West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

14 OCTOBER 2011

AGENDA
AND
MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

AGENDA

FOR THE WEST COAST DISTRICT HEALTH BOARD MEETING TO BE HELD AT ST JOHN, WATERWALK ROAD, GREYMOUTH ON FRIDAY, 14 OCTOBER 2011, COMMENCING 10.00 AM

	Karakia
1.	**Welcome**
2.	**Apologies**
3.	**Standing Orders**
4.	**Disclosures of Interests**
5.	**Minutes of the Meeting held Friday, 9 September 2011**
6.	**Matters Arising**
7.	**Board Chair's Report**
8.	**Board and Chair's Correspondence**
9.	**Chief Executive's Report**
10.	**Financial Report**
11.	**Reports from Advisory Committees**
12.	**Information Papers**
1.	**IN COMMITTEE** OIA 1982 5.9(2)(i) Commercial NZPHDA Sch 3 cl 32(a)
2.	**Minutes of the Meeting held Friday, 9 September 2011**
3.	**Matters Arising**
4.	**Buller Integrated Family Health Centre**
5.	**Correspondence**
6.	**Chief Executive's Report – Emerging Issues**
7.	**Reports from Advisory Committees**
8.	**Contracts**
9.	**Annual Report – 2011**

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 • 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 • Deputy Chair, Rata Te Awhina Trust
Mary Molloy	• Spokesperson for Farmers Against 1080 • Director, Molloy Farms South Westland Ltd • Trustee, L.B. & M.E. Molloy Family Trust • Executive Member, Wildlands Biodiversity Management Group Inc. • Deputy Chair 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 9 SEPTEMBER 2011 COMMENCING AT 8.37 AM AT TE TAURAKA WAKA A MAUI MARAE, BRUCE BAY, SOUTH WESTLAND

PRESENT
Dr Paul McCormack (Chair)
Sharon Pugh
Elinor Stratford
Mary Molloy
Doug Truman
Susan Wallace
Kevin Brown
Warren Gilbertson
John Vaile

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
Wayne Turp, General Manager Planning and Funding
Gary Coghlan, General Manager Maori Health
Bryan Jamieson, Communication Officer
Susan Fitzmaurice, Assistant to CEO
Gaylene Mahauariki, Minute Secretary

APOLOGIES
Helen Gillespie
Peter Ballantyne

KARAKIA
The meeting began with a Karakia.

1. WELCOME

The Board Chair welcomed Board members, members of the management team and other attendees to the meeting. The Chair thanked Richard Wallace, Chair of Tatau Pounamu Manawhenua Advisory Group, for the invitation to meet on the Marae.

2. APOLOGIES

Resolution 95/11

Moved: Doug Truman **Seconded: Susan Wallace**

Motion
"That the apologies from Helen Gillespie and Peter Ballantyne be accepted."
Carried.

3. DISCLOSURES OF INTERESTS

- Dr Paul McCormack

Removed: Contractor, ACC Claims Management

- Susan Wallace

Amended: Deputy Chair, Rata Te Awhina Trust

- Mary Molloy

Removed: Representative for Local Health Concerns – Hari Hari Community Association
Amended: Deputy Chair of the West Coast Community Trust

4. MINUTES OF THE PREVIOUS BOARD MEETING HELD FRIDAY, 9 SEPTEMBER 2011

Resolution 96/11

Moved: Susan Wallace **Seconded: Doug Truman**

Motion:
"THAT the Minutes of the West Coast District Health Board meeting held Friday, 9 September 2011 be adopted as a true and accurate record."

Carried.

5. MATTERS ARISING

Item 1: Patient Transport
Discussions are continuing between ACC and the Ministry of Health in relation to Patient Transport.

Item 2: General Practices
Updates will be provided regularly to the Board.

6. MATTERS REFERRED TO ADVISORY COMMITTEES FOR CONSIDERATION

None.

7. CHAIR'S REPORT

The Chair gave a verbal update.

- The Chair attended the National Chairs and CEO meeting on the 22 August 2011.
- Items discussed were 'Regionalisation' and 'Better Sooner More Convenient'.
- The Chairs met with the Minister after the meeting.
- The Chair attended the South Island Chair's Meeting with the National Capital Investment Committee on the 26 August 2011.
- The Greymouth Strategic Stage Analysis was submitted to the National Capital Committee on the 14 August 2011.
- The Minister of Health supported the 'Healthy West Coast - Report to the Community'. The Minister advised he was very pleased with the concept.

- Buller Integrated Family Health Centre - Management are holding a public engagement meeting with the Buller Community on the 19 September 2011 in Westport to discuss the next steps.
- Media interest has increased regarding the Strategic Stage Analysis of the Greymouth Regional Health Centre. A move into a community engagement process will begin shortly.
- The Chair met with Chai Chuah, National Director of the National Health Board, to discuss the transitional funding. It was noted a reduction in funding is not likely to happen.

Resolution 97/11

Moved: Dr Paul McCormack **Seconded: Warren Gilbertson**

Motion:

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

Carried.

8. BOARD AND CHAIR'S CORRESPONDENCE

Resolution 98/11

Moved: Sharon Pugh **Seconded: Elinor Stratford**

Motion:

"THAT the inwards correspondence is received."

Carried.

9. CHIEF EXECUTIVE OFFICER'S REPORT

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

- It was noted that the benefits of production planning are coming through.
- Fiscally on track for the month of July with August tracking that way.
- Locum costs are being moderated.
- Information Technology is a very critical part of getting stablisation with services on the West Coast.
- Good progress is being made on the recruitment of General Practitioners.
- The West Coast DHB will be reporting nationally on nine sentinel events.
- This will attract media interest. Management to brief and work with the local media when releasing the details of the sentinel events.
- Granger House/Richard Seddon Hospital – Management have been communicating openly with the community and residents families regarding the issues but also the actions to remedy the situation.
- It was noted that processes around 'Quality' are currently being reviewed.

Resolution 99/11

Moved: Kevin Brown **Seconded: Susan Wallace**

Motion:

"THAT the West Coast District Health Board receives the Chief Executive's Report."

Carried.

11. FINANCE REPORT

The Chief Financial Manager spoke to the Finance Report.

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

Resolution 100/11

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

12. HEALTH TARGETS REPORT

The General Manager Planning and Funding took the National Health Targets West Coast DHB Quarter 4 2010/11 Performance Summary Report as read.

Resolution 101/11

Moved: Doug Truman **Seconded: John Vaile**
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 Chair spoke to the Hospital Advisory Committee Chair's Report.

It was noted that the Chair is to speak with the Acting General Manager of Hospital Services regarding the workplan and how this can be delivered.

13.2 Community and Public Health and Disability Support Advisory Committees

The Chair spoke to the Report.

Resolution 102/11

Moved: Dr Paul McCormack **Seconded: Sharon Pugh**
Motion:
"THAT the West Coast District Health Board receives the West Coast District Health Board Advisory Committee Reports."
Carried.

14. IN COMMITTEE

Resolution 103/11

Moved: **Seconded:**

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 28 July 2011**
- **In Committee Matters Arising from the minutes of 28 July 2011**
- **In Committee Correspondence**
- **In Committee Reports from Advisory Committees**
- **In Committee CAPEX Proposal – Concerto System**
- **In Committee Annual Report End of Year Requirements 2010/11**
- **In Committee Valuation of Property, Plant and Equipment for 2010 Annual Accounts**
- **In Committee Board Delegation Policy**
- **In Committee Greymouth Regional Health Centre**
- **In Committee Buller Integrated Family Health Centre**
- **In Committee Chief Executive's Report**
- **In Committee Board Development**

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 14 October 2011 at St John, Waterwalk Road, South Westland.

The Board spent 2 hours and 39 minutes in In Committee.

There being no further business to discuss the meeting concluded at 12.24 pm.

_____ _____

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	Work Ongoing.	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: **14 October 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 – 5 October 2011**

BOARD AND CHAIR'S CORRESPONDENCE FOR SEPTEMBER AND OCTOBER 2011

OUTWARDS AND INWARDS CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
3 October 2011	Kevin Woods Director –General of Health	Chief Executive Cc Board Chair	Health Targets		
15 September 2011	Jaimes Wood Chief Executive St John	Board Chair	St John – Ambulance Delivery Model		
13 September 2011	Ministry Of Health	Hon Tony Ryall Minister of Health	District Health Board (DHB) Sector Financial Performance for the one Month ended 31 July 2011		

RECOMMENDATION

That the inwards correspondence is received and the outwards correspondence is approved.

MINISTRY OF HEALTH
MANATŪ HAUORA

133 Molesworth St
PO Box 5013
Wellington
New Zealand
Phone (04) 496 2000
Fax (04) 496 2340

Ref. No _____

3 October 2011

Mr David Meates
Chief Executive Officer
West Coast District Health Board
PO Box 1600
CHRISTCHURCH 8140

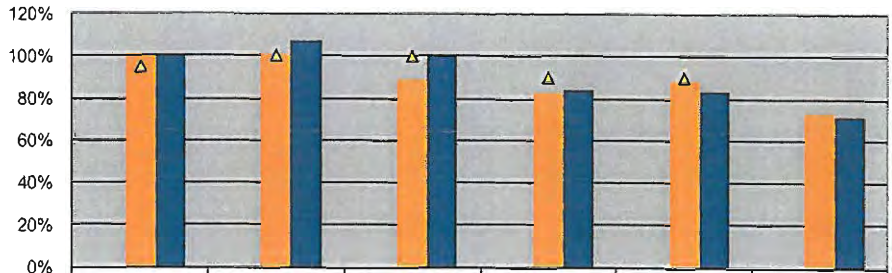
Dear David

As we move into the 2011/12 year I want to take the opportunity to acknowledge the commitment made by the District Health Board (DHB) sector as a whole to the delivery of health targets. You will be aware that the recently published quarter four results showed that at a national level three targets were met, and good progress was made in the other three target areas.

I also particularly want to thank you for your local efforts to support achievement of the health targets to date. West Coast DHB has made an important contribution to the national results, having met the national Shorter stays in ED, Improved access to elective surgery, and Shorter waits for cancer treatment radiotherapy health targets.

Your DHB results across the targets are summarised below.

West Coast health targets quarter four 2010/11 results



	Shorter Stays in Emergency Departments	Improved Access to Elective Surgery	Shorter Waits for Cancer Treatment	Increased Immunisation	Better Help for Smokers to Quit	Better Diabetes and Cardiovascular Services
Ranking quarter four 2010/11	1	6	1	19	14	15
■ Quarter three 2010/11	99.7%	100.6%	88.9%	82.5%	88.0%	73.1%
■ Quarter four 2010/11	99.8%	107.4%	100.0%	83.8%	83.3%	71.6%
△ National goal	95.0%	100.0%	100.0%	90.0%	90.0%	-

In discussing results with the Target Champions I am encouraged by the way drivers of good performance are being shared. Specific feedback from the Target Champions is attached to this letter.

You will be aware that some minor changes to the targets have been agreed in your 2011/12 Annual Plans:

- the Increased immunisation target has shifted from 90 to 95 percent
- the Better help for smokers to quit target has also shifted from 90 to 95 percent, and the primary care component of the target has been formalised within the target (with a goal of 90 percent)
- a national goal of 90 percent has been introduced for the cardiovascular component of the Better diabetes and cardiovascular services health target.

Looking forward, our collective challenge is to continue to find innovative and improved ways to deliver services within current budget and ensure that quality standards are maintained.

Yours sincerely

Kevin Woods
Director-General of Health

cc: Dr Paul McCormack, Chair, West Coast District Health Board

Feedback from Target Champions

Mike Ardagh, Target Champion, Shorter stays in Emergency Departments

Congratulations to West Coast DHB for achieving the Shorter Stays in ED health target throughout the entire 2010/11 year. This is a great result and I look forward to it continuing during 2011/12.

Clare Perry, Target Champion, Improved access to elective surgery

West Coast DHB has provided 1710 people with elective surgery at the end of quarter four, which is 118 (seven percent) more than planned. This is an outstanding result for the health target – Improved access to elective surgery and a solid improvement over earlier performance throughout the year - well done. Thank you for the commitment you made to your recovery plan to ensure your 2010/11 target was met. I appreciate your assistance in providing additional surgical discharges in quarter four to achieve the national target following the February Christchurch earthquake.

John Childs, Target Champion, Shorter waits for cancer treatment

West Coast DHB has achieved the four week Shorter waits for cancer treatment health target in quarter four. This is an improvement on quarter three performance against the new target which came into effect in January 2011. The DHB is encouraged to continue this performance in close collaboration with your regional oncology centre.

Pat Tuohy, Target Champion, Increased immunisation

West Coast DHB achieved a partial rating for immunisation coverage in quarter four. It was commendable that 89 percent coverage was attained for Māori children.

The Ministry acknowledges the region's combined decline and opt off rate of 13.7 percent in quarter four and recommends that health professionals call families of all unimmunised children turning two years of age in the next quarter, to talk to them about the health risks for children who are not fully immunised and who may in the future attend child care, or travel outside their community.

Karen Evison, Acting Target Champion, Better help for smokers to quit

Quarterly results have dropped in quarter four, and monthly data is showing that results are dropping month-by-month. This is disappointing as West Coast DHB had been making good progress in previous quarters and was well on track to achieve this target. There will need to be a refocus on the target and strong leadership to support organisation wide engagement with this target and to ensure progress in 2011/12.

Brandon Orr-Walker, Target Champion, Better diabetes and cardiovascular services

West Coast DHB's performance against the Better diabetes and cardiovascular services health target declined progressively over the year with the DHB finishing the year ranking 15th. Your CVD risk assessment result for the year was above target, a good effort. Your diabetes free annual checks and diabetes management were below target and slightly lower than the previous year. In your recent videoconference with the Ministry, you highlighted initiatives to support people with diabetes and cardiovascular disease, such as warrant of fitness checks. You note that Kaupapa Māori nurses will be working closer with general practitioners and secondary care in 2011/12. I look forward to seeing the progress into more services delivered for Māori.

Paul
David.

15 September 2011

St John
first to care

Paul McCormack
Chair
West Coast District Health Board
C/- Gaylene Mahauariki
PO Box 387
Greymouth

Dear Paul

We are writing to ask if you would be willing to participate in a fact-finding exercise. We are reviewing our Ambulance delivery model and the overall St John role in the unscheduled care system in New Zealand.

Context

We know from our work in the health sector that there are significant challenges to redesigning community based services to provide better support for patients in the community, better integration, less duplication and more appropriate use of hospital resources.

From our discussions both in New Zealand and overseas we are clear that the way that many countries, organisations and St John in New Zealand currently provide ambulance services is not viable for the longer term. Primarily acting as a transport service taking patients to hospital is arguably too costly for the healthcare system as a whole and does not always provide the best outcome for our patients.

As the initial point of contact for patients who use the 111 system to access the healthcare system, we know that there is considerable potential for us to understand and influence the patient pathway. We can, for example, undertake more extensive telephone and face to face triage to direct a larger proportion of those patients to alternative care.

We have several pilot initiatives underway around New Zealand already where, typically in partnership with DHBs, we are exploring the potential to support regional clinical network patient pathway redesign. We believe that there may also be areas where St John could provide a broader range of community based services in partnership with primary care that provide an alternative to ED where appropriate in the local community. An important example is better support in the community of our patients with long term conditions thereby reducing the impact of acute episodes that require emergency department attendances and hospitalisation. We see this as being about how the largest mobile community based health service in New Zealand can support the provision of Better, Sooner and More Convenient community based health services.

We recognise that any move in this direction will not only require a significant change in the way that St John operates, but will also require us to work more closely with our primary care and DHB partners and other stakeholders in the health community. It is therefore essential that we develop our new delivery model in partnership with others and to make sure that we understand their needs and are providing services that they require and value and are willing to fund. And we need good quality dialogue with a broad range of health providers to achieve this.

Our Engagement Process

As a starting point for this exercise, we have commissioned Lightfoot Solutions – a UK based consultancy with extensive experience in ambulance service redesign – and Francis Group – a New Zealand based health consultancy – to undertake a fact finding exercise on our behalf. The purpose of this exercise is to establish the views of key stakeholders about the future requirements of the unscheduled care system; the current services provided by St John – and how they would value the different services that St John might offer in the future under different scenarios.

This exercise will provide valuable input to the development of a draft paper that will set out our vision of the future model for ambulance delivery in New Zealand – for discussion with our stakeholders. Following this, and confirmation of this approach, we will develop a plan to deliver the change.

We would be very grateful if you would be willing to assist us by meeting with Lightfoot and Francis Group over the next 4-6 weeks to provide them with your perspective on the needs of the urgent care system over the coming years and the role that St John could play.

We would also like to invite you to join us for a discussion on the findings of this exercise – which we plan to conduct on Wednesday 26 October in Wellington.

We appreciate your assistance in this important exercise for St John. In anticipation of your agreement to participate, we will contact your office to arrange a time for the meeting with Lightfoot and Francis Group.

Yours sincerely

Jaimes Wood
Chief Executive

MINISTRY OF HEALTH
MANATŪ HAUORA

Health Report Number: 20111060

Accra
Colin

Action required by:	31/08/11	File number:	HC07-16-2

Hon Tony Ryall

DISTRICT HEALTH BOARD (DHB) SECTOR FINANCIAL PERFORMANCE FOR THE ONE MONTH ENDED 31 JULY 2011

Purpose

1. This report presents an overview of the financial performance of the District Health Board (DHB) sector for the period ended 31 July 2011 based on data provided by the DHBs in monthly financial templates.

2. The report highlights where the sector or an individual DHB reports a significant variance against plan or against comparable performance within the sector.

3. Interpretation of the data provided by the DHBs enables identification of areas of financial pressure and risk as well as best practice within the DHB sector.

4. Tables and schedules included in the report have been compiled from rounded data and may not necessarily cross add.

5. This report is to be read in conjunction with the supporting schedules.

Executive Summary

6. The DHB sector financial performance for the period ended 31 July 2011 resulted in a sector surplus of $12.0M that was $7.7M favourable to plan.

7. Results for the first month of the year should be treated as indicative only, due to the flow on effect of year end adjustments and until trends become apparent during the first quarter. For this reason a limited number of supporting schedules, for the month of July only, have been provided as in previous years.

MINISTRY OF HEALTH
MANATŪ HAUORA

The Ministry recommends that you:

(a)	**Note** the report on DHB sector financial performance for the period ended 31 July 2011, showing a net surplus of $12.0M that was $7.7M favourable to plan. Supporting schedules are limited	Yes / No
(b)	**Refer** this report to the Minister of Finance for his information	Yes / No
(c)	**Note** the schedules are forwarded to DHB Chief Financial Officers (CFO) who utilise the information to analyse their performance and benchmark their DHB against the sector	Yes / No
(d)	**Note** the Health Report is copied to the Department of Prime Minister and Cabinet, Deputy Commissioner of the State Services Commission, Director-General of Health, Deputy Director-General Corporate Services, the Treasury (State Sector Performance Branch), and DHB Chief Executives	Yes / No

John Hazeldine
Manager
DHB Relations, Accountability, Monitoring & Funding
National Health Board

Minister's Signature

Date:

Ministry Contact 1:	
Name:	John Hazeldine
Phone:	(04) 496 2396
Cell:	027 271 3218

Ministry Contact 2:	
Name:	Lyn Richardson
Phone:	(03) 974 2303
Cell:	027 291 2709

Ministry Contact 3:	
Name:	Bill Peterson
Phone:	(04) 496 2445

REPORT ON DISTRICT HEALTH BOARD (DHB) SECTOR FINANCIAL PERFORMANCE FOR THE PERIOD ENDED 31 JULY 2011

OVERVIEW

	Full Year				Full Year
	Actual	Phased Plan	Variance	% Variance *	Plan
	$ '000	$ '000	$ '000		$ '000
TOTAL REVENUE	1,113,445	1,109,426	4,019	0.4%	13,288,010
Operating Costs					
Personnel Costs	386,193	392,060	5,868	1.5%	4,848,821
Outsourced Services	36,238	33,346	(2,892)	(8.7%)	390,966
Clinical Supplies	96,007	97,572	1,565	1.6%	1,166,710
Infrastructure/Other Supplies	105,066	106,876	1,810	1.7%	1,273,152
Subtotal	623,504	629,854	6,350	1.0%	7,679,648
Payments to Providers					
Personal Health	330,975	329,687	(1,288)	(0.4%)	3,924,824
Mental Health	35,735	37,006	1,270	3.4%	443,483
Public Health	1,497	1,043	(454)	(43.5%)	12,187
Disability Support Services	106,101	103,799	(2,302)	(2.2%)	1,237,688
Maori Health	3,644	3,718	74	2.0%	45,186
Subtotal	477,953	475,253	(2,699)	(0.6%)	5,663,367
TOTAL EXPENSES	1,101,457	1,105,108	3,651	0.3%	13,343,016
NET RESULT	**11,988**	**4,318**	**7,670**	**(177.6%)**	**(55,005)**
Average FTEs YTD	56,626	57,088	462	0.8%	57,158
Avge Annual Cost Per FTE ($)**	81,840	82,411	571	0.7%	84,831

Note:

* The % column shows the year to date variance as a percentage of phased plan.

** The cost per FTE is calculated by annualising YTD Personnel Costs divided by the average YTD FTEs .

1. As noted in the table above, the DHB sector financial performance for the period ended 31 July 2011 resulted in a sector surplus of $12.0M that was $7.7M favourable to plan.
2. The favourable result for the year to date is due mainly to favourable variances against plan for revenue and operating expenditure. These were partially offset by higher than planned payments to other providers. Results for the first month of the year should be treated as indicative only, due to the flow on effect of year end adjustments and until trends become apparent during the first quarter.
3. Significant variances are monitored and investigated by the National Health Board in relation to individual DHBs, and action taken where appropriate.

INDIVIDUAL DHB FINANCIAL PERFORMANCE IMPACTING ON THE SECTOR FOR THE PERIOD ENDED 31 JULY 2011

District Health Board (DHB) Net Results (refer schedule one)

4. The following DHBs reported the most significant full year consolidated variances to plan:

   - Hawke's Bay DHB reported a $0.5M surplus which was $1.1M unfavourable to plan, due to pharmacy and primary access costs incurred earlier than planned.
   - Canterbury DHB reported a deficit of $0.4M with the highest favourable variance to plan of $1.6M, due to the timing of earthquake impact costs. The full financial impact is in the process of being assessed and will not be known until later in the year.

DHB Funder Arm Revenue Allocation (refer schedule two)

5. Total revenue was favourable to plan by $2.7M (0.3%). Payments made by the Funder arm to the DHBs' own Provider were $9.4M (1.7%) below plan while payments to other providers were $2.7M (0.6%) above plan.

6. Payments above plan made by the Funder arms to their own providers were reported mainly by Auckland DHB ($3.8M) and Waikato DHB ($3.0M). Above plan payments to other providers were attributable mostly to Counties Manukau DHB ($3.6M). These variances will be monitored as the trend for the year develops.

DHB Provider Arm Results (refer schedule three)

7. Net results in relation to Provider arm revenue range from West Coast DHB with the highest deficit at 21.4% of revenue to Hawke's Bay DHB with the highest surplus at 9.2% of revenue. In dollar terms West Coast DHB reported the highest deficit at $1.3M ($0.1M unfavourable to plan) and Waikato DHB the highest surplus at $2.4M ($1.2M unfavourable to plan).

DHB Balance Sheet (refer schedule Four)

8. Net cash held by the sector at 31 July 2011 was $498.5M, with debtors of $492.0M and creditors of $940.3M. This indicates that if all the debtors and cash were utilised to pay creditors, the sector would be left with a $50.2M cash surplus (compared with a $13.0M shortfall at the end of June 2011).

9. Working capital for all DHBs, with the exception of South Canterbury and Taranaki, was negative and at a sector level was negative $1005.5M.

10. The position reflected by the Balance Sheet at the end of a month will always show the worst working capital position for DHBs as the sector receives one twelfth of its annual funding on the fourth day of each month. The Current Ratio is also strongly influenced by the level of the current provision for employee entitlements. The removal of the provision for employee entitlements gives a Current Ratio for the sector of 0.99:1 compared to the norm of 1:1.

Capital Expenditure (refer schedule Five)

11. The capital expenditure for the sector was below plan by $25.1M, due to the timing of project commencement, most notably for Canterbury DHB ($9.5M).

12. Six DHBs are currently undertaking major capital works – Bay of Plenty, Counties Manukau, Hutt Valley, Lakes, Waikato and Waitemata DHBs.

Ref. No.:20111060

SCHEDULE 1: DHB Net Results by Arm ($'000)

For the period ended: 31 July 2011

Purpose: This report presents financial performance by highlighting the variance between actual and planned year to date net results per Funder, Provider and Governance arm and at the consolidated level for each DHB.

DHBs are ordered by consolidated variance to plan, with those most adverse to plan appearing at the top of the table

DHB	Funder			Provider			Governance			DHB Consolidation			Full Year Plan			
	Actual	Phased Plan	Variance	Actual	Phased Plan	Variance	Actual	Phased Plan	Variance	Actual	Phased Plan	Variance	Surplus	Cyclical Deficit *	Structural Deficit **	Total
Hawke's Bay DHB	(1,627)	(939)	(687)	1,968	3,365	(1,397)	138	(809)	947	480	1,617	(1,137)	2,000			2,000
Capital & Coast DHB	(845)	(868)	23	(696)	(693)	(3)	6	14	(8)	(1,535)	(1,547)	12			(20,029)	(20,029)
Bay of Plenty DHB	653	268	385	(493)	(26)	(467)	96	0	96	256	242	14	3			3
Tairawhiti DHB	10	(24)	34	3	12	(9)	(3)	1	(4)	10	(12)	22	22			22
Wairarapa DHB	(287)	(294)	7	(363)	(367)	4	14	(11)	25	(636)	(670)	34			(4,350)	(4,350)
Northland DHB	(134)	(100)	(34)	365	235	130	(20)	(4)	(16)	211	130	80		0		0
Taranaki DHB	80	34	46	1,427	1,386	41	7	2	5	1,514	1,422	92	3,158			3,158
West Coast DHB	681	476	205	(1,344)	(1,242)	(102)	10	(0)	10	(653)	(767)	114			(4,500)	(4,500)
Waitemata DHB	28	0	28	1,047	970	77	47	0	47	1,122	970	152		0		0
Lakes DHB	(233)	(429)	196	324	296	28	(53)	(15)	(38)	38	(148)	186		(3,159)		(3,159)
Hutt Valley DHB	149	190	(41)	1,106	912	194	85	33	52	1,340	1,135	205			0	0
Auckland DHB	1,599	(1,134)	2,733	(463)	2,179	(2,642)	68	(67)	135	1,204	978	226	98			98
South Canterbury DHB	36	(255)	291	210	197	13	18	(3)	21	264	(61)	325		(500)		(500)
Nelson Marlborough DHB	(338)	(166)	(172)	1,068	460	609	55	0	55	785	294	491	110			110
Whanganui DHB	215	(27)	242	(379)	(730)	351	21	(10)	31	(143)	(767)	624			(4,933)	(4,933)
MidCentral DHB	111	(559)	670	1,175	1,047	128	31	13	18	1,317	501	816	998			998
Counties Manukau DHB	557	346	211	1,704	1,069	635	191	(2)	193	2,452	1,413	1,039	43			43
Southern DHB	(503)	(1,167)	665	1,540	1,005	534	101	0	101	1,138	(162)	1,300			(10,491)	(10,491)
Waikato DHB	715	(1,974)	2,689	2,419	3,589	(1,170)	74	70	4	3,208	1,685	1,523	11,521			11,521
Canterbury DHB	484	(1,509)	1,993	(868)	(426)	(442)	0	0	0	(384)	(1,935)	1,551			(25,000)	(25,000)
TOTAL	**1,352**	**(8,131)**	**9,483**	**9,750**	**13,237**	**(3,487)**	**886**	**(788)**	**1,675**	**11,988**	**4,318**	**7,670**	**17,952**	**(3,659)**	**(69,303)**	**(55,010)**

Notes:

* Cyclical deficits – result from expenditure being included in the current year while the income was included in prior years.

** Structural deficits – refer to operating deficits within the DHB.

Ref. No.:20111060

SCHEDULE 2: DHB Funder Arm Revenue Allocation
For the period ended: 31 July 2011

Purpose: This report presents an overview of actual performance against plan for the Funder arm by highlighting the variance between actual and planned year to date revenue (including IDF inflows) and expenditure.
Funder arm expenditure is split between payments to its own Provider and Governance arms, and payments to other providers. Payments to other providers include payments for IDF outflows.
Actual Funder arm revenue and expenditure variances are also reported as a percentage of planned revenue and expenditure allowing for comparison of actual versus planned data.

DHBs are ordered alphabetically within groups by size

DHB	Revenue			Own Provider & Governance Payments			Other Provider Payments		
	Actual	Phased Plan	Variance	Actual	Phased Plan	Variance	Actual	Phased Plan	Variance
	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000
Small									
South Canterbury DHB	13,571	13,513	58	6,595	6,599	4	6,940	7,169	229
Tairawhiti DHB	12,314	12,344	(30)	6,539	6,535	(4)	5,765	5,833	68
Wairarapa DHB	10,129	10,089	40	4,496	4,495	(1)	5,920	5,887	(33)
West Coast DHB	9,862	9,854	8	5,220	5,302	82	3,961	4,076	115
Whanganui DHB	17,182	17,096	86	8,138	8,214	76	8,829	8,909	80
Medium									
Bay of Plenty DHB	51,362	50,666	696	24,234	24,571	337	26,475	25,827	(648)
Hawke's Bay DHB	36,232	35,904	327	19,595	19,566	(30)	18,263	17,278	(985)
Hutt Valley DHB	34,667	34,552	115	15,554	15,554	0	18,964	18,808	(156)
Lakes DHB	24,056	24,203	(147)	11,414	11,819	405	12,875	12,813	(62)
MidCentral DHB	39,929	40,157	(228)	21,321	21,892	571	18,497	18,824	327
Nelson Marlborough DHB	30,917	30,568	348	16,703	16,590	(113)	14,552	14,144	(407)
Northland DHB	39,691	39,873	(182)	20,063	20,176	113	19,762	19,797	35
Taranaki DHB	24,872	24,749	123	13,013	12,941	(72)	11,779	11,774	(5)
Large									
Auckland DHB	143,410	143,539	(129)	85,800	89,617	3,818	56,011	55,056	(955)
Canterbury DHB	109,126	109,222	(96)	61,126	60,843	(283)	47,516	49,888	2,372
Capital & Coast DHB	69,667	68,720	946	43,758	43,215	(543)	26,754	26,374	(380)
Counties Manukau DHB	108,140	104,651	3,489	53,939	54,302	363	53,644	50,003	(3,641)
Southern DHB	65,363	65,311	53	36,000	35,930	(71)	29,866	30,549	683
Waikato DHB	88,057	88,344	(287)	51,226	54,194	2,968	36,116	36,124	8
Waitemata DHB	104,902	107,348	(2,446)	49,410	51,227	1,817	55,464	56,121	657
TOTAL	1,033,448	1,030,704	2,745	554,144	563,582	9,438	477,953	475,253	(2,699)

DHB	Variance of Actual:Planned Revenue as Percent	% of Total Expenditure to Own Provider		Variance of Actual:Planned Own Provider Payments as Percent	% of Total Expenditure to Other Providers		Variance of Actual:Planned Other Provider Payments as Percent
		Actual	Phased Plan		Actual	Phased Plan	
Small							
South Canterbury DHB	0.4%	48.7%	47.9%	0.1%	51.3%	52.1%	3.2%
Tairawhiti DHB	(0.2%)	53.1%	52.8%	(0.1%)	46.9%	47.2%	1.2%
Wairarapa DHB	0.4%	43.2%	43.3%	(0.0%)	56.8%	56.7%	(0.6%)
West Coast DHB	0.1%	56.9%	56.5%	1.6%	43.1%	43.5%	2.8%
Whanganui DHB	0.5%	48.0%	48.0%	0.9%	52.0%	52.0%	0.9%
Medium							
Bay of Plenty DHB	1.4%	47.8%	48.8%	1.4%	52.2%	51.2%	(2.5%)
Hawke's Bay DHB	0.9%	51.8%	53.1%	(0.2%)	48.2%	46.9%	(5.7%)
Hutt Valley DHB	0.3%	45.1%	45.3%	0.0%	54.9%	54.7%	(0.8%)
Lakes DHB	(0.6%)	47.0%	48.0%	3.4%	53.0%	52.0%	(0.5%)
MidCentral DHB	(0.6%)	53.5%	53.8%	2.6%	46.5%	46.2%	1.7%
Nelson Marlborough DHB	1.1%	53.4%	54.0%	(0.7%)	46.6%	46.0%	(2.9%)
Northland DHB	(0.5%)	50.4%	50.5%	0.6%	49.6%	49.5%	0.2%
Taranaki DHB	0.5%	52.5%	52.4%	(0.6%)	47.5%	47.6%	(0.0%)
Large							
Auckland DHB	(0.1%)	60.5%	61.9%	4.3%	39.5%	38.1%	(1.7%)
Canterbury DHB	(0.1%)	56.3%	54.9%	(0.5%)	43.7%	45.1%	4.8%
Capital & Coast DHB	1.4%	62.1%	62.1%	(1.3%)	37.9%	37.9%	(1.4%)
Counties Manukau DHB	3.3%	50.1%	52.1%	0.7%	49.9%	47.9%	(7.3%)
Southern DHB	0.1%	54.7%	54.0%	(0.2%)	45.3%	46.0%	2.2%
Waikato DHB	(0.3%)	58.6%	60.0%	5.5%	41.4%	40.0%	0.0%
Waitemata DHB	(2.3%)	47.1%	47.7%	3.5%	52.9%	52.3%	1.2%
TOTAL	0.3%	53.7%	54.3%	1.7%	46.3%	45.7%	(0.6%)

Notes:

On average DHBs distribute slightly more than 50% of their Funder arm to other providers (inclusive of IDF outflows).

West Coast DHB is an outlier in the Funder arm distribution of revenue to their own Provider arm as the DHB is "the provider" for the area. There are very few alternative providers for services in the West Coast and therefore the DHB plans and reports much less in terms of payments to other providers.

The tertiary DHBs also appear to be outliers (with approximately 60% being paid to their provider), however if the impact of inter-district flow (IDF) outflows is excluded, of which they have very little, the tertiary DHBs are more in line with the sector.

SCHEDULE 3: DHB Provider Arm Financial Performance

For the period ended 31 July 2011

Purpose: This report presents an overview of Provider arm financial performance across the DHB sector for comparison of cost structures between DHBs of camparable size and communities of interest.
Provider arm expenses are also reported as a percentage of revenue for ease of comparison.

DHBs are ordered alphabetically within groups by size

	Small ($'000)					Medium ($'000)								Large ($'000)						
	South Canterbury DHB	Tairawhiti DHB	Wairarapa DHB	West Coast DHB	Whanganui DHB	Bay of Plenty DHB	Hawke's Bay DHB	Hutt Valley DHB	Lakes DHB	MidCentral DHB	Nelson Marlborough DHB	Northland DHB	Taranaki DHB	Auckland DHB	Canterbury DHB	Capital & Coast DHB	Counties Manukau DHB	Southern DHB	Waikato DHB	Waitemata DHB
Total Revenue	7,156	7,117	4,815	6,269	8,876	26,411	21,491	18,235	12,274	25,984	19,295	21,817	15,850	97,253	70,604	49,107	59,952	39,056	57,688	56,881
Expenses																				
Medical Personnel	(1,120)	(1,593)	(686)	(759)	(1,289)	(4,441)	(2,999)	(3,387)	(2,314)	(4,004)	(3,059)	(3,703)	(1,904)	(18,910)	(13,080)	(8,916)	(11,769)	(7,207)	(9,338)	(10,118)
Nursing Personnel	(1,988)	(1,534)	(1,251)	(1,961)	(2,196)	(6,308)	(4,703)	(4,247)	(2,845)	(5,564)	(4,083)	(5,860)	(3,375)	(20,237)	(20,111)	(11,858)	(14,241)	(9,483)	(13,692)	(14,671)
Allied Health Personnel	(544)	(802)	(527)	(710)	(731)	(2,337)	(2,052)	(2,226)	(1,026)	(2,002)	(2,633)	(2,509)	(1,178)	(9,600)	(7,303)	(4,008)	(5,554)	(3,666)	(4,789)	(7,049)
Support Personnel	(194)	(64)	(56)	(160)	(63)	(504)	(529)	(484)	(200)	(147)	(365)	(282)	(346)	(685)	(1,194)	(730)	(1,526)	(700)	(1,155)	(843)
Mgmt and Admin Personnel	(583)	(555)	(430)	(536)	(661)	(1,935)	(1,864)	(1,581)	(1,088)	(1,649)	(1,576)	(1,767)	(1,474)	(7,526)	(5,005)	(4,010)	(4,494)	(3,080)	(5,004)	(4,554)
Total Personnel Expenses	(4,429)	(4,548)	(2,950)	(4,126)	(4,940)	(15,525)	(12,147)	(11,925)	(7,473)	(13,366)	(11,716)	(14,121)	(8,277)	(56,958)	(46,693)	(29,521)	(37,584)	(24,135)	(33,978)	(37,235)
Total Outsourced Service Expenses	(720)	(371)	(520)	(1,389)	(800)	(1,748)	(715)	(371)	(770)	(1,505)	(743)	(926)	(1,814)	(6,213)	(2,349)	(1,835)	(4,001)	(1,737)	(3,580)	(3,343)
Total Personnel and O/S Expenses	(5,149)	(4,919)	(3,470)	(5,515)	(5,740)	(17,273)	(12,862)	(12,296)	(8,243)	(14,871)	(12,460)	(15,047)	(10,091)	(63,171)	(49,042)	(31,356)	(41,585)	(25,872)	(37,558)	(40,578)
Total Clinical Supplies Expenses	(833)	(1,034)	(765)	(611)	(1,128)	(4,509)	(3,705)	(2,206)	(1,703)	(3,658)	(2,655)	(3,172)	(2,091)	(17,761)	(10,393)	(8,964)	(8,518)	(6,009)	(9,276)	(6,972)
Infrastructure and Non-clinical supplies	(1,027)	(1,161)	(943)	(1,377)	(2,380)	(4,784)	(2,955)	(2,630)	(1,871)	(5,747)	(3,268)	(3,265)	(2,241)	(16,295)	(11,654)	(9,678)	(8,145)	(5,635)	(8,637)	(8,284)
Internal Allocations	63	0	0	(110)	(7)	(338)	0	3	(133)	(533)	156	32	0	(489)	(383)	195	0	0	202	0
Total Non-Personnel Expenses	(1,797)	(2,195)	(1,708)	(2,098)	(3,515)	(9,631)	(6,660)	(4,833)	(3,707)	(9,938)	(5,767)	(6,405)	(4,332)	(34,545)	(22,430)	(18,447)	(16,663)	(11,644)	(17,711)	(15,256)
Total Expenses	(6,946)	(7,114)	(5,178)	(7,613)	(9,255)	(26,904)	(19,522)	(17,129)	(11,950)	(24,809)	(18,227)	(21,452)	(14,423)	(97,716)	(71,472)	(49,803)	(58,248)	(37,516)	(55,269)	(55,834)
Net Result	**210**	**3**	**(363)**	**(1,344)**	**(379)**	**(493)**	**1,968**	**1,106**	**324**	**1,175**	**1,068**	**365**	**1,427**	**(463)**	**(868)**	**(696)**	**1,704**	**1,540**	**2,419**	**1,047**
Depreciation	(255)	(208)	(166)	(375)	(412)	(1,374)	(1,015)	(789)	(643)	(952)	(1,003)	(930)	(705)	(3,567)	(3,571)	(3,632)	(2,259)	(1,667)	(2,558)	(2,111)
Interest costs - Private	0	0	(17)	0	(1)	0	(3)	0	(71)	0	0	0	0	(349)	0	(113)	(103)	(0)	(27)	(62)
Interest costs - CHFA	(25)	(83)	(117)	(62)	(177)	(489)	(183)	(105)	(69)	(311)	(221)	(134)	(167)	(1,170)	(395)	(1,662)	(750)	(412)	(456)	(901)
Capital charge	(48)	(158)	(50)	(76)	(188)	(505)	(185)	(450)	(235)	(533)	(440)	(461)	(480)	(2,746)	(1,355)	(3)	(1,023)	(718)	(1,214)	(1,152)

	Small ($'000)					Medium ($'000)								Large ($'000)						
Expenses as a Percentage of Total Revenue	South Canterbury DHB	Tairawhiti DHB	Wairarapa DHB	West Coast DHB	Whanganui DHB	Bay of Plenty DHB	Hawke's Bay DHB	Hutt Valley DHB	Lakes DHB	MidCentral DHB	Nelson Marlborough DHB	Northland DHB	Taranaki DHB	Auckland DHB	Canterbury DHB	Capital & Coast DHB	Counties Manukau DHB	Southern DHB	Waikato DHB	Waitemata DHB
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Total Revenue	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Expenses																				
Medical Personnel	(15.7%)	(22.4%)	(14.2%)	(12.1%)	(14.5%)	(16.8%)	(14.0%)	(18.6%)	(18.9%)	(15.4%)	(15.9%)	(17.0%)	(12.0%)	(19.4%)	(18.5%)	(18.2%)	(19.6%)	(18.5%)	(16.2%)	(17.8%)
Nursing Personnel	(27.8%)	(21.6%)	(26.0%)	(31.3%)	(24.7%)	(23.9%)	(21.9%)	(23.3%)	(23.2%)	(21.4%)	(21.2%)	(26.9%)	(21.3%)	(20.8%)	(28.5%)	(24.1%)	(23.8%)	(24.3%)	(23.7%)	(25.8%)
Allied Health Personnel	(7.6%)	(11.3%)	(10.9%)	(11.3%)	(8.2%)	(8.8%)	(9.5%)	(12.2%)	(8.4%)	(7.7%)	(13.6%)	(11.5%)	(7.4%)	(9.9%)	(10.3%)	(8.2%)	(9.3%)	(9.4%)	(8.3%)	(12.4%)
Support Personnel	(2.7%)	(0.9%)	(1.2%)	(2.6%)	(0.7%)	(1.9%)	(2.5%)	(2.7%)	(1.6%)	(0.6%)	(1.9%)	(1.3%)	(2.2%)	(0.7%)	(1.7%)	(1.5%)	(2.5%)	(1.8%)	(2.0%)	(1.5%)
Mgmt and Admin Personnel	(8.1%)	(7.8%)	(8.9%)	(8.6%)	(7.4%)	(7.3%)	(8.7%)	(8.7%)	(8.9%)	(6.3%)	(8.2%)	(8.1%)	(9.3%)	(7.7%)	(7.1%)	(8.2%)	(7.5%)	(7.9%)	(8.7%)	(8.0%)
Total Personnel Expenses	(61.9%)	(63.9%)	(61.3%)	(65.8%)	(55.7%)	(58.8%)	(56.5%)	(65.4%)	(60.9%)	(51.4%)	(60.7%)	(64.7%)	(52.2%)	(58.6%)	(66.1%)	(60.1%)	(62.7%)	(61.8%)	(58.9%)	(65.5%)
Total Outsourced Service Expenses	(10.1%)	(5.2%)	(10.8%)	(22.2%)	(9.0%)	(6.6%)	(3.3%)	(2.0%)	(6.3%)	(5.8%)	(3.9%)	(4.2%)	(11.4%)	(6.4%)	(3.3%)	(3.7%)	(6.7%)	(4.4%)	(6.2%)	(5.9%)
Total Personnel and O/S Expenses	(72.0%)	(69.1%)	(72.1%)	(88.0%)	(64.7%)	(65.4%)	(59.9%)	(67.4%)	(67.2%)	(57.2%)	(64.6%)	(69.0%)	(63.7%)	(65.0%)	(69.5%)	(63.9%)	(69.4%)	(66.2%)	(65.1%)	(71.3%)
Total Clinical Supplies Expenses	(11.6%)	(14.5%)	(15.9%)	(9.7%)	(12.7%)	(17.1%)	(17.2%)	(12.1%)	(13.9%)	(14.1%)	(13.8%)	(14.5%)	(13.2%)	(18.3%)	(14.7%)	(18.3%)	(14.2%)	(15.4%)	(16.1%)	(12.3%)
Infrastructure and Non-clinical supplies	(14.4%)	(16.3%)	(19.6%)	(22.0%)	(26.8%)	(18.1%)	(13.8%)	(14.4%)	(15.2%)	(22.1%)	(16.9%)	(15.0%)	(14.1%)	(16.8%)	(16.5%)	(19.7%)	(13.6%)	(14.4%)	(15.0%)	(14.6%)
Depreciation	(3.6%)	(2.9%)	(3.4%)	(6.0%)	(4.6%)	(5.2%)	(4.7%)	(4.3%)	(5.2%)	(3.7%)	(5.2%)	(4.3%)	(4.4%)	(3.7%)	(5.1%)	(7.4%)	(3.8%)	(4.3%)	(4.4%)	(3.7%)
Interest	(0.3%)	(1.2%)	(2.8%)	(1.0%)	(2.0%)	(1.9%)	(0.9%)	(0.6%)	(1.1%)	(1.2%)	(1.1%)	(0.6%)	(1.1%)	(1.6%)	(0.6%)	(3.6%)	(1.4%)	(1.1%)	(0.8%)	(1.7%)
Capital charge	(0.7%)	(2.2%)	(1.0%)	(1.2%)	(2.1%)	(1.9%)	(0.9%)	(2.5%)	(1.9%)	(2.1%)	(2.3%)	(2.1%)	(3.0%)	(2.8%)	(1.9%)	(0.0%)	(1.7%)	(1.8%)	(2.1%)	(2.0%)
Infrastructure and Non-clinical supplies	(14.4%)	(16.3%)	(19.6%)	(22.0%)	(26.8%)	(18.1%)	(13.8%)	(14.4%)	(15.2%)	(22.1%)	(16.9%)	(15.0%)	(14.1%)	(16.8%)	(16.5%)	(19.7%)	(13.6%)	(14.4%)	(15.0%)	(14.6%)
Internal Allocations	0.9%	0.0%	0.0%	(1.8%)	(0.1%)	(1.3%)	0.0%	0.0%	(1.1%)	(2.1%)	0.8%	0.1%	0.0%	(0.5%)	(0.5%)	0.4%	0.0%	0.0%	0.4%	0.0%
Total Non-Personnel Expenses	(25.1%)	(30.8%)	(35.5%)	(33.5%)	(39.6%)	(36.5%)	(31.0%)	(26.5%)	(30.2%)	(38.2%)	(29.9%)	(29.4%)	(27.3%)	(35.5%)	(31.8%)	(37.6%)	(27.8%)	(29.8%)	(30.7%)	(26.8%)
Total Expenses	(97.1%)	(100.0%)	(107.5%)	(121.4%)	(104.3%)	(101.9%)	(90.8%)	(93.9%)	(97.4%)	(95.5%)	(94.5%)	(98.3%)	(91.0%)	(100.5%)	(101.2%)	(101.4%)	(97.2%)	(96.1%)	(95.8%)	(98.2%)
Net Result	**2.9%**	**0.0%**	**(7.5%)**	**(21.4%)**	**(4.3%)**	**(1.9%)**	**9.2%**	**6.1%**	**2.6%**	**4.5%**	**5.5%**	**1.7%**	**9.0%**	**(0.5%)**	**(1.2%)**	**(1.4%)**	**2.8%**	**3.9%**	**4.2%**	**1.8%**

Ref. No.:20111060

SCHEDULE 4: DHB Balance Sheet
As at 31 July 2011

Purpose: This report presents an abbreviated Balance Sheet, together with key indicators, for each DHB to assist in the comparison between DHBs of equivalent size and communities of interest.

DHBs are ordered alphabetically within groups by size

	Small ($'000)					Medium ($'000)								Large ($'000							Sector Total
	South Canterbury DHB	Tairawhiti DHB	Wairarapa DHB	West Coast DHB	Whanganui DHB	Bay of Plenty DHB	Hawke's Bay DHB	Hutt Valley DHB	Lakes DHB	MidCentral DHB	Nelson Marlborough DHB	Northland DHB	Taranaki DHB	Auckland DHB	Canterbury DHB	Capital & Coast DHB	Counties Manukau DHB	Southern DHB	Waikato DHB	Waitemata DHB	
Current Assets																					
Cash	25,960	1,310	2,005	5,744	10,228	1,846	9,084	31	17,112	43,016	22,814	19,019	33,480	94,479	95,659	25,949	1,197	37,910	2,011	75,114	523,969
Debtors & Prepayments	6,135	4,432	5,822	4,212	10,050	19,587	14,315	24,203	11,212	13,177	13,484	17,545	9,558	57,483	56,184	32,030	48,500	28,876	42,348	72,867	492,020
Stock	912	1,674	744	752	1,195	3,266	3,502	1,287	1,932	2,969	2,080	4,146	2,662	11,988	9,035	6,644	843	4,586	9,708	10,715	80,640
Assets Held for Sale	3	-	2,300	246	-	-	1,796	-	-	-	2,361	-	-	19,496	-	-	8,675	-	-	-	34,878
Total Current Assets	33,010	7,416	10,871	10,954	21,473	24,699	28,697	25,521	30,256	59,162	40,739	40,710	45,700	183,447	160,878	64,623	59,215	71,373	54,067	158,696	1,131,506
Non-Current Assets																					
Land	2,463	2,325	1,935	6,005	1,883	13,975	6,806	13,020	5,250	16,481	12,358	8,016	7,890	163,554	94,337	24,120	72,753	25,231	28,520	231,038	737,960
Non Residential Buildings, Improvements & Plant	21,561	37,249	34,248	18,571	65,560	136,592	81,570	91,190	34,127	105,633	126,247	61,022	61,199	571,072	209,574	444,257	322,979	193,238	233,749	520,162	3,369,800
Residential Buildings, Improvements & Plant	-	-	-	1,510	599	-	(2,684)	679	-	553	-	-	334	-	-	78	-	1,494	-	-	2,563
Clinical Equipment	2,881	3,979	2,593	-	4,676	22,692	14,541	6,790	7,653	18,925	12,673	9,191	3,168	63,558	48,087	51,979	24,624	24,953	48,608	55,455	427,026
Other Equipment	1,312	406	847	5,932	328	1,343	4,147	1,769	985	564	2,167	2,303	2,599	6,143	-	3,414	2,474	1,935	1,923	8,183	48,775
Information Technology	503	1,109	107	1,379	553	6,587	6,894	1,555	3,165	1,374	1,976	1,119	6,128	1,270	-	8,860	(193)	3,565	35,530	11,984	93,465
Intangible Assets (Software)	123	2,046	1,003	834	1,143	-	-	1,640	3,370	3,385	2,336	800	-	858	678	12,071	(178)	5,376	(23,047)	8,459	20,897
Motor Vehicles	159	914	1,049	1,073	785	2,955	1,040	256	713	1,252	1,481	1,124	183	3,418	4,364	38	1,835	443	1,586	3,851	28,520
Trust Properties	-	-	-	-	-	-	-	-	-	-	-	240	-	-	-	-	-	-	-	-	240
Investment Property	-	-	-	-	-	-	249	-	-	-	-	-	-	-	-	-	1,126	-	-	-	1,375
WIP	529	569	1,325	709	763	37,595	3,171	52,648	50,357	6,264	2,858	13,403	20,569	19,303	10,112	11,803	52,955	8,302	90,579	36,853	420,667
Investments	-	533	158	2	875	176	763	921	1,265	801	40	44,152	138	1,579	34,410	-	-	238	98	-	86,149
Derivatives in Gain	-	-	-	-	-	-	-	-	-	-	-	-	-	5,945	-	-	-	-	-	-	5,945
Total Non-Current Assets	29,531	49,130	43,265	36,015	77,165	221,915	116,498	170,468	106,885	155,232	162,138	141,370	102,208	836,700	401,562	556,621	478,375	264,774	417,646	875,985	5,243,382
Current Liabilities																					
Bank Overdraft	-	-	(4,624)	-	-	-	(227)	(327)	-	-	-	-	-	-	-	-	-	-	(20,270)	-	(25,448)
Creditors	(10,686)	(10,591)	(9,238)	(8,640)	(13,256)	(36,204)	(32,473)	(41,444)	(19,849)	(31,659)	(18,098)	(44,361)	(24,664)	(118,381)	(119,000)	(63,639)	(81,443)	(46,187)	(58,785)	(151,685)	(940,283)
Term Loans - Current	(10,000)	-	(573)	(1,500)	(3,242)	-	(540)	-	(409)	(13,000)	(13,142)	(5,576)	-	(24,667)	-	(28,249)	(28,750)	(7,374)	(749)	(34,237)	(172,008)
Insurance Liability - Current	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Employee Costs	(10,444)	(6,738)	(5,911)	(8,093)	(10,093)	(28,487)	(28,129)	(26,780)	(13,431)	(25,326)	(31,258)	(32,214)	(19,181)	(152,750)	(148,320)	(60,641)	(103,923)	(53,324)	(82,334)	(151,928)	(999,306)
Total Current Liabilities	(31,130)	(17,329)	(20,346)	(18,233)	(26,591)	(64,691)	(61,369)	(68,551)	(33,689)	(69,985)	(62,498)	(82,151)	(43,845)	(295,798)	(267,320)	(152,529)	(214,116)	(106,885)	(162,138)	(337,850)	(2,137,045)
WORKING CAPITAL	1,880	(9,913)	(9,475)	(7,279)	(5,118)	(39,992)	(32,672)	(43,030)	(3,433)	(10,823)	(21,759)	(41,441)	1,855	(112,352)	(106,442)	(87,906)	(154,901)	(35,512)	(108,071)	(179,154)	(1,005,539)
NET FUNDS EMPLOYED	31,411	39,217	33,790	28,736	72,047	181,923	83,825	127,438	103,452	144,409	140,378	99,929	104,063	724,348	295,120	468,714	323,474	229,262	309,475	696,831	4,237,843
Non-Current Liabilities																					
Employee Costs	(5,637)	(839)	(628)	(3,331)	(686)	(838)	(1,704)	(4,120)	(2,581)	(1,506)	(12,319)	(13,066)	(809)	(21,800)	(7,985)	(6,116)	(13,485)	(14,698)	(12,769)	(35,023)	(159,941)
Term Loans - Non-current	-	(14,143)	(25,226)	(11,195)	(32,600)	(97,200)	(36,980)	(56,900)	(30,810)	(42,417)	(36,978)	(19,360)	(29,000)	(263,118)	(75,000)	(311,540)	(145,000)	(93,857)	(119,659)	(319,754)	(1,760,737)
Restricted Trusts and Special Funds	-	-	(239)	(56)	-	-	-	(921)	-	-	-	(243)	-	(10,103)	(13,686)	(7,812)	(840)	(3,821)	-	(217)	(37,938)
Other Liabilities	-	-	-	-	-	-	-	(34)	(1,434)	-	-	-	-	(276)	-	-	(1,013)	-	(66)	-	(2,823)
Total Non-Current Liabilities	(5,637)	(14,982)	(26,093)	(14,582)	(33,286)	(98,038)	(38,685)	(61,975)	(34,825)	(43,923)	(49,297)	(32,669)	(29,809)	(295,298)	(96,671)	(325,468)	(160,338)	(112,375)	(132,494)	(354,994)	(1,961,439)
Crown Equity																					
Crown Equity	(5,120)	(15,939)	(29,429)	(61,753)	(69,497)	(79,506)	(37,690)	(40,237)	(20,984)	(64,155)	(30,320)	(38,425)	(25,115)	(573,103)	(89,656)	(424,875)	(123,607)	(133,766)	(61,775)	(187,650)	(2,112,602)
Trusts and Special Funds - no restricted use	(1,582)	-	-	(39)	(119)	-	-	-	(1,140)	(2,362)	-	(298)	(724)	-	-	-	-	-	-	-	(6,264)
Revaluation Reserve	(9,246)	(25,526)	(2,155)	(23,888)	(14,295)	(9,172)	(33,536)	(50,368)	(28,678)	(54,582)	(41,720)	(24,554)	(51,905)	(331,980)	(147,201)	(22,021)	(110,298)	(85,362)	(52,859)	(293,970)	(1,413,317)
Other Reserves	-	(26)	(248)	-	(124)	-	(3,000)	-	1,434	-	-	(1,117)	-	-	-	-	-	-	-	-	(3,081)
Retained Earnings	(9,826)	17,256	24,135	71,526	45,274	4,793	29,085	25,142	(19,259)	20,613	(19,041)	(2,867)	3,490	476,034	38,408	303,651	70,769	102,242	(62,347)	130,739	1,249,816
Total Crown Equity	(25,774)	(24,235)	(7,697)	(14,154)	(38,761)	(83,885)	(45,141)	(65,463)	(68,627)	(100,486)	(91,082)	(67,260)	(74,254)	(429,050)	(198,449)	(143,245)	(163,136)	(116,887)	(176,981)	(350,881)	(2,285,448)
NET FUNDS EMPLOYED	(31,411)	(39,217)	(33,790)	(28,736)	(72,047)	(181,923)	(83,825)	(127,438)	(103,452)	(144,409)	(140,379)	(99,929)	(104,063)	(724,348)	(295,120)	(468,714)	(323,474)	(229,262)	(309,475)	(705,875)	(4,246,887)

Interest Cover Ratio	21.76	3.63	2.50	3.48	2.52	4.36	9.04	21.28	5.88	8.75	9.09	9.51	14.29	4.14	9.07	2.18	6.52	7.80	12.94	4.36	-
Current Ratio (excl Employee Costs)	1.60	0.70	0.75	1.08	1.30	0.68	0.86	0.61	1.49	1.32	1.30	0.82	1.85	1.28	1.35	0.70	0.54	1.33	0.68	0.85	0.99
Debt/(Debt + Equity)	27.95%	36.85%	77.02%	47.28%	48.04%	53.68%	45.39%	46.50%	31.27%	35.55%	35.50%	27.05%	28.09%	40.15%	27.43%	70.34%	51.58%	46.41%	40.49%	50.22%	45.82%
Equity/Total Assets	41.21%	42.86%	14.22%	30.13%	39.30%	34.01%	31.09%	33.40%	50.04%	46.87%	44.90%	36.94%	50.20%	42.06%	35.28%	23.06%	30.35%	34.77%	37.53%	33.91%	35.85%
Fixed Assets/Total Assets	47.22%	86.89%	79.92%	76.68%	78.23%	89.98%	80.24%	86.98%	77.94%	72.41%	79.92%	77.64%	69.10%	82.02%	71.40%	89.60%	88.99%	78.77%	88.54%	84.66%	82.25%

Notes:
- Interest Cover Ratio indicates the DHB's ability to cover its interest payments.
- Debt/(Debt + Equity) reflects the total borrowings of the DHB measured against the total borrowings plus Crown equity.
- Current Ratio (excluding Employee Costs) provides an indication of the DHB's ability to cover its short term debt. A current ratio of 1:1 is an accepted norm.
- Equity/Total Assets reflects the total Crown equity against the total assets held by the DHB.
- Fixed Assets/Total Assets reflects the total fixed assets against the total assets held by the DHB.

Whilst some of these ratios are also utilised by the Crown Health Financing Agency (CHFA) they approach them from a lender's perspective, and as such the results may differ.
The position reflected by the Balance Sheet at the end of a month will always show the worst working capital position for DHBs as the sector receives 1/12th of its annual funding on the fourth day of each month.

Ref. No.:20111060

SCHEDULE 5: Capital Expenditure
For the period ended : 31/07/20011

Purpose: This report highlights the variance between actual and year to date (YTD) capital expenditure for each DHB by capital expenditure category.
The information provides an overview of how cash capital expenditure for the year is tracking against plan and the level of capital investment undertaken by the DHBs year to date.

DHBs are sorted alphabetically

DHB	Land			Buildings & Plant			Clinical Equipment			Other Equipment		
	Actual	Planned	Variance	Actual	Planned	Variance	Actual	Planned	Variance	Actual	Planned	Variance
	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000
Auckland DHB	-	-	-	1,737	5,972	(4,235)	521	-	521	55	-	55
Bay of Plenty DHB	-	-	-	2,148	1,171	977	350	229	121	15	22	(7)
Canterbury DHB	-	-	-	-	-	-	(1,837)	7,686	(9,523)	-	-	-
Capital & Coast DHB	-	-	-	1,124	1,451	(327)	158	745	(587)	74	102	(28)
Counties Manukau DHB	-	-	-	3,364	3,030	334	-	458	(458)	-	200	(200)
Hawke's Bay DHB	-	-	-	295	303	(8)	368	338	30	3	8	(5)
Hutt Valley DHB	-	-	-	2,370	2,309	61	181	526	(345)	16	17	(1)
Lakes DHB	-	-	-	45	3,100	(3,055)	150	284	(134)	6	2	4
MidCentral DHB	-	-	-	3,090	473	2,617	144	652	(508)	-	13	(13)
Nelson Marlborough DHB	(5)	-	(5)	63	-	63	274	300	(26)	8	-	8
Northland DHB	-	-	-	1,720	693	1,027	107	419	(313)	31	35	(4)
Southern DHB	0	-	0	1,171	1,335	(164)	1,292	1,349	(57)	40	107	(67)
South Canterbury DHB	-	-	-	148	31	117	-	70	(70)	-	22	(22)
Tairawhiti DHB	-	-	-	-	25	(25)	72	133	(61)	-	5	(5)
Taranaki DHB	-	-	-	-	2,791	(2,791)	-	165	(165)	652	37	615
Waikato DHB	70	-	70	8,573	9,268	(695)	617	2,040	(1,423)	14	62	(48)
Wairarapa DHB	-	-	-	-	-	-	46	25	21	-	-	-
Waitemata DHB	-	-	-	5,168	6,828	(1,660)	700	700	-	225	225	-
West Coast DHB	-	-	-	143	-	143	349	49	300	-	10	(10)
Whanganui DHB	-	-	-	170	508	(338)	26	85	(59)	-	-	-
	65	-	65	31,330	39,288	(7,958)	3,517	16,253	(12,736)	1,140	867	273

DHB	Motor Vehicles			Information Technology			Software			TOTAL		
	Actual	Planned	Variance	Actual	Planned	Variance	Actual	Planned	Variance	Actual	Planned	Variance
	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000
Auckland DHB	-	-	-	233	-	233	17	-	17	2,563	5,972	(3,409)
Bay of Plenty DHB	(47)	57	(104)	348	256	92	-	-	-	2,814	1,735	1,079
Canterbury DHB	-	-	-	-	-	-	-	-	-	(1,837)	7,686	(9,523)
Capital & Coast DHB	-	-	-	27	511	(484)	-	425	(425)	1,383	3,233	(1,850)
Counties Manukau DHB	-	75	(75)	-	325	(325)	-	150	(150)	3,364	4,238	(874)
Hawke's Bay DHB	-	7	(7)	41	82	(41)	173	96	77	881	834	47
Hutt Valley DHB	-	-	-	91	83	8	30	42	(12)	2,688	2,976	(288)
Lakes DHB	-	-	-	7	3	4	46	-	46	254	3,389	(3,135)
MidCentral DHB	-	-	-	10	125	(115)	26	333	(307)	3,270	1,596	1,674
Nelson Marlborough DHB	-	61	(61)	63	82	(19)	-	34	(34)	403	477	(74)
Northland DHB	1	12	(11)	79	381	(303)	18	127	(109)	1,955	1,668	287
Southern DHB	-	5	(5)	223	707	(485)	13	-	13	2,739	3,504	(764)
South Canterbury DHB	-	-	-	-	9	(9)	-	16	(16)	148	148	-
Tairawhiti DHB	-	-	-	-	58	(58)	-	17	(17)	72	238	(166)
Taranaki DHB	-	-	-	-	333	(333)	-	-	-	652	3,326	(2,674)
Waikato DHB	1	-	1	(5)	290	(295)	3	819	(816)	9,273	12,479	(3,206)
Wairarapa DHB	-	-	-	49	50	(1)	-	200	(200)	95	275	(180)
Waitemata DHB	116	224	(108)	202	202	-	8	8	-	6,419	8,187	(1,768)
West Coast DHB	-	-	-	14	25	(11)	11	10	1	517	94	423
Whanganui DHB	-	-	-	-	-	-	4	283	(279)	200	876	(676)
	71	441	(370)	1,381	3,522	(2,141)	349	2,560	(2,211)	37,853	62,931	(25,078)

CHIEF EXECUTIVE OFFICER'S REPORT

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

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

DATE: **14 October 2011**

KEY ACTIVITIES

Since the last Board meeting the following key activities have been in progress.

The annual report has been drafted and is submitted to this Board meeting for approval.

The Buller Health business case has been completed, endorsed by the Better Sooner More Convenient (BSMC) Alliance Leadership Team (ALT), agreed by the West Coast DHB Executive Management Team and is now submitted to this Board meeting for in principle approval. The Chief Executive has held forums for staff and the Buller community to discuss progress on developing the proposal for integrated health services and asked for feedback. The feedback is summarised and available for the Board at this meeting.

The review of quality services in the DHB has been completed and is now awaiting implementation of key recommendations.

Continued implementation of Production Planning Tools means we are making good progress in matching demand to capacity. Year to date (YTD) we have exceeded our production targets.

Work to develop the future model of care for hospital services continues with a very useful meeting recently held with clinical leaders and senior management staff from both Canterbury, and West Coast DHBs affirming strong support for the West Coast from Clinical Directors at Canterbury and giving a good platform for continuing service development.

A workshop has been held in Westport to start to develop a new framework for constructing service specifications for integrated family health services.

Work has started in planning for integrated services in Greymouth with a first workshop completed with Greymouth primary practice health professionals, setting the scene for an integrated health care delivery environment. Community engagement activities are being planned for November with patient pathway design workshops with all health professionals being planned for late November/early December.

Key appointments have been made to vacant medical specialist positions.

Planning has commenced for the development of an older persons service across the West Coast.

Alliance training has been provided on the Coast for BSMC Alliance Leadership team members and an invitation was extended to Board and Committee members. It was a useful day which allowed for insights to be shared on how the ALT is meeting its commitments and how that might be improved.

A further facilitated workshop on establishing a formal Clinical Governance structure and process across the health system on the West Coast has been held, with recommendations as to the way forward being developed for the CE from that workshop. A wide range of health care providers were represented at the meeting.

Support services staff have been working with staff from other South Island DHBs in work groups under the South Island Support Services Alliance to improve collaboration and work more regionally.

FINANCIAL AND OPERATIONAL PERFORMANCE OVERVIEW

Financial Overview for the period ending 31 August 2011

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,253	6,185	68	√	12,522	12,472	50	√
Governance & Administration	217	212	5	√	425	424	1	√
Funds & Internal Eliminations	4,280	4,284	(4)	×	8,655	8,568	87	√
	10,750	10,681	69	√	21,602	21,465	137	√
EXPENSES								
Provider								
Personnel	4,378	4,396	18	√	8,504	8,784	280	√
Outsourced Services	984	999	15	√	2,373	2,082	(291)	×
Clinical Supplies	725	586	(139)	×	1,336	1,180	(156)	×
Infrastructure	982	952	(30)	×	1,956	1,867	(89)	×
	7,069	6,932	(137)	×	14,169	13,913	(256)	×
Governance & Administration	206	212	6	√	404	425	21	√
Funds & Internal Eliminations	3,692	3,885	193	√	7,386	7,691	305	√
Total Operating Expenditure	10,967	11,030	63	√	21,959	22,029	70	√
Deficit before Interest, Depn & Cap Charge	217	349	132	√	357	564	207	√
Interest, Depreciation & Capital Charge	547	551	4	√	1,060	1,102	42	√
Net deficit	**764**	**899**	**135**	√	**1,417**	**1,666**	**249**	√

The month of August 2011 produced a favourable consolidated variance to budget of $135k. The main drivers of the favourable variance for the month were lower than budgeted workforce costs, payments to external providers and better than budgeted revenue.

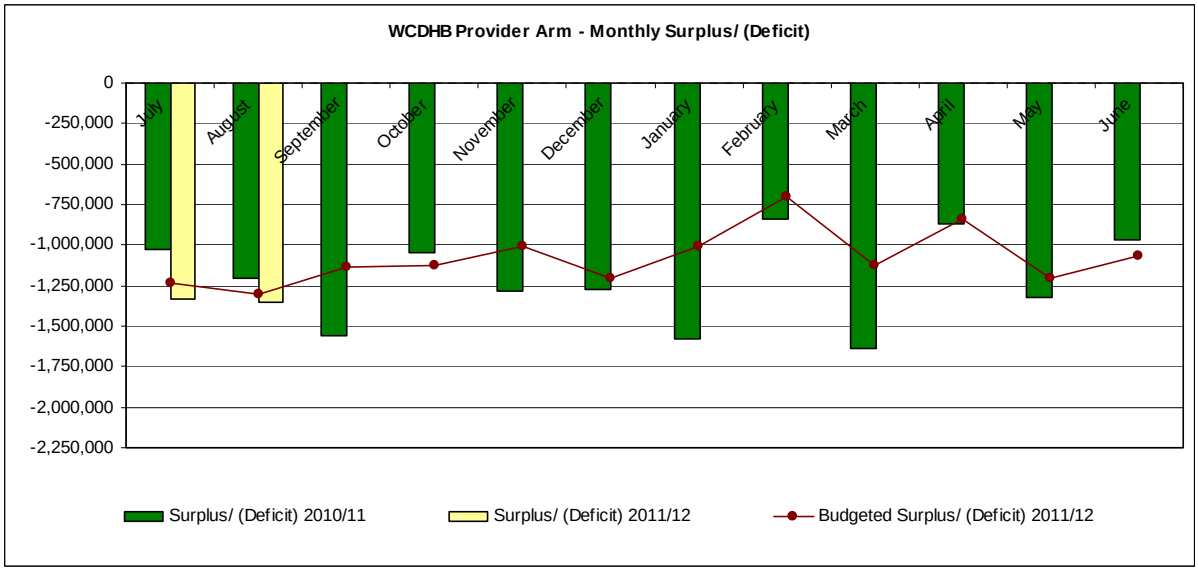
The year to date result of $1,417k remained a favourable variance to budget of $249k.

DHB PROVIDER ARM SUMMARY

Operational and Financial Performance Overview

Provider Arm
Financial Performance

For the year to date period ending 31 August 2011 the operating result after interest and depreciation for the Provider Arm is a deficit of $2,707k, this resulting in an unfavourable variance of $166k. The main drivers of the unfavourable variance are outsourced clinical service costs. Compensating this unfavourable variance of $342k were favourable variances against personnel costs of $280k. For the first two months surgical volumes are above the planned volumes and this has resulted in certain clinical supplies being over budget. The Production Plan has been updated to take the production for the first two months into account and this should result in clinical supply costs moving towards budget in future months.



West Coast DHB Hospital Activity (Including all patients regardless of Domicle)

		MONTH				YEAR TO DATE			
		August 2011	August 2010	Variance	Variance %	August 2011	August 2010	Variance	Variance %
Total Discharges	Buller	79	82	-3	-3.7%	146	167	-21	-12.6%
	Reefton	5	8	-3	-37.5%	9	14	-5	-35.7%
	Grey	446	428	18	4.2%	938	802	136	17.0%
Occupied Bed Days	Buller	634	664	-30	-4.5%	1191	1375	-184	-13.4%
	Reefton	225	204	21	10.3%	463	409	54	13.2%
	Grey	2246	2055	191	9.3%	4632	3988	644	16.1%
ED Attendances - all facilities		1348	1301	47	3.6%	2555	2557	-2	-0.1%
Outpatient Attendances *		1519	1466	53	3.6%	2870	2748	122	4.4%
Deliveries (Buller Health and Grey Base Hospital		34	23	11	47.8%	71	41	30	73.2%

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

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

	CURRENT YEAR TO DATE - 2011/2012				PREVIOUS YEAR TO DATE - 2010/2011			
	Actual to 31 August 2011	Budget to 31 August 2011	Variance	Variance %	Actual to 31 August 2010	Budget to 31 August 2010	Variance	Variance %
Surgical Acute CWD	177.48	181.47	-3.99	-2.2%	107.62	156.56	-48.94	-31.3%
Surgical Elective CWD	316.03	228.15	87.88	38.5%	166.81	244.34	-77.53	-31.7%
TOTAL Surgical CWDs	493.51	409.62	83.89	20.5%	274.43	400.9	-126.47	-31.5%
Medical CWDs	262.4	219.9	42.5	19.3%	213.48	202.02	11.46	5.7%
Surgical FSA	699	674	25	3.7%	681	801	-120	-15.0%
Medical FSA	311	270	41	15.2%	231	269	-38	-14.1%

PROVIDER ARM SERVICES

Clinical Services Planning and Delivery

The medical staff rostering system is still being refined, however its value is already evident for planning purposes. The visibility of clinic and theatre planned usage is of value in not only planning sessions but also ensuring maximised use of the medical workforce.

Elective Surgical Volumes

Production of electives is slightly ahead of target. Though ahead overall, the mix of cases is not aligning to targets for the various specialities. Work continues to refine this.

Medical Staffing

The following appointments have been confirmed with the appointees to commence at various times over the next few months:

- General Surgeons (2)
- Anaesthetist (1)
- Emergency Department Medical Officer (1)

Offers have been made for the following;

- Anaesthetist (1)
- Emergency Department Medical Officer (1)
- Orthopaedic Surgeon (1) (One year appointment.)

Advertising is currently underway for the following:

- Obstetric and Gynaecology Surgeon
- Specialist Physician

Clinical Services

An Xcelr[8] project earlier in the year identified issues around Air New Zealand flights such as new timetabling, flight cancellations and clinicians being taken off flights because of over-booking. The project team has had discussions with Air New Zealand. The airline has advised that processes will be put in place at its airports to ensure that clinicians travelling to provide services on the West Coast are not taken off over-booked flights. We will monitor this.

Work will commence between West Coast DHB and Canterbury DHB clinicians around options for the provision of orthopaedic services on the West Coast in September 2011.

A recent follow-up audit on the provision of services for stroke patients has identified opportunities to improve services. A project team will be brought together.

Service Improvement

Project teams have been established to drive improvement projects for the DHB provider arm to ensure we meet our annual plan targets. Examples of projects include decreasing the length of stay, increasing day of surgery admissions, improved discharge planning and improving patient transfers. We are committing additional resource, to these projects, understanding we need to invest in improvement to gain benefits.

Mental health staff are attending a further national workshop on the national implementation of key performance indicators. Utilisation of the information gained continues to be applied to improve services for consumers.

INFORMATION TECHNOLOGY

Telehealth

All units as part of the original Telehealth expansion now including Karamea have been successfully installed. The Haast Video Conferencing system will be joined into the same network as the rest of the DHB over the satellite system. This will hopefully resolve some of the issues experienced at the site, however satellite technology is always going to be less than ideal. The mobile clinical cart as part of the Countdown funding has been ordered, delivery is expected within a month. The new Oncology Telehealth unit has been installed and is available for clinical use.

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 are 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. Full roll out of the system has been completed in September. There are some technical and reliability issues to still solve, and the number of cars within the pool is near maximum utilisation, causing lack of available cars on certain days. The project team is attempting to move more cars currently assigned to individuals for various reasons into the pool to resolve these issues as well as working with Canterbury DHB around stabilisation of the system.

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 replace a number of aged computer servers is progressing, with the first stage completed. Cut over to the new file server and implementation of the new backup system has been completed, with migration of the first part of storage to be done in November. 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 this 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 has been completed. The business case is due to be discussed at EMT within the next week as a key decision is around timing of the implementation and impact in the use of the existing systems. 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 Orion's Concerto product has been developed and approved at the September West Coast DHB Board meeting. It has also been endorsed by the National Health IT Board, and approved by the Director General of Health. The Kickoff Project meeting is being held in Christchurch on the 4 October 2011, with two workshops in Greymouth planned for October. These events will provide the necessary information for the vendor Orion to prepare the Implementation Planning Study (IPS). The IPS will provide detail around implementation dates, scope and final costs. Go live for the new system is still provisionally 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 DHBs.

HUMAN RESOURCES

Recruitment

For the past three months recruitment work has been occurring with the Core General Practice Work stream focussing specifically on the area of GP attraction and retention. As a result it has been agreed that a detailed strategy and work plan will be designed with input from the Core General Practice and Alliance Leadership Team group to address the issues identified.

From 1 January 2012 all West Coast DHB recruitment will be centralised via the Canterbury DHB Recruitment Team providing us with specialised support across all disciplines. This support will reduce our recruitment costs and improve outcomes for the organisation.

Industrial Relations

Managed Bargaining - terms of settlement have been agreed and the union ratification meetings will be completed by the end of September. If accepted, this settlement will cover NZNO Nursing MECA, the PSA Allied Health and Technical, Mental Health Nursing, Clerical and Home Based Support Collective Agreements, and the EPMU Support Services Collective. We have just been advised that this Agreement has not been ratified.

APEX IT - negotiations continue on 6 October 2011 when the union is expected to table amended claims.

ASMS MECA - bargaining continues with the parties next meeting on 30 September 2011.

Leadership and Development

The Executive Management Team has been agreed to adopt the capability framework developed by Canterbury DHB as the platform for all leadership development activity and human resource work for West Coast DHB. This same framework has been endorsed nationally by the General Managers Human Resources and the Centre for Excellence in Healthcare Leadership and Management Development that is based at the University of Auckland.

WEST COAST DISTRICT HEALTH BOARD
FUNDER ARM - PAYMENTS TO EXTERNAL PROVIDERS
as at 31 August 2011

Aug-11						Year to Date					2011/12	2010/11	
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance			Annual Budget	Actual Result	Change (actual 10/11 to budget 11/12)
$000	$000	$000	%			$000	$000	$000	%		$000	$000	%
					Referred Services								
36	41	5	11%	√	Laboratory	67	81	14	17%	√	486	511	5%
651	764	113	15%	√	Pharmaceuticals	1,443	1,527	84	6%	√	8,473	7,705	-10%
687	**805**	**118**	**15%**	√		**1,510**	**1,608**	**98**	**6%**	√	8,959	8,216	-9%
					Secondary Care								
5	20	15	74%	√	Inpatients	5	39	34	87%	√	237	38	-523%
79	150	71	47%	√	Travel & Accommodation	207	232	25	11%	√	1,391	1,189	-17%
1,285	1,285	0	0%	√	IDF Payments Personal Health	2,570	2,569	-1	0%	√	15,414	15,606	1%
1,369	**1,455**	**86**	**6%**	√		**2,782**	**2,840**	**58**	**2%**	√	17,042	16,833	-1%
					Primary Care								
42	50	8	16%	√	Dental-school and adolescent	84	91	7	8%	√	467	399	-17%
0	2	2	100%	√	Maternity	0	4	4	100%	√	26	0	
0	1	1	100%	√	Pregnancy & Parent	0	1	1	100%	√	8	0	
0	3	3	100%	√	Sexual Health	0	6	6	100%	√	33	13	-152%
5	0	-5	-1150%	×	General Medical Subsidy	4	1	-3	-400%	×	5	76	94%
521	523	2	0%	√	Primary Practice Capitation	1,042	1,046	4	0%	√	6,275	6,135	-2%
10	7	-3	-45%	×	Primary Health Care Strategy	13	14	1	6%	√	83	251	67%
77	77	0	0%	√	Rural Bonus	154	155	1	0%	√	928	970	4%
13	13	0	3%	√	Child and Youth	26	27	1	3%	√	162	162	0%
13	8	-5	-63%	×	Immunisation	21	16	-5	-31%	×	96	154	38%
14	14	0	4%	√	Maori Service Development	27	27	0	0%	√	162	165	2%
18	31	13	42%	√	Whanua Ora Services	36	62	26	42%	√	373	215	-74%
2	13	11	85%	√	Palliative Care	8	26	18	69%	√	157	110	-43%
14	16	2	13%	√	Chronic Disease	15	31	16	52%	√	286	3	-9440%
4	11	7	64%	√	Minor Expenses	22	22	0	2%	√	134	206	35%
733	**769**	**36**	**5%**	√		**1,452**	**1,529**	**77**	**5%**	√	9,195	8,859	-4%
					Mental Health								
0	1	1	100%	√	Eating Disorders	0	2	2	100%	√	12	23	48%
50	50	0	0%	√	Community MH	94	100	6	6%	√	601	538	-12%
1	1	0	0%	√	Mental Health Work force	2	1	-1	0%	√	8	15	44%
48	47	-1	-1%	×	Day Activity & Rehab	95	95	0	0%	√	569	518	-10%
10	10	0	2%	√	Advocacy Consumer	20	20	0	0%	√	122	120	-2%
6	5	-1	-13%	×	Advocacy Family	12	11	-1	-13%	×	64	71	10%
0	5	5	100%	√	Minor Expenses	0	10	10	100%	√	61	0	
117	118	1	1%	√	Community Residential Beds	224	235	11	5%	√	1,411	1,261	-12%
66	66	0	0%	√	IDF Payments Mental Health	132	133	1	0%	√	796	813	2%
298	**303**	**5**	**2%**	√		**579**	**607**	**28**	**5%**	√	3,644	3,359	-8%
					Public Health								
101	29	-72	-251%	×	Nutrition & Physical Activity	125	57	-68	-119%	×	342	328	-4%
68	7	-61	-886%	×	Public Health Infrastructure	75	14	-61	-443%	×	83	82	-1%
0	0	0		√	Social Environments	0	0	0		√	0	-15	100%
5	6	1	11%	√	Tobacco control	5	11	6	55%	×	68	58	-17%
174	**42**	**-132**	**-314%**	√		**205**	**82**	**-123**	**-150%**	×	493	453	-9%
					Older Persons Health								
9	52	43	83%	√	Home Based Support	-11	105	116	110%	√	595	708	16%
8	10	2	16%	√	Caregiver Support	19	19	0	0%	√	114	130	12%
281	174	-107	-61%	×	Residential Care-Rest Homes	492	348	-144	-41%	×	2,030	2,344	13%
-1	0	1		√	Residential Care Loans	-18	0	18		√	0	-113	100%
2	10	8	80%	√	Residential Care-Community	7	20	13	66%	√	122	48	-155%
257	395	138	35%	√	Residential Care-Hospital	625	791	166	21%	√	4,622	3,949	-17%
0	5	5	100%	√	Ageing in place	0	11	11	100%	√	65	12	-440%
7	7	0	1%	√	Environmental Support Mobility	14	14	0	1%	√	85	28	-204%
15	6	-9	-142%	×	Day programmes	26	12	-14	-110%	×	74	75	1%
12	12	0	0%	√	Respite Care	22	24	2	8%	√	143	118	-21%
108	108	0	0%	√	IDF Payments-DSS	216	217	1	0%	√	1,300	1,060	-23%
698	**779**	**81**	**10%**	√		**1,392**	**1,561**	**169**	**11%**	√	9,151	8,359	-9%
3,959	**4,153**	**194**	**5%**	√		**7,920**	**8,228**	**308**	**4%**	√	**48,483**	**46,079**	**-5%**

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

PLANNING AND FUNDING – FINANCIAL

The District Health Board's result for services funded with external providers (including Inter-District Flows) for the month of August 2011 was an under spend of $194k (3%) and year to date under spend of $308k (4%).

Commentary on year to date variances

Referred Services
Community pharmaceuticals are $84k less than budget. This includes $56k paid to Pharmac towards the Discretionary Pharmaceutical Fund for 2011/12.

Secondary Care
Secondary Care services are $58k better than budget, with travel and accommodation paid under the National Travel Assistance scheme being $25k better than budget.
The expenses shown under Secondary Care are demand driven and the Inter-District Flows (IDFs) reflected for the month are based on the budgeted monthly IDFs and will be adjusted once confirmation of the actual IDFs is received.

Primary Care
Whanau Ora service costs are $26k 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 begin. Included in the payments to date are upfront payments to the West Coast PHO for contracts which will cover the duration of the year. This has resulted in a timing difference between the actual payments and budgeted payments.

Older Persons Health
Overall expenditure (residential and non residential) is under budget for the month. These costs are mainly demand driven.

PLANNING AND FUNDING OVERVIEW

Public Health

Pertussis/ Whooping Cough Epidemic

The West Coast is currently experiencing a pertussis epidemic with more than 90 confirmed cases of pertussis on the West Coast, predominantly in the Westland Region. Notifications of the disease continue and the geographic area affected by the outbreak has increased.

A vaccination programme to try to being the epidemic under control is underway. (Please see Community and Public health report for more detailed information).

Home Insulation

The West Coast DHB is working through a joint venture with The Insulation Company, Greenstuf and the Energy Efficiency and Conservation Authority (EECA) to insulate five hundred West Coast homes for free.

The DHB's will identify those people in the community who are most at risk due to living in households that have poor home insulation and will be focussing on those with respiratory illness, and other long term conditions. The insulation program is planned to start in October 2011 and will insulate 500 homes during 2011/2012.

Maori Health

Progress on aligning Maori health service provision to primary practices and involvement within Integrated Family Health Centres has been made, with an agreement on future direction of contracts between Rata Te Awhina Trust and the West Coast District Health Board being reached.

Planning for the establishment of a Kaiawhina and a Maori nurse position in the Buller has begun and are expected to be in place by 1 December 2011.

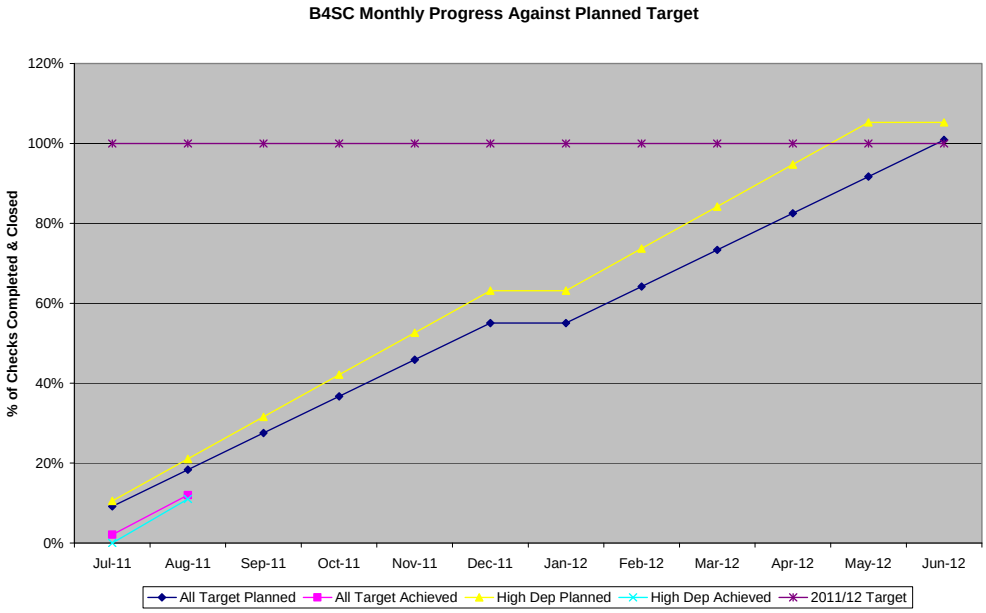
The Maori Health Provider has restructured its governance to include representation from both of the local Runanga on the Board; this has resulted in some robust planning within the organisation and as part of this we are working closely with the governance and management to assist in aligning health service delivery to better meet the Maori objectives identified within the Better, Sooner More Convenient Business case.

To date job descriptions have been developed for the Kaupapa Maori Nurse positions and the Kaiawhina positions, these will form the basis for the development of a new service delivery contract with the organisation. We are aiming for the completion of the contracting process by the end of October and recruitment of these positions finalised by 01 December 2011. (This is covered in more detail under the Maori health section of the report.)

Before School Check (B4SC)
At the end of August 2011, 12% of the 2011/12 target for the total eligible population completed their B4SC. This is 10% more than for the previous month (July 2011, 2%) but 6% less than for the planned target for August 2011.

On the other hand, 11% of 4-5 year old children in the high deprivation population completed their B4SC in August from 0% in July 2011.

There is a likelihood of the programme not achieving the 25% planned target for the quarter one of 2011/12 given that we are 17% through the year in days by the end of August. Due to seasonal aspects such as timing of school holidays the DHB performance throughout the year will not always match the percentage of year covered in the reporting. Therefore, if the progress shown in August is maintained and improved, the B4SC will be able to achieve its 2011/12 target.



Increased Immunisation: 95% of 2 year olds are fully immunised

The immunisation coverage for the month of August 2011 is 79% for ALL 2 year olds - 9% less than the previous month.

The coverage rate for Maori for the month of August has also dropped by 33%. This equates to one (1) child declining or opting off immunisation out of the three (3) eligible Maori children in August 2011.

Further analysis show that, for the first two months of 2011/12, the DHB immunisation coverage is 99% for all 2 year olds that have not declined or opted off the NIR – only 1 child whose parent(s) have not declined or opted off immunisation has not been fully immunized in July 2011.

The decline rate however, is at 16.7% and work to decrease the decline rate and improve immunisation coverage continues to be a focus in primary care and the Outreach Immunisation Service.

West Coast Monthly Immunisation Coverage – June –August 2011

	June 2011	July 2011	August 2011
Fully Immunised – Total (Number)	87% (39/45)	88% (43/49)	79% (33/42)
Fully immunised - Maori	100% (5/5)	100% (10/10)	67% (2/3)
Opt Off (Number)	2.2% (1)	4.1% (2)	4.8% (2)
Declined (Number)	11.1% (5)	6.1% (3)	16.7% (7)
Not fully Immunised (Number)	0.0% (0)	2.0% (1)	0.0% (0)

Smoking Cessation

The percentage of all hospitalised smokers given advice and help to quit in August 2011 is 78% - 6% more than the previous month (see table below). The percentage achieved in August reverses the trend of decrease seen since April 2011. However, the increase for the month of August will not be enough for the DHB to reach the 95% target for quarter one even if a 100% is achieved for the month of September.

Nevertheless, it is hoped that this improvement will be maintained with the new inclusion of a Smoking Cessation Counselor who commenced work on the 19th of July 2011 and the recent recruitment of a 0.2 FTE HEHA/Smokefree Service Development Manager (commenced 13 September 2011) who will provide planning and leadership for the programme. A 0.8 FTE Smoking Cessation Coordinator will commence before the end of October 2011. These roles will continue to provide training, support and leadership for the programme to ensure that the ABC is embedded within the systems and processes so that the DHB would be able to achieve the 95% target for 2011/12.

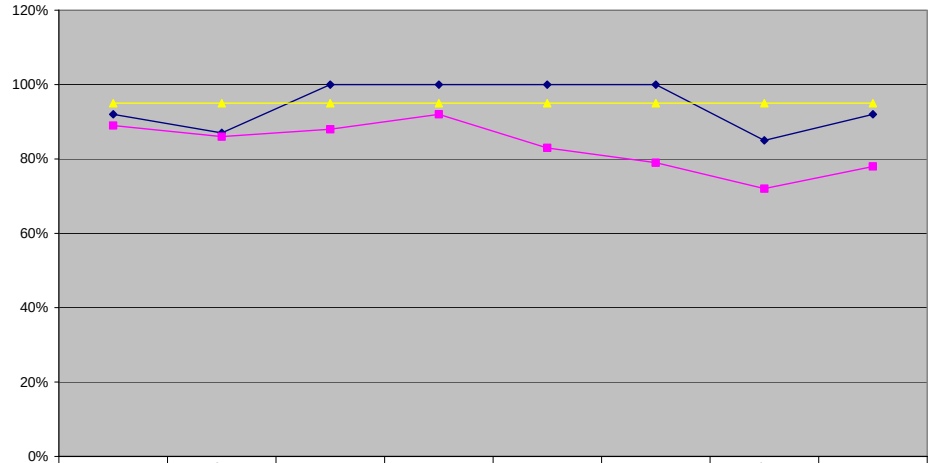
The Management Team has decided to focus on the achievement of the 95% target across the DHB and will actually encourage all staff to identify smokers, offer intervention and document that activity.

Percentage of hospitalised smokers given advice and help to quit – August 2011*

	Smokers	Given advice and help to quit	% Given advice and help to quit *	July 2011	Change
Maori	13	12	**92%**	85%	+7%
Other	60	45	**75%**	69%	+6%
Total	74	58	**78%**	72%	+6%

**Data as of 13/09/11 and may not include some smoking cessation data for August 2011 that are yet to be completely coded and entered by clinical coders.*

Percentage of hospitalised smokers given advice and help to quit



	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug 11*
Maori	92%	87%	100%	100%	100%	100%	85%	92%
Total	89%	86%	88%	92%	83%	79%	72%	78%
2011/12 Target	95%	95%	95%	95%	95%	95%	95%	95%

**Data as of 13/09/11 and may not include some smoking cessation data for August 2011 that are yet to be completely coded and entered by clinical coders.*

COMMUNITY AND PUBLIC HEALTH (CPH)

Pertussis (Whooping Cough)

The pertussis outbreak centred in Westland continues. From the 1 May – 25 September there have been 175 notifications of suspected pertussis to Community and Public Health, with 84 confirmed cases and 25 still under investigation. Of the cases confirmed to date 37 are male and 47 female. The median age of the cases is 21.2 years (range 14 months to 61 years). The majority of cases are New Zealand European 67 (80%), Maori 13 (15%),(7.5%), Asian 2(2.5%) and Pacific Island 2 (2.5 %). Two cases have so far been hospitalised for complications of the disease.

Community and Public Health West Coast continues to monitor notifications and liaise with medical centre, dealing with most cases. An outbreak team has been formed including West Coast DHB and additional health protection staff brought in from Community & Public Health's Christchurch office to assist. Information about pertussis has been distributed to schools and early childhood centres in the affected district and also to medical centres and pharmacies. Several media updates have been issued with key messages about the importance of on-time immunisation to protect against pertussis and the need to seek medical attention for persistent cough. A targeted booster vaccination campaign for healthcare workers, parents of infants, and early childhood education staff is planned and will get under way shortly. Vaccination of these groups aims to protect those most vulnerable to complications of pertussis infection, babies under one year of age, from infection.

Promoting Smokefree Environments

Community and Public Health staff and other members of the West Coast Tobacco Free Coalition spent two days in mid-September at The Warehouse raising awareness of the benefits of Smokefree Homes and Cars. The Smokefree Homes and Cars static display has now been set up in the reception area of the Community Mental Health unit at Grey Base Hospital.

Reducing Alcohol-Related Harm

Community & Public Health staff raised awareness in the community of the liquor licensing application being made by the Blaketown Liquor Store (adjacent to Blaketown Dairy) and also the application by Henry's Beer, Wines & Spirits in Greymouth to extend their opening hours by two hours each day. Both these applications would, if granted, increase alcohol availability in the community and potentially expose young people to more alcohol advertising. A number of community submissions have been received by the District Licensing Authority about these two applications.

Health Promoting Schools (HPS)

The Health Promoting Schools Co-ordinator is working with WestREAP to develop community workshops on bullying (with an emphasis on cyber-bullying). She is also working with Education West Coast (a network for WC educators) on a format for principals to share information about how their schools address this issue.

The HPS Team is also continuing with 'stock takes' to ascertain where West Coast schools are at in respect of Ministry of Health priorities for school health promotion (smokefree, sunsmart, nutrition, physical activity and mental/emotional wellbeing). One outcome of these stock takes is that new opportunities come to light for the HPS Team to further support what schools are already doing.

Falls Prevention

Community and Public Health has taken over the ACC Falls prevention. A Tai Chi contract has been signed, with a Greymouth class due to start on 18 October 2011.

West Coastal Pathway

Community and Public Health, as part of Active West Coast, helped to organise and run another planting day on the West Coastal Pathway in conjunction with Grey High School. The West Coastal Pathway recently won the Sport and Leisure section of the Grey District Trustpower Community Awards for bringing organisations and individuals in the community together to create the almost complete pathway which is used by a large number of people on a regular basis.

MAORI HEALTH

Te Herenga Hauora

Te Herenga Hauora/South Island DHB Māori Health Managers/Directors Network met in Christchurch in September. They are working together on several projects the most notable is to establish a Māori provider workforce development programme for Māori service providers to support stronger management and governance. The objectives of the provider workforce development programme include the following:

- To work with Te Waipounamu DHB's to develop a network of courses and development programmes for Māori service providers' management and staff.
- To work with Te Waipounamu DHB's to develop a network of governance courses and development programmes for Māori service providers' trustees and directors.
- Support Māori providers to develop a clinical leadership a collaborative partnership across all services. This team will seek to develop organisational support networks, supervision of non-clinical staff and planning development opportunities.
- To establish a documented process for connecting whānau into support services if they are transferring between DHB services in the South Island.

Te Tauraka Waka a Maui Marae – West Coast DHB Board and Tatau Pounamu Hui

On 8 September the West Coast DHB board travelled to South Westland to meet with Tatau Pounamu, Manawhenua Advisory Group, people working in the Māori health workforce sector, the South Westland community, and local iwi; Te Runanga O Ngati Waewae and Te Runanga O Makaawhio/Ngati Mahaki. Firstly there was powhiri for board and staff members to officially welcome them on to the marae. Following this there was a hui between the board and members of the public, this was very well attended and the feedback received was very positive. Board members and DHB staff stayed on the marae over night, and the next day the West Coast DHB board meeting was held.

Treaty of Waitangi Workshop

A Treaty of Waitangi workshop for DHB staff was held on the 14 September. These workshops remain popular with staff and this month there was a total of 23 staff in attendance at this workshop.

Health Targets Maori Smoking July/August

The number of Māori who received advice and help to quit who for the months of July and August was actually higher than for the general population. In July 72% was offered this assistance in comparison to 85% Māori. In August it was 78% general in comparison to 92% Māori. Smoking rates though for Māori are still very high on the West Coast.

Better Sooner More Convenient Maori Health

The Māori health team and a representative from the Planning and Funding team have been meeting regularly with Rata Te Awhina Trust managers and members of the new Rata board to develop the Better Sooner More Convenient business case pertaining to Māori health outcomes in the future. This collaboration is positive and a progressive and new way of working together with more input from local iwi. Māori health objectives within the business case are as follows:

- Māori nursing positions will be established within each Integrated Family Healthcare Centre.
- Māori Kaiawhina positions will be established within each Integrated Family Healthcare Centre with a focus on increasing Māori enrolments and access to primary services and overall better patient journey for Māori.
- Māori workforce development.
- Increasing cultural competencies among non-Māori staff to improve mainstream service effectiveness.
- Increased integration with Kaupapa Māori health services.
- Matching services to identified Māori health needs.

In line with the West Coast DHB Māori Health Plan and National Health Targets the Māori health provider will target services to impact on access to care, long term conditions, injury prevention, smoking cessation, maternal health, oral health and immunisation.

BETTER SOONER MORE CONVENIENT

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

What does 'Better, Sooner, More Convenient' mean for the West Coast community?
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.

Report for the first quarter of 2011/12:

Core General Practice Redesign

- The introduction of an Electronic Health record using Medtech's ManageMyHealth module is progressing well. An implementation date of end November 2011 is envisaged for access of aspects of individual health records at ED, pharmacies and mental health.
- The annual community satisfaction survey takes place in September and the result will be made available in late October 2011.
- The after-hours plan is being reviewed and outcome will be available in late October 2011.

Maori Health

- The introduction of Maori nurses, kaiawhina and health navigators will see the first placements in Buller by the end of 2011. Work in this regard is progressing well.

Workforce

- The HR team from Canterbury DHB is in the process of developing some excellent strategies and tools to improve clinical staff recruitment. In addition work has commenced on a staff retention programme, which if successful longer term will reduce recruitment costs, improve productivity and provide a better service to the public.

DHB Community Based Services

- The development of a common, integrated service specifications is currently being worked on. This will hopefully reduce reporting requirements and will be outcome focused rather than output focused.
- Work has progressed in developing an integrated model of care for community nursing, allied health and mental health in the Buller and will be presented to the West Coast DHB in October 2011.

Mental Health

- 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 GPs/practice nurses.
- There needs to be further consideration about crisis work and what is and is not possible given current resources

Integrated Family Health Facilities

- After 3 full day workshops with Westport staff, Greymouth DHB staff and external health providers a safe and sustainable model of care for the Buller IFHC has been developed. This work was facilitated and documented with the help of the Kaizen Institute of NZ and Sapere Ltd. In addition, 3 half-day workshops with the same people, but facilitated by two architects has resulted in high level plans of four possible scenarios. The results of these workshops have been presented to the public and ALT and will be presented to the West Coast DHB as a business case on 14 October 2011.
- Plans are being developed to ensure that a high level model of care for the Grey Base Hospital and IFHC is ready to be presented to the West Coast DHB in December 2011.

Information Technology

- It is anticipated that Medtech's ManageMyHealth module will be available to ED, hospital. community pharmacy and mental health by end November 2011.
- The mechanisms for enabling access to Medtech for community nursing and allied health are being analysed at present, with agreement and implementation in proposed for December 2011.

Frail older people

- Read only access to InterRAI for primary and community health and support services has been established. Work plan to continue with the roll out has not yet been established.
- Coasters the West Coast DHB Support Service will provide assessment for short term support services and Carelink for long term. Collaboration is occurring between Carelink and West Coast DHB Support Services Manager to develop a single referral and process map.
- Restorative packages of care have been identified from Nelson Marlborough DHB and these will be introduced into Carelink prior to the end of 2011.
- Alongside this it is essential to ensure the home based support providers Access and West Coast DHB are able to 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.

Leadership

- The Alliance Leadership Team and the PHO Clinical Governance Committee continue to meet regularly to enable joint primary and secondary clinical leadership and decision making, planning and implementation.
- Effective working partnerships between the West Coast PHO and West Coast DHB particularly in aged care, recruitment and retention and communications has occurred.
- Where possible the application and use of PHO cash reserves have been used. E.g. the most recent has been to fund Medtech's ManageMyHealth module and resources to help with the training and support required during the implementation.

REGIONAL SERVICES

Regional Health Services Planning

The 2010 South Island Health Services Plan (SI HSP) provides an overview of where District Health Boards (DHBs) in the South Island are at and where they are heading through a truly integrated and collaborative South Island approach to sustainable health and disability services for our population. It sets out a coherent strategic context to support DHBs to collaborate regionally over the next three to five years.

An agreed regional approach to infrastructure, regional workforce, facilities and information system strategies will support service shifts and the delivery of new models of care. Regional health services planning will support the South Island DHBs to:

- Improve equity of access to health services across the South Island;
- Enhance the quality and consistency of care provided across the South Island;
- Enhance the sustainability of health services for the South Island population; and
- Engage with key stakeholders to ensure their understanding and acceptability of the way South Island services are organised and delivered.

The South Island Chief Executives and Chairs have engaged in a health services planning process which will deliver a regionally coordinated system of health services planning and service delivery, and make lasting improvements in the accessibility, quality and sustainability of health services. The vision is summarised as, “A clinically and financially sustainable South Island health system, where services are provided as close to people’s homes as possible.”

The SI RHSP has three major components; challenges, future service direction, and current work streams of services and enablers that are prioritised for regional and sub-regional focus. Rather than developing a comprehensive plan that will address all issues, the South Island DHBs have identified key areas of focus for which there is a collective commitment to see significant traction across the South Island during 2011/12. Formal accountability for the delivery of the six priority areas has been supported by the five DHBs, and a robust monitoring and reporting framework will be put in place to ensure achievement is forthcoming.

<u>South Island DHB Alliance</u>

The South Island DHB Alliance framework supports South Island DHB collaboration through:
An Alliance Board (the five SI Chairs) that sets the strategic focus, oversees and governs, and monitors overall performance of the Alliance

An Alliance Leadership Team (the SI DHB CEOs) supported by the South Island GMs Planning & Funding Network that prioritises activity, allocates resources (including funding and support), and monitors deliverables

Strategic Planning & Integration team that will support an integrated approach linking the Service Level Alliances and workstreams to the South Island vision and identifying gaps, recognising national, regional and district priorities. The Team will provide a strategic and integrated view that is broader than the current priority areas and incorporates the SI Health Services Plan development.

<u>Annual workstreams or focus areas.</u>

CEOs and Boards recognise the need for focussed effort to gain momentum in achieving collaborative outcomes. The alliance approach is therefore applied to four priority clinical service areas and two enabling work streams as the first tranche of a phased approach.

The alliance work streams are:
1. Cancer
2. Child Health
3. Health of Older People
4. Mental Health
5. Procurement
6. Information Technology

With this background information [sourced from the 2011-12 Implementation plan Supplement South Island Health Services Plan] the following is an update of progress from the alliance work streams.

Cancer

Work is progressing on the following key areas

- Establishment of South Island Multi Disciplinary meetings
- Development of a project plan for the Medical Oncology Wait Time project
- Approval by CE's of METRIQ system as part the Clinical Cancer Information Systems Project
- Continuing work on regional patient referral pathway for Adolescents and Young Adults

Child Health

There is ongoing clinician led development of child and youth health pathways hosted through the Canterbury Initiative and general surgery guidelines are due to be implemented by November 2011. Work is progressing on implementing guidelines for safe air travel for unwell children on commercial flights.

Health of Older People

This service level alliance has commenced work recently. It is developing a work programme for this year which will focus on:

- developing a common approach to restorative service delivery of community services,
- rolling out Inter RAI across all SI DHBs,
- standardising eligibility criteria and entry to service processes,
- implementing the South Island Dementia Initiative

Mental Health

The Mental Health Service Level Alliance has consulted with regional providers on the implementation of the work plan. Regional business rules around the collection of data collection are being developed. Regionally provided speciality mental health services including mothers and babies, eating disorders, medical detoxification, Child and Youth residential, Inpatient Child and youth and Forensic services continue to be supported through regional training and education initiatives for Districts and continuing development of referral and treatment models.

Procurement and supply chain

Year to date savings from workstream projects are around $620k, the savings methodology is still being finalised by HBL. The alliance is focused on delivery of a range of agreed procurement projects [commodities and capex].

Key achievements include

- Sign off for project on negative pressure wound care therapy
- Progress on regional purchase of endoscopic washers
- Analysis of SI Capex , developing a South Island Capex Plan

HBL has presented workstreams information to the Alliance members and plans for a new shared service organisation. Further workstream development is on hold pending HBL directions.

Information Technology

The four priority workstreams for the South Island Information Services Service level Alliance are:

- Clinical information systems
- Medicine management –assessment of a regional medication management programme
- E-referrals
- Patient administration systems

West Coast -Canterbury Collaboration

Progress continues in developing collaborative partnerships between the two DHBs in a range of key clinical and non clinical areas.

Clinical service development

Relationships have been progressively built between clinical leaders in both DHBs over recent time resulting in a successful meeting between Clinical Directors Canterbury and Clinical Leaders West Coast along with the CEO and senior managers from both DHBs . This meeting resulted in a commitment from all present to work together in developing a model which supported the sustainable delivery of specialist services to the people of the West Coast, which will mean West Coast will be included in service planning from the outset rather than coming to awareness when in crisis, then disappearing off the radar. The West Coast becomes part of the Canterbury conversation. Discussion was held on the developing model of care for the West Coast and the relationships and arrangements that needed to be put in place in both DHBs to provide safe and sustainable services, on a service by service basis. A number of services already working in collaborative arrangements [dementia care, paediatrics, and oncology] identified their approach to developing a successful partnership. The concept of a rural DHB being 'partnered' by their neighbouring larger urban DHB was talked through and a conference of similar 'partners' across NZ was promoted.

Aged Care

Geriatrician Dr Jackie Broadbent is leading a joint initiative between West Coast and Canterbury District Health Boards to establish a 'virtual ward' as part of the process to improve health care delivery for older people living on the West Coast. A key aim is to support General Practitioners, community nurses, rest home staff, allied health staff and other health and care staff working in the community in the care of frail older people. This is to better enable the health care required by frail older people to remain in their own home.

Orthopaedic services

Senior clinical and management staff from orthopaedic services in Canterbury met with their counterparts here on the Coast recently to plan future service delivery The orthopaedic team in Canterbury clearly signalled their interest in becoming part of the orthopaedic team on the West Coast thus bringing the two orthopaedic services closer together with creative solutions being discussed. Canterbury clinicians supporting West Coast based staff in providing orthopaedic services. Discussions encompassed a range of ideas including appointments which include West Coast as part of the scope, rotating appointments, on call cover and this was a really positive discussion.

Paediatrics

This continues to be a very successful model and will be soon further enhanced with the purchase of a mobile cart to enhance telemedicine capability by enabling virtual ward rounds. The first telehealth consultation has occurred between John Garrett and Buller ED to successfully support the care of a child presenting in Buller, thus preventing the need to transfer the child to Greymouth,

Business Development Unit

A programme to provide business support from the CDHB based Business Development unit to West Coast is being planned at present.

Decision Support

Dashboard reporting is being developed in partnership with Canterbury DHB Decision Support services and Planning and Funding from both DHBs.

Support Services

Support Services staff from Canterbury DHB have just completed a two day visit here to scope activities which may be usefully provided across both DHBs. This includes the areas of waste management, facility management, travel, CME and course bookings, fleet management and patient travel.

Planning and Funding

Significant consultancy and support is being provided into the Grey integration project from planning and funding senior strategic staff from Canterbury DHB planning and funding

QUALITY AND RISK MANAGEMENT

Steady progress continues in meeting the requirements of the Health and Disability Standards as identified by Verification NZ during their 2011 audit. Improvements have been made in medication management, restraint education for staff in non mental health areas, incident reporting and investigation processes which is pleasing to note. Work is planned and underway but still to be completed in implementing some aspects of quality systems such as quality indicators, document control, complaints processes, and discharge planning, systems for recording training, timely booking of surgery, facilities maintenance are other key areas of focus.

One serious incident has been reported through the sentinel event reporting system in this last period.

An improved system for identifying and reporting key risks to the DHB has been agreed by the Quality Audit Risk and Finance Committee and implementation of this system is currently being planned. This will involve the prioritisation of the top 15 risks, identification of sponsors whose role it is to develop mitigation strategies, regularly review these risks and mitigations and report in detail to the Quality Audit Risk and Finance Committee on each identified risk at least annually. The risk register is presented to this meeting but will be replaced in the near future by an enhanced reporting system.

The West Coast District Health Board operates a Risk Register to identify and monitor identified risks and to ensure mitigation strategies are developed and implemented.

WCDHB RISK REGISTER JULY 2011
PATIENT CARE RELATED RISKS

ID Nos	Risk	Type	Likelihood	Consequence	Initial Rating	Current Rating	Mitigation
RR153	Failure to achieve dental health outcomes through delayed implementation of Oral Health Plan	1	D	S			Action plan is being developed – to be overseen by GM Community
RR154	Multiple changes to SMO roster resulting in changes to scheduled activity, staff stress & patient dissatisfaction	1	D	S			Action plan has been developed – to be overseen by GM Sec & Medical Director
RR017	Lack of specialist staffing at Grey Base Hospital	1	P	Se			Upskilling of Physicians & Nurses; Telemedicine; Air Transfers; Integrated Care delivery project (in conjunction with Canty DHB)
RR011	Incorrect assessment/diagnosis of patient by health professional	1	P	Se			Documented Procedures; staff education;; audit; clinical review
RR027	Patient fall whilst in Hospital/Rest Homes, resulting in serious injury	1	P	Se			Documented Procedures; staff education; audit; Falls prevention programme
RR147	Private GP Practice/Rest Home unable to function due to staff shortage/loss of facility resulting in increased/unreasonable demand on DHB services	6	P	S			Non-DHB providers to have contingency/ business continuity plans in place as per their Funding Contracts (checked as part of DHB P&F audit programme)
RR003	Inappropriate (too early; lack of planning) patient discharge from Hospital	1	P	S			Documented Procedures; staff education; special QI project focussed on improving discharging practices
RR005	Clinical risks resulting from current configuration of Grey Hospital Wards (CCU, ED & Parfitt)	1	P	S			Documented Procedures; staff education; medium-long term plan to rebuild Hospital
RR031	Temporary closure of Hospital facilities (all or part) due to: i) staffing shortages ii) infectious diseases iii) facility disruption	6	P	S			i) Recruitment & retention strategies ii) Infection Control Policies & Procedures; training, audit & surveillance iii) Planned maintenance programme iv) Plan to transfer patients to alternative facilities
RR015	Lack of full-time 24-7 paediatrician on-site at Grey	3	P	S			Joint position with CDHB; Upskilling of Physicians & Nurses; Telemedicine; Air Transfers
RR145	Use of non-smart IV infusion pumps – leading to medication errors	1	P	S			Documented Procedures; staff education; replacements on CAPEX
RR149	All defibrillators in use at WCDHB are no longer supported by the manufacturer (but are still fully operational)	1	P	S			Documented Plan for replacement of current defibrillators on CAPEX

IT/COMMS RELATED RISKS

ID Nos	Risk	Type	Likelihood	Consequence	Initial Rating	Current Rating	Mitigation
RR131	Lack of electrical backup generation capability for GP Practices and Rural Nurse Clinics (resulting in an inability to access patient records & interfering in delivery of clinical care)	2	Ac	M			Grey Medical & Rural Nurse Clinics do not have battery backup; generally left to discretion of health professionals as to whether to provide care or not – currently being reviewed by Facilities Dept
RR066	Interruption to services caused by DHB IT (computer and email) system failure	2	P	S			Documented procedures; back up for system; planned maintenance programme
RR061	Interruption to services caused by inability of Grey Base Hospital to notify on-call staff caused by technical restrictions on paging system	2	P	S			Documented procedures; Staff education (NOTE: paging coverage should be improved with system upgrade by Telecom)
RR121	Damage to computer network caused by burst pipes as a result of proximity of computer network hubs to water pipes within Grey Base facility	2	P	S			Rebuild/refurbishment of Grey Base Hospital

EMPLOYEE RELATED RISKS

a) HR

ID Nos	Risk	Type	Likelihood	Consequence	Initial Rating	Current Rating	Mitigation
RR079	Recruitment & retention of clinical staff	3	D	S			Recruitment strategy; Integrated Care delivery project (in conjunction with Canty DHB)
RR132	Reliance on employment of Locum Clinical Staff resulting in financial pressures (through higher costs)	3	D	S			Recruitment strategy; Integrated Care delivery project (in conjunction with Canty DHB)
RR134	Failure to follow stated recruitment procedure (including timeframes, provision of documents etc)	3	P	S			Documented procedures; additional training for Mngrs
RR133	Failure of new staff members to undergo orientation programme (Organisational & Departmental)	3	P	S			Documented procedures; additional training for Mngrs

EMPLOYEE RELATED RISKS

b) OSH/IC

ID Nos	Risk	Type	Likelihood	Consequence	Initial Rating	Current Rating	Mitigation
RR048	Animal attack on staff members in community	3	P	S			Documented procedures; alerts available on client records
RR075	Pest exposure to both patients and staff in a DHB Facility	3	P	S			Pest Control plan (contracted pest exterminator); Documented procedures
RR087	Staff working alone/in isolation (Inpatient & Outpatient)	3	P	S			Documented procedures; staff education & training; personal alarms, Satellite phones recently procured for Buller MHS staff (May 2010)
RR094	Vehicle accidents involving DHB staff	3	P	S			Documented procedures; staff education & training;

FACILITIES RELATED RISKS

ID Nos	Risk	Type	Likelihood	Consequence	Initial Rating	Current Rating	Mitigation
RR127	Hospital buildings do not meet new earthquake compliance levels required by the Building Act 2005	4	D	Se			Medium-long term plan to rebuild Hospital or reconfigure (as part of Integrated Family Health Service project); evacuation procedures
RR156	Failure Of Grey Base Hospital Autoclaves causing disruption to services (operations to be cancelled)	4	Ac	M			Fitting a water saver tank and high pressure pumps to each autoclave – currently going through CAPEX process
RR054	Failure (technical, environmental) of medical equipment and facilities (See also RR149)	4	P	S			Planned maintenance & replacement programme; back-up equipment (where required)
RR080	Restricted office space throughout DHB facilities	4	Ac	L			Medium-long term plan to rebuild Hospital; have areas can be converted to office space
RR093	Unsecured DHB buildings (out of normal work hours)	4	P	L			Documented procedures; staff education; Incident Reporting System
RR151	Asbestos in Buller Health Facilities	4	P	L			Have facilities replaced before expected lifetime expires

FINANCIAL RELATED RISKS

ID Nos	Risk	Type	Likelihood	Consequence	Initial Rating	Current Rating	Mitigation
RR155	Failure by Secondary Services to achieve elective volumes, leading to loss of funding	5	Ac	Se			Documented recovery plan, regular monitoring by Senior Mngt
RR138	Current contract management practice that allows contracts to be continually extended without renegotiating	5	Ac	Se			Regular review process; upskilling of staff in contract Mngt process
RR 139	Contract Signing process not completed in timely manner resulting in DHB funded providers & their patients/clients being unnecessarily disadvantaged	5	Ac	Se			Working party established to look at problems and determine changes to current practice to alleviate these problems
RR059	Inability of DHB to fund current level of services	5	Ac	Se			Increased focus on budgeting & financial performance; care delivery project; Integrated Care delivery project (in conjunction with Canty DHB)
RR124	Patients requiring very high cost treatment at other DHBs exceeding WCDHB budgeted allocation (Inter District Flows)	5	D	S			On indication of high cost treatment need, review fiscal impact & make contingencies accordingly
RR 150	Errors (identified as part of audit) in DHB owned GP Practice Enrolment Registers resulting in over claiming of funding that may require repayment	5	D	Se			Continuation of regular review process; upskilling of staff in correct process
RR135	Inability of DHB to met cost savings required to achieve approved budget	5	P	S			Increased focus by Mngt on expenditure; communication strategy to DHB staff
RR150	Increased costs associated with reimbursements for personal use/rental car hire arising from reduction in DHB vehicle fleet	5	P	S			Staggered replacement programme; use of Canty DHB cars
RR157	Failure by staff to keep Virtual VSA data up-to-date resulting in reduction of income to DHB	5	Ac	M			Increased monitoring of Virtual FSA and regular reminders to staff
RR111	Funding formula not sufficient to allow provision of services by contracted NGOs that will deliver intended benefits	5	P	S			Increased focus on budgeting & financial performance; analysis to ensure monies spent achieve intended gains
RR 152	Reliance by Primary Practices on GP Locums impacting on financial performance	5	Ac	S			Upskilling of nurses; BSMC project; Rural Academic Practice

GOVERNANCE RELATED RISKS

ID Nos	Risk	Type	Likelihood	Consequence	Initial Rating	Current Rating	Mitigation
RR143	Community upset/misunderstanding over various health improvement projects currently being undertaken by the DHB in conjunction with other partners (PHO, Canty DHB)	6	P	S			Detailed Communication Plan which identifies key stakeholders & outlines briefing sessions, info packs
RR047	Non-compliance by Board members with requirements of DHB policy and procedures	6	P	S			Documented Procedures; Education & Training (including orientation); Incident Reporting System
RR040	Inability of DHB to achieve requirements of DAP & DSP	6	P	S			Increased focus on planning, budgeting & financial performance; analysis to ensure monies spent achieve intended gains
RR101	Inability of DHB to achieve requirements of the NZ Health Strategy	6	P	S			Increased focus on planning, budgeting & financial performance; analysis to ensure monies spent achieve intended gains

COMMUNICATIONS

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

- There has been good acceptance of the strategic communications plan.
- The plan was recently presented to the Disability Resource Network monthly meeting where it received positive feedback.

Buller Integrated Health Centre

- Meetings were held with organisations / staff who will be impacted by the IFHC prior to the public meeting on 19 September: These included O'Conor Trust, St John, community pharmacy, Physiotherapy, Dentists.
- In the week of September 12 an editorial piece explaining the Better, Sooner, More Convenient concept and giving an update on the Buller IFHC was prepared and subsequently published in the West Coast media.
- Health sector unions were briefed prior to the staff meeting on 19 September.
- The Chief Executive briefed Buller staff in two well attended meetings held on 19 September prior to the public meeting.
- The Chief Executive spoke with the chief reporter of the Westport News to update her on the Buller IFHC. There was good coverage of the update in the Westport News following the public meeting.
- A public meeting to update the community of the latest developments and answer some of the questions that were raised in the submissions occurred on Monday 19 September at Westport's NBS Theatre. An audience of 50 people was given a preview of the options heard of the recommendation for a single site. Questions and comments from the audience indicated that there are still differing opinions regarding the location of an IFHC.
- 138 submissions were received as feedback to inform the Board decision in October on the Buller Integrated Family Health Centre. The broad preferences expressed were:-

i.	Greenfields (O'Conor site)	2
ii.	Greenfields (Buller Health site)	69
iii.	Brownfields (Buller Health Site)	8
iv.	Split site	39
v.	Hospital to stay where it is (? Option ii, iii or iv)	10
vi.	Other	8
vii.	Status quo	2

  Note a number of submissions only included the respondent's choice as if it was a referendum.

- Communications will evolve as the project continues.

Proactive media relations

- The eight page newsletter Report to the Community was distributed to the West Coast community via the Messenger on 7 September. Feedback from the Minister of Health, the Associate Ministers of Health and from other DHBs has been very complementary.
- A recent media release regarding a Healthy Housing initiative was well reported. There will be a further opportunity for more publicity once work starts on the insulation installation.
- An outbreak of pertussis (whooping cough) dementia care on the West Coast has been well reported local media and attracted several subsequent requests for more information. Weekly media updates are being compiled based on information provided by Community and Public Health.

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

- 'Compressed pharmacists,' DHB's innovative approach to employing and training pharmacists.
- B4School checks.
- A patient journey through surgery.
- New Surgical equipment.
- Māori smoking and pregnancy.
- Māori workforce innovation.
- Telehealth technology and linking to paediatric specialists in Christchurch. The mobile video cart has been ordered and there will be further information prepared once it is 'on the ground'.
- The 2011 Countdown Kids Hospital appeal to fundraise for children's health. There is a fundraising walk / cycle planned for Saturday 8 October using the flood wall and the new Coastal Pathway.

Other projects

- Plans for communicating about the redevelopment of the Grey Base Hospital, and the future development of an integrated family health centre in Greymouth are being prepared. It is envisaged that there will be a 'health expo' with this as its focus on the first or second weekend in November.
- The communications plan has been prepared for the Manage My Health project for shared electronic health records between primary practices, community pharmacies and the DHB.
- Draft copy for the 2010 /11 Annual Report has been prepared.
- Focus on updating the West Coast DHB website and intranet has begun as one of the 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 – 7 October 2011**

Better, Sooner, More Convenient
Progress Report – Sept 2011

West Coast
Te Tai o Poutini
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 Year 1 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/Aug 11	✓	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 provided valuable input into the concept plan options for the various sites.
Concept plan options costed	Sept 11	✓	Concept plans have been completed and have been completed.
Engineers Review of Site options completed	Sept 11	✓	Engineers have looked a site flood plains and how existing buildings at both sites stack up against the building codes, with particular relevance to required earthquake strengthening..
Preferred concept recommended by ALT	Sept 11	✓	This was presented to ALT on the 22/9/11. Recommendation is for a single site, but no recommendation was made as to which site. This was due to some aspects of operational cost had not yet been completed.

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. Plans are for a number of 'to be' workshops facilitated by Kaizen. This will be followed by a community expo similar to what was done for Chch city planners. A draft document of a high level model of care is expected to be completed by the end of Nov 11.
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. This workstream is scheduled to meet in Christchurch on 10/10/11.
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	⊡	A meeting has been scheduled for October to start this process
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.	Jun 12		
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" workshops with 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		First meeting with Academic Rural General Practice took place on 31 Aug. Meeting with Buller general practice planned.
Kaiawhina positions established in Buller Integrated Family Health Centre	Dec 11		Position descriptions progressing.
Kaiawhina positions established in Grey Integrated Family Health Centre	Jun 12		Work in progress
Appointment of a dedicated Maori clinical position at the Buller Integrated Family Health Centres	Dec 11		Draft job description has been completed. These positions are linked to the Maori Provider with whom a new contract is being negotiated. Discussion occurring re: funding and model of care
Appointment of a dedicated Maori clinical position at the Grey Integrated Family Health Centres	Jun 12		Draft job description has been completed. These positions are linked to the Maori Provider with whom a new contract is being negotiated. Part time position in place currently running clinic for Maori women one day per week.
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 end Nov 11. Workshops are being held under the Clinical Governance Committee and work is progressing well. An Implementation and support person has been employed for 6 months (30 hours per week) to help with the implementation.
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		This is progressing well, with the exception being the private practice in Hokitika. This is 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 PHO 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.	Sept 11		The PHO Clinical Governance Committee is overseeing this work. Currently, ManageMyHealth content, consent and access has all been completed. The audit component will be worked through in October 11.
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 and is being led by Wayne Turp. 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 will improve patient journey significantly <u>Discharge Boards:</u> • Baseline done • Increased focus on utilisation continues with CNM's promoting • Discharge 'champions' to be identified <u>MDT approach</u> • Clinical areas utilising MDT meetings to facilitate discharge coordination • Planning underway for improved communication between agencies and service providers (such as DHB ward staff and Carelink) to improve patient journey • The 'pathway/process' that needs articulating includes the 'one patient point of entry' for IFHC, The 'To Be' workshops in Buller was a starting point for this work and ongoing development is occurring • 'To Be' workshops are being arranged for Grey alongside the model of care development • The development of a diabetes model of care is underway for the refinement of care delivery, this model is to be 'whole of system' with the patient at the centre.
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 is phased implementation from January (in Buller)	Jan 12		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 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) clinicians in actually referring to these services. • Data is also 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.	Aug 11		The 2011 survey is going to be amending next year to enable effective assessment of the patient experience of an integrated family health centre
All relevant clinical staff training in use of ManageMyHealth	Jun 12		Roll out of the first phase to ED and pharmacies. Deb McCarthy and Aileen Egan have been contracted to provided support and training for implementation.
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		Yet to commence

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 has not yet been established.
Plan for moving assessments for short term to Carelink ready for consultation 30 June	Jun 10		The plan is now that Coasters the WCDHB Support Service will provide assessment for short term support services and Carelink for long term. Collaboration is occurring between Carelink and WCDHB Support Services Manager to develop a single referral and process map.

Restorative package based model in place	Mar 11		Restorative packages of care have been identified from NMDHB and these will be introduced into Carelink prior to the end of 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		Baseline data is being collected on this and has not yet been analysed.
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 0.5 NASC position has been granted for Westport and 1 FTE for Greymouth. A report is available to measure the time between referral client assessment which has not been analysed.
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		Recent analysis of the rate of rest home entry shows that it has dropped from 5.8% of people aged 75 plus years in 2009-10 to 5.5 % for 2010-11. These rates are now being monitored regularly as part of CareLink systems.
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			

UNFINISHED YEAR 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	✓	Four regional 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 Grey Base Hospital 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 – Tor Wainwright

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.

CLINICAL LEADERS REPORT

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

FROM: **Carol Atmore, Chief Medical Advisor**
Karyn Kelly, Acting Director of Nursing and Midwifery
Stella Ward, Executive Director of Allied Health (WCDHB and CDHB)

DATE: **14 October 2011**

ACHIEVING EFFECTIVE CLINICAL LEADERSHIP

REPORT OF PROGRESS AGAINST ANNUAL PLAN 2011-12

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 was undertaken and considered at the workshop held 29th September.
  - An outcome of the meeting is the recommendation to the Chief Executive on structure and functional relationships of clinical governance system for the West Coast health system. A verbal update is available from the EDAH.
  - An 'alliance' workshop was held in September with clinicians; managers and governors from across the west coast health system.

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.
  - A meeting was held on Tuesday 4 October 2011 at CHDB to further discuss this. A verbal update is available from the Clinical Leaders if required.

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 7 September 2011 to develop the regional Post Graduate education action plan. From this meeting a structure was decided and agreed upon for the Hub, including professional group working parties. Currently work is underway to stocktake all activity occurring and frame up a regional approach to determining workforce need and prioritisation.
    - There is a regional HWNZ meeting on 14th October, the Acting DONM and Associate DON Clinical Practice Development will be attending. (The purpose of this meeting is to discuss the Regional Training Hub, workforce priorities, matching regional need to HWNZ priorities and to outline the regions three-five year workforce plan.
    - The first stage of the Rural Learning Centre facility refurbishment has been completed with the major component of redevelopment to occur over December/January in preparation for 2012.

- Facilitate increased opportunities for the professional development of clinical staff.
    - The allocation for 2012 PG Nursing HWNZ funding has occurred with ongoing increased funding for the West Coast. This amount will once again fund approximately 30 RN's on their PG pathway. The University of Otago Road Show was held the 30 August 2011 in Greymouth and Westport, 31st in Reefton to advertise and recruit students, indications are that we will have similar ongoing numbers enrolling. This focussed development of the nursing workforce is a significant contributor to the development of the West Coast Model of Care.
    - Four Rural Immersion Medical Students are planned to come to the West Coast for 2012.
    - Allied Health clinical leaders developing a calendar of planned professional development for all staff and indentifying a plan of what can be facilitated and delivered on the Coast.

- Work with Human Resources and Primary Care recruitment and retention coordinator to focus on activities that enhance recruitment and retention.
    - Recruitment and Retention strategy has been developed by Canterbury DHB HR team in conjunction with West Coast clinicians and is starting to be implemented.
    - Focused effort on hospital medical senior staff recruitment with permanent appointments being made.
    - HWNZ has allocated funding for 10 NETP and 1 NETP Expansion positions for 2012, decision making is underway for availability of positions and matching future workforce planning with financial responsibility in relation to FTE management and expenditure. Applications have closed for the NETP Programme and short-listing is underway.
    - Te Pou has allocated 2 positions for the Mental Health Entry to Specialty Practice Programme, applications have closed and shortlisting is underway.
    - 4 Midwifery First Year of Practice positions have been agreed to, and it is anticipated that all 4 positions will be filled. Significant planning has gone into enabling this and will add to the future workforce planning of this professional group, and its professional development.

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.
    - 16 participants have been confirmed for the October/November West Coast Xcelr8 Cohort 2 group.
    - Alumni presentations are a regular feature of hospital services Friday morning meetings with those that are sponsored being implemented.

- 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.
    - Clinical credentialing for senior doctors to be aligned with CDHB process, and annual appraisal process to be strengthened.
    - Annual performance appraisals for nurses are aligned to Nursing Council competencies and are a prerequisite for HWNZ funding.
    - Allied health clinical governance framework in development as a result of external reviews of a number of allied health services and the increased collaboration with Canterbury – includes leadership framework; supervision and new graduate support; performance development; professional development; clinical quality improvement and audit activities and career and salary progression expectations.

- Develop a Quality Team for the West Coast Health System.
    - Implementation plan for the quality review is being finalised.
    - Roll out of the new Incident Reporting System has occurred throughout the hospital and support service area as of 1 July 2011, this has been enthusiastically received by staff.
    - The plan to roll this out to Community Buller and Reefton is currently being developed.
    - EDAH attended a Performance Excellence Study tour in the US and visited a number of health and non-health businesses. The findings will be shared with the West Coast clinical leaders and managers.

RECOMMENDATION

That the West Coast District Health Board note this report for their information.

FINANCE REPORT
AUGUST 2011

Financial Overview for the period ending 31 August 2011

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,253	6,185	68	√	12,522	12,472	50	√
Governance & Administration	217	212	5	√	425	424	1	√
Funds & Internal Eliminations	4,280	4,284	(4)	×	8,655	8,568	87	√
	10,750	10,681	69	√	21,602	21,465	137	√
EXPENSES								
Provider								
Personnel	4,378	4,396	18	√	8,504	8,784	280	√
Outsourced Services	984	999	15	√	2,373	2,082	(291)	×
Clinical Supplies	725	586	(139)	×	1,336	1,180	(156)	×
Infrastructure	982	952	(30)	×	1,956	1,867	(89)	×
	7,069	6,932	(137)	×	14,169	13,913	(256)	×
Governance & Administration	206	212	6	√	404	425	21	√
Funds & Internal Eliminations	3,692	3,885	193	√	7,386	7,691	305	√
Total Operating Expenditure	10,967	11,030	63	√	21,959	22,029	70	√
Deficit before Interest, Depn & Cap Charge	217	349	132	√	357	564	207	√
Interest, Depreciation & Capital Charge	547	551	4	√	1,060	1,102	42	√
Net deficit	**764**	**899**	**135**	√	**1,417**	**1,666**	**249**	√

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. The Audit Risk and Finance committee has previously received this report.

CONSOLIDATED RESULTS

The consolidated result for the month of August 2011 is a deficit of $764k, which is $135k better than budget ($899k deficit).
The consolidated result for the year to date is a deficit of $1,417k, which is $249k better than budget ($1,666k deficit).

RESULTS FOR EACH ARM

Year to Date to August 2011

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(2,707)	(2,541)	(166)	Unfavourable
Funder Arm surplus / (deficit)	1,269	875	394	Favourable
Governance Arm surplus / (deficit)	21	0	21	Favourable
Consolidated result surplus / (deficit)	**(1,417)**	**(1,666)**	**249**	**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)	√	31
	Ministry of Health side contracts	√	70
Funder:	Ministry of Health	√	40
	Expenses		
Provider:	Personnel Costs	√	280
Provider:	Outsourced services – Locum costs	x	(206)
Provider:	Outsourced services – clinical services	x	(136)
Provider:	Clinical supplies: Instruments & equipment	x	(37)
Provider:	Clinical supplies: Implants & Prostheses	x	(95)
Provider:	Clinical supplies: other offsetting items	x	(24)
Provider:	Facilities: Repairs and maintenance	x	(64)
Provider:	Facilities: Utilities	x	(27)
Provider:	Infrastructure and non clinical: Other offsetting items.	√	1
Funder:	Funder Arm: Personal Health	√	321
Funder:	Funder Arm: DSS	√	92
Funder:	Funder Arm: Public Health	x	(115)
Funder:	Other offsetting items.	√	56
DHB	Other offsetting items	√	62
	Year to date variance to budget		**249**

REVENUE

Consolidated revenue of $21,602k is $137k better than budget ($21,465k) .
The variance to budget is explained in the narrative for the separate arms below.

Provider Arm

- Provider Arm revenue received from Ministry of Health, ACC and other government is $101k better than budget.
  - Health Workforce New Zealand (CTA) revenue is $41k better than budget, with an upfront invoice raised for semester 2 for Postgraduate Nursing Training costs.

Governance and Administration
No significant variances.

Funder
No significant variances.

EXPENSES

Consolidated
Consolidated expenditure of $23,019k is $112k better than budget ($23,131k).

Workforce

- Personnel costs are $8,695k; $271k better than budget ($8,966k).

- Medical Personnel costs are $169k better than budget.
  - Senior Medical Officers and General Practitioners are together $143k better than budget. This is due to vacancies and planned leave. Other personnel costs (including recruitment, relocation and training costs) are $26k better than budget.
- Allied Health Personnel costs are $101k better than budget. This is due to a number of vacancies across the service.
- Management and Administration personnel costs are $37k better than budget. This is partly due to vacancies.

➢ Outsourced clinical services costs are $2,275k; $342k worse than budget ($1,933k).
- Outsourced Senior Medical Costs (locums) are $1,542k; $195k more than budget. This is due to vacancies reflected above under personnel costs and cover for staff leave.

Clinical Supplies

➢ Overall clinical supplies are $156k over budget. Within this variance are the following specific variances which management are following up on:
- Instruments and equipment, unfavourable variance of $37k.
- Implant and prostheses, unfavourable variance of $95k.
- Treatment disposables, unfavourable variance of $23k.

Infrastructure and non clinical cost

➢ Overall infrastructure and non clinical cost are $1,866k, $87k over budget. Within this are the following specific variances:
  - Facility costs are $884k, $86k over budget. Utilities (electricity, oil and coal) are $27k more than budget.
  - Transport and staff travel is $233k, $32k over budget. This is due to a higher than budgeted maintenance cost being incurred in July 2011.
  - Food service costs are $33k more than budget to date, with $21k of this relating to the last financial year (this will be adjusted in the final annual accounts).

Funder Arm payments to external providers

The District Health Board's result for services funded with external providers (including Inter-District Flows) for the month of August 2011 was an under spend of $194k (3%) and year to date under spend of $308k (4%). The details of payments made can be found in appendix 2.

➢ **Referred Services**

Community pharmaceuticals are $84k less than budget. This includes $56k paid to Pharmac towards the Discretionary Pharmaceutical Fund for 2011/12.

➢ **Secondary Care**

Secondary Care services are $58k better than budget, with travel and accommodation paid under the National Travel Assistance scheme being $25k better than budget.
The expenses shown under Secondary Care are demand driven and the Inter-District Flows (IDFs) reflected for the month are based on the budgeted monthly IDFs and will be adjusted once confirmation of the actual IDFs is received.

➢ **Primary Care**

Whanau Ora service costs are $26k 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 begin. Included in the payments to date are upfront payments to the West Coast PHO for contracts which will cover the duration of the year. This has resulted in a timing difference between the actual payments and budgeted payments.

- **Older Persons Health**
  Overall expenditure (residential and non residential) is under budget for the month. These costs are mainly demand driven.

STATEMENT OF FINANCIAL POSITION

- Cash and Short Term Investments
  As at 31 August 2011 the Board had $5.106m in cash and short term investments. This differs from the budgeted cash position of $2.839m by $2.267m. This is partly due to the timing of capital expenditure and better than forecasted cash position at the time of setting the budget. 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 including work in progress is $5.451m 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 $4.2m lower than budget, this is due to the revaluation referred to under the non current assets.

RECOMMENDATION

That the West Coast DHB Board receive the financial report for the period ending 31 August 2011.

Author:	**Chief Financial Officer - 3 October 2010**

Appendices

Appendix 1: Financial Results for the period ending 31 August 2011.

Appendix 2: Funder Arm payments to external providers

Appendix 1: Financial Results for the period ending 31 July 2011.

West Coast District Health Board
Statement of comprehensive income
For period ending 31 August 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	10,356	10,307	49	0.5%	10,263	20,854	20,713	141	0.7%	20,305	126,247	126,247	124,228
Inter DHB Revenue	7	11	(4)	(34.0%)	11	14	21	(7)	(34.0%)	21	127	127	118
Patient Related Revenue	254	239	15	6.3%	229	493	478	15	3.1%	469	2,965	2,965	2,828
Other Revenue	133	125	8	6.7%	151	241	253	(12)	(4.8%)	281	1,718	1,718	1,785
Total Operating Revenue	10,750	10,681	69	0.6%	10,654	21,602	21,465	137	0.6%	21,076	131,057	131,057	128,959
Operating Expenditure													
Employee benefit costs	4,485	4,487	2	0.0%	4,481	8,695	8,966	271	3.0%	8,727	53,396	53,396	52,673
Outsourced Clinical Services	932	924	(8)	(0.9%)	911	2,275	1,933	(342)	(17.7%)	1,809	9,667	9,667	13,163
Treatment Related Costs	725	586	(139)	(23.7%)	586	1,336	1,180	(156)	(13.2%)	1,160	7,292	7,292	7,743
External Providers	2,500	2,694	194	7.2%	2,462	5,002	5,310	308	5.8%	4,719	30,974	30,974	28,600
Net Inter District Flows	1,302	1,302	0	0.0%	1,321	2,604	2,604	0	0.0%	2,612	15,625	15,625	15,827
Outsourced Services - non clinical	90	129	39	30.0%	88	181	257	76	29.6%	174	1,508	1,508	1,247
Infrastructure Costs and Non Clinical Supplies	933	908	(25)	(2.8%)	870	1,866	1,779	(87)	(4.9%)	1,748	10,479	10,479	10,536
Total Operating Expenditure	10,967	11,029	62	0.6%	10,719	21,959	22,029	70	0.3%	20,949	128,941	128,941	129,789
Result before Interest, Depn & Cap Charge	(217)	(348)	131	37.7%	(65)	(357)	(564)	207	36.7%	127	2,116	2,116	(830)
Interest, Depreciation & Capital Charge													
Interest Expense	62	61	(1)	(1.3%)	70	124	122	(2)	(1.3%)	129	735	735	771
Depreciation	381	400	19	4.8%	397	756	800	44	5.5%	794	4,801	4,801	4,654
Capital Charge Expenditure	104	90	(14)	(15.6%)	98	180	180	0	0.0	209	1,080	1,080	690
Total Interest, Depreciation & Capital Charge	547	551	4	0.8%	565	1,060	1,102	42	3.8%	1,132	6,617	6,617	6,115
Net Surplus/(deficit)	(764)	(899)	135	15.1%	(630)	(1,417)	(1,666)	249	15.0%	(1,005)	(4,500)	(4,500)	(6,945)
Other comprehensive income													
Gain/(losses) on revaluation of property													(2,398)
Total comprehensive income	(764)	(899)	135	15.1%	(630)	(1,417)	(1,666)	249	15.0%	(1,005)	(4,500)	(4,500)	(9,343)

West Coast District Health Board
Statement of financial position

As at 31 August 2011

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	29,824	35,846	(6,022)	(16.8%)	35,647
Intangible assets	810	1,105	(295)	(26.7%)	1,102
Work in Progress	866	0	866		561
Other investments	2	2	0	0.00%	2
Total non-current assets	31,502	36,953	(5,451)	(14.8%)	37,312
Current assets					
Cash and cash equivalents	3,551	2,784	767	27.5%	1,396
Other investments	1,555	55	1,500	2727.3%	1,642
Inventories	748	746	2	0.3%	743
Debtors and other receivables	4,585	4,103	482	11.7%	3,937
Assets classified as held for sale	27	246	(219)	(89.0%)	246
Total current assets	10,466	7,934	2,532	31.9%	7,964
Total assets	**41,968**	**44,887**	**(2,919)**	17.2%	**45,276**
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	11,195	12,445	(1,250)	(10.0%)	5,000
Employee entitlements and benefits	2,974	3,259	(285)	(8.7%)	3,031
Total non-current liabilities	14,169	15,704	(1,535)	(9.8%)	8,031
Current liabilities					
Interest-bearing loans and borrowings	1,500	250	1,250	500.0%	7,945
Creditors and other payables	9,709	8,133	1,576	19.4%	7,692
Employee entitlements and benefits	7,810	7,739	71	0.9%	7,819
Total current liabilities	19,019	16,122	2,897	18.0%	23,456
Total liabilities	33,188	31,826	1,362	4.3%	31,487
Equity					
Crown equity	61,753	61,741	12	0.0%	54,609
Other reserves	19,092	23,888	(4,796)	(20.1%)	23,888
Retained earnings/(losses)	(72,104)	(72,607)	503	(0.7%)	(64,747)
Trust funds	39	39	0	0.00%	39
Total equity	8,780	13,061	(4,281)	(32.8%)	13,789
Total equity and liabilities	41,968	44,887	(2,919)	(6.5%)	45,276

West Coast District Health Board
Statement of cash flows
For period ending 31 August 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	10,783	10,821	(38)	(0.4%)	10,626	21,783	22,244	(461)	(2.1%)	21,251	134,640	129,326
Cash paid to employees	(4,593)	(4,487)	(106)	2.4%	(4,291)	(8,660)	(8,966)	306	(3.4%)	(8,583)	(53,394)	(52,322)
Cash paid to suppliers	(2,485)	(2,546)	61	(2.4%)	(2,548)	(5,588)	(4,947)	(641)	13.0%	(5,879)	(28,747)	(32,217)
Cash paid to external providers	(2,500)	(2,693)	193	(7.2%)	(2,462)	(5,002)	(5,310)	308	(5.8%)	(4,724)	(30,974)	(28,353)
Cash paid to other District Health Boards	(1,459)	(1,459)	0	(0.0%)	(1,436)	(2,918)	(2,918)	0	(0.0%)	(2,846)	(17,509)	(17,831)
Cash generated from operations	(254)	(364)	110	(30.2%)	(111)	(385)	103	(488)	(473.6%)	(781)	4,015	(1,397)
Interest paid	0	0	0	0.00	0	0	0	0	0.00	0	(698)	(811)
Capital charge paid	0	0	0	0.00	(99)	(99)	(99)	0	0.00	(220)	(1,089)	(723)
Net cash flows from operating activities	(254)	(364)	110	(30.2%)	(210)	(484)	4	(488)	(12013.6%)	(1,001)	2,228	(2,931)
Cash flows from investing activities												
Interest received	15	17	(2)	(10.2%)	18	31	34	(3)	(9.9%)	39	201	818
(Increase) / Decrease in investments	1,000	0	1000	100000.0%	0	2,000	0	2000	100000.0%	0	0	(1,913)
Acquisition of property, plant and equipment	(399)	(269)	(130)	48.2%	(318)	(905)	(353)	(552)	156.1%	(701)	(4,250)	(3,124)
Net cash flows from investing activities	616	(267)	883	(330.3%)	(300)	1,115	(344)	1459	(424.2%)	(662)	(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	362	(631)	993	(157.3%)	(510)	631	(340)	971	(285.7%)	(1,663)	2,361	(256)
Cash and cash equivalents at beginning of period	3,189	3,125	64	2.0%	3176	2,920	3,125	(205)	(6.6%)	3176	3,125	3,176
Cash and cash equivalents at end of year	3,551	2,494	1057	42.4%	2666	3,551	2,785	766	27.5%	1,513	5,486	2,920

West Coast District Health Board

Provider Operating Statement for period ending 31 August 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	5,241	5,205	36	0.7%	5,062	10,363	10,410	(47)	(0.4%)	10,128	62,459	62,459	63,174
Ministry of Health side contracts	199	144	55	38.3%	258	358	288	70	24.4%	439	1,727	1,727	1,986
Other Goverment	443	481	(38)	(7.9%)	528	1,092	1,061	31	2.9%	1,042	6,010	6,010	6,161
InterProvider Revenue (Other DHBs)	7	11	(4)	(34.0%)	11	14	21	(7)	(34.0%)	21	127	127	118
Patient and consumer sourced	254	239	15	6.3%	229	493	478	15	3.1%	469	2,965	2,965	2,828
Other income	109	105	4	3.4%	120	202	215	(13)	(6.0%)	224	1,488	1,488	1,454
Total income	**6,253**	**6,185**	**68**	1.1%	**6,208**	**12,522**	**12,472**	**50**	0.4%	**12,323**	**74,776**	**74,776**	**75,721**
Expenditure													
Employee benefit costs													
Medical Personnel	782	866	84	9.7%	928	1,541	1,722	181	10.5%	1,721	10,823	10,823	10,506
Nursing Personnel	2,052	1,990	(62)	(3.1%)	1,961	4,013	3,983	(30)	(0.7%)	3,888	23,405	23,405	23,770
Allied Health Personnel	790	801	11	1.3%	780	1,500	1,601	101	6.3%	1,513	9,426	9,426	8,763
Support Personnel	186	170	(16)	(9.7%)	173	346	339	(7)	(2.1%)	335	1,996	1,996	2,085
Management/Administration Personnel	568	569	1	0.2%	558	1,104	1,139	35	3.0%	1,111	6,655	6,655	6,489
	4,378	**4,396**	**18**	**0.4%**	**4,400**	**8,504**	**8,784**	**280**	**3.2%**	**8,568**	**52,304**	**52,304**	**51,613**
Outsourced Services													
Contracted Locum Services	618	645	27	4.2%	618	1,581	1,375	(206)	(15.0%)	1,237	6,283	6,283	9275
Outsourced Clinical Services	314	279	(35)	(12.5%)	293	694	558	(136)	(24.4%)	572	3,348	3,348	3888
Outsourced Services - non clinical	52	75	23	30.4%	38	98	149	51	34.4%	74	898	898	726
	984	**999**	**15**	**1.5%**	**949**	**2,373**	**2,082**	**(291)**	**(14.0%)**	**1,883**	**10,528**	**10,528**	**13,889**
Treatment Related Costs													
Disposables, Diagnostic & Other Clinical Supplies	125	112	(13)	(11.9%)	98	238	223	(15)	(6.5%)	214	1,343	1,343	1,373
Instruments & Equipment	163	146	(17)	(11.6%)	127	329	292	(37)	(12.7%)	234	1,754	1,754	1,896
Patient Appliances	37	31	(6)	(19.4%)	32	60	62	2	3.2%	62	370	370	367
Implants and Prostheses	106	49	(58)	(118.6%)	52	192	97	(95)	(97.9%)	109	583	583	1,007
Pharmaceuticals	165	144	(21)	(14.6%)	164	290	295	5	1.7%	342	1,800	1,800	1,895
Other Clinical & Client Costs	129	105	(24)	(22.9%)	113	227	211	(16)	(7.6%)	199	1,442	1,442	1,204
	725	**586**	**(139)**	**(23.7%)**	**586**	**1,336**	**1,180**	**(156)**	**(13.2%)**	**1,160**	**7,292**	**7,292**	**7,742**
Infrastructure Costs and Non Clinical Supplies													
Hotel Services, Laundry & Cleaning	323	298	(25)	(8.4%)	279	624	599	(25)	(4.2%)	558	3,575	3575.28	3564
Facilities	232	207	(25)	(11.9%)	241	508	409	(99)	(24.3%)	478	2,375	2374.8	2668
Transport	106	100	(6)	(6.0%)	88	197	170	(27)	(16.0%)	197	898	897.7	1036
IT Systems & Telecommunications	104	120	16	13.0%	99	207	239	32	13.5%	182	1,435	1435.2	1322
Professional Fees & Expenses	25	22	(3)	(14.2%)	12	42	44	2	4.1%	50	263	262.8	282
Other Operating Expenses	82	95	13	13.2%	109	158	185	27	14.6%	187	1,129	1129.3	983
Internal allocation to Governanance Arm	110	110	0	0.2%	82	220	221	1	0.2%	164	1,323	1323	984
	982	**952**	**(30)**	**(3.2%)**	**910**	**1,956**	**1,866**	**(90)**	**(4.8%)**	**1,816**	**10,998**	**10,998**	**10,839**
Total Operating Expenditure	**7,069**	**6,932**	**(137)**	**(2.0%)**	**6,845**	**14,169**	**13,912**	**(257)**	**(1.8%)**	**13,427**	**81,122**	**81,122**	**84,083**
Deficit before Interest, Depn & Cap Charge	**(816)**	**(748)**	**68**	**(9.1%)**	**(637)**	**(1,647)**	**(1,440)**	**207**	**(14.4%)**	**(1,104)**	**(6,347)**	**(6,347)**	**(8,362)**
Interest, Depreciation & Capital Charge													
Interest Expense	62	61	(1)	(1.3%)	70	124	122	(2)	(1.3%)	129	735	735.2	771
Depreciation	381	400	19	4.7%	397	756	799	43	5.4%	794	4,797	4796.9	4651
Capital Charge Expenditure	104	90	(14)	(15.6%)	98	180	180	0	0.00	209	1,080	1080	690
Total Interest, Depreciation & Capital Charge	**547**	**551**	**4**	**0.7%**	**565**	**1,060**	**1,102**	**42**	**3.8%**	**1,132**	**6,612**	**6,612**	**6,112**
Net deficit	**(1,363)**	**(1,299)**	**64**	**(5.0%)**	**(1,202)**	**(2,707)**	**(2,541)**	**166**	**(6.5%)**	**(2,236)**	**(12,959)**	**(12,959)**	**(14,474)**

West Coast District Health Board

Funder Operating Statement for the years ending 31 August 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)	8,407	7,965	442	5.6%	8,285	16,781	15,930	851	5.3%	16,439	97,905	97,905	101,347
PBF Vote Health-Mental Health Ring fence	1,157	1,157	0	0,00	1,120	2,314	2,314	0	0,00	2,240	13,884	13,884	13,440
MOH-funding side contracts	150	560	(410)	(73.2%)	72	309	1,120	(811)	(72.4%)	145	6,721	6,721	1,294
Inter District Flow's	157	157	0	0,00	115	314	314	0	0,00	260	1,884	1,884	1,652
Other income	15	15	0	0,00	22	30	30	0	0,00	48	180	180	216
Total income	**9,886**	**9,854**	**32**	**0.3%**	**9,614**	**19,748**	**19,708**	**40**	**0.2%**	**19,132**	**120,574**	**120,574**	**117,949**
Expenditure													
Personal Health	6,317	6,596	(279)	(4.2%)	6,335	12,793	13,114	(321)	(2.4%)	12,526	78,016	78,016	78,265
Mental Health	1,151	1,157	(6)	(0.5%)	1,118	2,285	2,314	(29)	(1.3%)	2,168	13,884	13,884	12,995
Disability Support	1,478	1,465	13	0.9%	1,369	2,839	2,931	(92)	(3.1%)	2,778	17,370	17,370	16,481
Public Health	212	84	128	151.8%	83	283	168	115	68.1%	164	1,011	1,011	1,009
Maori Health	42	55	(13)	(23.8%)	41	83	110	(27)	(24.7%)	83	661	661	503
Governance	98	98	0	0.2%	98	196	196	0	0.2%	196	1,174	1,174	1,176
Total expenses	**9,298**	**9,455**	**(157)**	**(1.7%)**	**9,044**	**18,479**	**18,833**	**(354)**	**(1.9%)**	**17,915**	**112,116**	**112,116**	**110,429**
Net Surplus	**588**	**399**	**189**	**47.4%**	**570**	**1,269**	**875**	**394**	**45.1%**	**1,217**	**8,458**	**8,458**	**7,520**

West Coast District Health Board

Governance Operating Statement for the period ending 31 August 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%	84	196	196	0	0.2%	196	1,174	1,174	1,176
Other income	9	4	5	114.3%	9	9	8	1	7.1%	9	50	50	115
Internal allocation from Provider Arm	110	110	(0)	(0.2%)	82	220	220	(0)	(0.2%)	164	1,323	1,323	984
Total income	**217**	**212**	**5**	**2.3%**	**175**	**425**	**424**	**1**	**0.1%**	**369**	**2,547**	**2,547**	**2,275**
Expenditure													
Employee benefit costs	107	91	(16)	(17.7%)	81	191	182	9	5.1%	159	1,091	1,091	1,060
Outsourced services	38	54	16	29.4%	50	83	108	(25)	(22.9%)	100	646	646	521
Other operating expenses	35	44	9	20.9%	24	82	89	(7)	(7.4%)	54	531	531	370
Democracy	26	23	(3)	(11.6%)	17	48	47	1	3.0%	40	280	280	315
Total expenses	206	212	6	3.0%	172	404	425	(21)	(4.8%)	353	2,548	2,548	2,266
Net Surplus / (Deficit)	**11**	**0**	**11**		**3**	**21**	**(0)**	**21**		**16**	**(0)**	**(0)**	**9**

Appendix 2

WEST COAST DISTRICT HEALTH BOARD
FUNDER ARM - PAYMENTS TO EXTERNAL PROVIDERS
as at 31 August 2011

Aug-11						Year to Date					2011/12	2010/11	
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance			Annual Budget	Actual Result	Change (actual 10/11 to budget 11/12)
$000	$000	$000	%			$000	$000	$000	%		$000	$000	%
					Referred Services								
36	41	5	11%	√	Laboratory	67	81	14	17%	√	486	511	5%
651	764	113	15%	√	Pharmaceuticals	1,443	1,527	84	6%	√	8,473	7,705	-10%
687	**805**	**118**	**15%**	√		**1,510**	**1,608**	**98**	**6%**	√	8,959	8,216	-9%
					Secondary Care								
5	20	15	74%	√	Inpatients	5	39	34	87%	√	237	38	-523%
79	150	71	47%	√	Travel & Accommodation	207	232	25	11%	√	1,391	1,189	-17%
1,285	1,285	0	0%	√	IDF Payments Personal Health	2,570	2,569	-1	0%	√	15,414	15,606	1%
1,369	**1,455**	**86**	**6%**	√		**2,782**	**2,840**	**58**	**2%**	√	17,042	16,833	-1%
					Primary Care								
42	50	8	16%	√	Dental-school and adolescent	84	91	7	8%	√	467	399	-17%
0	2	2	100%	√	Maternity	0	4	4	100%	√	26	0	
0	1	1	100%	√	Pregnancy & Parent	0	1	1	100%	√	8	0	
0	3	3	100%	√	Sexual Health	0	6	6	100%	√	33	13	-152%
5	0	-5	-1150%	×	General Medical Subsidy	4	1	-3	-400%	×	5	76	94%
521	523	2	0%	√	Primary Practice Capitation	1,042	1,046	4	0%	√	6,275	6,135	-2%
10	7	-3	-45%	×	Primary Health Care Strategy	13	14	1	6%	√	83	251	67%
77	77	0	0%	√	Rural Bonus	154	155	1	0%	√	928	970	4%
13	13	0	3%	√	Child and Youth	26	27	1	3%	√	162	162	0%
13	8	-5	-63%	×	Immunisation	21	16	-5	-31%	×	96	154	38%
14	14	0	4%	√	Maori Service Development	27	27	0	0%	√	162	165	2%
18	31	13	42%	√	Whanua Ora Services	36	62	26	42%	√	373	215	-74%
2	13	11	85%	√	Palliative Care	8	26	18	69%	√	157	110	-43%
14	16	2	13%	√	Chronic Disease	15	31	16	52%	√	286	3	-9440%
4	11	7	64%	√	Minor Expenses	22	22	0	2%	√	134	206	35%
733	**769**	**36**	**5%**	√		**1,452**	**1,529**	**77**	**5%**	√	9,195	8,859	-4%
					Mental Health								
0	1	1	100%	√	Eating Disorders	0	2	2	100%	√	12	23	48%
50	50	0	0%	√	Community MH	94	100	6	6%	√	601	538	-12%
1	1	0	0%	√	Mental Health Work force	2	1	-1	0%	√	8	15	44%
48	47	-1	-1%	×	Day Activity & Rehab	95	95	0	0%	√	569	518	-10%
10	10	0	2%	√	Advocacy Consumer	20	20	0	0%	√	122	120	-2%
6	5	-1	-13%	×	Advocacy Family	12	11	-1	-13%	×	64	71	10%
0	5	5	100%	√	Minor Expenses	0	10	10	100%	√	61	0	
117	118	1	1%	√	Community Residential Beds	224	235	11	5%	√	1,411	1,261	-12%
66	66	0	0%	√	IDF Payments Mental Health	132	133	1	0%	√	796	813	2%
298	**303**	**5**	**2%**	√		**579**	**607**	**28**	**5%**	√	3,644	3,359	-8%
					Public Health								
101	29	-72	-251%	×	Nutrition & Physical Activity	125	57	-68	-119%	×	342	328	-4%
68	7	-61	-886%	×	Public Health Infrastructure	75	14	-61	-443%	×	83	82	-1%
0	0	0		√	Social Environments	0	0	0		√	0	-15	100%
5	6	1	11%	√	Tobacco control	5	11	6	55%	×	68	58	-17%
174	**42**	**-132**	**-314%**	√		**205**	**82**	**-123**	**-150%**	×	493	453	-9%
					Older Persons Health								
9	52	43	83%	√	Home Based Support	-11	105	116	110%	√	595	708	16%
8	10	2	16%	√	Caregiver Support	19	19	0	0%	√	114	130	12%
281	174	-107	-61%	×	Residential Care-Rest Homes	492	348	-144	-41%	×	2,030	2,344	13%
-1	0	1		√	Residential Care Loans	-18	0	18		√	0	-113	100%
2	10	8	80%	√	Residential Care-Community	7	20	13	66%	√	122	48	-155%
257	395	138	35%	√	Residential Care-Hospital	625	791	166	21%	√	4,622	3,949	-17%
0	5	5	100%	√	Ageing in place	0	11	11	100%	√	65	12	-440%
7	7	0	1%	√	Environmental Support Mobility	14	14	0	1%	√	85	28	-204%
15	6	-9	-142%	×	Day programmes	26	12	-14	-110%	×	74	75	1%
12	12	0	0%	√	Respite Care	22	24	2	8%	√	143	118	-21%
108	108	0	0%	√	IDF Payments-DSS	216	217	1	0%	√	1,300	1,060	-23%
698	**779**	**81**	**10%**	√		**1,392**	**1,561**	**169**	**11%**	√	9,151	8,359	-9%
3,959	**4,153**	**194**	**5%**	√		**7,920**	**8,228**	**308**	**4%**	√	**48,483**	**46,079**	**-5%**

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

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.

DRAFT MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING HELD FRIDAY 30 SEPTEMBER 2011 AT 11.00AM IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

PRESENT Warren Gilbertson, Chair
Sharon Pugh, Deputy Chair
Paula Cutbush
Richard Wallace
Doug Truman
Gail Howard
Barbara Holland

IN ATTENDANCE Dr Paul McCormack, Board Chair
Peter Ballantyne, Board Deputy Chair
Hecta Williams, General Manager
Garth Bateup, Acting General Manager Hospital Services
Sandra Gibbens, Minute Secretary

APOLOGIES None

Karakia – Richard Wallace

1. WELCOME, APOLOGIES AND AGENDA

The Chair welcomed everyone to the meeting, and in particular Gail Howard who was subsequently introduced to the Committee members.

2. DISCLOSURES OF INTERESTS

Gail Howard
Add:

- Chairman of Coal Town Trust
- Trustee on the Buller Electric Power Trust
- Director of Energy Trust New Zealand

Barbara Holland
Add:

- Member of Alcohol Action New Zealand

3. MINUTES OF THE PREVIOUS HOSPITAL ADVISORY COMMITTEE MEETING HELD 18 AUGUST 2011

It was noted that an apology had been received from Barbara Holland for the August meeting.

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

Motion:
"THAT the minutes of the Hospital Advisory Committee meeting held 18 August 2011 be adopted as a true and accurate record subject to the amendment to the apologies ."

Carried.

Hospital Advisory Committee Chair's Report to the Board 25 August 2011

- The Chair tabled a paper outlining the Healthy Housing initiative. The West Coast District Health Board has agreed that this positive scheme will become a focus and a project has commenced.
- It was noted that Elective Services remain a priority to the West Coast District Health Board.
- Human Resources are experiencing improvements in recruitment.

4. MATTERS ARISING

Item 1: Whole Board Programme re Outline for Prioritisation of Strategic Activities
The Hospital Advisory Committee Chair and the Acting General Manager Hospital Services have met and will continue to meet regularly regarding the Work Plan and how management communicates requirements through systems.

Item 2: Information to be provided about whether all health practitioners support the 'Better Help for Smokers to Quit' target
The General Manager and Acting General Manager Hospital Services spoke to this item. It is considered that in principle, all health practitioners do support the 'Better Help for Smokers to Quit' target. The only reporting available at present however, is on Inpatients, and this work is still in progress. It was noted that nurse managers have these targets as part of their Key Performance Indicators. This item is to be put on hold, awaiting the next target results.

Item 3: Hospital Advisory Committee Chair and Acting General Manager Hospital Services to discuss management's ability to deliver on the Work Plan
As per Item 1.

Item 4: The Obstetrics and Gynaecology vacancy to be discussed with the Acting General Manager Hospital Services
Information is provided in the Management Report. To be taken off the matters arising.

Item 5: A classification of complaints graph is requested to be provided specifically for hospital services
The graph is provided in section 6.2 in the Risk and Quality Report. This item is to remain on the matters arising.

Item 6: 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)
A paper from the Chief Financial Manager was tabled which provided information on the scale of the fiscal impact of over-delivery on electives. Work is underway on achieving the balance of the health needs of the public as to the budget through effective production planning. It was noted that locum use is being streamlined, permanent staff are being sourced and appointments are anticipated.

Matters arising were taken as read and actioned.

5. CORRESPONDENCE

Moved: Warren Gilbertson **Seconded: Dr Paul McCormack**

Motion:
"THAT the outwards correspondence is approved."

Carried.

6. WORK PLAN

- It was considered that some items on the Work Plan may have been duplicated.

Action Point: The Committee Chair and the Acting General Manager Hospital Services are to review the Work Plan to ensure that the correct items are included.

6.1 Health Targets

- **Shorter stays in Emergency Departments**
  The Committee noted the high number of presentations to the Emergency Department, and emphasised the importance of ensuring that "the right people are going to the right place at the right time" to achieve the best health outcomes.

  Action Point: The 'Shorter stays in Emergency Departments' target to be placed on the Recovery Plan for Clinical Services in order to address the high number of presentations.

- **Improved Access to Elective Services**

  Action Point: The report provided for the Improved Access to Elective Services target is to be corrected for the next Hospital Advisory Committee meeting.

- **National Health Targets Report**
  The National Health Targets Report was considered to be a good comprehensive report, and it was deemed that the West Coast DHB compared accurately to the national average. Two targets require further work, being 'Better Diabetes and Cardiovascular Services' and 'Better Help for Smokers to Quit'. A West Coast DHB Smokefree co-ordinator has commenced work. Nationally, work is underway to develop a more effective Diabetes programme than that which is being used throughout New Zealand at present.

6.2 MONITOR PERFORMANCE OF THE PROVIDER ARM

Management Team Report
The Acting General Manager Hospital Services spoke to the report:

- The recent Xcelr8 project regarding the timing of flights has been effective, with Air New Zealand being responsive to suggestions. As cancellations of flights have quite an impact on service delivery this area will continue to be monitored.
- Telehealth has proven to be successful for a clinic recently held, and where appropriate, has the potential to be used more often for this purpose.

- The West Coast DHB is slightly ahead on electives at present, allowing for the scheduled elective surgery shut-down for theatre maintenance over Christmas. Acute services will remain available throughout this period.

Human Resources

- Appointments to permanent positions are being made and permanent staff continues to be sought. We are now part of the Canterbury District Health Board recruitment team as a combined resource in terms of seeking staff. The focus is initially on primary services (General Practitioners), with secondary to follow.
- The Committee discussed the recent establishment of a private practitioner Gynaecologist in Greymouth. The development of private surgery services would need to go to the Board for consideration primarily.
- Leave management was discussed and is part of an internal work plan that is being developed to lead us towards financial viability and working more effectively.

Risk and Quality Report

The Acting General Manager Hospital Services spoke to the report:

- There has been a significant increase in complaints from January 2011, mostly under quality of service/communication. All complaints are investigated through the standard processes. Part of the quality review process is becoming attuned to the indicators, trends etc. A Committee member proposed that it would be useful to obtain the number of complaints as to the whole number of patients through the system, i.e. as per 1000 bed days; however it would be difficult to separate inpatient complaints from outpatients and community.
- Clinical credentialing has now moved from a five to a seven year cycle.

Action Point: The Acting General Manager Hospital Services to follow up as to whether patients can continue to use their own medication with the 'Green Bags' scheme. The new medication reconciliation programme to also be included.

Moved: Peter Ballantyne **Seconded: Richard Wallace**

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

Carried.

Finance Report

The Acting General Manager Hospital Services spoke to the Finance Report:

- The Provider Arm continues to require improvement. A work plan across the whole West Coast District Health Board is being developed towards meeting our budget targets for this year; focussing on working better, getting systems in place, reducing waste, optimising clinical services etc. Several projects have been identified, resources will be required and the plan will be launched to all staff. A summary will be provided for the November 2011 Hospital Advisory Committee meeting.

Elective Services Patient Flow Indicators (ESPIs)

- It is anticipated that Dentals will be achieved today.
- A proposal regarding Dental service provision through Canterbury DHB is expected. This would give us a more comprehensive service.
- Plastics have been provided in a private capacity, however Canterbury DHB has made some full time equivalent (FTE) available as part of our service level agreement in the future, thus allowing us to provide extra sessions.

Outpatient Department Cancellations

- Work on reducing clinic cancellations is ongoing and will be part of a project being established; including systems and communication reviews, refinement of the roster, auditing, production planning, theatre resourcing etc.

Action Point: The management team are requested to consider communication strategies with the public; to acknowledge the awareness of the issues regarding clinic cancellations and Did Not Attend (DNA) rates, emphasising that there is a strong monitoring focus on this, that we do care, and are working on it.

Clinical Leaders Report

Apologies were received from the three clinical leaders. The General Manager and Acting General Manager Hospital Services spoke to the report:

- Workshops have been held regarding implementing clinical governance into the District Health Board. The 'whole of system' approach is being focussed upon.
- There has been input from other providers and agreement made on the establishment of the beginning of a clinical board to work on evolving a model for the provision of clinical services.
- The December 2011 date for the documented clinical governance framework for the West Coast Health system to be in place is noted as imperative to maintain progress.

Action Point: The General Manager is to encourage the Clinical Leaders to discuss reporting format with the Board Chair.

6.3 INVESTIGATIONS / SCOPING

Monitoring Inter District Flows - Patient Transfers

- Concerns have been raised regarding the provision of transport for patients following discharge from Grey Base Hospital, i.e. to return to Buller, Reefton, South Westland; and West Coast DHB patients discharged from Canterbury DHB.
- It is noted that it is not normal practice nationwide to provide transport upon discharge unless it is from health facility to health facility.
- Communication with the patient regarding transportation and required support is deemed as a necessary component of discharge planning.
- A work stream on discharge planning is commencing shortly.
- Communication needs to be provided to Buller and Westland communities advising what the national models are, and that we are looking at other models.

Action Point: The management team are requested to work on communication regarding what people could reasonably expect, and look at what can be delivered, with regards to transportation following discharge.

Moved: Warren Gilbertson **Seconded: Barbara Holland**

Motion:
"THAT the Hospital Advisory Committee receive the Finance, Elective Services Patient Flow Indicators, Outpatient Department Cancellation, Clinical Leaders, and Patient Transfers Reports."

Carried.

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

- Production Planning progression
- Focus on the Health Targets, i.e. Emergency Department
- 'Better Help for Smokers to Quit' – appointment of new co-ordinator
- Quality Risk reporting
- Finance – outsourced services and clinical supplies
- Outpatient Department cancellations – ongoing work
- Patient Transfers – communication on policies and procedures in place
- Follow-up around the Patient Discharge

8. IN COMMITTEE

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

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 18 August 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 12.36pm.

There were no in committee resolutions.

The Hospital Advisory Committee moved out of In Committee at 12.45pm.

9. ACKNOWLEDGEMENT

The Board Chair thanked the Minute Secretary for the quality of work provided to the Committee regarding the agendas and minutes.

10. NEXT MEETING

The next meeting will be held on Thursday, 17 November 2011 in the Boardroom, Corporate Office, Grey Base Hospital.

The Hospital Advisory Committee spent nine minutes in In Committee
There being no further business to discuss the meeting concluded at 12.50pm.

MATTERS ARISING FROM HOSPITAL ADVISORY COMMITTEE MEETINGS

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref.
1	14 July 2011 30 September 2011	Information to be provided about whether all health practitioners support the 'Better Help for Smokers to Quit' target On hold awaiting the next target results	General Manager	Upon receipt of the next target results	
2	18 August 2011	A classification of complaints graph is requested to be provided specifically for hospital services. Graph provided 30 September 2011 meeting. Item to remain on matters arising.	Quality Assurance and Risk Manager	17 November 2011 meeting	
3	30 September 2011	Review the Work Plan to ensure that there is no duplication and that the correct items are included	Hospital Advisory Committee Chair and Acting General Manager Hospital Services		
4	30 September 2011	The 'Shorter stays in Emergency Departments' target to be placed on the Recovery Plan for Clinical Services in order to address the high number of presentations	Acting General Manager Hospital Services		
5	30 September 2011	The report provided for the Improved Access to Elective Services target is to be corrected for the next Hospital Advisory Committee meeting	Acting General Manager Hospital Services		
6	30 September 2011	Follow up as to whether patients can continue to use their own medication with the 'Green Bags' scheme. The new medication reconciliation programme to also be included	Acting General Manager Hospital Services		
7	30 September 2011	Communication strategies with the public to be considered; to acknowledge the awareness of the issues regarding clinic cancellations and Did Not Attend (DNA) rates, emphasising that there is a strong monitoring focus on this, that we do care, and are working on it	Management Team		
8	30 September 2011	The Clinical Leaders are to be encouraged to discuss the reporting format of the Clinical Leaders Report with the Board Chair	General Manager		

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref.
9	30 September 2011	Work on communication regarding what people could reasonably expect, and look at what can be delivered, with regards to transportation home following discharge	Management Team		
ITEMS REFERRED FROM THE BOARD					

HOSPITAL ADVISORY COMMITTEE WORKPLAN

Objective	Responsibility	End Date	Reporting Frequency	Progress			Comment
				Behind	On	Complet	
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	Complet	
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: **6 October 2011**

MATTERS OF INTEREST REFERRED TO BOARD FROM CPHAC/DSAC

Items to refer to the Board:

- A member asked if the Board would convey to the Chief Executive of West Coast DHB that his presentation at the Westport Public meeting was well conducted and received by the public.
- That there has been very favourable comment about the newsletter.

RECOMMENDATIONS TO BOARD

That the Chairs report be received.

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

DRAFT MINUTES OF THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING HELD ON 30 SEPTEMBER 2011 IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH, COMMENCING AT 9.00 AM

PRESENT

Elinor Stratford, Chair
Kevin Brown, Deputy Chair
Peter Ballantyne, (ex officio)
Barbara Holland
John Ayling
John Vaile
Lynette Beirne
Marie Mahuika-Forsyth
Mary Molloy
Patricia Nolan
Robyn Moore

IN ATTENDANCE

Wayne Turp, General Manager Planning and Funding
Paul McCormack, Board's Chair (ex officio)
Hecta Williams, General Manager
Bryan Jamieson, Community Liaison Officer
Yolandé Oelofse (minute secretary)
Gary Coghlan, General Manager Maori Health (9:20)
Claire Robertson, HEHA and Smokefree Project Manager

APOLOGIES

Dr Cheryl Brunton
Dr Carol Atmore, Chief Medical Advisor
Colin Weeks, 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 Colin Weeks -Chief Financial Manager and Dr Carol Atmore - Chief Medical Advisor.

Moved: Elinor Stratford **Seconded: Kevin Brown**
Motion:
"THAT the apologies be noted"
Carried.

2. STANDING ORDERS

The Chair waived standing orders noting reinstatement if required.

3. DISCLOSURES OF INTEREST

Elinor Stratford	To remove: Executive Committee Member, New Zealand Federation of Disability Information Centres
Barbara Holland	To add: Alcohol Action New Zealand

4. MINUTES OF THE PREVIOUS COMBINED COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING HELD ON 18 AUGUST 2011

Corrections to minutes:

Item 7.4 ii) Second paragraph of 7.4.ii should have read: "Cardiac risk assessments rates have improved. The committee noted an improvement towards achieving targets ….instead of *"Cardiac disease rates have improved. The Committee noted an improvement in target figures*".

And deleted "*Areas of concern that targets for cardiovascular would not be reached, due to concentration on numbers and not the quality of service."*

And that following the sentence "concern was raised to receptionist triaging patients and whether Patient privacy is (appropriate) maintained "The Senior medical advisor said that staff work according to guidelines and that appropriate care" rather than *"The PHO said that staff work according to guidelines and that appropriate care.".*

and deleted: *"and that appropriate care is a reminder".*

Item 7.4 vi) Is the ALT priority the BSMC business plan or the DHB annual Plan? The Board Chair would like to see less writing and more doing.

HEHA Funding:
In answer to a question on the use of unspent HEHA funds The General Manager Planning and Funding explained that according to the funding agreement with the MoH any under spent funding is to be returned to the Ministry or carried over for utilisation in the following financial year. Under spent funding from 2010/2011 has been carried over to 2011-2012. investment in future HEHA activities.

Moved: John Ayling **Seconded: Elinor Stratford**

MOTION:
"THAT the Minutes of the Combined Community and Public Health and Disability Support Advisory Committee meeting held 18 August 2011 with amendments as noted be accepted as a true and accurate record"

Carried.

6. MATTERS ARISING

The General Manager Planning and Funding suggested to convene a workshop for the Adolescent Youth plan together with Older Health Care plan along side the Committee, as is required to work through the details.

Action: The General Manager Planning and Funding to make the necessary arrangements for Child and Adolescent Youth plan together with Older Health Care plan workshop.

A late apology and introduction of the new HEHA and Smokefree Project Manager, Claire Robertson.

7. CORRESPONDENCE

The Committee noted the Chair's response to the Nelson Marlborough DHB letter regarding the Sign Language Interpreters.

Moved: Lynette Beirne **Seconded: Patricia Nolan**
Motion:
"THAT the Committee receives the Correspondence"
Carried

7. CHAIRS REPORT

The last meeting of the District Health Board took place on the Tauraka Waka a Maui Marae (the landing place of Maui) in Bruce Bay. The formal Board meeting was preceded by a community meeting to discuss Maori health needs and perspectives. This was a good meeting, and allowed a sharing of issues and ideas between the Board members and the community.
The Board was officially welcomed onto the Marae, the hospitality the Board received was amazing.

Members who were not able to attend the opening of the clinic in Franz Joseph in July took the opportunity to visit the new clinic and hear first hand from the Doctor on call spoke of how things are now working.

A Public meeting was took place in Westport on Monday September 19th to continue the process of community engagement over the future model of health care delivery for the Buller District. A number of Board members attended the public meeting and reported that the overall reaction was positive towards the ideals and concepts for how future services should be delivered through an Integrated Family Health Centre.

Moved: Elinor Stratford **Seconded: Kevin Brown**
Motion:
"THAT the Committee receives the BSMC Chairs report"
Carried.

7. ORGANISATIONAL LEADERSHIP REPORT

The General Manager Planning and Funding reported that good work over the year in trying to get the right linkages into various services has reached the tipping point and that we are now starting to enjoy a good level of engagement between West Coast and Canterbury Clinicians.

A notable example of this is the liaison on Older Persons health services where the CDHB Consultant Jackie Broadbent has been providing advice on how we might create linkages between specialist staff on the Coast and ('over the hill') Canterbury. We are definitely seeing a positive shift towards true partnership occurring between WCDHB and CDHB in this area.

A question was raised regarding progress on developing effective clinical governance across the system as a whole.

A Committee member wanted to know if the governance framework would be in place by December. The Committee was reassured that this would be the case. The Board Chairman explained that the Board is expecting to see the Clinical Governance report by Dec 2011.

Buller IFHC:

The General Manager Planning and Funding attended the second public engagement meeting in Westport last week. Although the attendance numbers were not as high as the (fist) first meeting there was a very positive response to the presentation by the CEO and a number of advisory committee members have since heard positive feedback on the meeting.

The Chair explained the process from here – namely that the Board would be receiving a set of recommendations from the BSMC Alliance leadership team at its meeting on the 14th October. Following this it is expected that there will be a phase of detailed planning around the funding and delivery of services including the identification of capital funding for the construction of a new facility. It is expected that a formal public consultation process will occur with the Buller community as part of this detailed planning phase.

A Committee member commended the way in which the CEO of WCDHB ran the meeting.

IFHC in Greymouth:

The development process for an Integrated Family Health Centre for the Grey District is now underway. This will follow some similar processes to the development of an IFHC in Westport but with a key point of difference being around the need to ensure effective linkages between (West Coast Regional Hospital services based in Greymouth) Does this make sense? and the IFHC. There will be a similar process with public engagement and input into the design for future health service delivery over the next 20 to 30 years. We plan to run a similar process of engagement though the Kaizen Institute with Clinical Leaders (medicals, nursing and allied health professional) within hospital and community services. We will also be engaging with the community to achieve early input into the process. This process will commence in November. .

The committee was reminded that in 2010 the Mayor had initiated a joint working process to look at establishing a community trust to assist in the recruitment of GPs. There was a question on the status of the Health Trust that Tony Kokshoorn had set up and whether this group is still operating.

Action: To check the status of the Health Trust established by Mayor Tony Kokshoorn last year.

Finance:
An apology was received from the Chief Financial Manager for not attending this meeting.

The General Manager Planning and Funding spoke to the report on behalf of the Chief Financial Manager. Explaining that overall there was a positive variance for the period ending August 2011 showing expenditure for the year to date to be $249,000 below budget. The GM cautioned the committee not to read too much into such variances at this stage in the year. The Committee also expressed its interest in being reassured that any under spend in particular areas service delivery is not at the cost of good patient care and meeting of their health needs.

Whole of System Report.
The Committee noted the following highlights and key issues:

Whooping cough, we are engaging with the public health and strategy is underway, resourcing targets immunisation programme. ?

Home insulation programme: This will commence in October, the cost to eligible recipients will be covered and up to 500 homes on the Coast will be insulated. The West Coast DHB is in partnership and agreement with EECA and the Home Insulation Company. The scheme will be run as a collaboration between DHB, PHO and C&PH identifying families who would benefit from and be eligible for this programme.

Action: To look at a ways of monitoring and evaluating the implementation and outcomes achieved by this initiative.

MoH Report on Performance against National Targets:
The committee received the MoH end of quarter report that is collated on the whole of New Zealand basis by the Ministry of Health. It provides a comparison of DHB performance against key targets across the country.

Moved: John Ayling **Seconded: Barbara Holland**
Motion:
"THAT the Committee receives the Organisational Leadership report"
Carried

8. GENERAL BUSINESS

A Committee member raised a matter regarding the provision of home support services, noting that the NZ Home Health Association had recently published a report on both the issues and opportunities of home support services in New Zealand. It was agreed that copies of the Report would be sourced from the Associations website and made available to Committee members in order that it be taken into account at the workshop to be held after the next Committee meeting

Action: This report would be part of the workshop to be held in November on HOP.

The Chair asked if age related funding, allows for individual packages. The GM explained that this was possible within the funding for elder care provision.

The Board Chair said useful work is carried out in the model of care, we can pick this up at the workshop and bring it back to the Board.

A Committee member raised a concern over reports that people in Arahura have been experiencing ill health as a consequence of the quality their drinking it. There has been previous investigation into the issue but the Committee was not aware of the outcome of previous investigations. The Committee recommended that this be followed up. The Board Chair said that this will be undertaken by the CEO.

Moved: Lynette Beirne **Seconded: Patricia Nolan**
Motion:
"THAT the Committee receives the General Business Report"
Carried.

9. INFORMATION PAPERS

The Chair requested that the committee work plan be placed at the front section of the committee papers in future. In front of the Leadership reports

10. OTHER BUSINESS

The Chair asked the Committee if there were any items discussed to be referred to the Board

Items to refer to the Board:

1. Kevin Brown wanted the CEO of WCDHB to know that his presentation at the Westport Public meeting was well received.

Communication

The committee commented on how communication has improved on the Coast over recent months. They feel that there is a perceivable change in culture within the organisation at a leadership level, with more openness and transparency and less defensiveness than in the past around things that have "gone wrong". The Committee wanted to formally acknowledge the improvement in communication processes being lead by Erin Jamieson and that she and the other members of the communication team have done some excellent work in providing the kind of information that the Committee our community needs.

Induction for Advisory Committee members

The Board Chair invited Committee members to attend an induction workshop for Committee members

Action: To schedule a date and time for Induction workshop to take place.

Other business

A Committee member asked for advice on what was appropriate to raise at committee meetings when it was unclear whether the issue was one of governance or operational matter.

The Board Chair said that Committee members should feel free to raise concerns and questions at this meeting and should the question raised be considered operational then advice on where it would be appropriate to deal with the issue can be provided.

Meeting closed at 10:50am

10.1 NEXT MEETING

The next meeting will be held on Friday, 17 November at 9am 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