoodBIS Oracle Financial and Procurement System. The West Coast DHB will migrate to the same platform and Oracle version once the GoodBiz group has completed their upgrade. The completion time is planned for 30 June 2012 and the business case for the West Coast DHB is currently being prepared and will be presented to the Board once complete.

QUARTER FOUR ACCOUNTABILITY INDICATOR REPORTS

The following is a summary of our achievements against the performance monitoring indicators in our 2010/11 annual plan for the June quarter .

DHB Quarterly Reporting

Quarter 4 2010/11 Performance Summary

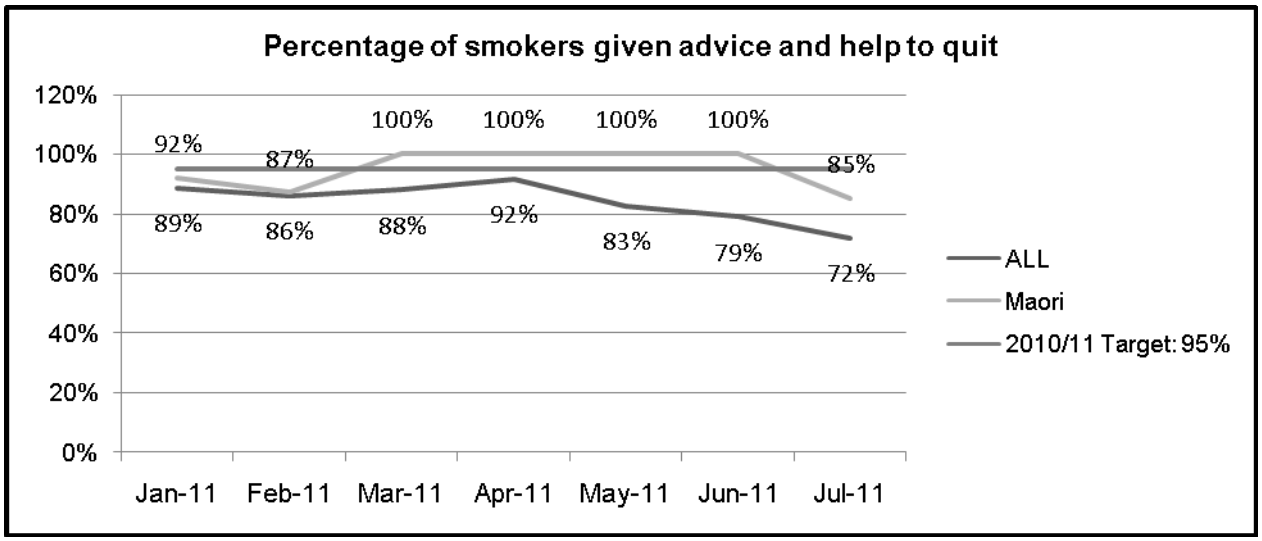
Health Targets	
Shorter Stays in ED: 95% of patients are to be admitted, discharged or transferred from an ED within 6 hours.	**Outstanding** √√√
Improved Access to Elective Surgery: West Coast's volume of elective surgery is to be increased to 1,592 in 2010/11.	**Outstanding** √√√
Shorter Waits for Cancer Radiotherapy Treatment: 100% of people needing cancer radiation therapy are to have it within **four** weeks.	**Achieved** √√
Increased Immunisation: 91% of two year olds are to be fully immunised.	**Partially Achieved**
Better Help for Smokers to Quit: 90% of hospitalised smokers are to receive help and advice to quit.	**Partially Achieved**
Better Diabetes and Cardiovascular Services: 80% of the eligible adult population who have had a fasting-lipid/glucose test in the last five years.	**Achieved** √√
Better Diabetes and Cardiovascular Services: 65% of people with diabetes who have attended a free annual review.	**Partially achieved** √
Better Diabetes and Cardiovascular Services: 80% of those receiving diabetes annual review who have satisfactory or better diabetes management.	**Partially achieved** √
PERFORMANCE MEASURES: Ownership Dimension	
B OS: Mental Health Volumes	**Achieved** √√
B OS1: Staff Turnover	**Achieved** √√
B OS3: Elective and Arranged Inpatient length of Stay	**Achieved** √√
B OS4: Acute Inpatient Length of Stay	**Achieved** √√
B OS5: Theatre Productivity	**Achieved** √√
B OS6: Elective and Arranged Day Surgery	**Achieved** √√
B OS7: Elective and Arranged Day Surgery Admissions	**Partially Achieved** √
B OS8: Acute Readmissions to Hospital	**Not Achieved** ✖
B OS9: Mortality	**Achieved** √√

B OS10: Data Submitted to the National Collections	**Achieved** √√
B OS11: Output delivery against plan	**Partially Achieved** √

PERFORMANCE MEASURES: Policy Priorities Dimension	
B PP1: Clinical Leadership	**Partially Achieved** √
B PP2: Implementation of Better Sooner More Convenient primary health care	**Achieved** √√
B PP3: Local Iwi/Maori engagement and participation in DHB decision-making, development of strategies and plans for Maori health gain	**Outstanding** √√√
B PP4: Improving mainstream service effectiveness DHB provider arms pathway of care of Maori	**Achieved** √√
B PP5: Waiting times for chemotherapy treatment	**Achieved** √√
B PP6: Improving the health status of people with mental illness	**Achieved** √√
B PP7: Improving mental health services using relapse prevention planning	**Partially Achieved** √
B PP8: Alcohol and Drug service waiting times and waiting lists	**Achieved** √√
B PP12: Utilisation of DHB funded dental services by adolescents from Year 9 up to and including 17 years	**Outstanding** √√√
B PP14: Family Violence Prevention	**Outstanding** √√√
PERFORMANCE MEASURES: Systems Integration	
B SI1: Ambulatory sensitive (avoidable) hospital admissions	**Partially Achieved** √
B SI2: Service Coverage	**Achieved** √√
B SI5: Agreed funding for Maor1 Health and Disability initiatives	**Partially Achieved** √
B SI6: DHB Confirmation and exception reports - risk management	**Achieved** √√
B SI7: Improving breast-feeding	**Achieved** √√
CFA: Variations	
C CFA: Additional and one-off funding for Child Development Services	**Not Achieved** ✖
C CFA: B4 School Check Funding	**B** √√

C CFA: Electives Initiative and Ambulatory Initiative Variation	**Satisfactory** √
C CFA: Funding for Ancillary Costs Associated with the Provision of Personal Protective Equipment and Critical Clinical Supplies in the Event of A National Health Emergency	**Satisfactory** √
C CFA: HEHA District Planning, Coordination and Implementation	**Satisfactory** √
C CFA: Oral Health Business Case for Investment in Child and Adolescent Oral Health	**Satisfactory** √
C CFA: School Based Health Services	**Satisfactory** √

Health Target: Better help for smokers to quit



In July this year, 72% of smokers were given advise and help to quit (out of the 103 hospitalised smokers, 74 were given help and advice to quit). This is 7% less then the previous month.
Since May 2011, the percentage of smokers given help and advice to quit has steadily decreased. This decrease can be partially attributed to the fact there was no Smokefree Coordinator since the 20th of April 2011 and the Smokefree Counsellor and Health Target Trainer left in May 2011. A smoking Cessation Counsellor was recruited and commenced work on the 19th of July 2011 while the Smoking Cessation Coordinator position is yet to be filled.

The decline suggests that ABC has not yet been fully embedded within systems and processes and is not sustainable without the coordination, training and support provided by these roles. Further work is required as a priority if the 95% target is to be achieved in 2011/12, and to embed the ABC so that it becomes sustainable intervention within the hospital setting.

Health Target 5 July 2011 Report - Smokefree

Number of patients coded with Z72.0 (Tobacco Use) against the number of patients coded with Z71.6 (Brief Advice)

2011/12 Target: 95% of smokers are provided with advice and help to quit.

Month 2011	Z720.0	Z71.6	Percent
July	103	74	72%

July 2011 (All discharges coded)

Code	Barclay	Brian Waters	Critical Care	Foote	McBrearty	MH Acute	Morice
Z72.0	28	22	6	10	11	4	22
Z71.6	17	22	1	7	10	3	14
Percent	61%	100%	17%	70%	91%	75%	64%

Ambulatory Sensitive Admissions Update (June 2011 Quarter Report)

Data for this report is compiled from the latest complete previous 12 months' NMDS final data as supplied by the Ministry of Health – this being the twelve month period to 31 March 2011. Quarterly data for Ambulatory Sensitive Admissions rates are always published 3 months in arrears to take account of event coding submissions timeliness across the country, to ensure as complete a dataset as possible.

Among the various age band categories, for which performance for this measure is specifically gauged, the indirectly standardised discharge ratio rates for the twelve months to 31 March 2011 were as follows:

Ambulatory Sensitive Hospitalisation ISDR - ages 0 to 74 years (12 months to 31 March 2011)			
	Indirectly Standardised Discharge Rate per 1,000		
	Mäori	Pacific peoples	Other
West Coast Actual ASH rate	86	n/a	454
ISDR value for Year to Date	95.5	n/a	90.5

Ambulatory Sensitive Hospitalisation ISDR - ages 0 to 4 years (12 months to 31 March 2011)			
	Indirectly Standardised Discharge Rate per 1,000		
	Mäori	Pacific peoples	Other
West Coast Actual ASH rate	19	n/a	75
ISDR value for Year to Date	86.1	n/a	101.6

Ambulatory Sensitive Hospitalisation ISDR - ages 45 to 64 years (12 months to 31 March 2011)			
	Indirectly Standardised Discharge Rate per 1,000		
	Mäori	Pacific peoples	Other
West Coast Actual ASH rate	26	n/a	154
ISDR value for Year to Date	119.2	n/a	91.3

West Coast DHB overall total discharge rates per 1000 for ambulatory sensitive hospitalisations do not vary significantly from the overall national rates at the 99% confidence interval for any of the three Indicator age band category and ethnicity population cohorts; with the exception of ASH rates for Maori age 0 – 74, which was significantly below the national rate (down by 26.7% against the

national average). Among the various age cohorts, the raw number of discharges for West Coast resident Pacific Island people during the period under review was too few in number to determine statistically meaningful discharge rates for.

The fifteen leading Ambulatory Sensitive Hospital Admission conditions for West Coasters across the age cohort 0 – 74 for the twelve-month period to 31 March 2011, using the new coding groups introduced in 2009, were as follows:

- Pneumonia – 66 (including 9 for children aged 0-4 years and 18 for adults aged 45-64 years).
- Dental conditions – 56 (including 23 for children aged 0-4 years).
- Cellulitis – 54 (including 26 for adults aged 45-64 years).
- Asthma – 51 (including 23 for children aged 0-4 years and 13 for adults aged 45-64 years).
- Angina and chest pain – 44 (including 29 for adults aged 45-64 years).
- Kidney/urinary infection – 36 (including 13 for adults aged 45-64 years).
- Upper Respiratory and ENT Infections – 36 (including 18 for children aged 0-4 years).
- Gastroenteritis/dehydration – 33 (including 14 for children aged 0-4 years and 7 for adults aged 45-64 years).
- Diabetes – 32 (including 11 for adults aged 45-64).
- Myocardial infarction – 27 (including 15 for adults aged 45-64 years).
- Epilepsy – 20 (including 10 for adults aged 45-64 years).
- Constipation – 17 (including 2 for adults aged 45-64 years).
- Congestive Heart failure – 15 (including 6 for adults aged 45-64 years).
- Stroke – 12 (including 6 for adults aged 45-64 years).
- Nutrition deficiency and anaemia – 10.

Among the 0-74 age cohort, West Coast Maori compared favourably in the indirect standardised discharge ratio (SDR) for their population grouping in the top 4 national conditions in the twelve months to 31 March 2011 (where 100 is the national average SDR benchmark). Results for West Coast Maori compared to the top national SDR rates during this period were SDR rates of 27.2 for cellulitis (4 patients); 83.3 for dental conditions (10 patients); 54.8 for angina and chest pain (3 patients) and 73.1 for pneumonia (7 patients). However, in terms of asthma - the fifth-rating national ambulatory sensitive hospitalisation condition - local Maori fared poorly at a ratio of 166.8 (15 patients).

By comparison, SDR rates among all other populations on the West Coast were 82.4 for cellulitis (50 patients); 100.2 for dental conditions (46 patients); 58.5 for angina and chest pain (41 patients); 130.2 for pneumonia (59 patients) and 138.6 for asthma (39 patients).

Primary Care Enrolments

Primary Care enrolments have increased by 479 between June 2010 and June 2011 with Maori comprising 16% of these new enrolments.

	2008/09	2009/10	2010/11
Maori	2,536	2,597	2,674
Total	30,304	30,548	31,027

Primary Mental Health Services

Primary mental health services experienced a significant increase in demand for mental health assessments following the Pike River Mine Disaster from 147 requests in the first quarter of 2010/11 to 229 in the second quarter of 2010/11. Increase requests for assessment have continued resulting in 785 assessments completed in 2010/11 compared to 443 assessments in 2009/10.

Increased assessments led onto an increase in the number extended GP consultations, with over 600 extended GP and PN consults provided during the year, compared to 300 in 2009/10.

Additional Brief Intervention Counselling services were also provided to address this increased demand in 2010/11.

	2009/10	2010/11
Adolescents	47	73
Adults	226	360

Child and Youth Health

Family Violence Prevention

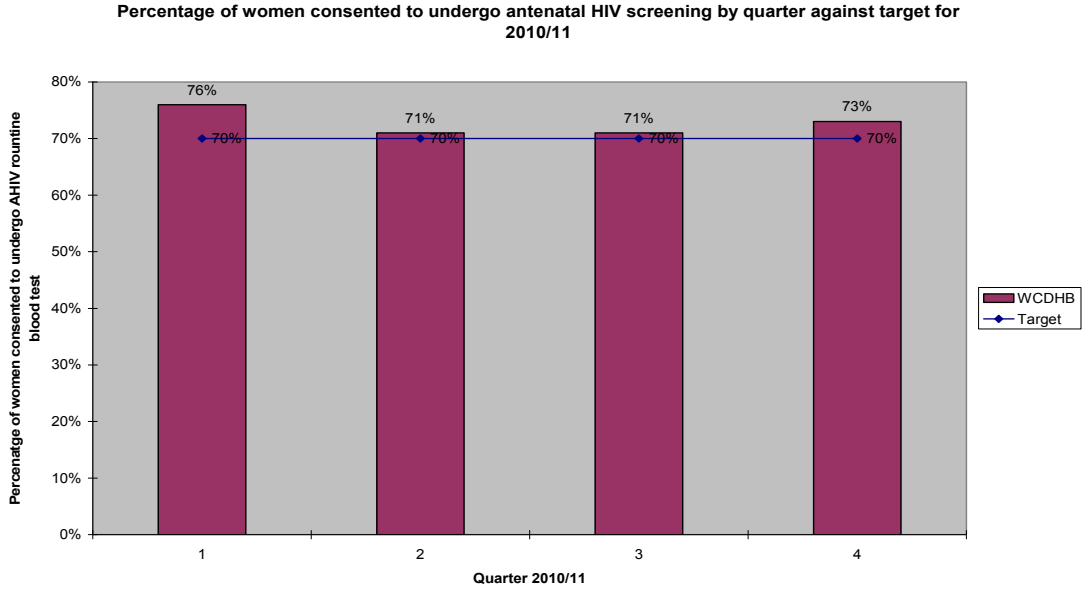
The West Coast DHB Response to Family Violence, was audited by the MOH funded Auditors in March 2011. The DHB has achieved the Ministry of Health Target of a score greater than 70 for both partner abuse, and child abuse and neglect and a combined score of 140+ since the 48 month follow-up audit.

	Baseline	12 Month Follow up	12 Month Follow up	12 Month Follow up	12 Month Follow up	12 Month Follow up
Partner Abuse	1	6	61	81	88	86
Child Abuse	29	27	49	77	83	87
Combined Score	30	33	110	158	171	173

Screening rates continue to vary across departments and there is now focusing on increasing the routine screening rates for women accessing the Emergency, Mental Health and Alcohol and Other Drug, Maternity and Sexual Health Services.

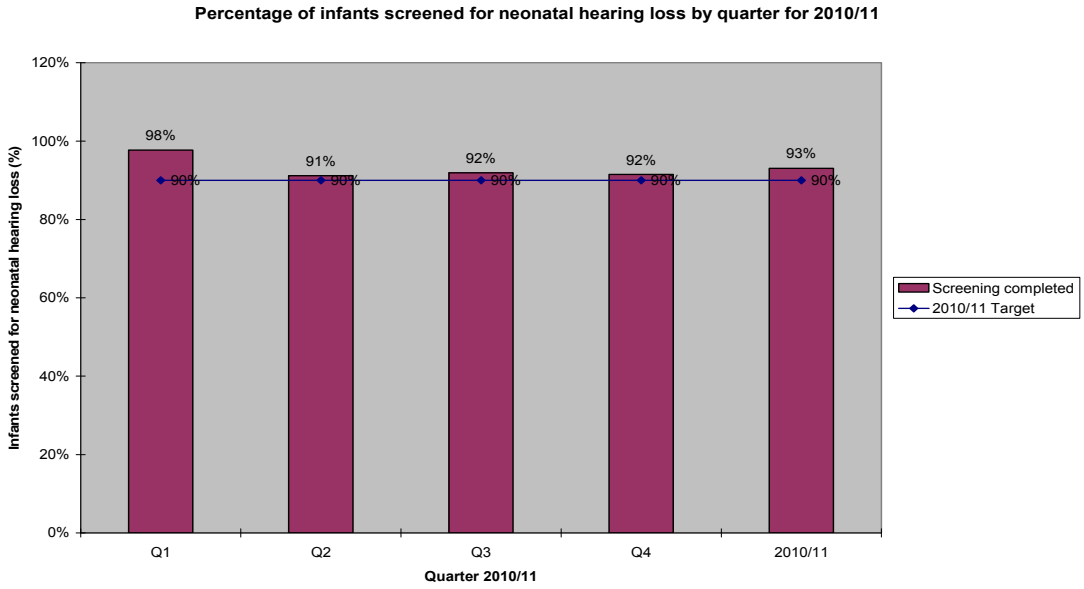
Antenatal HIV Screening

Antenatal HIV Screening program for pregnant women achieved its target throughout 2010/11 with 73% of all pregnant women consented to have antenatal HIV screening done in 2010/11. All results were negative for HIV.



Newborn Hearing Screening

346 new born babies were 'offered' hearing screening and 94% of these new born babies were screened for hearing loss in 2010/11. The screening rate achieved was 3% more than the target set for the program for 2010/11.



9% of the new born babies for whom screening was completed required targeted follow up despite receiving a 'pass' screen result due to the existence of one or more risk factors of hearing loss.

A. Screening	**Number of Newborns**
Offered Screening	346
Declined Screening	15
Screening Completed	322
Screening Not Completed[1]	3
Babies Requiring Targeted Follow-Up[2]	29
Babies Missed[3]	6
B. Diagnostic Audiology	**Number of Newborns**
Referred for Audiology Assessment	3

Immunisation Services

2 year old immunisation rates for quarter 4 were 84% which was also the final coverage for the year. Coverage for Maori and Pacific children was higher at 89% and 100% respectively.

Coverage across younger age groups would indicate that rates for 2 year olds in the next 12 months will be in the same range as those achieved in 2010/11

	Total	Maori	Pacific
6 Months	82%	77%	67%
12 Months	83%	92%	67%
18 Months	82%	78%	100%
24 Months	84%	89%	100%

[1] This includes Did Not Attends (DNAs), for which a verbal confirmation of an appointment was given or received, but the appointment was not kept.

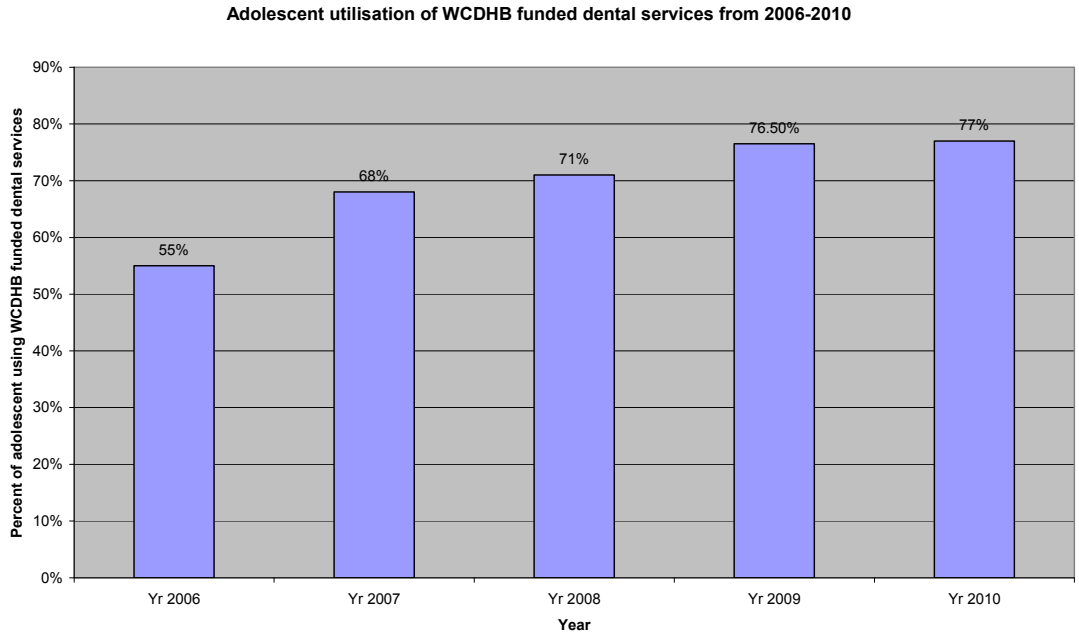
[2] Targeted follow-up occurs when a baby has a "pass" screen result for both ears, but there are one or more risk factors of hearing loss present.

[3] The number of babies whose caregiver/parents were not verbally offered newborn hearing screening. This typically occurs due to early discharge or possibly a home birth.

B4 School Checks
At the end of Q4 2010/11 the West Coast DHB has completed 113% of the 2010/11 target for the high needs population, which is 10% higher that the 80% target set for the year, but completed 87% of the target for the total population.

	Eligible population	Target (80% of eligible pop)	Actual 2011/12	% of target achieved
High Needs	60	48	54	113%
Total Population	389	311	270	87%

Adolescent Oral Health Service Utilisation
2010 adolescent oral health service utilisation data is now available. 77% of adolescents utilised WCDHB funded dental services for those in Year 9 up to and including age 17 years in 2010. This is just a 0.5% increase on the 2009 utilisation rate and represents a decrease (n=67) in the number of adolescents serviced in 2010 compared to 2009, coinciding with a reduction in the predicted adolescent population.



98% of services were provided by 5 contracted dentists through the Combined Dental Contract. The remaining 1.8% (n=29) of adolescents were seen by the WCDHB Community Dental Service.

School/Alternative Education Based Health Services
Health services have begun in 2 alternative education providers with 14 of the 17 students at these education providers receiving HEADSS assessments in the first 6 months of 2011. These assessments have resulted in 22 referrals to a range of providers including to mental health, sexual health and oral health services, as well as to Social and Community workers.

Vacancies in the Public Health Nursing Service delayed the progress of this initiative into other alternative education providers to date.

Mental Health

Specialist Mental Health Service Access
West Coast residents continue to access Specialist Mental Health services at high rates. The most recent data available covers the 12 month period ending March 2011 during which time 5.7% of the 0-19 population access specialist mental health services and 4.79% of the population aged 20-64 accessed services. Well above the access target set for 2010/11 of 4%.

Total	Target Access 2010/11	Actual Access 2010/11 Quarter 2	Actual Access 2010/11 Quarter 4
0 - 19	4%	5.52%	5.7%
20 – 64	4%	4.90%	4.79%
65+	2.5%	2.46%	2.15%

The rate of access for those aged 65+ has been increasing over recent years with 2.15% of adults aged 65+ accessing services in the 12 month period. However, this represents a small number of people and therefore subject to fluctuations.

Access to specialist mental health services should be decreasing as service become increasingly recovery-focused, rehabilitation services develop and primary mental health services develop.

Maori access rates are higher than access for the total population with 6.4% of Maori 0-19 year olds, 7.98% of 20 – 64 year olds and 1.46% of 65+ accessing services within the 12 month period. Higher access rates for Maori are experienced across the country and the target for access for Maori in the 0-19 and 20-64 age groups in 2010/11 was 6%.

Total	Target Access 2010/11	Actual Access 2010/11 Quarter 2	Actual Access 2010/11 Quarter 4
0 - 19	6%	6.48%	6.42%
20 – 64	6%	7.94%	7.98%
65+	2.5%	3.88%	1.46%

Alcohol and drug service waiting times and waiting lists

Alcohol and drug service waiting times and waiting lists have increased during 2010/11 as a result of the Christchurch earthquakes. Inpatient detoxification, residential and social detoxification and residential rehabilitation services are all provided on a regional basis, with the majority of patients from the West Coast referred to residential services in Christchurch.

Damage to some facilities in Christchurch led to some services being temporarily closed, while other service have suffered structural damage resulting in a reduction in the availability of regional residential beds. Creating increased waiting times for the remaining beds regional residential beds in the South Island. Service configuration in Christchurch is being reviewed with input from regional planners and funders, and clinical teams to develop services into the future.

2011/12 Annual Plan and Statement of Intent (APSOI)

This is a report on progress against performance measures contained in the 2011/12 Annual Plan and SOI. We are demonstrating how well we did against these measures in 2010/11 as a benchmark for this year. Next report will show progress for the 1st quarter of this year.

Measuring Our Performance: Prevention Services

OUTPUTS SHORT-TERM PERFORMANCE MEASURES (2011/12)

Over the next three years the West Coast DHB will seek to fund or provide outputs which will make a positive impact on the health and wellbeing of the West Coast population. The Quantity, Quality, Timeliness and Coverage of those outputs will be measured using the following output performance measures:

Performance Measure	Actual 2009/10	Target 2011/12	Actual 2010/11	Progress since 2009/10
Health Promotion and Education Services				
The provision of Mum 4 Mum peer support training to volunteer mothers	17	17	31	✓
The proportion of women breastfeeding on discharge from hospital	96%	96%	90%	✗
Lactation support and specialist advice consults provided in community settings	152	152	354	✓
The proportion of Maori infants exclusively and fully breastfed at 6 weeks	75%	81%	78%	✓
Help and smoking cessation advice provided to hospitalised smokers	55%	95%	73%	✗
Help and smoking cessation advice provided to smokers identified in primary care	New measure	90%	New measure	n/a
Enrolments in the Aukati Kai Paipa smoking cessation programme	119	100	123	✓
The percentage of year 10 students who have never smoked	61%	70%	41%	✗
Total West Coast population enrolments to all smoking cessation services	1282	1200	947	✗
The provision of community-based Cooking Skills to Life Skills and Senior Chef courses	4	5	n/a	n/a
The number of people provided with Green Prescriptions	243	250	349	✓
The percentage of women accessing hospital services 15+ screened for family violence	30%	50%	16%	✗
Statutory and Regulatory Services				
Compliant tobacco retailers identified from controlled purchase operations	New measure	95%	71%	n/a
Compliant alcohol retailers identified from controlled purchase operations	56.5%[4]	95%	95%	✓
Population Based Screening Services				
Women screened for HIV as part of routine antenatal blood tests	67%	75%	73%	✓
Infants screened for neonatal hearing loss	93%	95%	93%	=
Children provided with a B4 School Screening Health Check	120%	85%	87%	✗
Young people in alternative education provided with a HEADSSS assessment	n/a	75%	n/a	n/a
Eligible population (20-69) provided with cervical cancer screens	76%	75%	78%	✓
Eligible population (45-69) provided with breast screen examinations	76%	75%		n/a
Immunisation Services				
Children fully immunised at age two	85%	88%	84%	✗
Eligible young women engaged in the HPV vaccination programme		45%	39%	n/a
Flu vaccinations provided to people aged over 65	56%	65%	n/a	n/a
The proportion of the population, deemed high need, under 65+ receiving	60%	65%	n/a	n/a

[4] *This figure is low due to the CPO carried out at the Wildfoods 2010 Festival 9 out of 11 attempts*

a flu vaccination				
Reduction in the number of cases of (per 1000,000) pertusis diseases in the community	89	85	96	✖

Measuring Our Performance: Early Detection and Management Services

OUTPUTS SHORT-TERM PERFORMANCE MEASURES (2011/12)

Over the next three years the West Coast DHB will seek to fund or provide outputs which will make a positive impact on the health and wellbeing of the West Coast population. The Quantity, Quality, Timeliness and Coverage of those outputs will be measured using the following output performance measures:

Performance Measure	Actual 2009/10	Target 2011/12	Actual 2010/11	Progress since 2009/10
Primary and Community Health Care Services				
Population enrolled with the West Coast Primary Health Organisation	97%	>95%	96%	✖
Proportion of the Maori population enrolled with the West Coast Primary Health Organisation	89%	>95%	81%	✖
Number of patients receiving extended primary care consultations for mental health conditions	237	300	676	✓
Provision of brief intervention counselling provided in Primary Care				
- ages 0-19 years	59	80	73	✓
- ages 20+ years	234	200	360	✓
Number of District Nursing visit (personal care services)	20,346	23,000	23,167	✓
Reduction in rate of preventable (ambulatory sensitive) hospital admissions for Māori across all ages.	80	<95	95.5[5]	✖
Oral Health				
Percentage of preschool children enrolled in DHB funded dental service	71%	75%	75%	✓
Children enrolled in dental services, examined according to planned recall	96%	98%	96%	=
Decayed, missing or filled permanent teeth rate at Year 8	1.32	1.12	1.32	=
Increase adolescent enrolments in the community dental services	29	250	49	✓
The percentage of adolescents accessing oral health services	76%	80%	77%	✓
Long-term Conditions Programmes				
Eligible population (35-74) provided with CVD risk assessments	71.8%	90%	76.3%	✓
Provision of diabetes annual reviews (in all population groups)	49.2%	70%	66%	✓
People with diagnosed diabetes (in all population groups) who have satisfactory or better diabetes management	80.6%	80%	71%	✖
Proportion of people (in all population groups) with diabetes accessing biennial retinal screening.	72.6%	90%	59%	✖
Pharmacy Services				
Dispensed pharmaceutical items per enrolled population	86%	100%	n/a	n/a
Number of Pharmacist Medication reviews completed for older people with complex needs	New measure	50	n/a	n/a
Community Referred Tests and Diagnostic Services				
Number of community referred Radiological tests to Grey Hospital	5,232	5,000	6,601	✓
Percentage of GP referred laboratory expenditure (actual against expected)	44%	100%	48%	✓
Percentage of referred pharmacy expenditure (actual against expected)	86%	100%	75%	✖

[5] *Data to 31 March 2011*

OUTPUTS SHORT-TERM PERFORMANCE MEASURES (2011/12)

Over the next three years the West Coast DHB will seek to fund or provide outputs which will make a positive impact on the health and wellbeing of the West Coast population. The Quantity, Quality, Timeliness and Coverage of those outputs will be measured using the following output performance measures:

Performance Measure	Actual 2009/10	Target 2011/12	Actual 2010/11	Progress since 2009/10
Specialist Services Mental Health Services				
Acute inpatient mental health services provided (bed days)	1,704	1,700	n/a	n/a
Mental health inpatient services for people aged over 65 (bed days)	823	800	n/a	n/a
Young people (0-19) accessing specialist mental health services	4.8%	3.8%	5.7% **	✘
Adults (20-64) accessing specialist mental health services	4.9%	3.4%	4.8% **	✓
Older adults (65+) accessing specialist mental health services	2.56%	2.5%	2.15% **	✓
Long-term mental health clients (20-64) with current Relapse Prevention Plans	97%	98%	n/a	n/a
Average length of acute inpatient stay (KPI 8)	13 days	<15 days-	n/a	n/a
28-day acute inpatient readmission rate (KPI 12)	8%	<5	n/a	n/a
Pre-admission community care (KPI 18)	74%	75%	n/a	n/a
Post-discharge community care (KPI 19)	84%	90%	n/a	n/a
Elective Services				
Elective surgical discharges (raw volume)	1,578	1,592	1703	✓
Other Elective surgical service discharges provided	90	158	117	✘
Surgical electives as a percentage of national case-weight delivery.	1.14%	1.1%	1.03%*	n/a
Standardised intervention rates per 10,000 for key indicator elective services are provided in line with national levels (* Targets are subject to annual review and update by the Ministry of Health)				
1. Overall Intervention	378.57	308	342.90 *	✓
2. Major Joints	28.84	21.0	25.22 *	✓
3. Cataracts	38.1	27.0	34.34 *	✓
4. Cardiac Procedures	2.72	6.5	3.31 *	✘
Maintain compliance with Elective Service Patient Flow Indicators (ESPIs) 1 to 8 (national targets indicated below)				
ESPI 1 – >90%	100%	92.0%	100% **	✓
ESPI 2 – <1.5%	0.74%	0%	0.6% **	✓
ESPI 3 – <5%	0.01%	4.0%	0% **	✓
ESPI 4 – <5%	0.%	0.0%	0% **	=
ESPI 5 – <4%	1.53%	0%	1.5% **	=
ESPI 6 – <15%	0.%	12.0%	0% **	=
ESPI 7 – <5%	1.73%	4.0%	1.3% **	✓
ESPI 8 – >90%	100%	92%	100% **	=

* Calendar year 2010 results
** Latest published results, period ending 30 April 2011-08-09

Performance Measure	Actual 2009/10	Target 2011/12	Actual 2010/11	Progress since 2009/10
Elective and arranged inpatient indirectly standardised length of stay (days) [OS3]	3.68	< 3.9	3.19	✓
Theatre utilisation (OS5)	83.9%	85%	87.4%	✓
Elective and Arranged indirectly standardised day of surgery rate [OS6]	60%	64%	59.2%	✖
Elective and arranged day of surgery admission rates for case mix included discharges [OS7]	68.8%	75%	63.6%	✖
Specialist Medical and Surgical outpatient "Patient did not attend" Rates	9.9%	< 6%	8.57%	✖
First Specialist Assessments (FSA) provided on the West Coast	5,357	5,663	5,686	✓
Acute Services				
Acute inpatient indirectly standardised length of stay (days) [OS4]	3.67	< 3.9	3.41	✓
Standardised acute readmission rate [OS8]	7.64	< 8.21	7.8	✖
Total presentations at Emergency Departments [Buller, Reefton and Grey]	15,068	15,376	15,277	✖
Proportion of people assessed, treated or discharged from ED in under six hours	99.3%	>95%	100%	✓
Proportion of people triaged in ED and seen within clinical guidelines (Triage1-3)	80.5%	>85%	89.6%	✓
Reduction in inappropriate triage level five presentations at Emergency Department at Grey Base Hospital [over three years]	3,938	2943	4,109	✖
GP practices utilising telephone triage systems outside of business hours	0	100%	100%	✓
Percentage of patients waiting less than 4 weeks between FSA and start of radiation oncology treatment	NA	100%	88.2%[6] *	✖
Provision of chemotherapy treatment within 4 weeks of decision to treat	100%	100%	n/a	n/a
Maternity Services				
Deliveries in West Coast DHB facilities	307	350	281	n/a
Proportion of total deliveries, made in Primary Birthing Units	8.8%	10%	9.2%	n/a
Specialist obstetric consultations provided	492	560	507	n/a
Assessment, Treatment and Rehabilitation Services				
Provision of inpatient AT&R services [bed days]	2,753	2,152	2,505	✓
Provision of outpatient and domiciliary AT&R services	2,009	1,900	1,518	✖
Proportion of AT&R inpatients discharged home (as opposed to residential care or other inpatient services)	61.7%	>60%	n/a	n/a
Number of inpatient falls causing serious harm for people in AT&R service as a percentage of bed days	0.12%	<,0.5%	n/a	n/a
Number of inpatient falls (all falls) for people in AT&R service as a percentage of bed days	0.81%	<1.0%	n/a	n/a
Number of patient falls as a percentage of bed days for Dementia and Psychogeriatric AT&R service	1.61%	<1.5%	n/a	n/a

[6] From 1 December when new target commenced

OUTPUTS SHORT-TERM PERFORMANCE MEASURES (2011/12)

Over the next three years we will fund and provide the following outputs which will make a positive impact on the health and wellbeing of the Canterbury population. The Quantity (Volume), Timeliness, Coverage and Service Quality of those outputs will be measured using the following output performance measures:

Performance Measure	Actual 2009/10	Target 2011/12	Actual 2010/11	Progress since 2009/10
Needs Assessment and Services Coordination Services				
Needs assessments provided to people with age related disability	313	500	479	✓
Proportion of needs assessments completed using InterRAI assessment tool	100%	100%	100%	=
Mental heath needs assessments provided	102	150	86	✗
Palliative Care Services				
Palliative packages of care in place provide appropriate care to meet individual clinical needs	100%	100%	100%	=
ARC facilities trained to provide the Liverpool Care Pathway option to residents	New service	Phase 1 complete	2	n/a
People in ARC services being supported by the Liverpool Care Pathway	New service	No base as to set target	O	n/a
Rehabilitation Services				
People having had an acute event referred to stroke rehabilitation services	Unknown	At least 69%	n/a	n/a
People having had an acute event referred to cardiac rehabilitation services	unknown	At least 30%	n/a	n/a
Provision of integrated falls prevention services for older people in community	unknown	50 available	n/a	n/a
Provision of Mental Health Activity and Living skills and Education and Employment Support services	70	150	n/a	n/a
Clients accessing Education and Employment support services supported into full or part time employment	57%	65%	n/a	n/a
Home-Based Support Services				
Provision of home help services (hours) – long term only	64,170	65,000	60,163	n/a
Provision of home-based personal care services (hours) – long term only	22,950	23,000	22,258	n/a
Provision of community-based district nursing services (contacts) – long term only	4,590	4,000	2,843	n/a
Meals on wheels services provided	43,763	40,500	38,376	n/a
Provision of Mental Health Support Work Services (clients)	96	100	n/a	n/a
Residential Care Services				
Unplanned (issues-based) audits undertaken on ARC facilities	0	0	0	=
Provision of (subsidised) long-term residential mental health services (bed days)	6,935	8,030	n/a	n/a
Number of people residing in permanent rest home level care as a % of the 75+ population	6.1%	5.6% (regional average)	6.0%	✓
Respite and Day Services				
Provision of mental health respite beds for planned respite - (bed days)	280	365	465	✓
Provision of aged care respite beds	1,068	1,500	1,138	✓
Provision of day services	410 days	500 days	749	✓

HUMAN RESOURCES

Leadership and Management Development
The Executive Management Team (EMT) have agreed that the capability framework developed by Canterbury DHB will form the basis for all leadership development activity for West Coast DHB. This framework will also underpin all Human Resources initiatives including recruitment and performance development. A detailed work plan is being finalised for the EMT approval in early September.

Industrial Relations
Low level industrial action by a number of our IT employees has discontinued although the issue has yet to be resolved. Managed bargaining that involves NZNO, PSA Nursing, PSA Allied Health, PSA Clerical, SFWU, MERAS and a number of smaller CTU affiliated unions is continuing.

Negotiations are continuing with ASMS in relation to our Senior Medical Officers. Work will be commenced shortly to review arrangements for CME (Continuing Medical Education) based on what has been agreed for Canterbury DHB.

Safety and Health
Technology to allow us to be compliant with safety and health legislation as well as automating incident and hazard reporting will be piloted at West Coast DHB commencing in early October. This technology is currently being implemented in Canterbury DHB and will allow real time reporting, statistical analysis and a reduction in manual processes and administration time.

CLINICAL GOVERNANCE AND LEADERSHIP

Achieving Effective Clinical Leadership

Strong clinical governance in the planning and delivery of services across the West Coast DHB:

- Develop an integrated whole of system clinical governance framework for the West Coast.
  - A stock take of existing clinical governance groups functionality and whole system integration opportunities has been undertake and will be considered at the next health system- wide clinical governance workshop
  - Further workshop planned for 29th September with expanded involvement of clinical staff

Provision of clinical leadership across nursing, allied health and medical staff:

- Strengthen senior clinical contribution into the West Coast DHB and Advisory committees. Strengthen clinical inputs into the planning of future services provision across the West Coast Health system
  - Doctors, nurses and allied health staff are involved in workshops being held to develop the model of care for Buller integrated family health centre model of care and Grey Hospital and Grey District integrated family health service
  - Canterbury Clinical leaders and Managers are involved in model of care development. This model of care incorporates Medical, Allied and Nursing workforce.

Increased professional development opportunities for clinical staff to increase staff retention:

- Develop the West Coast as a Rural Learning Centre.
  - Academic Director chair of the Southern Regional Training Hub and Clinical Leaders on the steering group
  - A meeting of the Southern Regional Training Hub was held on September 7th to develop the regional Post Graduate education action plan. A verbal update is available from the Acting DONM if requested.
  - Work has commenced on the Rural Learning Centre facility, a verbal update is available from the Clinical Leaders if requested.
  - DON and EDAH attended the Health Workforce New Zealand planning day August 24th – core elements discussed that are relevant to the development of the west coast workforce include:- flexible scopes of practice; increased % of Maori and Pacific in the health workforce; workforce models to support whanau ora and BSMC service models; interprofessional teams; clinically designed enablers such as single e-health record;

- Facilitate increased opportunities for the professional development of clinical staff.
  - September will see the allocation for 2012 PG Nursing HWNZ funding. The University of Otago Road Show was held the 30th August in Greymouth and Westport, 31st in Reefton to advertise and recruit students. We currently have 30 PG nurses being funded and intend this focussed development of the nursing workforce to continue in order to support the development of the West Coast Model of Care.

- Work with Human Resources and Primary Care recruitment and retention coordinator to focus on activities that enhance recruitment and retention.
  - Recruitment and Retention strategy being developed by CDHB HR team in conjunction with West Coast clinicians
  - September will see the HWNZ allocation of Nursing Entry to Practice positions for the West Coast. Recruitment will commence early September and is to be done in collaboration with CDHB.

  - Focused effort on hospital medical senior staff recruitment with permanent appointments being made

Quality improvement and safe patient care:

- Lead activities to promote and maintain clinical quality and safety, including supporting the development of the Xcelr8 Alumni.
  - Recent meeting of Xcelr8 alumni held; local staff attending Christchurch based courses and further Xcelr8 course being planned locally for November

- Monitor clinical and professional standards and ensure actions from audits are completed.
  - Health & Disability Sector Standards Certification Audit Progress Report and Corrective Action Plan submitted to Ministry of Health on time and being monitored

- Develop a Quality Team for the West Coast Health System.
  - A review of quality systems has been undertaken by the Corporate Quality Risk manager and Associate Manager from CDHB. The report has been accepted and an implementation plan is currently awaiting sign off.
  - Roll out of the new Incident Reporting System has occurred throughout the hospital and support service area as of 1st July, this has been enthusiastically received by staff
  - The plan to roll this out to Community Buller and Reefton is currently being developed

QUALITY AND RISK MANAGEMENT

Satisfaction Surveys

Results of the current quarter's satisfaction survey are not yet available and will be reported at a subsequent meeting. Unfortunately, as we do not have access to national trends at this time, data on this cannot be supplied for comparison.

The current hospital patient satisfaction survey is under review by the Ministry of Health and Health Quality & Safety Commission. The purpose of the *Capturing the Consumer Experience* project is to come up with a recommendation as a replacement for the current Hospital Satisfaction Survey. This recommendation is likely to include a toolkit of methodologies that District Health Boards can choose from to effectively capture consumer feedback. An outcome is likely by the end of this year.

A survey was recently completed for Grey Hospital Laboratory clinical consumers, with 92% rating their experience with the Laboratory as being Good / Very Good.

The survey also looked at a range of measures, including the range of tests available, reliability, relevance and timeliness of test results, and the ease of access to advice and information, all of which were rated very highly by the respondents.

Complaints System

Plan developed by Management has been implemented and complaints process continues to be monitored to ensure adherence to procedure and stated times frames.

The total number of complaints received between 1 January – 31 July 2011 was 52, compared with 48 complaints received during the same time period in 2010.

For 1 January – 30 July 2011 the average monthly response time for complaints was 21.8 working days (DHB target is 20 working days), compared with 22.2 working days for the same time period in 2010.

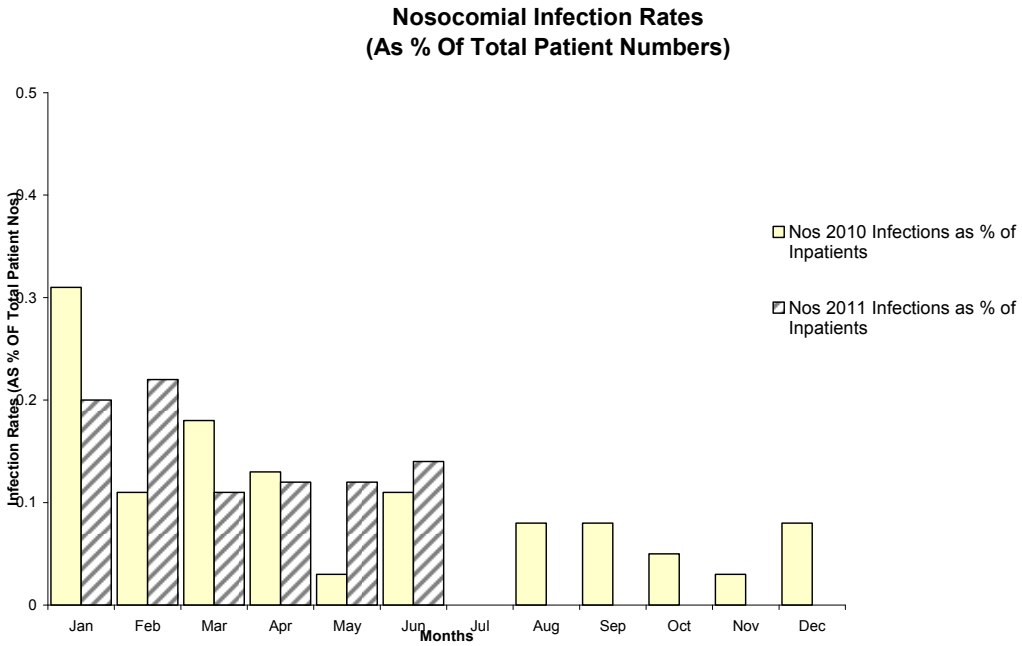
Data on classification as to the number and type of complaints is as follows:

A breakdown of the complaints received categorised as “Poor Communication” is as follows:

Infection Control

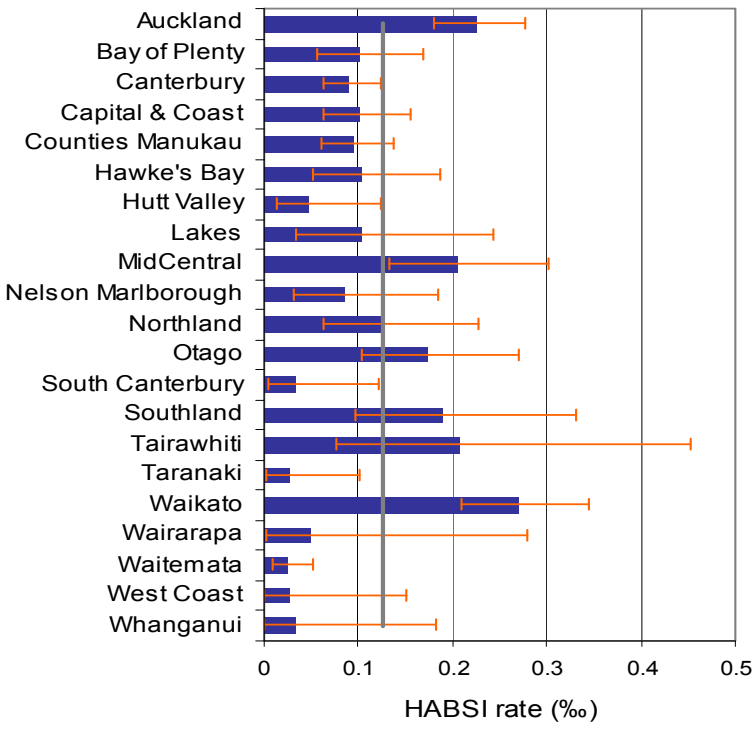
The West Coast District Health Board aims to continue to decrease the level of hospital acquired bloodstream infections.

For the period 1 January 2011 till 30 June 2011 there were 37 hospital acquired bloodstream infections detected within the Inpatient services, compared with 44 for the same period in 2010.



The following is a benchmark study showing hospital acquired bloodstream infection rates for all District Health Boards in New Zealand.

As you can see the West Coast District Health Board performs well in comparison to other District Health Boards. The solid line represents the national average.



Quality Improvement Projects

The West Coast District Health Board is required by the Operation Policy Framework and the Health and Disability Sector standards to take an approach of continuous quality improvement with all activities and services that it provides. The West Coast DHB encourages staff to identify areas where improvements can be made in the services that it provides.

Patient Falls
A small working party is continuing its work on improving the West Coast DHB Falls Prevention Processes and has established a revised assessment process and monitoring process, which are currently being trialed. This is in conjunction with a national initiative for the reduction in patient falls that is being co-coordinated by the National Quality & Risk Managers Group and the Ministry of Health/National Health Board. With the implementation of the new Incident Reporting process into the Hospital services, new data on falls is being collected and will be reported to the next meeting.

National Medication Chart
The new National Medication Chart has been implemented through the Inpatient services of the West Coast DHB. This is a nationwide project aimed at reducing medication errors through the standardisation nationwide of Inpatient medication charts. Post-implementation monitoring and review of use continues.

Standing Orders
The Standing Orders training has been completed as far as the introductory component is concerned. This section introduced the Westland Medical Centre Standing Orders as the adopted model/framework for the West Coast DHB.

It also introduced the nurses using Standing Orders to the health assessment and pharmacology requirements, and over the next 3 years all nurses using Standing Orders will have to complete the advanced health assessment and applied pharmacology level 8 PG papers. New standing orders are being developed and when approved are made available via the Policy and Procedures page of the West Coast DHB's Intranet.

Health Pathways
The Health Pathways Group continues its work adapting the Canterbury DHB Pathways for use on the West Coast. A survey of General Practitioners regarding their views on the Pathways adapted to date has now been completed, and is to be presented to the Clinical Leadership Group. The findings will be incorporated into further development of the Pathways on the West Coast.

Acute Theatre Booking Process
Identified as an outcome from a recent Health and Disability Commission (HDC) investigation at Northland Hospital, Theatre staff have worked on developing a process for the prioritisation of acute theatre bookings. Formal guidelines have now been developed and have been implemented, and are being monitored.

Early Warning System
This has been implemented in response to the national directive and an HDC case. This project has developed a process for the recognition and management of the deteriorating or at risk of deteriorating patient. At its introduction, initial monitoring of the Modified Early Warning Score (MEWS) system was done daily and then weekly (by way of verbal and written feedback from clinical staff) to ensure a fit for purpose tool and process. Once the form was refined, it was fully implemented into the inpatient adult areas at Grey Hospital. This tool has helped identify the 'at risk' patient and rapidly deteriorating patient with more timely intervention by the team. As part of the ongoing monitoring of clinical outcomes, these cases are presented at the Morbidity and Mortality (M&M) meetings for clinical dialogue and review. Random audits were undertaken to identify compliance and completeness of form utilisation, and verbal review with nursing staff

continues with follow up education given as required. Monitoring of this process continues to identify effectiveness and any issues that require addressing.

Clinical Quality Improvement Committee (CQIT)

This Committee has a formal role as the co-ordination centre for clinical quality activities and indicatives. The Committee oversees a range of other clinical committees throughout the DHB (Infection Control, Medication Review, Product Evaluation, Primary-Secondary Liaison, Theatre, and Caesarean Review). It received regular reports from these committees, including activities that they are engaged in and also items that require input or a decision from CQIT.

This Committee is also responsible for overseeing and monitoring various clinical quality assurance indicators.

Currently the role of this Committee is being reviewed as part of the discussions being held around future clinical governance structures.

Current Clinical Risk Cases

	May 2011	June 2011	July 2011
Treatment Injury Claims (ACC)	2	4	4
HDC Investigation*	7	7**	7
Privacy Commissioner Investigation*	1	1	1
Legal Actions	0	0	0

(*Indicates complaint investigations which are ongoing)
(**2 investigations were completed during June 2011 (both with no-breach findings), and two new HDC complaints were received during June 2011)

Coroners Cases

No new cases reported since the last report.

External Clinical Audits

No external clinical audits have been undertaken since the last report.

Clinical Credentialing

Credentialing processes for senior medical staff are being aligned with Canterbury DHB processes. As part of this, a greater emphasis will be placed on on-going performance appraisal.

COMMUNICATIONS

Building trust and confidence in the health sector on the West Coast via strategic communications

Following the presentation of the draft strategic communications plan to the Board in July, it has now been distributed to all the participants and invitees for the June communications workshop.

The plan has received positive feedback to date and has been presented to the Grey Base Hospital Heads of Departments meeting. Already staff are commenting on the positive way that we are being reported in the media, and the proactive stance the DHB is taking. The plan will also be presented to the Disability Resource Network meeting in early October.

Buller Integrated Health Centre

- A wide range of staff across the health sector have participated in workshops that were run to support development of the workflows and facility design. Following the workshops the following engagement opportunities with staff were confirmed:
  - The project team has committed to providing a means of staff receiving, reviewing and commenting on key outputs from the process as it develops
  - Regular staff question and answer sessions will be organised approximately every 4-6 weeks (by the DHB), to coincide with key stages and decision-points in the process.
  - Regular communication meetings with Union organisers and delegates:

- On 7 September the *Report to the Community* is being distributed to all West Coast households. Included in this publication will be an explanation of the *Better, Sooner, More Convenient* concept and an update on the proposed Buller Integrated Family Health Centre (IFHC).

- Other groups to communicate with include those who will be impacted by any changes including staff from: O'Conor Trust, St John, community pharmacy, Physiotherapy, Dentists. These meetings should take place prior to the public meeting.

- *Report to the Community,* with a cover letter, will be sent to a wide range of key influentials. This group will include the people who attended the first community meeting, along with key opinion leaders and politicians.

- In the week of September 12 an editorial piece explaining the Better, Sooner, More Convenient concept and giving an update on the Buller IFHC will be sent to the Westport News. Other media will be sent an updated press release.

- Around the same time a media briefing by the Chief Executive, Board Chair and a representative from Alliance Leadership Team will occur. An information pack will be prepared for the media.

- A meeting to brief Unions will occur prior to the staff meeting.

- A further briefing for Buller staff is confirmed for 19 September. An information sheet that includes an explanation about *Better, Sooner, More Convenient* and how the Buller IFHC fits into the concept will be developed. This will also be placed on the intranet.

- A public meeting is to inform the community of the latest developments and answer some of the questions that were raised in the submissions is confirmed for 7pm on Monday 19 September at Westport's NBS Theatre. It is recommended that the community be given a preview of the options and recommendations to the West Coast DHB. This will give the community an opportunity to provide feedback/comment, which can then be included into the submission to the West Coast DHB on the 14 October.

- After the public meeting a press release will be sent out summarising what was discussed and the next steps.

- Communications will evolve as the project continues.

Opening of the new facility at Franz Josef

The official opening of the new combined DHB and St John facility at Franz Josef went very well with good media coverage on the West Coast also being picked up by media from off the West Coast.

The connection between St John and the West Coast DHB was strengthened through this project and is likely to result in similar collaboration in the future.

Proactive media relations

- The *Report to the Community* is due for distribution to the West Coast community via the Messenger on September 7. Advertising on radio prior to this publication will raise public awareness of its impending publication. The eight page newsletter will include sections on BSMC, collaboration within the health sector on the West Coast and health priorities for the West Coast based on the DHB Annual Plan.

- A recent media release regarding dementia care on the West Coast was well received by local media and attracted several subsequent requests for more information.

- News about the increased number of West Coasters receiving surgery, both elective and acute received positive coverage as did the associated messages around outpatient appointments.

- The Grey Star was on hand at the hospital to report positive stories about the big "latch on" celebrating breastfeeding and the launch of the 2011 Countdown Kids fundraising appeal.

- Messages to the public regarding September being Cervical Screening Awareness Month have publicised the issue and also some of the service's additional clinics.

- The way that the DHB is working with the management of Granger House to address concerns raised regarding care at that facility has also been highlighted.

  Continuing on our proactive media strategy we are currently working on stories for release over the next eight weeks –

  - B4School checks
  - New Surgical equipment
  - Healthy Housing initiative
  - Māori smoking and pregnancy

- Māori workforce innovation
- Virtual rounds – emphasis on the use of Telehealth technology and linking to paediatric specialists in Christchurch.
- The 2011 Countdown Kids Hospital appeal to fundraise for children's health.
- 'Compressed pharmacists,' DHB's innovative approach to employing and training pharmacists.

Other projects

- A communications plan is being developed for the redevelopment of the Grey Base Hospital, and the future development of an integrated family health centre in Greymouth.
- The communications team is involved in the *Manage My Health* project for shared electronic health records between primary practices, community pharmacies and the DHB.
- Preparation for the 2010 /11 Annual Report is underway
- The regular CEO Update promotes what is happening within the DHB to our staff.
- Focus will now be turned to implementing the internal communications tactics outlined in the strategic communications plan

RECOMMENDATION

That the West Coast District Health Board receives the Chief Executive Officer's report.

Author:	**David Meates, Chief Executive Officer – 2 September 2011**

Better, Sooner, More Convenient
Progress Report –Aug 2011

West Coast
Primary Health

Contents

SUMMARY- UPDATE

The BSMC deliverables for the 2011/12 year have been taken out of the West Coast DHB Annual Plan and Statement of Intent (APSOI).

Three colour coded sections are included in this report.

1. Year 2 Deliverables are included in the red section. These include both outstanding deliverables from Year 1 as well as the new deliverables as listed in the West Coast District APSOI.
2. Unfinished Year1 Deliverables are listed in the blue section. These include all unfinished deliverables from Year 1 and include those workstreams that were not reported on due to the focus being on Buller IFHC during the second half of Year 1. Work in these areas are expected to continue, but at a slower pace than originally intended.
3. Completed Year 1 Deliverables are listed in the green section.

Although the Deliverables for Year 2 are not taken directly out of the Better Sooner More Convenient Business Case they do align with the Business Case targets.

YEAR TWO DELIVERABLES

Status indicators

Result	Meaning
✓ ✗	Have we completed the activity or reached the target? Yes = ✓ or No = ×
▭	Positive progress is underway towards delivering the output as planned.

1. IFHC FACILITIES

Owner: Workstream Team Leader – Wayne Champion/A Cooke

Key Result	Date	Status	Current Achievement/Progress
Buller IFHC			
Undertake process mapping exercise completed	Jul/Aug11	✓	Three workshops have been held with Buller, DHB/PHO staff and some external providers. The outcomes of these workshops are currently being reviewed by Sapere.The intention is for a list recommendation for implementation will be completed by end of Aug 11.
Concept plan options for various sites developed	Sept 11	✓	Three workshops with Buller, DHB, PHO staff, external providers and the architects have been held. These workshops have providedvaluable input into the concept plan options for the various sites.
Concept plan options costed	Sept 11	▭	Concept plans have been completed and costing exercise is in progress
Engineers Review of Site options completed	Sept 11		
Preferred concept recommended by ALT	Sept 11		
Business Case for capital submitted to WCDHB	Oct 11		

Detailed Architect plans finalised	Nov 11		
Cost /Value review completed	Jan 12		
Building contracts let	Feb 12		
Construction starts during	Mar 12		

Owner: Workstream Team Leader – Wayne Champion/A Cooke

Key Result	Date	Status	Current Achievement/Progress
Greymouth IFHC			
Community engagement and support for a proposed new Grey IFHC/hospital model of care is achieved	Dec 11		Initial planning meeting has been held in Chch.
Agreement is obtained for the Grey district whole of system model of care	Dec 11		
Process mapping exercise completed	Mar 12		
Concept plan options developed	May 12		
Concept plan options costed	July 12		

2. GOVERNANCE

Owner: Workstream Team Leader – A Cooke

Key Result	Date	Status	Current Achievement/Progress
Interim organisational form decided	Mar 11		This component of work did not progress during the first half of the 2010/2011 year. Plans are under development to resume this workstream during 2011/2012.
Interim approach in place	Jun 11		As above.
Ownership, governance and management arrangements for IFHC and services are agreed and applied	Jun 12		

3. CORE GENERAL PRACTICE REDESIGN

Owner:Workstream Team Leader – Dr Carol Atmore

Key Result	Date	Status	Current Achievement/Progress
Review of standing orders use in each practice October 2011.	Oct 11		
Standing order updated in practices	May 12		
Safe practice and clinical consistency across the West Coast Health System is achieved.			
An action plan to address the appropriateness of ED presentations is developed and implemented	Dec 11.		
A reduction in the number of acute primary care presentations (triage 5 patients) in ED during week days to <35	Jun 12.		
95% Patients discharged or transferred from ED within 6 hours.	Jun12		
A safe and sustainable model of care for staffing is developed in the Buller district	Oct 11	✓	This work is in its final stage and has been developed with input from the Buller JAG and Buller staff and external health care providers in the "To Be" workshopswith Sapere and Kaizen NZ..

A safe and sustainable model of care for staffing is developed in the Grey districts	Dec 11		Initial meeting has taken place late August in Chch.
Phased implementation commenced by in Buller	Nov 11		This work has started as a result of the "To Be" workshops.
Phased implementation commenced in Grey	Jan 12		
All seven practices are Cornerstone accredited by (*five a currently accredited*)	Jun 12		
Maori Health care plans for general practices	Dec 11		Initial discussions have occurred.
Kaiawhina positions established in Buller Integrated Family Health Centre	Dec 11		
Kaiawhina positions established in Grey Integrated Family Health Centre	Jun 12		
Appointment of a dedicated Maori clinical position at the Buller Integrated Family Health Centres	Dec 11		Draft job description has been completed and awaiting clinical input.
Appointment of a dedicated Maori clinical position at the Grey Integrated Family Health Centres	Jun 12		
Māori enrolment rates as a percentage of the population as a whole.	1/4ly Reports		To be reviewed in the first Quarterly report.
Māori engagement and uptake in the whole range of primary health care initiatives as per PHO	1/4ly Reports		To be reviewed in the first Quarterly report.
Measurable improvement in Māori health status.	1/4ly Reports		To be reviewed in the first Quarterly report.

4. INFORMATION TECHNOLOGY

Owner: Workstream Team Leader – Miles Roper

Key Result	Date	Status	Current Achievement/Progress

Access to ManageMyHealth is provided to relevant ED, pharmacy staff and mental health staff and training provided	Jun 12		It is anticipated that ManageMyHealth access will be available to ED,hospital and community pharmacy, and mental health by Nov 11. Workshops are being held under the Clinical Governance Committee and work is progressing well.
The mechanisms for enabling community nursing and allied health are analysed by December 2011, with agreement and implementation	May 12		The Clinical Governance Committee will commence with this work following the completion of the roll out to ED and pharmacy. In addition, components of this have also been raised at the Buller "To Be" workshops, which will also be reflected in implementation plans.
MedTech/ManageMyHealth extension across health centres achieved	Mar 12		The exception being in Hokitika due to the use of Apple computers and a reluctance to switch. Efforts are continuing and an interface between MedTech and Profile is being investigated.
West Coast health system agreement as to the fundamental elements of a safe shared record for patient information and implement in line with NHITB direction.			Under progress and covered by the Clinical Governance Committee
Clinical governance and stewardship is established to determine and develop policy for ManageMyHealth content, consent, access and audit aspects of ManageMyHealth by.	Sept11		Under progress and on schedule.
Coast lab results are able to be accessed through ManageMyHealth.	Jun 12.		Will be completed as Phase 2 early in 2012.

5. WCDHB COMMUNITY BASED SERVICES

Owner: Workstream Team Leader – Karyn Kelly

Key Result	Date	Status	Current Achievement/Progress
Develop common, integrated service specifications. Consolidate and reduce reporting requirements.	Dec 10		This work is in progress. The new model of care for the IFHC provides an opportunity to review and improve reporting requirements.

Pathway for nurse care for different patient groupings across settings (perhaps start with early discharge of surgical patients).	Jun 11	☐	The focus of this work over the next few months will be on a Transfer of Care (Discharge Planning) pathway as this was an area of the greatest need for improvement. The first step is to have the discharge boards being used effectively in the clinical areas, a baseline is being done to benchmark progress in this The 'pathway/process' that needs articulating includes the 'one patient point of entry' for IFHC, The 'To Be' workshops in Buller will be a starting point for this work.
Integrated model of care for community nursing, allied health and mental health is developed by September (in Buller)	Sept 11	☐	The Buller "To Be" workshops did cover this key result area. However, further work will be required and is likely to be reflected in Sapere's report following these workshops.
Integrated model of care for community nursing, allied health and mental health will have a phased implementation from January 12	Jan12	☐	The Buller "To Be" workshops did cover this key result area. However, further work will be required and is likely to be reflected in Sapere's report following these workshops. Pending approval from ALT and the Board.
More patients are able to access these above services through primary care	Jun 12		Data is being gathered to measure access to specialty nursing services delivered in the community based setting. Referral system to nursing, allied and mental health community based services from primary care (GP) requires refining and streamlining, alongside the action of the primary based (GP Practice) clinician in actually referring to these services. Data will also need to be gathered to ascertain what is not being referred that should be.
Patients experience a seamless and coordinated approach to services that are provided by the integrated family health system as measured by the community satisfaction survey and develop action plans to make additional improvements from	Aug11	☐	Survey has been developed and is currently being reviewed.
All relevant clinical staff training in use of ManageMyHealth	Jun 12	☐	This is currently under consideration with the roll out of the first phase to ED, pharmacies and mental health

Integrated mental health system in Buller commenced in November 2011	Dec 11		A single mental health referral form is being developed at present. Primary mental health coordinator and district manager CMH continue to meet weekly to allocate referrals; a practice nurse will also join the meetings. Details of a layered/stepped care model are being considered. Mental Health resource kit will be updated and "beating the blues" internet therapy to be commenced via PHO and GP's/practice nurses. There needs to be further consideration about crisis work and what is and is not possible given current resources
The patient pathway for alcohol, drug and other addictions is in place	Jun 12		

6. FRAIL OLDER PEOPLE

Owner: Workstream Team Leader – Robyn McLachlan

Key Result	Date	Status	Current Achievement/Progress
Read only access to InterRAI established	Jun 10		Read only access has been established. Work plan to continue with the roll out will be established by end Aug.
Plan for moving assessments for short term to Carelink ready for consultation 30 June	Jun 10		This was delayed until the new Coordinator for WCDHB Support Services was employed. The manager is now in place and Carelink Manager, Planning and Funding and Coordinator are working together to develop one referral for short and long term services. Plan to do this in the next 2 months.
Restorative package based model in place	Mar 11		Restorative packages of care have been identified from NMDHB and these will be introduced into Carelink in September 2011. Alongside this it is essential to ensure the home based support providers Access and WCDHB are able work in this model. They will need to up skill their staff to cope with the high and complex packages. Plans are being developed with Jackie Broadbent Geriatrician to develop a community AT&R service which will offer a restorative approach to client care.
Reduced unplanned acute admissions for people aged over 65 by 5% on baseline.	1/4ly report		The plan for a community AT&R service (Virtual Ward) and the move to restorative packages of care will impact on admission rate to hospital. However this needs to be measured by a report which has not been actioned.

Reduction in waiting time for support services and for community allied health services.	1/4ly report		The virtual ward will have Allied Health attached and this will have a community focus so will improve access to Allied Health. The NASC team are experiencing high case loads and this will increase when they are required to move to packages of care which has a strong focus on case management and reviews. A job description for another FTE of NASC is being developed and this person will have a case load in the community and provide daily input into the acute wards in Grey Hospital.
Delayed entry to ARC and extension of independent living. Rate of admission to permanent rest home level of care for people aged 75+ at 5.5%	1/4ly report		
Reduced unplanned acute admissions for people aged over 65 by 5% on baseline.	1/4ly report		
Reduction in waiting time for support services and for community allied health services.	1/4ly report		
Delayed entry to ARC and extension of independent living. Rate of admission to permanent rest home level of care for people aged 75+ at 5.5%	1/4ly report		

7. LEADERSHIP

Owner: Workstream Team Leader – Anthony Cooke & Wayne Turp

Key Result	Date	Status	Current Achievement/Progress
The West Coast health system clinical governance responsibility will include clinical oversight over the implementation of BSMC	Sept 11.		PHO Clinical Governance Committee is overseeing ManageMyHealth implementation. Coast wide clinical governance not yet in place.

West Coast DHB and PHO display effective ownership and stewardship of BSMC through the ALT.	Ongoing		ALT meets monthly and the leadership group comprising DHB and PHO meet weekly.
Plan developed, in consultation and agreement with the PHO, for the use of PHO cash reserves during 2011/12 and beyond			

UNFINISHEDYEAR ONE DELIVERABLES

The following Workstream Key Results are outstanding from Year 1 They are not being reported on at present however when work or progress is being made these tables will be updated.

1. ACUTE CARE

Owner: Workstream Team Leader – Dr Carol Atmore

Key Result	Date	Status	Current Achievement/Progress
ED access to MedTech notes (Approve in May ALT and work to commence in May 11)	Dec 10		Expected to be in place in Sept 11

2. WORKFORCE

Owner: Workstream Team Leader – Dr Carol Atmore

Key Result	Date	Status	Current Achievement/Progress
Orientation package for new GPs in place	Dec 10		In place but being revamped by specialist recruitment team in Chch and will include a workforce retention strategy and implementation plan.
Plan to increase Maori workforce developed	Dec 10		Plan drafted and being refined. Maori health deliverables are now being addressed as the funding status has been resolved.

Annual getaway weekend conference held	Apr 11		Scheduled for Aug 11

3. MENTAL HEALTH

Owner: Workstream Team Leader – Bev Barron/ Elaine Neesam

Key Result	Date	Status	Current Achievement/Progress
Community MH nurses allocated to each practice	Jul 10		This model currently exists in Reefton and in South Westland. The expansion of this model to other practices is underway with the first arrangement to be implemented through the Rural Academic Practice in Greymouth.
Enhance patient access self-care information	Sept 10		Completed by providing a range of self-help materials. Free access to the Health Navigator website - teams at PHO and CMH were actively disseminating information about this site is progressing.
Implement annual physical health checks for long term MHS users	Dec 10		This client group is identified by NHI number, and are included in the LTC management funding, to ensure that they could access free yearly checks. Many are already included due to co morbid conditions. Work on identifying additional physical health checks specifically relevant to long term mental health service users, such as metabolic monitoring for individuals on certain medications has also begun.
Set up integrated transfer of care processes	Dec 10		This cannot happen until other systems and new ways of working are in place. Transfer of care, is about reducing need for formal referrals between teams.
Develop Integrated Care Model and establish a pilot site	Dec 10		Buller Health Services has been established as a pilot site, with increased liaison between General Practitioners and Psychiatrists and inclusion of primary practice and ED in crisis care planning. DHB specialist services and the PHO Brief Intervention Counseling Service are also working closer together, undertaking joint assessments, and 'blurring' traditional eligibility boundaries to ensure the patients' needs are meet. Work continues on developing this model of care. Coast wide a system to improve access to Activity and Living skills services (provided by Richmond NZ) has been improved, with those assessed by the PHO Brief Intervention team as benefitting from the service now having access to it.
Extend Kaupapa Maori mental health services to primary settings	Jul 11		A review of the Model of Care provided by Specialist Kaupapa Maori mental health services has begun.

4. LONG TERM CONDITIONS

Owner: Workstream Team Leader – Helen Reriti

Key Result	Date	Status	Current Achievement/Progress
Completion and implementation of discharge planning project	Sept 10	✖	This work is being looked at by the Community Based Services Workstream
Pulmonary rehab programme re-established	Sept 10	☐	N/A Respiratory groups attend Green Prescription

5. HEALTH PATHWAYS

Owner: Workstream Team Leader – Nick Leach

Key Result	Date	Status	Current Achievement/Progress
First referral letter audit completed	Dec 10	-	Further activity on this workstream suspended pending completion of priority workstreams
Eight workshops held	Jul 11	-	Further activity on this workstream suspended pending completion of priority workstreams

6. ACCESS TO DIAGNOSTICS

Owner: Workstream Team Leader – Nick Leach

Key Result	Date	Status	Current Achievement/Progress
Educational session held with primary care	Jul 10	☐	Number educational session held (2)
First general audit complete	Aug 10	-	Further activity on this workstream suspended pending completion of priority workstreams

Review of CT access	Jun 11	-	Number CTs ordered by GPs (150)

7. REFERRED SERVICE

Owner: Workstream Team Leader – Nick Leach

Key Result	Date	Status	Current Achievement/Progress
Investigate the opportunities and benefits of implementing a comprehensive programme of process improvement for referred services	Sept 10	-	Further activity on this workstream suspended pending completion of priority workstreams
Identify the greatest opportunities for cost saving	Sept 10	-	Further activity on this workstream suspended pending completion of priority workstreams
Provision of better guidance on prescribing and test ordering as part of the Health Pathways initiative	Dec 10	-	Further activity on this workstream suspended pending completion of priority workstreams
Provide detailed performance indicators for future use of referred services	Jan 11	-	Further activity on this workstream suspended pending completion of priority workstreams

COMPLETED YEAR ONE DELIVERABLES

1. CORE GENERAL PRACTICE REDESIGN

Owner:Workstream Team Leader – Dr Carol Atmore

Key Result	Date	Status	Current Achievement/Progress
First region wide workshop held	Jun 10	✓	Fourregional facilitated practice workshops have taken place. A further Quality Improvement workshop was held on 31 May 2011.
First workshop in each practice	Aug 10	✓	Completed
Kaiawhina and health navigators aligned to practices	Jul 10	✓	The results of this is that Maori enrollments are up -Percentage Maori enrolled in PHO compared with census (Buller: 95% Gymth: 85% Wstlnd: 95%).

2. ACUTE CARE

Owner: Workstream Team Leader – Dr Carol Atmore

Key Result	Date	Status	Current Achievement/Progress
HML triage systems in place in each practice	Jun 10	✓	Number of triage 5 patients seen in ED (10% Decrease)
Establishment of standing order processes in practices	Apr 10	✓	Numbers of training sessions for standing orders and number participants
Standing orders training commenced	Apr 10	✓	12 day long sessions, 25 nurse participants
Stock take of nurse post graduate qualifications and future needs	Jul 10	✓	Completed
Community education campaign completed	Aug 10	✓	Completed

3. WORKFORCE

Owner: Workstream Team Leader – Dr Carol Atmore

Key Result	Date	Status	Current Achievement/Progress
Workforce steering group established with terms of reference	Jun 10	✓	Completed

4. WCDHB COMMUNITY BASED SERVICES

Owner: Workstream Team Leader – Karyn Kelly

Key Result	Date	Status	Current Achievement/Progress
Initiate pilot of MDT meetings	Jun 10	✓	Full implementation complete in Westport and Reefton. However Westport needs to be resurrected. Development and pilots underway for Greymouth Hokitika works in an integrated way as is, with meetings already occurring
Plan for alignment of community nursing services to practice populations	Dec 10	✓	This is in place in all areas. Community nurses are conscientiously improving the communication links in the interim, but this outcome needs review with regard to a workable documented model

5. MENTAL HEALTH

Owner: Workstream Team Leader – Bev Barron/ Elaine Neesam

Key Result	Date	Status	Current Achievement/Progress
Review age group covered by primary care Youth Counsellor	Aug 10	✓	Completed
Up-skill practice team in management of anxiety/panic/depression	Oct 10	✓	Completed PHO staff did a 'road show' around the practices.

6. IFHC FACILITIES

Owner: Workstream Team Leader – Wayne Champion/A Cooke

Key Result	Date	Status	Current Achievement/Progress
Academic practice on GreyBaseHospital site completed	Sept 10	✓	Completed
Franz Josef joint venture facility with St John completed	Jun 11	✓	Scheduled to open in July 11

7. INFORMATION TECHNOLOGY

Owner: Workstream Team Leader – Miles Roper

Key Result	Date	Status	Current Achievement/Progress

8. GOVERNANCE

Owner: Workstream Team Leader – A Cooke

Key Result	Date	Status	Current Achievement/Progress

9. KEEPING PEOPLE HEALTHY

Owner: Workstream Team Leader – Kim Sinclair

Key Result	Date	Status	Current Achievement/Progress
Joint plans in three priority areas established	Jul 10	✓	Completed

10. LONG TERM CONDITIONS

Owner: Workstream Team Leader – Helen Reriti

Key Result	Date	Status	Current Achievement/Progress
Medication reviews established	Jul 10	✓	Number of patients receiving annual reviews for diabetes, cardiovascular disease and COPD - Diabetes 700, CVD 627, COPD 200 1990 patients (200 Maori) ASH rates: ISDR (aged 45-64yrs) <89
Review of Level 3 complete and changes implemented	Sept 10	✓	Number of patients enrolled in LTC management programme
Develop MDT meetings established in each practice	Sept 10	✓	Number (50) of medication reviews
Reporting capability for Maori health outcomes established	Sept 10	✓	Clinical indicators for diabetes, CVD and COPD with breakdown by ethnicity (See business case for details)
Reporting capability for monitoring self-management capability (Flinders Partners in health Q) established	Sept 10	✓	ASH rates - ASH rates: ISDR (aged 45-64yrs) <89 Due any day
Health navigators in new LTC roles	Jul 10	✓	In place
Evaluation of health navigators working in LTC context	Apr 11	✓	Due end May.

11. HEALTH PATHWAYS

Owner: Workstream Team Leader – Nick Leach

Key Result	Date	Status	Current Achievement/Progress
Adaptation methodology established	Apr 10	✓	Number of areas adapted for West Coast (8)
First two workshops held	May 10	✓	

Web site live for West Coast	May 10	✓	Website hits per month for West Coast (500)
First educational session held	May 10	✓	FSA rates (No increase)

12. ACCESS TO DIAGNOSTICS

Owner: Workstream Team Leader – Nick Leach

Key Result	Date	Status	Current Achievement/Progress
Direct access guidelines approved	Jun 10	✓	

13. REFERRED SERVICE

Owner: Workstream Team Leader – Nick Leach

Key Result	Date	Status	Current Achievement/Progress

14. FRAIL OLDER PEOPLE

Owner: Workstream Team Leader – TorWainwright

Key Result	Date	Status	Current Achievement/Progress
Alignment of Care link assessors to general practices	Aug 10	✓	Completed
If agreed, short term assessments done by Care Link	Jun 10	✓	Carelink has adopted interRAI as the standardised assessment tool.

FINANCE REPORT
JULY 2011

Financial Overview

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,269	6,288	(19)	×	6,269	6,288	(19)	×
Governance & Administration	208	212	(4)	×	208	212	(4)	×
Funds & Internal Eliminations	4,375	4,284	91	√	4,375	4,284	91	√
	10,852	10,784	68	√	10,852	10,784	68	√
EXPENSES								
Provider								
Personnel	4,126	4,388	262	√	4,126	4,388	262	√
Outsourced Services	1,389	1,083	(306)	×	1,389	1,083	(306)	×
Clinical Supplies	611	594	(17)	×	611	594	(17)	×
Infrastructure	974	914	(60)	×	974	914	(60)	×
	7,100	6,980	(120)	×	7,100	6,980	(120)	×
Governance & Administration	198	212	14	√	198	212	14	√
Funds & Internal Eliminations	3,694	3,807	113	√	3,694	3,807	113	√
Total Operating Expenditure	10,992	10,999	7	√	10,992	10,999	7	√
Deficit before Interest, Depn & Cap Charge	140	215	75	√	140	215	75	√
Interest, Depreciation & Capital Charge	513	551	38	√	513	551	38	√
Net deficit	**653**	**766**	**113**	√	**653**	**766**	113	√

** - The detailed financial reports can be found in appendix 1*

ORIGIN OF REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters of the Board of the West Coast District Health Board. This detailed finance report for July 2011 has not yet been viewed by Audit, Risk and Finance Committee.

CONSOLIDATED RESULTS

The consolidated result for the month of July 2011 is a deficit of $653k, which is $113k better than budget ($766k deficit).

RESULTS FOR EACH ARM

Year to Date to July 2011

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(1,344)	(1,242)	(102)	Unfavourable
Funder Arm surplus / (deficit)	681	476	205	Favourable
Governance Arm surplus / (deficit)	10	0	10	Favourable
Consolidated result surplus / (deficit)	**(653)**	**(766)**	**113**	**Favourable**

COMMENTARY ON VARIANCES

The following table reconciles the consolidated actual year to date results to the consolidated year to date budget, highlighting variances. The table is followed by an explanation of material variances.

Arm	Nature	Variance	$000
	Revenue		
Provider:	Other Government revenue (ACC and non MoH)	√	69
	Expenses		
Provider:	Personnel Costs	√	269
Provider:	Outsourced services – Locum costs	x	(247)
Provider:	Outsourced services – clinical services	x	(100)
Provider:	Clinical supplies: Instruments & equipment	x	(20)
Provider:	Clinical supplies: Implants & Prostheses	x	(26)
Provider:	Clinical supplies: other offsetting items	√	16
Provider:	Facilities: Repairs and maintenance	x	(61)
Provider:	Facilities: Utilities	x	(19)
Provider:	Interest and Finance Costs	√	12
Provider:	Infrastructure and non clinical: Other offsetting items.	√	46
Funder:	Funder Arm: Personal Health	√	42
Funder:	Funder Arm: DSS	√	105
Funder:	Other offsetting items.	√	37
DHB	Other offsetting items	x	(10)
	Year to date variance to budget		**113**

REVENUE

Consolidated revenue of $ 11,009k is $68k better than budget ($10,941k)
The variance to budget is explained in the narrative for the separate arms below.

Provider Arm
Provider revenue received for ACC and other government is $69k better than budget. This is partly due to the WCDHB taking the VLCA revenue for three months into account in July 2011. This will be adjusted for in August 2011.

Governance and Administration Arm
No significant variances.

Funder Arm
No significant variances.

EXPENSES

Consolidated
Consolidated expenditure of $11,662k is $46k better than budget ($11,708k).

- Personnel costs are $4,210k; $269k better than budget ($4,478k).
  - Medical Personnel costs are $91k better than budget.
    - Senior Medical Officers and General Practitioners are together $84k; better than budget and Registered Medical Officers are $8k worse than budget. This is due to vacancies and planned leave processed over this period.

- Nursing Personnel costs are $32k; better than budget. This is partly due to budgeted positions vacant.
- Allied Health Personnel costs are $91k; better than budget. This is due to a number of vacancies and planned leave processed in this period.
- Management and Administration personnel costs are $44k; better than budget. This is partly due to vacancies.

➢ Outsourced services costs are $1,435k; $298k worse than budget ($1,137k).
- Outsourced Senior Medical Costs (locums) $952k; $237k worse than budget. This is due to vacancies reflected above under personnel costs and cover for planned and unplanned staff leave.

Clinical Supplies
- Overall clinical supplies are $16k over budget. Within this variance are the following specific variances which management are following up on:
  - Instruments and equipment, unfavourable variance of $20k.
  - Implant and prostheses, unfavourable variance of $36k.

Infrastructure and non clinical Cost
- Overall infrastructure and non clinical cost are $1,444k, $22k over budget. Within this variance are the following specific variances:
  - Facility costs are $461k, $66k over budget. It has been identified that $48k of this charge relates to the prior year. This is going to be accrued for in the 2011 year and will reverse in future periods.
  - Transport and staff travel is $108k, $23k over budget. This is due to a higher than budgeted maintenance cost being incurred in July 2011 and higher than budgeted staff travel. This staff travel is currently being investigated.
  - In the main the remaining categories falling under Infrastructure and non clinical costs have favourable variances.

Funder Arm payments
The District Health Board's result for services funded with external providers (including Inter-District Flows) for the month of July 2011 was an under spend of $115k (3%)

These are detailed in table 1: Schedule of Funder Arm payments to external providers *following the variance explanations below.*

- Referred Services
  Community pharmaceuticals are $28k more than budget. This includes $56k paid to Pharmac towards the Discretionary Pharmaceutical Fund for 2011/12.
- Secondary Care
  Travel and accommodation paid under the National Travel Assistance scheme is $46k more than budget – a portion of this expenditure belongs to the last financial year and 2011/12 costs will be adjusted in the year to date figures in August.
- Primary Care
  Whanau Ora service costs are $13k less than budget, with Maori health services under review. Discretionary costs (chronic conditions and palliative care) are under budget (depends on actual need).
- Mental Health
  Community residential beds are under budget, with two beds funded on a discretionary basis and the remainder block funded.
- Public Health
  Expenditure varies throughout the year depending on when grants are dispersed and contracts begun.
- Older Persons Health

Overall expenditure (residential and non residential) is under budget for the month. Home based support costs were under budget for July due to a larger accrual for costs in June.

Table 1: Schedule of Funder Arm payments to external providers.

July					SERVICES	Year to Date				
Actual	Budget	Variance				Actual	Budget	Variance		
$000	$000	$000	%			$000	$000	$000	%	
					Referred Services					
31	41	10	23%	√	Laboratory	31	41	10	23%	√
792	764	-28	-4%	×	Pharmaceuticals	792	764	-28	-4%	×
823	**804**	**-19**	**-2%**	×		**823**	**804**	**-19**	**-2%**	×
					Secondary Care					
0	20	20	100%	√	Inpatients	0	20	20	100%	√
128	82	-46	-56%	×	Travel & Accommodation	128	82	-46	-56%	×
1,285	1,285	0	0%	√	IDF Payments Personal Health	1,285	1,285	0	0%	√
1,413	**1,386**	**-27**	**-2%**	×		**1,413**	**1,386**	**-27**	**-2%**	×
					Primary Care					
42	41	-1	-2%	×	Dental-school and adolescent	42	41	-1	-2%	×
0	2	2	100%	√	Maternity	0	2	2	100%	√
0	1	1	100%	√	Pregnancy & Parent	0	1	1	100%	√
0	3	3	100%	√	Sexual Health	0	3	3	100%	√
-1	0	1	350%	√	General Medical Subsidy	-1	0	1	350%	√
521	523	2	0%	√	Primary Practice Capitation	521	523	2	0%	√
3	7	4	57%	√	Primary Health Care Strategy	3	7	4	57%	√
77	77	0	0%	√	Rural Bonus	77	77	0	0%	√
13	13	0	3%	√	Child and Youth	13	13	0	3%	√
8	8	0	0%	√	Immunisation	8	8	0	0%	√
13	14	0	4%	√	Maori Service Development	13	14	0	4%	√
18	31	13	42%	√	Whanua Ora Services	18	31	13	42%	√
6	13	7	54%	√	Palliative Care	6	13	7	54%	√
1	15	14	93%	√	Chronic Disease	1	15	14	93%	√
18	11	-7	-61%	×	Minor Expenses	18	11	-7	-61%	×
719	**760**	**41**	**5%**	√		**719**	**760**	**41**	**5%**	√
					Mental Health					
0	1	1	100%	√	Eating Disorders	0	1	1	100%	√
44	50	6	12%	√	Community MH	44	50	6	12%	√
1	1	0	0%	√	Mental Health Work force	1	1	0	0%	√
47	47	0	0%	√	Day Activity & Rehab	47	47	0	0%	√
10	10	0	0%	√	Advocacy Consumer	10	10	0	0%	√
6	5	-1	-13%	×	Advocacy Family	6	5	-1	-13%	×
0	5	5	100%	√	Minor Expenses	0	5	5	100%	√
107	118	11	9%	√	Community Residential Beds	107	118	11	9%	√
66	66	0	0%	√	IDF Payments Mental Health	66	66	0	0%	√
281	**304**	**23**	**7%**	√		**281**	**304**	**23**	**7%**	√
					Public Health					
24	29	5	16%	√	Nutrition & Physical Activity	24	29	5	16%	√
7	7	0	-1%	×	Public Health Infrastructure	7	7	0	-1%	×
0	6	6	100%	×	Tobacco control	0	6	6	100%	×
0	0	0		√	Screening programmes	0	0	0		√
31	**41**	**10**	**24%**	√		**31**	**41**	**10**	**24%**	√
					Older Persons Health					
-20	52	72	138%	√	Home Based Support	-20	52	72	138%	√
11	10	-2	-16%	×	Caregiver Support	11	10	-2	-16%	×
211	174	-37	-21%	×	Residential Care-Rest Homes	211	174	-37	-21%	×
-17	0	17		√	Residential Care Loans	-17	0	17		√
5	10	5	51%	√	Residential Care-Community	5	10	5	51%	√
368	396	28	7%	√	Residential Care-Hospital	368	396	28	7%	√
0	5	5	100%	√	Ageing in place	0	5	5	100%	√
7	7	0	1%	√	Environmental Support Mobility	7	7	0	1%	√
11	6	-5	-77%	×	Day programmes	11	6	-5	-77%	×
-4	12	16	134%	√	Respite Care	-4	12	16	134%	√
14	0	-14		√	Community Health	14	0	-14		√
108	108	0	0%	√	IDF Payments-DSS	108	108	0	0%	√
694	**781**	**87**	**11%**	√		**694**	**781**	**87**	**11%**	√
3,961	**4,076**	**115**	**3%**	√		**3,961**	**4,076**	**115**	**3%**	√

please note that payments made to WCDHB via Healthpac are excluded from the above figures

STATEMENT OF FINANCIAL POSITION

- Cash and Short Term Investments
  As at 31 July 2011 the Board had $5.744m in cash and short term investments. This differs from the budgeted cash position of $3.471m by $2.273m. This is partly due to the timing of capital expenditure. The West Coast DHB has received the full budgeted deficit support (cash) of $7.200m.The first tranche was received in April 2011 ($1.0m) and remaining $6.2m received in June 2011. Of the $6.2m received in June 2011, $4.5m has been placed in four different short term investments of periods ranging from 3 to 6 months in order to maximise the interest earning opportunities over this period.

- Non Current Assets
  - Property, Plant and equipment is $3.085m less than budget. This is due mainly to the revaluation of the Land and Buildings as at 30 June 2011 being brought into account and the timing of capital expenditure.

- Crown Equity
  - Crown Equity is $2.2mm lower than budget, this is due to the revaluation referred to under the non current assets.

RECOMMENDATION

That the West Coast DHB Board receives the Finance Report and notes the financial results for the period ending 31 July 2011.

Author:	Chief Financial Officer - 30 August 2011

Appendices

Appendix One: Financial Results for the period ending 31 July 2011.

West Coast District Health Board
Statement of comprehensive income
For period ending 31 July 2011
in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2011/12		Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Forecast	Budget	2010/11
Operating Revenue													
Crown and Government sourced	10,498	10,406	92	0.9%	10,042	10,498	10,406	92	0.9%	10,042	126,247	126,247	124,228
Inter DHB Revenue	7	11	(4)	(34.0%)	10	7	11	(4)	(34.0%)	10	127	127	118
Patient Related Revenue	239	239	0	0.0	240	239	239	0	0.0	240	2,965	2,965	2,828
Other Revenue	108	129	(21)	(16.0%)	130	108	129	(21)	(16.0%)	130	1,718	1,718	1,785
Total Operating Revenue	10,852	10,784	68	0.6%	10,422	10,852	10,784	68	0.6%	10,422	131,057	131,057	128,959
Operating Expenditure													
Employee benefit costs	4,210	4,479	269	6.0%	4,246	4,210	4,479	269	6.0%	4,246	53,396	53,396	52,673
Outsourced Clinical Services	1,343	1,009	(334)	(33.1%)	898	1,343	1,009	(334)	(33.1%)	898	9,667	9,667	13,163
Treatment Related Costs	611	594	(17)	(2.8%)	574	611	594	(17)	(2.8%)	574	7,292	7,292	7,743
External Providers	2,502	2,617	115	4.4%	2,257	2,502	2,617	115	4.4%	2,257	30,974	30,974	28,600
Net Inter District Flows	1,302	1,302	0	0.0%	1,291	1,302	1,302	0	0.0%	1,291	15,625	15,625	15,827
Outsourced Services - non clinical	91	128	37	29.1%	86	91	128	37	29.1%	86	1,508	1,508	1,247
Infrastructure Costs and Non Clinical Supplies	933	871	(62)	(7.1%)	878	933	871	(62)	(7.1%)	878	10,479	10,479	10,536
Total Operating Expenditure	10,992	11,000	8	0.1%	10,230	10,992	11,000	8	0.1%	10,230	128,941	128,941	129,789
Result before Interest, Depn & Cap Charge	(140)	(216)	76	35.1%	192	(140)	(216)	76	35.1%	192	2,116	2,116	(830)
Interest, Depreciation & Capital Charge													
Interest Expense	62	61	(1)	(1.3%)	59	62	61	(1)	(1.3%)	59	735	735	771
Depreciation	375	400	25	6.3%	397	375	400	25	6.3%	397	4,801	4,801	4,654
Capital Charge Expenditure	76	90	14	15.6%	111	76	90	14	15.6%	111	1,080	1,080	690
Total Interest, Depreciation & Capital Charge	513	551	38	6.9%	567	513	551	38	6.9%	567	6,617	6,617	6,115
Net Surplus/(deficit)	(653)	(767)	114	14.8%	(375)	(653)	(767)	114	14.8%	(375)	(4,500)	(4,500)	(6,945)
Other comprehensive income													
Gain/(losses) on revaluation of property													(2,398)
Total comprehensive income	(653)	(767)	114	14.8%	(375)	(653)	(767)	114	14.8%	(375)	(4,500)	(4,500)	(9,343)

West Coast District Health Board
Statement of financial position

As at 31 July 2011

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	32,181	35,157	(2,976)	(8.5%)	35,813
Intangible assets	834	1,115	(281)	(25.2%)	1,123
Work in Progress	709	795	(86)	(10.8%)	521
Other investments	2	2	0	0.00%	2
Total non-current assets	33,726	37,068	(3,342)	(9.0%)	37,459
Current assets					
Cash and cash equivalents	3,189	3,416	(227)	(6.6%)	1,906
Other investments	2,555	55	2,500	4545.5%	1,642
Inventories	752	746	6	0.8%	737
Debtors and other receivables	4,212	4,103	109	2.7%	3,815
Assets classified as held for sale	137	246	(109)	(44.3%)	246
Total current assets	10,845	8,566	2,279	26.6%	8,346
Total assets	**44,571**	**45,634**	**(1,063)**	17.6%	**45,805**
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	11,195	12,445	(1,250)	(10.0%)	5,000
Employee entitlements and benefits	3,387	3,259	128	3.9%	2,995
Total non-current liabilities	14,582	15,704	(1,122)	(7.1%)	7,995
Current liabilities					
Interest-bearing loans and borrowings	1,500	250	1,250	500.0%	7,945
Creditors and other payables	9,017	7,981	1,036	13.0%	8,072
Employee entitlements and benefits	7,716	7,739	(23)	(0.3%)	7,374
Total current liabilities	18,233	15,970	2,263	14.2%	23,391
Total liabilities	32,815	31,674	1,141	3.6%	31,386
Equity					
Crown equity	61,753	61,741	12	0.0%	54,609
Other reserves	21,490	23,888	(2,398)	(10.0%)	23,888
Retained earnings/(losses)	(71,526)	(71,708)	182	(0.3%)	(64,117)
Trust funds	39	39	0	0.00%	39
Total equity	11,756	13,960	(2,204)	(15.8%)	14,419
Total equity and liabilities	44,571	45,634	(1,063)	(2.3%)	45,805

West Coast District Health Board
Statement of cash flows
For period ending 31 July 2011
in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					2011/12	2010/11
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	Actual
Cash flows from operating activities												
Cash receipts from Ministry of Health, patients and other revenue	11,000	11,422	(422)	(3.7%)	10,625	11,000	11,422	(422)	(3.7%)	10,625	134,640	129,326
Cash paid to employees	(4,067)	(4,479)	412	(9.2%)	(4,292)	(4,067)	(4,479)	412	(9.2%)	(4,292)	(53,394)	(52,322)
Cash paid to suppliers	(1,803)	(2,401)	598	(24.9%)	(3,331)	(1,803)	(2,401)	598	(24.9%)	(3,331)	(28,747)	(32,217)
Cash paid to external providers	(3,802)	(2,616)	(1,186)	45.3%	(2,262)	(3,802)	(2,616)	(1,186)	45.3%	(2,262)	(30,974)	(28,353)
Cash paid to other District Health Boards	(1,459)	(1,459)	0	(0.0%)	(1,410)	(1,459)	(1,459)	0	(0.0%)	(1,410)	(17,509)	(17,831)
Cash generated from operations	(131)	467	(598)	(128.1%)	(670)	(131)	467	(598)	(128.1%)	(670)	4,015	(1,397)
Interest paid	0	0	0	0.00	(117)	0	0	0	0.00	(117)	(698)	(811)
Capital charge paid	(99)	(99)	0	0.00	(121)	(99)	(99)	0	0.00	(121)	(1,089)	(723)
Net cash flows from operating activities	(230)	368	(598)	(162.5%)	(908)	(230)	368	(598)	(162.5%)	(908)	2,228	(2,931)
Cash flows from investing activities												
Interest received	16	18	(2)	(9.6%)	21	16	18	(2)	(9.6%)	21	201	818
(Increase) / Decrease in investments	1,000	0	1000	100000.0%	0	1,000	0	1000	100000.0%	0	0	(1,913)
Acquisition of property, plant and equipment	(506)	(84)	(422)	501.2%	(383)	(506)	(84)	(422)	501.2%	(383)	(4,250)	(3,124)
Net cash flows from investing activities	499	(76)	575	(752.6%)	(362)	499	(76)	575	(752.6%)	(362)	(4,049)	(4,219)
Cash flows from financing activities												
Proceeds from equity injections	0	0	0		0	0	0	0		0	4,500	7,212
Repayment of equity	0	0	0		0	0	0	0		0	(68)	(68)
Cash generated from equity transactions	0	0	0		0			0			4,432	7,144
Repayment of borrowings	0	0	0		0	0	0	0		0	(250)	(250)
Net cash flows from financing activities	0	0	0		0	0	0	0			-250	-250
Net increase in cash and cash equivalents	269	291	(22)	(7.7%)	(1,270)	269.0	291.4	(22.4)	(7.7%)	(1,270)	2,361	(256)
Cash and cash equivalents at beginning of year	2,920	3,125	(205)	(6.6%)	3176	2,920.0	3,125.0	(205.0)	(6.6%)	3176	3,125	3,176
Cash and cash equivalents at end of year	3,189	3,416	(227)	(6.7%)	1906	3,189.0	3,416.4	(227.4)	(6.7%)	1,906	5,486	2,920

West Coast District Health Board
Provider Operating Statement for period ending 31 July 2011
in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2011/12		Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Forecast	Budget	2010/11
Income													
Internal revenue-Funder to Provider	5,122	5,205	(83)	(1.6%)	5,066	5,122	5,205	(83)	(1.6%)	5,066	62,459	62,459	63,174
Ministry of Health side contracts	159	144	15	10.5%	181	159	144	15	10.5%	181	1,727	1,727	1,986
Other Goverment	649	580	69	11.9%	514	649	580	69	11.9%	514	6,010	6,010	6,161
InterProvider Revenue (Other DHBs)	7	11	(4)	(34.0%)	10	7	11	(4)	(34.0%)	10	127	127	118
Patient and consumer sourced	239	239	0	0.00	240	239	239	0	0.00	240	2,965	2,965	2,828
Other income	93	109	(16)	(15.0%)	104	93	109	(16)	(15.0%)	104	1,488	1,488	1,454
Total income	**6,269**	**6,288**	**(19)**	(0.3%)	**6,116**	**6,269**	**6,288**	**(19)**	(0.3%)	**6,116**	**74,776**	**74,776**	**75,721**
Expenditure													
Employee benefit costs													
Medical Personnel	759	855	96	11.3%	793	759	855	96	11.3%	793	10,823	10,823	10,506
Nursing Personnel	1,961	1,993	32	1.6%	1,927	1,961	1,993	32	1.6%	1,927	23,405	23,405	23,770
Allied Health Personnel	710	801	91	11.3%	733	710	801	91	11.3%	733	9,426	9,426	8,763
Support Personnel	160	170	10	5.6%	162	160	170	10	5.6%	162	1,996	1,996	2,085
Management/Administration Personnel	536	569	33	5.8%	553	536	569	33	5.8%	553	6,655	6,655	6,489
	4,126	**4,388**	**262**	**6.0%**	**4,168**	**4,126**	**4,388**	**262**	**6.0%**	**4,168**	**52,304**	**52,304**	**51,613**
Outsourced Services													
Contracted Locum Services	963	730	(233)	(32.0%)	619	963	730	(233)	(32.0%)	619	6,283	6,283	9275
Outsourced Clinical Services	380	279	(101)	(36.2%)	279	380	279	(101)	(36.2%)	279	3,348	3,348	3888
Outsourced Services - non clinical	46	75	29	38.3%	36	46	75	29	38.3%	36	898	898	726
	1,389	**1,083**	**(306)**	**(28.2%)**	**934**	**1,389**	**1,083**	**(306)**	**(28.2%)**	**934**	**10,528**	**10,528**	**13,889**
Treatment Related Costs													
Disposables, Diagnostic & Other Clinical Supplies	113	112	(1)	(1.2%)	116	113	112	(1)	(1.2%)	116	1,343	1,343	1,373
Instruments & Equipment	166	146	(20)	(13.7%)	107	166	146	(20)	(13.7%)	107	1,754	1,754	1,896
Patient Appliances	23	31	8	25.8%	30	23	31	8	25.8%	30	370	370	367
Implants and Prostheses	86	49	(38)	(77.3%)	57	86	49	(38)	(77.3%)	57	583	583	1,007
Pharmaceuticals	125	151	26	17.2%	178	125	151	26	17.2%	178	1,800	1,800	1,895
Other Clinical & Client Costs	98	106	8	7.5%	86	98	106	8	7.5%	86	1,442	1,442	1,204
	611	**594**	**(17)**	**(2.8%)**	**574**	**611**	**594**	**(17)**	**(2.8%)**	**574**	**7,292**	**7,292**	**7,742**
Infrastructure Costs and Non Clinical Supplies													
Hotel Services, Laundry & Cleaning	301	298	(3)	(1.0%)	279	301	298	(3)	(1.0%)	279	3,575	3575.28	3564
Facilities	276	201	(75)	(37.0%)	237	276	201	(75)	(37.0%)	237	2,375	2374.8	2608
Transport	91	70	(21)	(30.4%)	109	91	70	(21)	(30.4%)	109	898	897.7	1036
IT Systems & Telecommunications	103	120	17	13.9%	83	103	120	17	13.9%	83	1,435	1435.2	1322
Professional Fees & Expenses	17	22	5	22.4%	38	17	22	5	22.4%	38	263	262.8	282
Other Operating Expenses	76	94	18	18.7%	79	76	93	17	17.8%	79	1,129	1129.3	983
Internal allocation to Governanance Arm	110	110	0	0.2%	82	110	110	0	0.2%	82	1,323	1323	984
	974	**914**	**(60)**	**(6.5%)**	**907**	**974**	**913**	**(61)**	**(6.6%)**	**907**	**10,998**	**10,998**	**10,839**
Total Operating Expenditure	**7,100**	**6,980**	**(120)**	**(1.7%)**	**6,583**	**7,100**	**6,979**	**(121)**	**(1.7%)**	**6,583**	**81,122**	**81,122**	**84,083**
Deficit before Interest, Depn & Cap Charge	**(831)**	**(692)**	**139**	**(20.1%)**	**(468)**	**(831)**	**(691)**	**140**	**(20.3%)**	**(458)**	**(6,347)**	**(6,347)**	**(8,362)**
Interest, Depreciation & Capital Charge													
Interest Expense	62	61	(1)	(1.3%)	59	62	61	(1)	(1.3%)	59	735	735.2	771
Depreciation	375	400	25	6.2%	397	375	400	25	6.2%	397	4,797	4796.9	4651
Capital Charge Expenditure	76	90	14	15.6%	111	76	90	14	15.6%	111	1,080	1080	690
Total Interest, Depreciation & Capital Charge	**513**	**551**	**38**	**6.9%**	**567**	**513**	**551**	**38**	**6.9%**	**567**	**6,612**	**6,612**	**6,112**
Net deficit	**(1,344)**	**(1,243)**	**101**	**(8.1%)**	**(1,035)**	**(1,344)**	**(1,242)**	**102**	**(8.2%)**	**(1,035)**	**(12,959)**	**(12,959)**	**(14,474)**

West Coast District Health Board

Funder Operating Statement for the years ending 31 July 2011

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2011/12		Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Forecast	Budget	2010/11
Income													
PBF Vote Health-funding package (excluding Mental Health)	8,374	7,965	409	5.1%	8,154	8,374	7,965	409	5.1%	8,154	97,905	97,905	101,347
PBF Vote Health-Mental Health Ring fence	1,157	1,157	0	0.00	1,120	1,157	1,157	0	0.00	1,120	13,884	13,884	13,440
MOH-funding side contracts	159	560	(401)	(71.6%)	73	159	560	(401)	(71.6%)	73	6,721	6,721	1,294
Inter District Flow's	157	157	0	0.00	145	157	157	0	0.00	145	1,884	1,884	1,652
Other income	15	15	0	0.00	26	15	15	0	0.00	26	180	180	216
Total income	**9,862**	**9,854**	**8**	**0.1%**	**9,518**	**9,862**	**9,854**	**8**	**0.1%**	**9,518**	**120,574**	**120,574**	**117,949**
Expenditure													
Personal Health	6,476	6,518	(42)	(0.6%)	6,191	6,476	6,518	(42)	(0.6%)	6,191	78,016	78,016	78,265
Mental Health	1,134	1,157	(23)	(2.0%)	1,050	1,134	1,157	(23)	(2.0%)	1,050	13,884	13,884	12,995
Disability Support	1,361	1,466	(105)	(7.2%)	1,409	1,361	1,466	(105)	(7.2%)	1,409	17,370	17,370	16,481
Public Health	71	84	(13)	(15.7%)	81	71	84	(13)	(15.7%)	81	1,011	1,011	1,009
Maori Health	41	55	(14)	(25.6%)	42	41	55	(14)	(25.6%)	42	661	661	503
Governance	98	98	0	0.2%	98	98	98	0	0.2%	98	1,174	1,174	1,176
Total expenses	**9,181**	**9,378**	**(197)**	**(2.1%)**	**8,871**	**9,181**	**9,378**	**(197)**	**(2.1%)**	**8,871**	**112,116**	**112,116**	**110,429**
Net Surplus	**681**	**476**	**205**	**43.1%**	**647**	**681**	**476**	**205**	**43.1%**	**647**	**8,458**	**8,458**	**7,520**

West Coast District Health Board

Governance Operating Statement for the period ending 31 July 2011

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2011/12		Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Forecast	Budget	2010/11
Income													
Internal Revenue	98	98	0	0.2%	112	98	98	0	0.2%	112	1,174	1,174	1,176
Other income	0	4	(4)	(100.0%)	0	0	4	(4)	(100.0%)	0	50	50	115
Internal allocation from Provider Arm	110	110	(0)	(0.2%)	82	110	110	(0)	(0.2%)	82	1,323	1,323	984
Total income	**208**	**212**	**(4)**	**(2.0%)**	**194**	**208**	**212**	**(4)**	**(2.0%)**	**194**	**2,547**	**2,547**	**2,275**
Expenditure													
Employee benefit costs	84	91	7	7.6%	78	84	91	(7)	(7.6%)	78	1,091	1,091	1,060
Outsourced services	45	54	9	16.4%	50	45	54	(9)	(16.4%)	50	646	646	521
Other operating expenses	47	44	(3)	(6.2%)	30	47	44	3	6.2%	30	531	531	370
Democracy	22	23	1	5.6%	23	22	23	(1)	(5.6%)	23	280	280	315
Total expenses	198	212	14	6.7%	181	198	212	(14)	(6.7%)	181	2,548	2,548	2,266
Net Surplus / (Deficit)	**10**	**0**	**10**		**13**	**10**	**(0)**	**10**		**13**	**(0)**	**(0)**	**9**

HEALTH TARGETS

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

FROM: **Wayne Turp, General Manager Planning and Funding**

DATE: **9 September 2011**

National Health Targets

West Coast DHB

Quarter 4 2010/11 Performance Summary

Target	Q1	Q2	Q3	Q4	Status Q4
Shorter Stays in ED: 95% of patients are to be admitted, discharged or transferred from an ED within 6 hours.	100%	100%	100%	100%	✓
Improved Access to Elective Surgery: West Coast's volume of elective surgery is to be increased to 1,592 in 2010/11.	79% (328 YTD)	88% (705 YTD)	101% (1,175 YTD)	107% (1,705) provisional	✓
Shorter Waits for Cancer Radiotherapy Treatment: 100% of people needing cancer radiation therapy are to have it within **six** weeks.	95%	87.5%	100%	100%	✓
Shorter Waits for Cancer Radiotherapy Treatment: 100% of people needing cancer radiation therapy are to have it within **four** weeks.	N/A	N/A	89%	100%	✓
Increased Immunisation: 91% of two year olds are to be fully immunised.	80%	93%	82%	84%	✗
Better Help for Smokers to Quit: 90% of hospitalised smokers are to receive help and advice to quit.	59%	72%	88%	83%	✗
Better Diabetes and Cardiovascular Services: Average progress made towards three target indicators[1]	74%	74%	73%	72%	✗

[1] Rolling 12 month average, 3 months in arrears

Better Diabetes and Cardiovascular Services: 80% of the eligible adult population who have had a fasting-lipid/glucose test in the last five years.[2]	76%	77%	77%	76.3%	✘
Better Diabetes and Cardiovascular Services: 65% of people with diabetes who have attended a free annual review.[3]	63%	64%	68%	71%	✓
Better Diabetes and Cardiovascular Services: 80% of those receiving a diabetes annual review who have satisfactory or better diabetes management.[4]	70%	72%	71%	69%	✘

FEEDBACK FROM THE DIRECTOR-GENERAL OF HEALTH - 2010/2011 QUARTER FOUR PUBLISHED HEALTH TARGET RESULTS FOR ALL DHBs:

Overall results

Nationally the quarter four year-end 2010/11 health target results show excellent performance improvement across most of the health target areas. Three of the national health targets have been met: Improved access to elective surgery, Shorter waits for cancer treatment and Increased immunisation. The results for each target are summarised below.

The national **Improved access to elective surgery** target has been achieved, with 145,353 elective surgical discharges provided, against a target of 140,063 discharges. This is 5290 discharges (four percent) more than planned

Nationally 99.95 percent of patients, who were ready for treatment, received their radiation treatment within four weeks of their first specialist radiation oncology assessment in the **Shorter waits for cancer treatment** health target

The national **Increased immunisation** health target was achieved this quarter. National immunisation coverage increased from 87 percent in quarter four 2009/10 to 90.4 percent in quarter four 2010/11 against a target of 90 percent for total population.

National performance against the **Shorter stays in Emergency Departments** target increased to 92 percent this quarter compared with 89 percent in quarter three 2010/11 and 80 percent in quarter one 2009/10.

In quarter four 85 percent of smokers were offered help and advice to quit in the **Better help for smokers to quit target**. This compares with 74 percent in quarter three 2010/11.

[2] Actual figures for the quarter
[3] Actual data for the quarter
[4] Actual data for the quarter

The national composite performance in the **Better diabetes and cardiovascular services** health target for the year was 72 percent, down from 73.1 percent in quarter three 2010/11.

Health target results for 2010/11 quarter four compared with quarter three 2010/11 and quarter four 2009/10

Target Area	National goal	Quarter four 2009/10	Quarter three 2010/11	Quarter four 2010/11
Shorter stays in Emergency Departments	95%	86.5%	88.9%	91.6%
Improved access to elective surgery	100%	105.1%	101.5%	103.8%
Shorter waits for cancer treatment[5]	100%	99.3%	98.9%	99.9%
Increased immunisation	90%	87.2%	88.8%	90.4%
Better help for smokers to quit	90%	56.8%	73.7%	84.6%
Better diabetes and cardiovascular services	N/A[6]	69.8%	73.0%	72.0%

This quarter Canterbury DHB's performance has not been ranked in four of the six health targets (elective surgery, cancer, tobacco and CVD diabetes) in acknowledgement of the impact of the earthquakes on the DHB's year-end results.

The quarter four results represent the year end position for each target based on quarter four reports supplied by DHBs. The electives target is a volume target, and as such is the only target where the assessment is based on a cumulative result from the full year.

Individualised performance-focused letters will be sent to all DHB Chairs, copied to DHB CEOs, from the Minister of Health. The letters will contain specific feedback from Target Champions about each DHB's quarter four health target performance. Target Champions will also be contacting poorer performing DHBs in each target area. DHBs' overall performance has been discussed with the Minister of Health.

The table of DHB performance for publication in newspapers and newsletters has a column to describe the change in performance between quarter three 2010/11 and quarter four 2010/11. Upward and downward triangles indicate where progress has increased or decreased and the dash '-' indicates no change. Changes up to and including one percent have not been displayed in the newspaper table as improvements or decreases in performance. Changes of 1.01 percent or more are displayed as upward or downward facing triangles.

As in previous quarters, detailed data on the quarter four results will be available on the Ministry's website from Wednesday 31 August 2011. This includes an interactive excel spreadsheet where detailed results are available by target area, including by ethnicity for some targets, and / or by DHB. Refer to www.moh.govt.nz/healthtargets

[5] In January 2011 the Shorter waits for cancer treatment health target wait time shifted from six weeks to four weeks. The result for quarter four 2009/10 is based on the six week wait time. Quarter three and four 2010/11 results are based on the four week wait time.

[6] Performance against the better diabetes and cardiovascular services health target is an average of three target indicators and there is no overall national goal.

The purpose of the briefing points from Target Champions is to provide additional background information to support DHBs disseminating the target results to local communities. This information is not developed to be published in full.

Please note the Ministry plan to publish the quarter four results on 31 August. In some of the past quarters, the Minister has released the results a day early.

Health target results

1. Shorter stays in emergency departments

National performance against the target increased to 91.6 percent this quarter. This is an impressive result, particularly in a 'winter quarter', and is the highest national result achieved so far. It compares to a performance of 88.9 percent recorded last quarter (quarter three 2010/11) and an initial performance of 80.1 percent in quarter one of 2009/10.

The number of individual DHBs achieving the target also increased again this quarter to nine, with Auckland DHB achieving 95 percent for the first time. The other DHBs also achieving the target are Canterbury, Counties Manukau, Nelson Marlborough, South Canterbury, Tairawhiti, Taranaki, Wairarapa and West Coast. A further two DHBs, Hawke's Bay and Waitemata, are just short of the target on 94 percent.

Of the 11 DHBs not currently achieving the target, only two – Capital & Coast and Lakes – did not record an improvement in performance this quarter.

Earthquake impact

Canterbury DHB maintained its achievement of the 95 percent target this quarter despite pressure on hospital capacity and bed availability due to the closure of four wards following the February earthquake.

DHB performance

Auckland DHB achieved the 95 percent target for the first time this quarter. The DHB has recorded strong performance improvement over the last two quarters improving from 78 percent in quarter two and 88 percent in quarter three of 2010/11.

Waitemata DHB recorded the biggest improvement in performance this quarter, increasing by 13.9 percent to 94 percent. Overall Waitemata DHB's performance has improved 32.7 percent since the target was introduced and it has gone from being bottom of the DHB performance table with 61 percent, to 11th this quarter.

Capital & Coast DHB's performance deteriorated by a further one percent this quarter, to 74 percent. As a result it remains the poorest performing DHB by a growing margin with the next poorest performing DHB, Southern, improving this quarter to 83 percent.

Lakes was the only other DHB not achieving the target to record a decrease in performance this quarter. It decreased 1.4 percent to 89 percent. This is the first quarter that Lakes DHB's performance has deteriorated and with the performance of other DHBs improving, Lakes has dropped to a ranking of 15th out of the 20 DHBs.

2. Improved access to elective surgery

Quarter four results for the elective surgery target show the national target has been achieved, with 145,353 elective surgical discharges provided, against a target of 140,063 discharges. This is 5290 (four percent) more than planned. This includes the additional discharges to support Canterbury DHB's potential shortfall as a result of the earthquakes. This is also an improvement of 6977 discharges over the final results for 2010/11, when 138,376 people received treatment.

Earthquake impact
Canterbury DHB's results show them being 504 discharges (three percent) behind plan. This is considered an excellent result under the circumstances. The DHB has worked hard to ensure elective surgery was maximised in the final quarter of the year. The National Health Board confirmed additional elective surgery in other DHBs to address any shortfall.

DHB performance
Nineteen DHBs have achieved their target, four more than in quarter three. Eight DHBs (Northland, Counties Manukau, Lakes, MidCentral, Taranaki, Whanganui, Wairarapa and West Coast) have an 'outstanding rating' where actual delivery is more than five percent over their planned level.

There has been notable improvement in performance between quarter three and four. Three DHBs who were behind in quarter three are now ahead of plan:

- Capital & Coast improved from 99 percent to 103 percent
- Hutt Valley improved from 99 percent to 102 percent
- Tairawhiti improved from 97 percent to 101 percent.

All DHBs but Canterbury have met their target.

3. Shorter waits for cancer treatment radiotherapy

Nationally 99.95 percent of patients, who were ready for treatment, received their radiation treatment within four weeks of their first specialist radiation oncology assessment. One Canterbury DHB patient waited three days longer than four weeks as a direct result of the earthquake in Christchurch.

Earthquake impact
The impact of the earthquake continues not only for Canterbury DHB but also for Southern and Capital & Coast DHBs. Southern and Capital & Coast DHBs continue to receive referrals for patients who are domiciled to West Coast, Nelson Marlborough and South Canterbury DHBs and who would normally be treated at Canterbury DHB.

DHB performance
All 20 DHBs are outstanding performers this quarter, with the four week wait health target achieved for almost all patients during quarter four 2010/11. Further, despite the ongoing consequential impacts of the earthquakes, Canterbury DHB achieved 99.53 percent with

only one patient waiting three days longer than four week target as a direct result of the earthquake.

The Ministry continues to intensively monitor all Cancer Centre DHBs against the four week health target. Performance monitoring includes weekly assessment of:

- performance against the four week target
- factors influencing treatment delivery capacity
- use of delay code categories.

4. Increased immunisation

The national Increased immunisation health target was achieved this quarter. National immunisation coverage increased from 87 percent in quarter four 2009/10 to 90.4 percent in quarter four 2010/11 against a target of 90 percent for total population. Ethnicity coverage in quarter four was: NZ European 91.3 percent; Māori 87.8 percent; Pacific 94.2 percent and Asian 95.8 percent.

Earthquake impact
Canterbury DHB achieved immunisation coverage of 90 percent in quarter four against their own target of 91 percent for total population. Māori coverage reached 91 percent and Pacific coverage 98 percent.

DHB performance
In quarter four, 13 DHBs achieved or exceeded the immunisation target of 90 percent coverage for total population; Auckland (92 percent), Canterbury (90 percent), Capital & Coast (91 percent), Counties Manukau (90 percent), Hawke's Bay (93 percent), Hutt Valley (91 percent), MidCentral (92 percent), South Canterbury (92 percent), Southern (93 percent), Tairawhiti (90 percent), Waikato (91 percent), Wairarapa (94 percent), Waitemata (92 percent).

- Canterbury, Capital & Coast, Hawke's Bay, Hutt Valley, South Canterbury and Southern DHBs achieved a full year of coverage at or above 90 percent.
- Canterbury did not achieve their own target of 91 percent; nevertheless they continued to provide exceptionally high levels of coverage despite the recurrent earthquakes in the city and consequent severe disruption to services.
- Auckland DHB exceeded their stretch target of 91 percent.
- Counties Manukau achieved the national target and lifted coverage from 87 percent in quarter three to 90 percent coverage in quarter four; the DHB also increased Māori coverage by four percentage points from quarter three.
- Wairarapa DHB increased coverage from 89 percent in quarter one to 94 percent in quarter four for total population; the DHB exceeded its Māori population target of 91 percent, achieving 94 percent coverage.

DHB total population and ethnicity targets
The following DHBs achieved their own total population and ethnicity targets this quarter.

Māori:

Māori immunisation coverage increased from 83 percent in quarter four 2009/10 to 87.8 percent in quarter four 2010/11 against a target of 90 percent.

- Thirteen DHBs achieved or exceeded the Māori population coverage targets; Auckland (89 percent), Bay of Plenty (88 percent), Canterbury (91 percent), Hawke's Bay (93 percent), Hutt Valley (92 percent), Nelson Marlborough (87 percent), South Canterbury (94 percent), Southern (95 percent),Tairawhiti (90 percent), Waikato (90 percent), Wairarapa (94 percent), West Coast (89 percent), Whanganui (89 percent).

Pacific:
Pacific immunisation coverage increased from 89 percent in quarter four 2009/10 to 94.2 percent in quarter four 2010/11 against a target of 90 percent.

- All providers with specific Pacific population coverage targets exceeded their targets Auckland (95 percent), Capital & Coast (92 percent), Canterbury (98 percent), Counties Manukau (92 percent), Hutt Valley (97 percent), Waikato (94 percent), Waitemata (97 percent).

Total population:
Bay of Plenty DHB exceeded their total population target of 85 percent with 87 percent coverage.

5. Better help for smokers to quit

Further progress has been made in quarter four with the national average increasing from 74 percent in quarter three to 85 percent of smokers being offered help and advice to quit nationally in quarter four.

Nine DHBs have achieved or exceeded the 90 percent target in quarter four and 11 DHBs achieved or exceeded 90 percent in the month of June.

Over 33,444 hospitalised smokers have been identified in quarter four and 28,303 have received brief advice.

In 2010/11, over 96,000 hospitalised patients have been offered brief advice and help to quit.

Earthquake impact
Canterbury DHB's results have dropped from 77 percent in quarter three to 70 percent in quarter four. The decline in results has been most apparent at Christchurch Hospital which contributes to a large proportion of patient events, and which has had to deal with significant disruption following the earthquake.

DHB performance

- Lakes DHB has achieved 100 percent in quarter four and is the top performing DHB for the quarter.

- Capital & Coast DHB has made significant progress and has achieved the target in quarter four with 97 percent despite being one of the three poorest performing DHBs in quarter three at 66 percent.
- Hawke's Bay, Nelson Marlborough, Northland and Whanganui DHBs have all made significant progress over the quarter and have achieved the target.
- South Canterbury, Wairarapa and Hutt Valley DHBs have all achieved the target again this quarter, and have improved on their quarter three results.
- Taranaki DHB has made significant progress in quarter four, moving from 61 percent in quarter three to 83 percent in quarter four. The 90 percent target was not achieved for the quarter, but Taranaki DHB did achieve 92 percent in the month of June.
- West Coast DHB's results have dropped from 88 percent in quarter three to 83 percent in quarter four.
- Bay of Plenty DHB has made progress this quarter but is one of the two poorest performing DHBs.
- Auckland DHB and Southern DHB have both made progress this quarter but have not achieved the target and are some of the poorest performing DHBs.
- Canterbury DHB's results have dropped from 77 percent to 71 percent in this quarter.

6. Better diabetes and cardiovascular services

National composite performance[7] in the Better diabetes and cardiovascular services health target for the year was 72 percent (down from 73 percent in the first three quarters of 2010/11). Between quarters three and four 2010/11, six DHBs improved their results and 12 DHBs were within 2 percent of their targets.

When comparing quarter one 2010/11 to quarter four 2010/11, eight DHBs have improved, nine DHBs fell by less than three percent, and three DHBs fell by more than five percent (Lakes, Taranaki and West Coast).

Performance in the CVD risk assessment indicator saw eleven DHBs achieving their 2010/11 targets. Twelve DHBs achieved their 2010/11 targets in the diabetes free annual checks indicator, however DHBs had less success with their diabetes management, with only five DHBs achieving their targets.

Earthquake impact
Canterbury DHB performed well in achieving the diabetes management indicator and was just two percent below their free annual checks target by the end of March 2011. Establishing and stabilising the enrolled population remains a major focus post-quake.

DHB performance

CVD risk assessment

[7] 'Composite performance' is an average of performance across the three target indictors: CVD risk assessment, diabetes free annual checks and diabetes management.

Nationally the percentage of the eligible population who have had their CVD risk assessed in the last five years has reached 76 percent, down from 77 percent in quarter three 2010/11, but similar to quarters one (76 percent) and two (76.5 percent) 2010/11.

All DHBs performed reasonably well in the CVD risk assessment target, although none were above 90 percent, the results ranged from 68 to 82 percent against targets of 60 to 81 percent.

MidCentral remains the top performing DHB in this indicator at 82 percent, with Waitemata DHB and Counties Manukau DHB at 80 percent.

Diabetes free annual checks

Based on the number of diabetes free annual checks delivered during 2010/11[8], nationally 66 percent (or 122,089) of people with diabetes received their free annual checks. The result for quarter three was 69 percent, with quarter one being 70 percent. Twelve DHBs achieved their DHB-specific total targets for 2010/11 while four were within five percent of the target.

For Māori and Pacific, the year end results show 71 percent (or 17,874) of Māori with diabetes received their free annual checks and 78 percent (or 14,312) of Pacific people.

Counties Manukau DHB and Waikato DHB surpassed their locally set targets by about 20 percent. Taranaki DHB continued to rank first for delivery, with Counties Manukau DHB second and Whanganui DHB third.

Diabetes management

Nationally, of those who have received their diabetes free annual check during 2010/11, 74 percent had satisfactory or better diabetes management. This target showed a slight increase with quarter three at 73 percent, and quarter one at 72 percent. However, only five DHBs (Canterbury, Capital & Coast, Counties Manukau, Lakes and Whanganui) achieved their DHB-specific targets for 2010/11, with ten DHBs less than five percent below their targets.

For the diabetes management, Southern DHB was the highest performer with 95 percent of its target achieved, with Whanganui DHB and South Canterbury DHB ranking second and third.

The NZ Guidelines Group has developed an evidence-based clinical guidelines package for primary care on diabetes management. This is being disseminated through their website and the Ministry's Health Improvement and Innovation Resource Centre (HIIRC) website.

New CVD diabetes health target in 2011/12

From 1 July 2011 the new national target for the CVD indicator is 90 percent. This target has been agreed in DHB Annual Plans.

[8] This 2010/11 target is reported in arrears, so the year in which services are delivered is 1 April 2010 to 31 March 2011.

FAQ'S FOR QUARTER FOUR HEALTH TARGET RESULTS

What are the overall quarter four health target results?

Nationally the quarter four year-end 2010/11 health target results show excellent performance improvement across most of the health target areas. Three of the national health targets have been met: Improved access to elective surgery, Shorter waits for cancer treatment and Increased immunisation.

How did each health target perform?

Shorter Stays in Emergency Departments

National performance against the Shorter stays in Emergency Departments target increased to 92 percent this quarter compared with 89 percent in quarter three 2010/11 and 80 percent in quarter one 2009/10.

Improved Access to Elective Surgery

The national Improved access to elective surgery target has been achieved, with 145,353 elective surgical discharges provided, against a target of 140,063 discharges. This is 5290 discharges (four percent) more than planned.

Shorter Waits for Cancer Treatment Radiotherapy

Nationally 99.95 percent of patients, who were ready for treatment, received their radiation treatment within four weeks of their first specialist radiation oncology assessment in the Shorter waits for cancer treatment health target.

Increased Immunisation

The national Increased immunisation health target was achieved this quarter. National immunisation coverage increased from 87 percent in quarter four 2009/10 to 90.4 percent in quarter four 2010/11 against a target of 90 percent for total population.

Better Help for Smokers to Quit

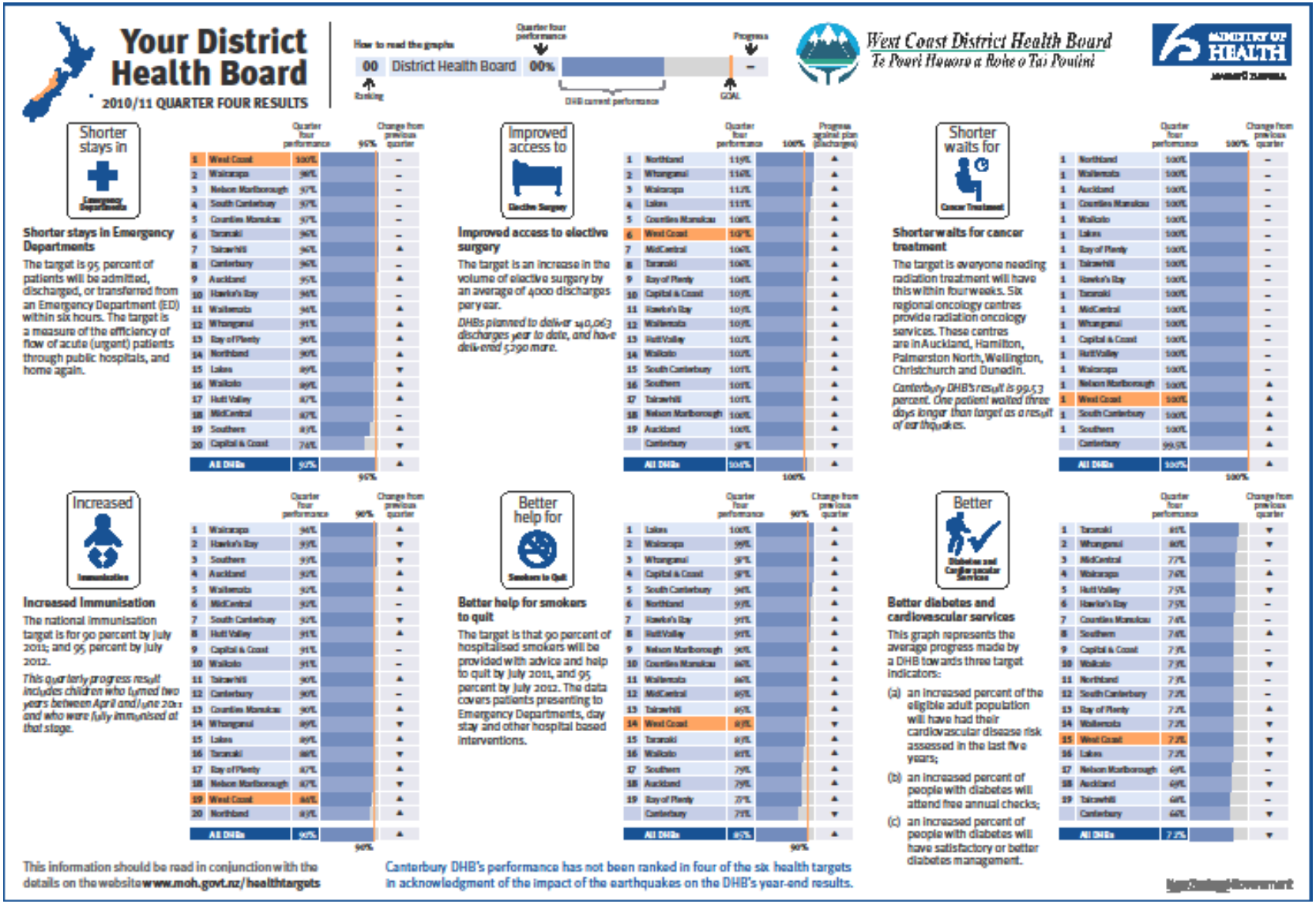
In quarter four 85 percent of smokers were offered help and advice to quit in the Better help for smokers to quit target. This compares with 74 percent in quarter three 2010/11.

Better Diabetes and Cardiovascular Services

The national composite performance in the Better diabetes and cardiovascular services health target for the year was 72 percent, down from 73.1 percent in quarter three 2010/11.

Where can I find out more information on how my DHB is performing?

More specific information on each of the health targets can be found on the Ministry of Health's website at http://www.moh.govt.nz/moh.nsf/indexmh/healthtargets-reporting


Your District Health Board
2010/11 QUARTER FOUR RESULTS
How to read the graphs
Quarter four performance
Progress
00 District Health Board 00%
Ranking
DHB current performance
GOAL
West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini
MINISTRY OF HEALTH
Shorter stays in Emergency Departments
Shorter stays in Emergency Departments
The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.
Improved access to Elective Surgery
Improved access to elective surgery
The target is an increase in the volume of elective surgery by an average of 4000 discharges per year.
DHBs planned to deliver 140,063 discharges year to date, and have delivered 5790 more.
Shorter waits for Cancer Treatment
Shorter waits for cancer treatment
The target is everyone needing radiation treatment will have this within four weeks. Six regional oncology centres provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin.
Canterbury DHB's result is 99.53 percent. One patient waited three days longer than target as a result of earthquakes.
Increased Immunisation
Increased Immunisation
The national immunisation target is for 90 percent by July 2013; and 95 percent by July 2012.
This quarterly progress result includes children who turned two years between April and June 2011 and who were fully immunised at that stage.
Better help for Smokers to Quit
Better help for smokers to quit
The target is that 90 percent of hospitalised smokers will be provided with advice and help to quit by July 2011, and 95 percent by July 2012. The data covers patients presenting to Emergency Departments, day stay and other hospital based interventions.
Better Diabetes and Cardiovascular Services
Better diabetes and cardiovascular services
This graph represents the average progress made by a DHB towards three target indicators:
(a) an increased percent of the eligible adult population will have had their cardiovascular disease risk assessed in the last five years;
(b) an increased percent of people with diabetes will attend free annual checks;
(c) an increased percent of people with diabetes will have satisfactory or better diabetes management.
This information should be read in conjunction with the details on the website www.moh.govt.nz/healthtargets
Canterbury DHB's performance has not been ranked in four of the six health targets in acknowledgment of the impact of the earthquakes on the DHB's year-end results.

RECOMMENDATION

That the West Coast District Health Board receives the Health Targets Report.

Author:	**General Manager – Planning And Funding 31 August 2011**

REPORTS FROM BOARD ADVISORY COMMITTEES

Reports and minutes have been received from the following West Coast District Health Board Advisory Committees:

- Hospital Advisory Committee
- Community and Public Health Advisory Committee and Disability Support Advisory Committee

RECOMMENDATION

That the West Coast District Health Board receives the West Coast District Health Board Advisory Committee Reports.

HAC REPORT TO BOARD

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

FROM: **Chair, Hospital Advisory Committee**

DATE: **25th August 2011**

REPORTING BACK ON PROVIDER ARM PERFORMANCE AND RELATED MATTERS

(Meeting held Thursday, 18th August 2011)

Elective Services

Medical Rostering – the new system is still being embedded and improved, however significant benefits are already being realised which will ultimately help with the management of annual elective targets. The Committee has requested a brief explanation on whether overproduction has any fiscal impact (whether negative / positive) to the DHB.

Human Resources

Positive progress continues to be made around clinical appointments of specialist roles which have traditionally struggled to attract any interest – while possibly a reflection of the global economy, we should also acknowledge the role of HR under the restructured collaborative model.

Outpatient Department Cancellations

Did Not Attend (DNA) rates are higher than in the past and is an area that be significantly improved. A project on improving the areas of DNAs and Clinical cancellations is to commence with a focus on how the Better Sooner More Convenient initiative can assist this matter.

Finance Report

- The draft July YTD deficit of $634k is $113k better than budget.
- Over expenditure continues in usual problematic areas such as outsourced resources and clinical supplies and needs to remain an ongoing priority in terms of hitting year-end target.
- HAC advised that the second six months are expected to be more favourable than the first six months due to anticipated recruitment of permanent staff.

RECOMMENDATION:
The Board is requested to note this report for their information.

DRAFT MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING HELD THURSDAY 18 AUGUST 2011 AT 11.00AM IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

PRESENT Warren Gilbertson, Chair
Sharon Pugh, Deputy Chair
Paula Cutbush
Richard Wallace
Doug Truman

IN ATTENDANCE Peter Ballantyne, Board Deputy Chair
Mary Molloy, Board Member
Hecta Williams, General Manager
Gary Coghlan, General Manager Maori Health
Karyn Kelly, Acting Director of Nursing and Midwifery
Raewyn McKnight, Service Manager Allied Health, Diagnostics and Support Services
Bryan Jamieson, Community Liaison Officer
Sandra Gibbens, Minute Secretary

APOLOGIES Gail Howard
Dr Paul McCormack

Karakia – Richard Wallace

1. WELCOME, APOLOGIES AND AGENDA

The Chair welcomed everyone to the meeting. Apologies were accepted from Gail Howard and Dr Paul McCormack

Moved: Warren Gilbertson **Seconded: Sharon Pugh**

Motion:
"THAT the apologies be accepted."

Carried.

2. DISCLOSURES OF INTERESTS

There were no amendments to the disclosures of interest.

3. MINUTES OF THE PREVIOUS HOSPITAL ADVISORY COMMITTEE MEETING HELD 14 JULY 2011

Moved: Doug Truman **Seconded: Sharon Pugh**

Motion:
"THAT the minutes of the Hospital Advisory Committee meeting held 14 July 2011 be adopted as a true and accurate record."

Carried.

Hospital Advisory Committee Chair's Report to the Board 28 July 2011
The key items were:

1 Recommendation to the Board regarding the Healthy Housing initiative. This was ratified by the Board for inclusion within education and awareness programmes.
2 The Hospital Advisory Committee Work Plan and Terms of Reference have been adopted by the Board subject to management's ability to deliver.
3 The opening of the Franz Josef Health Services building was noted as a positive and significant event; the Memorandum of Understanding being signed off by the Runanga during the occasion.
4 On Wednesday 27 July 2011, the reviewed Tatau Pounamu Manawhenua Advisory Group Terms of Reference were signed by Richard Wallace, Tatau Pounamu Chair; Ben Hutana, Tatau Pounamu Deputy Chair and Te Runanga O Ngaiti Waewae representative; and David Meates, Chief Executive Officer.

4. MATTERS ARISING

Item 1: Whole Board Programme re Outline for Prioritisation of Strategic Activities
The Hospital Advisory Committee Chair will liaise with the Acting General Manager Hospital Services to action this item.

Item 2: Letter of appreciation re Elective Services Recovery Plan
Actioned. To be removed from matters arising.

Item 3: Advanced Directives information to be forwarded to the Board Chair
This item has been referred to Clinical Governance. To be removed from matters arising.

Item 4: Information to be provided about whether all health practitioners support the 'Better Help for Smokers to Quit' target
Information to be provided at the next Hospital Advisory Committee meeting.

Item 5: Request to go to the Board to raise awareness of the Health Homes Initiative
Actioned. To be removed from matters arising.

Item 6: Breakdown to be provided of information captured in the Classification of Complaints graph
This information is provided within the Risk and Quality report section 6.2.

Item 7: Outpatient Department cancellations section to display current data next to last year's data to capture the movement
This information is provided within the Outpatient Department Cancellations report section 6.2.

Item 8: Feedback to be provided on a plan regarding the notification of the public about the opening of the Franz Josef clinic
Feedback was provided. To be removed from matters arising.

Item 9: Amended Work Plan and Terms of Reference to go to the Board for review and approval
Actioned. To be removed from matters arising.

Matters arising were taken as read and actioned.

5. CORRESPONDENCE

A copy of the letter of appreciation to staff regarding the Elective Services Recovery Plan is to be included in the correspondence section for the next Hospital Advisory Committee meeting.

6. WORK PLAN

Action point: The Hospital Advisory Committee Chair is to liaise with the Acting General Manager Hospital Services regarding management's ability to deliver on the Work Plan.

6.1 Health Targets

- **Shorter stays in Emergency Departments**
  The Emergency Department are working on reducing the waiting times for patients.

- **Improved Access to Elective Services**
  Elective Services have performed well in the past year, improving on last year. Production planning and rostering work is progressing well with good engagement by staff.

- **Shorter Waits for Cancer treatment**
  It is positive to note that cancer patient numbers have reduced compared to last year.

- **Better Help for Smokers to Quit**
  A new Coordinator has been appointed. An improvement on input is being sought to improve this target.

6.2 MONITOR PERFORMANCE OF THE PROVIDER ARM

Management Team Report
The General Manager, Acting Director of Nursing and Midwifery, and Service Manager Allied Health, Diagnostics and Support Services spoke to the report:

- Trend Care – Trend Care is viewed as being of key importance in managing the nursing workforce. A Trend Care Coordinator has been appointed, and systems and rostering as to key performance indicators (KPIs) are being investigated. Safe Staffing Health Workplace (SSHW) has been invited to follow up work on Trend Care, with a site visit and recommendations to come.
- Medical Rostering – the new system is still being embedded and improved. There are many positive effects resulting from the implementation of this tool.

- Primary – a new appointment booking system is being implemented at the Academic Practices. The state of primary practices in the Grey area is being carefully monitored at present.
- Carelink – improvements are noted, particularly regarding short term support services. The Carelink Needs Assessment and Service Coordination (NASC) programme is being developed to improve the provision of services to elderly people in the community.
- Buller Health – the development of the Integrated Family Health Service continues with a number of workshops being held and good progress being made.
- Franz Josef Health Services – it was agreed that this is an excellent facility and is working very well.
- Model of Care – Clinical leaders are leading this work on a comprehensive approach for a strong, sustainable system. It is presenting an opportunity to provide an innovative and creative group of clinicians on the West Coast, and it is anticipated that the Model of Care will be nearing completion by the end of this year.

Incident Reporting System
The report provided a good summary of the system and it was noted that there are significant improvements considering the short period of time that the system has been in effect. Emerging themes are being addressed, i.e. a project is being developed to improve discharge planning.

Paula Cutbush left the meeting at 11.50am
Paula Cutbush entered the meeting at 11.52am

Human Resources
The recruitment programme is proving to be successful, with some offers of employment being made for key positions within Grey Base Hospital.

Action Point: The General Manager to discuss the Obstetrics and Gynaecology vacancy with the Acting General Manager Hospital Services.

Risk and Quality Report
The General Manager spoke to the report:
- A review of the survey method is being undertaken to explore more effective ways to gain feedback from patients.
- The number of complaints has slightly increased; improvements to the system to reduce delays to responses are being developed.
- Positive comments have been received in the suggestion boxes.
- A review is underway on Standing Orders and there is potential for implementing these more broadly throughout the organisation.
- The Clinical Quality Improvement Team (CQIT) is included in the Standing Orders review with regards to its form, function and link with the Board.

Action Point: The Hospital Advisory Committee request a classification of complaints graph be provided specifically for hospital services.

Moved: Warren Gilbertson **Seconded: Sharon Pugh**

Motion:
"THAT the Hospital Advisory Committee receive the Management Team Report."

Carried.

Finance Report
The General Manager provided a verbal report for July 2011:

- The deficit of $634k is $113k better than budget.
- Over expenditure in the following areas are being focussed upon:
  - Locum costs
  - Prostheses
- The second six months are expected to be more favourable than the first six months due to anticipated recruitment of permanent staff.
- A very detailed budget is being developed to address the phasing of locums.

Moved: Warren Gilbertson Seconded: Richard Wallace

Motion:
"THAT the Hospital Advisory Committee receive the verbal Finance Report."

Carried.

Caseweights

- Acutes were significantly higher than usual; the results are being analysed.
- Outpatient volumes have marginally increased.
- It was noted that underproduction can be due to a lack of patient numbers in some areas.

Action point: The Chief Financial Manager to provide a brief update regarding the meaning of the total value of over-production costs as to fiscal impact (if any).

Elective Services Patient Flow Indicators (ESPIs)
We are compliant overall, and the areas of Ear, Nose and Throat and Dentals are improving.

Outpatient Department Cancellations

- The Did Not Attend (DNA) rates are higher than in the past and is an area that be significantly improved. A project on improving the areas of DNAs and Clinical cancellations is to be developed.
- Within the project, consideration to be given to: ways to work with the community including age-grouping, Better Sooner More Convenient, Xcelr8, the previous marketing campaign.

Clinical Leaders Report
The Acting Director of Nursing and Midwifery spoke to the report.

- The next Clinical Governance workshop is scheduled to take place on 29 September 2011.
- Work has commenced this week on the Rural Learning Centre.
- The Clinical Leadership group is assertive in being involved in all levels of decision making, and this is assisting in the 'buy-in' from clinicians.

6.3 INVESTIGATIONS / SCOPING

Monitoring Inter District Flows - Patient Transfers
The data is being looked at to investigate whether any of the services are able to be provided here.

7. KEY ISSUES / ITEMS OF INTEREST TO REPORT TO THE BOARD

- Financials – focussed priority around the outsourced locums
- Electives -
  - understanding the fiscal impact (if any)
  - the continuing work on improvements
- Outpatients and Did Not Attends (DNAs)
- Staffing – the positive movement in recruitment

8. IN COMMITTEE

Moved: Warren Gilbertson **Seconded: Paula Cutbush**

Motion:

"That members of the public now be excluded from the meeting pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health and Disability Act, so that the meeting may discuss the following matters:

- **In committee minutes from the Meeting held 14 July 2011**

On the grounds that public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under section 9 of the Official Information Act 1982."

Carried.

The Hospital Advisory Committee moved into In Committee at 12.44pm.

There were no in committee resolutions.

The Hospital Advisory Committee moved out of In Committee at 12.53pm

9. NEXT MEETING

The next meeting will be held on Friday, 30 September 2011 in the Boardroom, Corporate Office, Grey Base Hospital.

The Hospital Advisory Committee spent 9 minutes in In Committee
There being no further business to discuss the meeting concluded at 12.57pm.

MATTERS ARISING FROM HOSPITAL ADVISORY COMMITTEE MEETINGS

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref.
1	18 August 2011	The Hospital Advisory Committee Chair and Acting General Manager Hospital Services to discuss a whole Board programme that will provide an outline for prioritisation of strategic activities	Hospital Advisory Committee Chair and Acting General Manager Hospital Services	18 August 2011	
2	14 July 2011	Information to be provided about whether all health practitioners support the 'Better Help for Smokers to Quit' target	General Manager	30 September 2011 meeting	
3	18 August 2011	The Hospital Advisory Committee Chair and Acting General Manager Hospital Services to discuss management's ability to deliver on the Work Plan	Hospital Advisory Committee Chair and Acting General Manager Hospital Services	30 September 2011 meeting	
4	18 August 2011	The Obstetrics and Gynaecology vacancy to be discussed with the Acting General Manager Hospital Services	General Manager	30 September 2011 meeting	
5	18 August 2011	A classification of complaints graph is requested to be provided specifically for hospital services	Quality Assurance and Risk Manager	30 September 2011 meeting	
6	18 August 2011	The Chief Financial Manager is to provide a brief summary regarding the meaning of the total value of over-production costs as to fiscal impact (if any).	Chief Financial Manager	30 September 2011 meeting	
ITEMS REFERRED FROM THE BOARD					

HOSPITAL ADVISORY COMMITTEE WORKPLAN

Objective	Responsibility	End Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
To receive a report on relevant section for Hospital Advisory Committee							
1. Annual Plan	General Manager Planning and Funding	Ongoing	Quarterly		√		West Coast District Health Board 2011/12 Annual Plan now signed off by Ministers.
2. District Health Board Hospital Benchmark Information	General Manager Hospital and Support Services	Ongoing	Quarterly				As available.
Provide input into							
1. South Island Health Services Plan	General Manager Hospital and Support Services and General Manager Planning and Funding		Annually		√		South Island Regional Health Services Plan approved.
2. South Island Elective Services Plan	General Manager Hospital and Support Services		Annually		√		The South Island Elective Services Plan is part of the South Island Regional Health Services Plan.
3. South Island Regional Strategic Plan	General Manager Planning and Funding		Annually		√		District Strategic plan has been replaced by Regional Strategic Plan 2010/11 on plus an annual output plan instead of the District Annual Plan.
4. Next Year Annual Plan and Statement of Intent	General Manager Planning and Funding		Annually			√	Annual Plan and Statement of Intent for 2010/11 now submitted to Minister of Health.
5. Facilities Redevelopment Plan	General Manager Hospital and Support Services	Ongoing	As required		√		
6. Health Information Strategy	General Manager Hospital and Support Services		Semi-Annual		√		National Health I.T. Plan for review and discussion.
7. Annual Report	Chief Financial Officer / General Manager Hospital and Support Services / General Manager Planning and Funding		Annually			√	Final copy to be provided when auditors complete.

Objective	Responsibility	End Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
8. Provision of advice to the Board on how to reduce the deficit	Chief Financial Officer / General Manager Hospital and Support Services / General Manager Planning and Funding	Ongoing	Six weekly		√		Project – GP Business Model.
To monitor							
1. Financial performance	Chief Financial Officer	Ongoing	Six weekly		√		Regular Finance Reports.
2. Health Targets	General Manager Hospital and Support Services	Ongoing	Quarterly weekly		√		Report included in papers.
3. Provider performance to contract	General Manager Hospital and Support Services	Ongoing	Six weekly		√		Included in operational indicators.
4. Elective Services Patient Flow Indicators (ESPI)	General Manager Hospital and Support Services	Ongoing	Six weekly		√		Report included in papers.
5. CDHB Collaboration - Monitor key deliverables / milestone dates	General Manager Hospital and Support Services	Ongoing	Six weekly		√		Report included in papers.
6. Workforce Development	Human Resources Manager	Ongoing	Quarterly		√		Included in management reports.
7. Implementation of Clinical Governance Action Plan - Monitor key deliverables / milestone dates Framework	Chief Executive Officer	Ongoing	Quarterly		√		Report provided from the Clinical Advisory Group.
8. Clinical Governance - Reporting on Outcomes Achieved	Clinical Leadership Team	Ongoing	Quarterly	√			Report provided from the Clinical Leadership Team.
9. Outpatient Department Cancellation Report	General Manager Hospital and Support Services	Ongoing	Six Weekly		√		Report included in papers.
10. South Island Health Services Plan	General Manager Hospital and Support Services / General Manager Planning and Funding		Quarterly				

COMBINED COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SERVICES ADVISORY COMMITTEE

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

FROM: **Elinor Stratford, Community and Public Health Advisory and Disability Support Advisory Committees Chair**

DATE: **9th September 2011**

Matters of interest referred to Board from CPH/DSAC

Items to refer to the Board:

- The Committee would like the Board to acknowledge the effective ground work that is being carried out that will result in improved outcomes and suggest that we should communicate this to the public.
- The Committee would like to note its appreciation of the improved media communication over recent months.

RECOMMENDATIONS TO BOARD

Nil

Elinor Stratford

Author: **Elinor Stratford, Chair, August 2011**

DRAFT MINUTES OF THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING HELD ON 18 AUGUST 2011 IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH, COMMENCING AT 9.05 AM

PRESENT	Elinor Stratford, Chair Kevin Brown, Deputy Chair John Ayling Peter Ballantyne, (ex officio) Robyn Moore Marie Mahuika-Forsyth Patricia Nolan (9:05) Mary Molloy (9:10)
IN ATTENDANCE	Wayne Turp, General Manager Planning and Funding Bryan Jamieson, Community Liaison Officer Dr Carol Atmore Yolandé Oelofse (minute secretary) Gary Coghlan, General Manager Maori Health (9:20)
APOLOGIES	Dr Cheryl Brunton Barbara Holland Paul McCormack, Board's Chair (ex officio) Presentation on WCDHB Child Health Plan: Shona McLeod Chief Financial Manager

1. APOLOGIES, WELCOME, KARAKIA

The Chair welcomed everyone to the Community and Public Health Advisory Committee (CPHAC) and Disability Support Advisory Committee (DSAC) combined meeting and asked a Committee member to lead the Committee in the Karakia.

An apology was received on behalf of Barbara Holland, Dr Cheryl Brunton and Dr Paul McCormack.

Moved: Robyn Moore **Seconded: Marie Mahuika-Forsyth**

Motion: "THAT the apology be noted"

Carried.

2. STANDING ORDERS

The Chair waived standing orders noting reinstatement if required.

3. DISCLOSURES OF INTEREST

Lynette Beirne	Contract for the Café and Catering at Tai Poutini
Mary Molloy	Add Vice Chairman and Trustee of West Coast Community Trust and to delete Member – Breast Screening Aoteoroa Advisory Committee

4. MINUTES OF THE PREVIOUS COMBINED COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING HELD ON 14 JULY 2011

Moved: Kevin Brown **Seconded: Patricia Nolan**

Item 7.2	Correspondence: John Ayling raised concerns about the following matters –
Item 7.5	iv) risk of withdrawing the services should read, risk of withdrawing the cervical screening community clinic services.
	provide for in that service should read, provided for the needs of 30-disabled women within that service.
	viii) Panouma should read Pounamu
Item 9.1	Praise for work done by the Primary around workforce solutions and quality and patient safety measures.

MOTION:
"THAT the Minutes of the Combined Community and Public Health and Disability Support Advisory Committee meeting held 14 July 2011 with amendments as noted be accepted as a true and accurate record"

Carried.

Moved Patricia Nolan **Second Marie M Forsyth**

6. MATTERS ARISING

Item 1	Report received and recommendation to be considered at the next meeting.
Item 2	Carried over to September Meeting and to invite Portfolio Manager of Health of Older People to speak to this report
Items 3-5	Completed to be removed.
Item 6	Completed to be removed.
Item 7	Early development of making advance directives is currently been addressed. Item to be referred to the Clinical Governance Committee
Item 8	To remove.

7. GENERAL BUSINESS

7.1 Chairs Report to Committee

The Chairs report was taken as read.

To note that a Committee member was disappointed that the Primary Health Organisation (PHO) were not invited to the opening of Franz Josef.

The General Manager Planning and Funding gave a brief outline of the Alliance Workshop. Information of the Alliance Leadership Team is available on the West Coast District Health Board website.

Action: To email further information to the Committee.

Moved: Kevin Brown **Seconded: John Ayling**

Motion:
"THAT the Committee receives the Chairs report"

Carried.

7.2 Correspondence

Correspondence was received regarding Sign Language Interpreters – are there enough in NZ? Nationally we have a problem with sign interpreters and we have only two trilingual sign interpreters in New Zealand. The Committee recognises that there is a shortage of sign language interpreters and that the cost aspect of hiring them is very expensive. The Chair will reply to the correspondence received from the CPHAC and DSAC Chair of NMDHB.

Moved: Mary Molloy **Seconded: Robyn Moore**

Motion:
"THAT the Committee receives the Correspondence"

Carried.

7.2 Revised Work Plan

Reports – It was requested that in future the general information and reports should be added "for reference/information only" so it does not dominate the Agenda. It will then only be necessary to provide exception reports or alert the committee to potential risks. The Committee is happy that CPHAC and DSAC have a representative for clinical leadership in attendance. For future purposes it was decided that a detailed clinical leadership report be submitted quarterly. If information should arise outside the quarterly reporting period, the Committee will receive the necessary report on an exceptional basis.

Moved: Peter Ballantyne **Seconded: Elinor Stratford**

Motion:
"THAT the Committee receives the Work Plan"

Carried.

7.3 Other Reports:

i) Clinical Leaders Report

The Clinical Leaders Report was taken as read.

As per Item 1 from Matters of Arising a discussion took place around the progress on "what is driving the deficit in Primary Practice". Three areas are addressed: namely, Issues around the DHB management and its support structure, Finance issue such as lost revenue and HR issues such as staff costs, recruitment and retentions. Solution: Business improvements within DHB own practices – need to be viable to go into Integrated Family Health Centres (IFHC); whole of system IFHC (being addressed in Buller); Effective practice management – CDHB have offered support (and) to enable more direct accountability at service level.

Moved: Paul Ayling **Seconded: Kevin Brown**

Motion:
"THAT the Committee receives the Clinical Leaders report"

Carried.

ii) Quarterly West Coast Primary Health Organisation Report

The Quarterly West Coast Primary Health Organisation Report was taken as read.

To note that Cardiac disease rates have improved. The Committee noted an improvement in target figures. Areas of concern that targets for cardiovascular would not be reached, due to concentration on numbers and not the quality of service.

A concern was raised to receptionist triaging patients and whether Patient privacy is (appropriate) maintained. The PHO said that staff work according to guidelines and that appropriate care is a reminder.

Section 6: Maori youth at risk were not being referred and therefore have not been involved in this program.

Green prescription –Maori women make use of alternative groups other than the gym. A new program will commence in September and run for 10 weeks, which may be utilised by this group.

Action: Well child plan: further feedback it to be provided to Committee around the relationship with Plunket and DHB at the September Meeting.

Moved: Marie Mahuika-Forsyth **Seconded: Robyn Moore**

Motion:
"THAT the Committee receives the Quarterly West Coast Primary Health Organisation report"

Carried.

iii) Quality and Risk Report

The Quality and Risk Report was taken as read.

The Audit and Risk Committee provides details on the risk and complaints received. For future reporting, this item is to be moved into the Information papers.

Moved: Patricia Nolan **Seconded: Robyn Moore**

Motion:
"THAT the Committee receives the Quality and Risk report"

Carried.

iv) Human Resources Report (HR)

The HR Report was taken as read. To review report with; trends, turnover rates, age profile, absenteeism, occupational groups and workforce be received.

For future reporting, this item is to be moved into the Information papers.

Action: To review report structure and requirement of report.

Moved that this report be received

Motion:
"THAT the Committee receives the Human Resource report"

Carried.

v) Finance

The Chief Financial Manager's report was taken as read. An apology was received as to the Chief Financial Manager was not able to speak to this report. The General Manager Planning and Funding spoke to this report as the Chief Financial Officer was not available.

A question was asked regarding the HEHA funding of unspent funds was asked around the deadline, and if there is an opportunity for this to go out to the community. Further information will be provided at the meeting in September.

Moved that this report be received

Motion:
"THAT the Committee receives the Chief Financial Manager's report"

Carried

vi) Better Sooner More Convenient Primary Care (BSMC) – ALT (Alliance Leadership Team)

The BSMC - ALT's report and taken as read.

BSMC needs better integrated into Annual plan. The General Manager Planning and Funding stated that he felt that this was adequately covered.

A question was raised as to what was spent in the last financial year. Have we improved access and do the processes need to get more traction. Yes it was agreed that the access has not improved and processes need more traction. Model of care has not been implemented which will resolve current issues.

Is the ALT priority the BSMC business plan or the DHB Annual Plan? The General Manager Planning and Funding assured that BSMC team ensured that the Annual Plan is reflected in the BSMC Business plan and thought that the deliverables were in the Annual Plan. The BSMC Business plan are due for review, patient waiting times has not improved, promised around Buller is on track, model of care is not yet applied.

Moved: Peter Ballantyne **Seconded: Patricia Nolan**

Motion:
"THAT the Committee receives the BSMC report"

Carried

vii) Health Target Report

The Health Target Report was taken as read.

Moved that this report be received

Motion:
"THAT the Committee receives the Health Target report"

Carried.

viii) The General Manager Planning and Funding Report to Committee

The General Manager Planning and Funding's Report was taken as read.

DHB is positively addressing current issues around Granger House.

Moved: Kevin Brown **Seconded: Marie Mahuika-Forsyth**

Motion:
"THAT the Committee receives the General Manager Planning and Funding's report"

Carried.

ix) The Community and Public Health Report to Committee

The Community and Public Health Report was taken as read.

Moved that this report be received

Motion:
"THAT the Committee receives the Community and Public Health report"

This report was Moved and Carried.

x) The IFHC (Westport Integrated Family Health Centre Community Engagement) Report to Committee

The IFHC Report was taken as read.

A second round of community engagement will take place in the third week in September.

Moved that this report be received

Motion:
"THAT the Committee receives the IFHC report"

Carried.

This report was Moved and Carried

8. **West Coast District Health Board Child Health Plan**

The General Manager Planning and Funding received questions from the Committee regarding the Child Health Plan.

Positive feedback and objectives have been monitored by the Child and Youth Health Committee, this Committee meets every month.

It was noted that there is a concern over the Child Oral Health stats. The General Manager of Planning and Funding reassured the Committee that there is an improvement in the stats and suggested that the Portfolio manager of the Child and Youth Committee be invited to present at the next meeting.

Action: To invite the Child and Youth Chair to present at the September Meeting.

Moved that this report be received

"THAT the Committee receives the West Coast District Health Board Child Health Plan"

Carried.

This report was Moved and Carried

9. <u>OTHER BUSINESS</u>

Chair requested from Committee items to be referred to the Board

Items to refer to the Board:

1. Aspect relevant to ground work in various areas and confidence moving forward and resolve in outcomes. And communicate that to the public. Press relations media communication have improved. to recognise the media comment has improved.

2. To note that a Committee member was disappointed that the PHO were not invited to the opening of Franz Josef Health Clinic.

Meeting closed at 10:50am

9.1 NEXT MEETING

The next meeting will be held on Friday, 30 September at 9am to 10:50am in the Boardroom, Corporate Office, West Coast District Health Board, Greymouth

INFORMATION PAPERS

WEST COAST DISTRICT HEALTH BOARD ADVISORY COMMITTEE MEMBERS TERMS OF APPOINTMENT

AUDIT, RISK AND FINANCE COMMITTEE

Member	Date of Appointment	Length of Term	Expiry Date
Helen Gillespie Chair	27 January 2011	1 Year	31 December 2011
Peter Ballantyne Deputy Chair	27 January 2011	1 Year	31 December 2011
Susan Wallace	27 January 2011	1 Year	31 December 2011
Rex Williams	6 May 2011	1 Year	6 May 2012
Dr Paul McCormack	28 July 2011	Until advised by the West Coast District Health Board	

HOSPITAL ADVISORY COMMITTEE

Member	Date of Appointment	Length of Term	Expiry Date
Warren Gilbertson Chair	27 January 2011	1 Year	31 December 2012
Sharon Pugh Deputy Chair	27 January 2011	1 Year	31 December 2012
Doug Truman	27 January 2011	1 Year	31 December 2012
Barbara Holland	25 June 2003 (Re-appointed 30 June 2006 & 12 June 2009)	3 Years	30 June 2012
Richard Wallace	25 July 2005	Until advised by Te Runanga o Makaawhio	
Mary Molloy	18 January 2008 (Re-appointed	3 Years	17 January 2011
Gail Howard	6 May 2011	3 Years	6 May 2014
Paula Cutbush	6 May 2011	3 Years	6 May 2014

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE

Member	Date of Appointment	Length of Term	Expiry Date
Elinor Stratford Chair	27 January 2011	1 Year	31 December 2011
Kevin Brown Deputy Chair	27 January 2011	1 Year	31 December 2011
John Vaile	27 January 2011	1 Year	31 December 2011
Mary Molloy	27 January 2011	1 Year	31 December 2011
Barbara Holland	Co-opted September 2004 Appointed 4 March 2005 (Re-appointed 1 October 2007 & 30 June 2009)	3 Years	30 June 2012
Cheryl Brunton	1 February 2005 (Re–appointed 3 November 2006 & 13 June 2008)	Whilst remaining as the Medical Officer of the Health for the West Coast DHB	
Marie Mahuika-Forsyth	20 April 2009	Until advised by Te Runanga o Makaawhio	
Patricia Nolan	18 July 2005 (Re-appointed 18 July 2006 & 19 July 2008 & 28 July 2011)	1 Year	28 July 2011
Lynette Beirne	24 March 2011	3 Years	24 March 2014
John Ayling	24 March 2011	3 Years	24 March 2014
Robyn Moore	3 June 2011	3 Years	3 June 2014

WEST COAST DISTRICT HEALTH BOARD AND ADVISORY COMMITTEE DRAFT TIMETABLE
JANUARY 2011 TO DECEMBER 2011

DATE	MEETING	TIME	VENUE
Thursday 27 January 2011	BOARD	10.00 AM	St John lecture rooms
Tuesday 8 February 2011	Tatau Pounamu	10.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	ARF	1.30 PM	Boardroom, Corporate Office
Thursday 24 March 2011	BOARD	10.00 AM	Westport, Solid Energy Centre
Wednesday 23 March 2011	Tatau Pounamu	10.00 AM	Makaawhio Office, Hokitika
Thursday 14 April 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 14 April 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 14 April 2011	ARF	1.30 PM	Boardroom, Corporate Office
Wednesday 4 May 2011	Tatau Pounamu	10.00 AM	St John lecture rooms
Friday 6 May 2011	BOARD	10.00 AM	St John lecture rooms
Thursday 19 May 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 19 May 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 19 May 2011	ARF	1.30 PM	Boardroom, Corporate Office
Friday 3 June 2011	BOARD	10.00 AM	St John lecture rooms
Wednesday 15 June 2011	Tatau Pounamu	10.00 AM	Westport Motor Hotel, Westport
Thursday 14 July 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 14 July 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 14 July 2011	ARF	1.30 PM	Boardroom, Corporate Office
Thursday 28 July 2011	BOARD	10.00 AM	The Fern Room, Mueller Motel, Franz Josef
Thursday 18 August 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 18 August 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 18 August 2011	ARF	1.30 PM	Boardroom, Corporate Office
Thursday 8 September 2011	Tatau Pounamu	10.00 AM	Te Tauraka Waka a Maui Marae
Friday 9 September 2011	BOARD	8.30 AM	Te Tauraka Waka a Maui Marae
Friday 30 September 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Friday 30 September 2011	HAC	11.00 AM	Boardroom, Corporate Office
Friday 30 September 2011	ARF	1.30 PM	Boardroom, Corporate Office
Wednesday 19 October 2011	Tatau Pounamu	10.00 AM	Arahura Pa
Friday 14 October 2011	BOARD	10.00 AM	St John lecture rooms
Thursday 17 November 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 17 November 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 17 November 2011	ARF	1.30 PM	Boardroom, Corporate Office
Monday 28 November 2011	Tatau Pounamu	10.00 AM	Boardroom, Corporate Office
Friday 2 December 2011	BOARD	10.00 AM	St John lecture rooms