West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 20 July 2012

ST JOHN
WATERWALK ROAD
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

AGENDA – PUBLIC

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
Friday 20 July 2012 commencing at 10.00am

KARAKIA			***10.00am***
ADMINISTRATION			***10.05am***
	Apologies		
1.	**Interest Register** *Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.*		
2.	**Confirmation of the Minutes of the Previous Meeting** ▪ *8 June 2012*		
3.	**Carried Forward/Action List Items**		
REPORTS			***10.15am***
4.	**Acting Chair's Update – Verbal Report**	Peter Ballantyne *Acting Chairman*	*10.15am – 10.30am*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*10.30am – 10.50am*
6.	**Clinical Leader's Report**	Dr Carol Atmore *Chief Medical Advisor* Karyn Kelly *Director of Nursing and Midwifery* Stella Ward *Executive Director of Allied Health*	*10.50am – 11.00am*
7.	**Finance Report**	Colin Weeks *Chief Financial Manager*	*11.00am – 11.15am*
8	**Decision Making Process**	David Meates *Chief Executive*	*11.15am – 11.30am*
9.	**Report from Committee Meetings**		
	- CPH&DSAC *- 12 July 2012*	Elinor Stratford *Chairperson, CPH&DSAC Committee*	*11.30am – 11.40am*
	- Hospital Advisory Committee *- 12 July 2012*	Warren Gilbertson *Chairperson, Hospital Advisory Committee*	*11.40am -11.50am*
	- Tatau Pomanau *- 11 July 2012*	Gary Goghlan *General Manager, Maori Health*	*11.50am – 12noon*
10	**Resolution to Exclude the Public**	*Board Secretariat*	*12noon – 12noon*

INFORMATION ITEMS

- Confirmed Minutes
  - CPH&DSAC Meeting – 24 May 2012
  - HAC Meeting – 24 May 2012
  - Tatau Pounamu Meeting – 24 May 2012
- Schedule of correspondence
- Alliance Leadership Team – Key Messages
- OECD Report on Health Spending

ESTIMATED FINISH TIME **12noon**

NEXT MEETING

Friday 16 August 2012 commencing at 10.00am

ATTENDANCE

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS

Paul McCormack (Chair - on Leave of Absence)
Peter Ballantyne (Acting Chair)
Kevin Brown
Warren Gilbertson
Helen Gillespie
Mary Molloy
Sharon Pugh
Elinor Stratford
Doug Truman
John Vaile
Susan Wallace

Executive Support

David Meates *(Chief Executive)*
Hecta Williams *(General Manager)*
Dr Carol Atmore (*Chief Medical Advisor)*
Garth Bateup *(Acting General Manager, Hospital Services)*
Gary Coghlan *(General Manager, Maori Health)*
Michael Frampton (*Programme Director)*
Brian Jamieson *(Communication Officer)*
Karyn Kelly *(Director of Nursing & Midwifery)*
Wayne Turp (*General Manager, Planning and Funding)*
Stella Ward *(Executive Director, Allied Health)*
Colin Weeks *(Chief Financial Manager)*
Kay Jenkins (*Minutes)*

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.

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTEREST REGISTER

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

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 • Council Member, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Spouse, Canterbury District Health Board employee (Ophthalmology Department) • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, 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 • Employee, DOC
Sharon Pugh	• Shareholder, New River Bluegums Bed & Breakfast
Elinor Stratford	• Clinical Governance Committee, West Coast Primary Health Organisation • Committee member, Active West Coast • Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust • Deputy Chair of Victim Support, Greymouth • 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 Member of Tatau Pounamu • Father employee of West Coast District Health Board • 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 • Chair, Rata Te Awhina Trust • Area Representative-Te Waipounamu Maori Womens' Welfare League
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

MINUTES

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

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Waterwalk Road, Greymouth
on Friday 8 June 2012 commencing at 10.00am

BOARD MEMBERS

Peter Ballantyne (Acting Chair); Kevin Brown; Warren Gilbertson; Helen Gillespie; Mary Molloy; Sharon Pugh; Elinor Stratford; Doug Truman; Susan Wallace.

APOLOGIES

Apologies for absence were received and accepted from Dr Paul McCormack and John Vaile.

An apology for early departure was received and accepted from Sharon Pugh (1.30pm).

EXECUTIVE SUPPORT

David Meates (Chief Executive); Hecta Williams (General Manager); Dr Carol Atmore (Chief Medical Officer); Garth Bateup (Acting General Manager, Hospital Services); Gary Coghlan (General Manager, Maori Health); Brian Jamieson (Communication Officer); Karyn Kelly (Director or Nursing & Midwifery); Wayne Turp (General Manager, Planning & Funding); Stella Ward (Executive Director, Allied Health); Colin Weeks (Chief Financial Manager); Kay Jenkins (Minutes).

The Chair asked Susan Wallace to lead the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
There were no additions or alterations to the Interest Register

Declarations of Interest for Items on Today's Agenda
There were no declarations of interest for items on today's agenda.

Perceived Conflicts of Interest
There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (48/12)
(Moved Susan Wallace/seconded Elinor Stratford - carried):

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 20 April 2012 be confirmed as a true and correct record subject to the deletion of one "Helen Gillespie" as she appeared twice under "Present"

3. CARRIED FORWARD/ACTION LIST ITEMS

1. Advisory Committee Vacancies – A process is underway to advertise for the upcoming vacancies (2 on CPH&DSAC and 1 on HAC)

4. CHAIR'S UPDATE

The Chair congratulated Elinor Stratford on being presented by the Minister of Health with a Life Membership Award from the New Zealand Federation of Disability Information Centres Inc (NZFDIC) for her outstanding contribution to the health and disability sector on the West Coast and Nationally.

He also updated the Board on the following:

- **South Island Alliance Meetings 30 April and 28 May**
  He commented that the Alliance is working well overall with the expected tensions being worked through. The South Island Health Services Plan has been approved and the West Coast plans link back into this. He added that the West Coast 2012/13 Annual Plan has been regarded as a good example and is a credit to all concerned.

- **Select Committee**
  This was a combined appearance with the Canterbury DHB and West Coast DHB. The CEO provided a presentation and was received in a positive way by the Committee.

- **Jo Goodhew Visit**
  The visit by the Associate Minister of Health was well received and gave a good opportunity for the West Coast to show what it is doing.

- **Pharmac**
  The Chair advised he had attended a lunch with the Pharmac Board as part of their Board meeting in Christchurch. He commented on the economic and other benefits of having such an organisation.

- **Canterbury Anniversaries**
  He advised that the Christchurch Hospital was celebrating its 150th Anniversary and the Canterbury Health Labs 100th Anniversary. The Board asked that their congratulations and best wishes be conveyed to them.

- **Xcler8**
  The Chair advised he had presented to Xcler8 attendees the previous day (by Video Conference due to the weather). He commented that there were some good projects coming out of this and some good de-siloing taking place.

- **National Chair's Meeting**
  He advised that the National Chairs Meeting will be held on Monday 18 June 2012.

Resolution (49/12)
(Moved Mary Molloy/seconded Sharon Pugh - carried)

i. That the Board notes the Chair's Update.

5. CHIEF EXECUTIVE'S UPDATE

The Chief Executive took the report as read. He commented on the following topics:

- **Capital Investment Committee (CIC)**
  The CEO advised that we are still awaiting a formal response from the CIC regarding the Buller IFHC project. He commented that the Business Case was very well received by the Committee.

- **Seismic Testing**
  He advised that we are in the process of undertaking a wide range of invasive inspections. As board members are aware the Grey Hospital laundry and boiler have been found to be an issue and the buildings have been evacuated. He commented that further reports are expected in the next 4 weeks and we should have a schedule of timings available going forward.

  Discussion took place regarding the terminology used in that some buildings are "earthquake prone" but still safe and others can be classed as "unsafe" or "dangerous". The Board noted that this is why we are undertaking invasive inspections and there may be a need to make some critical decisions around some buildings once the reports are received. The Board also noted that every invasive inspection report will be made available to staff, however some of the engineering language can be difficult to understand and needs to be articulated.

  The CEO commented that the desk top exercise which had previously been undertaken shows that all Buller buildings are "earthquake prone" but this does not mean they are "unsafe".

  In regard to the decisions required the CEO commented that a paper regarding a decision making process will come to the next Board meeting.

- **Recruitment**
  The CEO reported that good progress had been made with recruitment options.

- **Clinical Systems**
  The CEO highlighted the progress being made with a lot of the Clinical Systems. The Board noted that they may need to reconsider the decision they had previously made regarding opt on rather than opt off relative to access to clinical information as the low take up to date could be an impediment to the access to information in future. A paper will come back to the Board regarding this to enable a considered decision to be made. The paper would also cover the legal aspect.

- **Ipads**
  The CEO outlined the possibility of Board papers being distributed using Ipads.

Resolution (50/12)
(Moved Elinor Stratford/seconded Doug Truman – carried)
That the Board:
i. notes the Chief Executive's update.

6. CLINICAL LEADERS REPORT

a. Dr Carol Atmore, Chief Medical Officer, commented that she had included a copy of a publication that would go to all staff regarding Creating a Sustainable Heath Service. She acknowledged the work of Erin Jamieson in the preparation of this publication. It was suggested that consultation with Tatau Pounamu take place in regard this publication.

   Dr Atmore commented that although the recruitment of Doctors in the hospital has been successful, recruitment of GP's has not been as successful. Dr Atmore advised that work is being undertaken with HR regarding this but it remains one of the DHB's greatest risks.

b. Karyn Kelly, Director of Nursing & Midwifery, informed the Board that Greymouth had hosted the National Enrolled Nurses Conferences this week with 167 attendances.
   In regard to the Nursing Model of Care the Board noted that a new nurse from Rural Australia has joined the staff and is employed across all clinical areas. She would also like the opportunity to work in the community.

c. Stella Ward, Executive Director, Allied Health, highlighted, in addition to her written report that the West Coast telehealth was a key note at the recent national Allied Health & Scientific conference.

She also highlighted that whilst we are still actively recruiting Social Workers there are some issues around this which are being worked through.

Resolution (51/12)
(Moved Helen Gillespie/seconded Kevin Brown – carried)
That the Board:
i. notes the Clinical Advisor's updates.

7. CLINICAL GOVERNANCE PRESENTATION

Stella Ward**,** Executive Director, Allied Health, provided a presentation on Clinical Governance. The presentation provided an overview of clinical governance and how this relates to the West Coast Health System to provide safe, sustainable, responsive health care. The presentation also provided an overview of the recently appointed Clinical Board and its function and the role of Clinical Leadership. In addition the presentation highlighted the impact a Board can have on Patient Quality & Safety.

The Chief Executive commented that is important that the Board is aware that there is a Clinical Board who are the Governors of our standard of care and that the Board received regular feedback from them. It was agreed that this would be twice per year.

8. FINANCE REPORT

Colin Weeks, Chief Financial Manager, spoke to the Finance Report for April 2012 which was taken as read.

The Board noted that the Minister had approved the deficit support requested by the Board.

Colin advised that Audit New Zealand have been on site as part of the annual audit and this is progressing.

The Board also noted that the seismic issues would put the deficit under pressure but there is confidence that savings could be made to offset this.

Resolution (52/12)
(Moved Helen Gillespie/seconded Sharon Pugh – carried)
That the Board:
i. notes the financial result for the period ended 30 April 2012.

9. HEALTH TARGETS

Wayne Turp, General Manager, Planning & Funding spoke to this report. He made particular comment regarding the immunisation target.

Resolution (53/12)
(Moved Susan Wallace/seconded Sharon Pugh – carried
That the Board:
i. notes the Quarter 3 Health Target results.

10. ALCOHOL POSITION STATEMENT

Jem Pupich, Community & Public Health, presented this report. He commented that South Island DHB's are working together around alcohol which is a huge burden on our society. The Alcohol Reform Bill which is currently before parliament aims to reduce the access to alcohol by limiting the range of outlets that may sell alcohol.

The Board acknowledged the wide range of alcohol related harm that is experienced by people on the West Coast and also that alcohol is a major risk factor for numerous health conditions, injuries and social problems.

Resolution (54/12)
(Moved Elinor Stratford/seconded Kevin Brown – carried
That the Board:

i. Endorses the position statement on Alcohol as recommended by the Community & Public Health & Disability Support Advisory Committee.

11. REPORTS FROM COMMITTEE MEETINGS

a. Elinor Stratford, Chair, Community & Public Health & Disability Support Advisory Committee provided an update from the Committee meeting held on 24 May 2012.

She highlighted that some formative appointments have been made in the interim to the Consumer Council and the first meeting has been held and also that a workshop had been held following the meeting to enable appointees to increase their knowledge around Quality & Patient Safety.

She commented that the recommendation from the Committee regarding the alcohol position statement had already been considered by the Board today.

The update was noted

b. Warren Gilbertson, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 24 May 2012.

He highlighted the positive progress of Xcelr8 projects and the benefits from this. He also spoke about the recruitment of clinical specialists and the success of the recruitment strategy.

He added that the ability of the DHB to meet the year-end target remains challenging.

The update was noted.

c. Gary Goghlan, General Manager, Maori Health, provided an update from the Tatau Pounamu Advisory Group Meeting.

Of particular note was that: the first draft of the Maori Health Plan 2012/13 has been sent to the Ministry of Health; Recommendations from the Maori Health Review are due within the next few weeks; and a hui was held in Buller in May and a plan of action has now been drafted. It was confirmed that the data from the review would go to the Board and to Tatau Pounamu.

The update was noted.

12. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (55/11)

(Moved Susan Wallace/seconded Mary Molloy – carried)

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6,7 8, 9, 10,11,12, and the information items contained in the report.

ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the "Act) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 20 April 2012	For the reasons set out in the previous Board agenda.	
2.	Grey Base Hospital Draft Indicative Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
3	West Coast Integrated Health Services – Model of Care	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	DHB Primary Practice Autonomy	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Chief Executive and Chair -Update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). To protect the privacy of natural persons.	s9(2)(j) S9(2)(a)
6	Clinical Leaders Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). To protect the privacy of natural persons	s9(2)(j) s9(2)(a)
7	Buller IFHC – Facilities Development	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8	Collective Insurance Renewal	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9	HBL Collective Banking Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10	HBL Draft Business	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial	s9(2)(j)

	Case	negotiations).	
11	Risk Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). To protect the privacy of natural persons.	s9(2)(j) s9(2)(a)
12	Advisory Committees – Public Excluded Updates	For the reasons given in the Committee agendas	

iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982";

There being no further business the public open section of the meeting closed at 12.10pm

_____ _____

Peter Ballantyne, Acting Chair Date

CHIEF EXECUTIVE'S UPDATE

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

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

SOURCE: **Chief Executive**

DATE: **20 July 2012**

Report Status – For: Decision ☐ Noting ☑ Information ☐

1. ORIGIN OF THE REPORT

This report is a regular report and standing agenda item, providing the latest update and overview of key organisational activities and progress from the Chief Executive to the Board of the West Coast DHB.

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

3. FINANCIAL AND OPERATIONAL PERFORMANCE OVERVIEW

The consolidated West Coast DHB financial result for the month of May 2012 was a deficit of $447k which was $329k favourable against the budgeted deficit of $776k. The year to date result was a deficit of $4,941k which was $400k unfavourable against the budgeted deficit of $4,541k. On track to achieving a $5.1m deficit result excluding the impacts of IDFs.

The breakdown of the result for the month is as follows:

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	0.004	-	0.004	0.345	-	0.345
Funder	1.130	0.424	0.706	8.878	7.353	1.525
DHB Provider	(1.581)	(1.200)	(0.381)	(14.164)	(11.894)	(2.270)
West Coast DHB Group Result	**(0.447)**	**(0.776)**	**0.329**	**(4.941)**	**(4.541)**	**(0.400)**

Planning & Funding

As reported to CPHAC and DSAC

Key Achievements

- WCDHB has again achieved the Emergency Department Health Target, with 99.6% of people admitted or discharged within 6 hours.
- WCDHB remains ahead of plan of delivering against our national health target volume of 1592 elective surgical discharges for the year; being at 107.3% of plan for the year to 30 April
- Increased collaboration locally between the Immunisation and Cervical Screening Services have aided in a significant rise in the Human Papilloma Virus (HPV) School Based coverage rate. Currently this remains at 15% above last year's overall figures.

- Securing of funding from the Ministry of Health (MoH) to continue the delivery of high priority community Physical Activity and Nutrition services to replace elements previously funded through the Healthy Eating Healthy Action (HEHA) programme from 30 June 2012, this includes the Tai Poutini Breastfeeding Initiative.

Key Issues and Associated Remedies

- Even though the Before School Check (B4SC) programme has made marked improvements within the last month, it is still at risk of not meeting its target. The service is working closely with the Ministry of Health using the Quality Improvement Letter from the Ministry to improve its coverage and the quality delivery of school checks.

Upcoming Points of Interest

- The Child and Adolescent Oral Health Service is investigating the acquisition of a Level 1 self-driven mobile dental clinic. This will be used to provide dental check-ups and preventive care for school children and adolescent while awaiting the development of the Grey Integrated Family Health Centre (IFHC) instead of refurbishing the Grey School Clinic (which will become redundant once Grey IFHC goes ahead). Dental checks and preventive care accounted for approximately 40% of school-aged children need in any one year.

Hospital Services

Key Achievements

- *Medical Staff Recruitment*
  - One Anaesthetist starting on the 9th of July 2012 with CDHB and then will start at the WCDHB a month later, the second Anaesthetist is looking to travel late July 2012 but will spend 2 months at the CDHB before starting on the Coast.
  - One O&G is looking to start in October 2012 supervision arrangements with Canterbury DHB are being finalised. The second O&G is considering the offer.
  - Physician: Working through reference checking process.
  - Psychiatrist: Has signed her contract and looking to start in November 2012.
  - Emergency Physician: Has signed his contract and looking to start in November 2012.
  - Resident Medical Officers – numbers are being supplemented by locums. Advertising of positions available from November. Response so far looks positive.

- *Staffing / Recruitment Generally*
  - The Clinical Manager Occupational Therapy commences early August 2012.
  - Clinical Manager Social Work remains vacant. We are looking at options for this role including a linkage with CDHB. A model for support is currently being developed.
  - Senior Dietitian – some interest in this role, though ongoing supervision support from CDHB may be necessary.
  - Physiotherapy vacancies have again arisen with a staff member in Buller resigning and a staff member from Greymouth being given a 12 month leave of absence. Recruitment underway with some alternative options to be explored.
  - Dr Graham Roper commences in July as Clinical Leader, Anesthetics. Dr Roper will be part-time and is Anesthetist and former Clinical Director with CDHB.

- *Laundry*
  - The Laundry building has been closed following a low seismic rating. Linen is being processed in Christchurch by Canterbury Linen Services Ltd (a subsidiary company of the CDHB). A distribution centre has been established in the Fleet Service Building. Options for ongoing laundry services are being developed.

- *Boiler House*
  - Low seismic rating as well however staff have to enter for short periods to monitor energy services. Options to strengthen this building are being developed.

- *Orthopaedic Service*
  - Work has continued on developing the new model of care. A trial transition will commence from 1 July. This will involve increased involvement of CDHB clinicians with new out of hour arrangements. The pathway for Orthopaedic presentations has been developed through wide consultation and involvement of clinical staff from both the West Coast and Canterbury DHB's.

- *Patient Transport*
  - The South Island DHB's collectively are working with St John on inter Hospital patient transfer service. This work includes resourcing of an appropriate service level, staffing options and pricing.

- *Maternity Services*
  - The Maternity Manager is on leave until April 2013. The position will be filled by an experienced senior midwife from CDHB.

- *Physiotherapy Services*
  - Physiotherapy staffing continues to be difficult for at least another few months, particularly in Buller with the likelihood of the private practice closing down at the beginning of August. Recruitment process underway however at the same time considering other models for service delivery.

- *Maternity Quality and Safety Programme*
  - The Canterbury and West Coast's Maternity Quality and Safety Programme has been finalised. Ministry of Health funding for the programme will see the appointment of a Maternity Quality and Safety Coordinator and a Lead Maternity Carer Liaison role working across both DHB's. A national meeting to discuss safe staffing issues in relation to meeting the requirements of the Maternity Quality and Safety Programme was attended by the Nurse Manager Clinical Services.

- *General Issues*
  - The Close Observation Unit formally commenced on Monday 25 June 2012 in Barclay Ward. This room accommodates surgical patients, who require close observation and have access to a nurse at all times.
  - Recent nursing appointments have been made across clinical services to ensure greatest flexibility.
  - Positive feedback from patients, families and nurses has been informally received, following the recent introduction of a change to the visiting hours at Grey Hospital.

Community & Mental Health Services

Key Achievements

- Appointment of a psychiatrist to the mental health team.
- Management of change process has commenced with the proposals to integrate Carelink services into the Complex Care Clinical Network being released to staff for comment.
- HPV rates for immunisation are up to 50% of eligible girls, compared with 34 % at this time last year.
- Good progress is being made with improving primary practice efficiency with revenue collection increasing by $81,000 or better than budget by 32.5% in South Westland and

13.6% at Grey Medical in the months of May and June after putting additional resource into improving administrative systems in these practices.

- The CMO has led an engagement process with most GPs on the West Coast and the Recruitment Team to focus on how we can get some better results in filling the high number of GP vacancies across the West Coast.

Key Issues & Associated Remedies

- Vacancies remain in all practices on the West Coast. There are some gaps in call cover starting to occur. Solutions being worked on include providing outreach clinics for smaller practises with rural nurse specialist call cover, increasing the number of nurses with appropriate skills and experience, and investigating the appropriateness of the use of advanced paramedics.
- Child and Adolescent Mental health services have a high number of vacancies at present with little response to advertisements and the recruitment team has been asked to look at additional strategies. The team are managing workload at present but the situation is not sustainable and contingency plans are being developed.

4. INFORMATION TECHNOLOGY

Telehealth

- The proof of concept mobile clinical cart wireless network is enabled in the Paediatric ward. CDHB has confirmed commitment to the same vendor, which WCDHB has now also committed. Rollout to the remaining areas in this business case has commenced with the remaining equipment delivered and cabling being completed to Maternity, with ED and Outpatients to be completed.
- An expansion for the wireless rollout to include Barclay, Morice, Theatre, Medical Admin, Hannan and Mental Health has been approved by the capital committee at the end of June 2012. This will support the mobile clinical carts use for orthopedic care within the new model of care.
- St Johns has been contacted with setting up a wireless link to them to enable the new Telehealth unit to be installed there. Visual sighting has confirmed line of sight.

Server Infrastructure Upgrade

- WCDHB is upgrading the Citrix and Desktop platform in uses to a more modern and better supported environment. This will be the same version CDHB uses within their environment. A business case has been presented to the capex committee and approved for this work to be carried out. The vendor has begun detailed design documentation.

Laboratory Information Systems Replacement (CHL Delphi) Update

- The Laboratory Information System (LIS) business case has been completed and approved by the capital committee at the end of June 2012. The implementation of this system to coincide with the Concerto project. This resolves some clinical workflow issues. The Project Manger used by WCDHB to project manage the concerto project is also being used for this project as the two pieces of work are closely related.

Clinical Information System Business Case

- The business case for the new clinical information system hosted by CDHB and using Orion's Concerto product has been approved. This clinical information system will enable a single patient portal to clinical information housed within WCDHB, SCDHB, CDHB and ultimately all South Island DHB's.
- The implementation planning study was completed and signed off prior to Christmas. Contractual negotiations have been completed with the contract being signed on the 24th

February. Significant work is being carried out by CDHB, WCDHB and Orion to delivery this project as quickly as possible.

- The go-live date for the concerto project has been delayed to 17th of November. This is primarily due to delay to other dependencies delivered as part of the work of enabling the CDHB Concerto system to be capable of taking on the WCDHB users without adverse impacts to the existing users.
- This 17th November date reflects adjustments to the dates for the Orion CIS Upgrades and re-estimating of development and testing activities.
- The Laboratory Information System changeover from ISS Omni-Lab (Détente) to Sysmex Delphic will also happen on or around 17th November.
- It is anticipated that the CIS Mental Health component will also go live around Saturday 17th November.
- Risk of not achieving the go live date.
- The dates for the Orion CIS upgrades, which are pre-requisite for the West Coast project, have recently changed eg the Concerto Portal 7.3 upgrade for CDHB and SCDHB was not delivered on 9th June as planned and is now planned to be delivered on 14th July. There may be knock-on effects due to resourcing and testing, therefore there is a medium risk that the 17th November "go live" date will be delayed.

Clinical Information System Business Case - Mental Health Component

- Due to the Mental Health solution being scoped as a regional solution, there has been involvement sought from other South Island DHB's. As the complexity (and cost) for the Mental Health solution has been considerably more than what was anticipated by Orion, a financial contribution is also being sought from the South Island DHB's, this will also provide a commitment regionally to the solution. A proposal for this has been approved by the South Island IT Alliance and Mental Health Alliance, with the South Island CEO's approving PBF based funding.
- The Mental Health contract addendum has been signed on 30th April 2012, and three workshops have been occurred with representation from the entire South Island region. Several pro-types of the solution has been demonstrated, with favorable feedback from Mental Health teams within the DHB. A detailed design document is due to be delivered 1st week of July.

Patient Portal Roll Out

- The Manage My Health patient portal business case has been approved. This will allow patients to access their primary care electronic medical record from an internet connection anywhere in the world. The system also has the capability to self book into a general practice, and email a doctor directly should these features be enabled. A project team has been assembled with 3 initial project meetings occurring. The Buller IFHC seems to be the best location to implement this solution. However it has been delayed due to pressure on GPs and other clinical resource in Buller at this particular time.

Home Based Care System

- The business case to implement the Caduceus home based care system has been approved. Discussion on how the project will be resourced is occurring between CDHB and WCDHB with a collaborative model being selected as the way to implement this solution. The initial kick off meeting has been delayed with key resource being on bereavement leave.

Provation

- At the Clinical Quality Improvement Team meeting the lack of an endoscopy reporting system was seen as an important quality issue. A business case has been submitted and approved by the capital committee at end of June 2012. Regionally, all DHBs are in various stages of implementing a Provation solution.

5. HUMAN RESOURCES

Industrial Relations

- Strategies are being developed for APEX IT workers.

Health and Safety

- Recently completed ACC Audit has recommended an increase in status from primary to secondary. This reflects the positive development in employee health and safety and will result in a reduction in levies and fees to ACC.

Recruitment

- The strategy for recruitment of GPs on the Coast is being reviewed together with a range of other initiatives for this hard to recruit group.

Learning and Development

- A review of all training is being undertaken by the Learning and Development group.

Clinical Leadership

- The survey undertaken by the University of Otago in conjunction with DHBs Nationally has been completed; onsite visits and case studies are planned for later in the year for this group of employees.

6. MAORI HEALTH

Daptiv – Management of the Maori Health Plan

The Maori Health Team has started the process of inputting Maori Health Plan outcomes and targets along with associated tasks into the Daptiv project management system. By using this project management tool we are able to continuously track and update tasks associated with each target within the Maori Health Plan to ensure we are on track. It also provides a great mechanism for reporting back to the various committees on progress being made.

Ministry of Health – Registration of Interest

The Maori Health Team, the PHO and DHB smoking cessation staff have been working together in response to a Registration of Interest from the MoH aimed at reducing the number of women who continue to smoke during pregnancy. A priority for this funding is the Maori population who show extremely high numbers of women who continue to smoke throughout pregnancy. A small hui involving community organisations, DHB, PHO CPH and schools aims to pull together a concept document that will form the basis of the proposal to the MoH. This hui is scheduled for 3rd July with the proposal due to the Ministry on the 21 July.

HEHA – Oranga Pai

The contract negotiations for Te Whare Oranga Pai Physical Activity and Healthy Eating programme have been finalised with the service anticipated to start July/August 2012. This programme is a joint venture between the two local Runaka and is focusing on those Maori living in the Westland district. The service comprises but is not limited to:

- Physical activity and healthy eating programme that focuses on sustainable lifestyle changes amongst the Te Whare Oranga Pai participants
- Motivating lifestyle changes for individuals and their whanau
- A whanau focused approach
- Establishing and maintaining linkages with other health-related services (e.g. Green Prescription, Cooking Skills to Life Skills etc)

- Advocating for health policy changes within Maori community settings

This is a pilot with the potential to expand to other districts within the Tai Poutini.

7. COMMUNITY & PUBLIC HEALTH

Health Promoting Schools

Health Promoting Schools is supplying all schools each term with "Health Bytes." The concept is a compilation (or 'bank') of short, sharp messages related to health and wellbeing aimed at parents which can be cut/pasted into a school's newsletter. The messages are organised into two categories. One is about relevant events coming up during the term (eg Heart Week during Term 1). The other is a set of generic messages that nearly span the alphabet (A for alcohol; W for water!) and could be used during any term. The uptake of these will be monitored. An interim evaluation during Term 2 generated written responses from 12 schools. Principals were very positive about the usefulness of the messages and many schools are using them or plan to use them. 'Health Bytes' are distributed to schools in addition to the once-per-term Health Promoting Schools magazine which always contains at least one article about a West Coast school.

Smokefree Schools Workshops

During May, Kath Blair from the Health Sponsorship Council (HSC) visited the West Coast. The visit was coordinated by Community & Public Health. Kath met with the West Coast Tobacco Free Coalition and also ran three free Smokefree Schools workshops for teachers, principals, Board of Trustee members, health promoters and public health nurses. The workshops were held in Westport, Greymouth and Hokitika and introduced two new resources developed by the HSC. The workshops were well-received and schools on the West Coast are making good use of the resources. The aim is to develop the resilience of students and others and to encourage a positive attitude to being smokefree. These are important steps in the journey towards Smokefree Aotearoa 2025.

Smokefree May: Quit Now – It's about whanau

During Smokefree May a display based on the 2012 World Smokefree Day theme of 'Quit Now - It's about whanau' was displayed at various locations around the West Coast. These included Community Mental Health Greymouth, Solid Energy Sports Centre Westport, National Bank Greymouth, Hokitika New World, Grey Base Hospital main entrance and finally The Warehouse on the 30th and 31st of May.

Coalition members (including staff from the WCDHB, CPH, Cancer Society, Probation Service and WCPHO) were in attendance at Hokitika New World and also The Warehouse. They provided Smokefree information and goodies to members of the public as well as holding a Smokefree quiz. 80 out of 96 people responding to the quiz lived in a Smokefree home. 79 out of 92 people responding had a smokefree car. A number of people indicated that they wanted to access cessation support. They are now working with either Ann McDonald (WCDHB) or Joe Mason (Aukati Kaipaipa).

The West Coast Tobacco Free Coalition is planning to have further manned displays in Westport, Greymouth, Hokitika and possibly Reefton later in the year to promote Smokefree lifestyles.

Submissions to Local Councils on Long-Term Plans

As indicated in our last report, Community and Public Health has made submissions on all four West Coast Councils' Long Term Plans. Feedback has been received from two councils to date on the result of our submissions.

The Grey District Council has

- agreed to set aside $20,000 per annum to maintain the Coastal Pathway. (no funding was allocated initially)
- acknowledged that Council sees environmental sustainability as very important and not less important than other outcomes.

The West Coast Regional Council has

- welcomed support for its plan to fund an insulation and clean heat initiative
- amended its LTP to include ground water management under Water Quality Management.
- Requested more information about our submission on soil management.

SIDHB Alcohol Position Statement

Community and Public Health is very pleased to note that the WCDHB has adopted the South Island DHBs' Alcohol Position Statement. It is the first DHB to do so and this will certainly assist in influencing the other South Island DHBs to adopt it. We will continue to work hard to reduce alcohol-related harm on the West Coast and some of the strategies within the statement will assist us with this.

Pertussis (Whooping Cough)

The West Coast community-wide outbreak of pertussis continues. While case numbers had been declining over the last few months, there was a recent increase in incidence, particularly in the Reefton area but this has now subsided. Since the beginning of May 2011, there have been 497 notifications of pertussis on the West Coast, of which 328 were confirmed or probable cases, and 7 are still under investigation. We have now passed the point where just over 1% of the West Coast population has contracted pertussis during this outbreak. Community and Public Health continues to follow up these cases with the help of the WCDHB's public health nurses and rural nurse specialists. We also promote the WCDHB's targeted booster vaccination programme and on time vaccination against pertussis for infants.

8. COMMUNICATIONS

Key Achievements

- Report to the Community - winter issue distributed to the community and key influentials
- Story written for Irish Medical News with focus on General Practitioner recruitment
- Media release advising staff/community of commencement of bore hole drilling at Grey Base Hospital
- Media release on ongoing Pertussis epidemic
- Media release on free after-hours GP cover for under sixes
- Media releases regarding O&G cover issue and its resolution

Communications plans developed

- Carelink changes
- Orthopaedic Alternative Service
- Primary Practice briefing paper prepared

Report prepared by: David Meates, Chief Executive

CLINICAL LEADERS UPDATE

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

SOURCE: **Clinical Leaders**

DATE: **20 July 2012**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:
i. notes the Clinical Leaders Update

3. SUMMARY

Sustainability
Ongoing work to develop the model of care for sustainable health services for the West Coast continues. The submission of the Grey Integrated Family Health Service Business Case and the Indicative Business for the Grey Regional Hospital redevelopment marks a key milestone in this work. Ongoing work will focus on the further development and implementation of service delivery improvements, both in primary and community care, and in hospital services, including implementing the transalpine service delivery models.

Transalpine Services
A recent meeting with Canterbury and West Coast senior doctors was held, where the transalpine model of care was discussed in more detail.

Anne Atkins from CDHB has been appointed (seconded) as the interim Clinical Midwifery Manager for the West Coast. Anne has been seconded from her existing midwifery role at Burwood Hospital and brings a wealth of knowledge and experience to her new role, having worked across primary, secondary and tertiary services, both in New Zealand and Australia. It is anticipated the she will work with the local team and its development within the evolving models of care and improved service delivery, as well as further enhancing the Transalpine Maternity relationship.

The Canterbury and West Coast Maternity Quality and Safety Plan is in final draft, with a collaborative approach by the Transalpine team. This will have a significant impact on ensuring robust and safe maternity care across Canterbury and West Coast. Within this two roles are to be recruited into, the Maternity Quality & Safety Programme Coordinator and the Lead Maternity Carer Liaison position.

Leadership and Clinical Governance
Leadership in quality and clinical governance included the second meeting of the West Coast Health System Clinical Board, the West Coast PHO, the BSMC Alliance Leadership Team, the hospital Continuous Quality Improvement Team, and the South Island Regional Training Hub. Clinical leaders from all the professions and across the system continue to participate in the development and design of new models of care; services and patient pathway.

Service Improvements

The Close Observation Unit (COU) in the surgical ward was opened on June 25th. This was in response to specific requests from the general and orthopaedic surgeons to enable closer monitoring of patients with increased acuity postoperatively. The Clinical Quality Improvement Team (CQIT) was actively involved in endorsing the concept and ensuring implementation. The unit will be run within existing nursing FTE and is aligned with similar units in Canterbury. Senior anaesthetic, orthopaedic and general surgical medical staff closely with the nursing team to plan the unit and prepare the guidelines, and these senior doctors will be the clinical leads for the unit. A close relationship between the nursing staff of the Critical Care Unit (CCU) and the COU will ensure shared clinical skill development, with monitoring facilities from the COU enabled through to CCU.

Focus is continuing on improving the structure and processes of the WCDHB owned primary practices to work to a common vision within a business model that is sustainable.

Workforce

Ongoing efforts continue to recruit general practitioners and senior hospital doctors, in collaboration with the CDHB Recruitment team. Significant success has been achieved with senior hospital appointments, and a good number of good quality junior doctors have applied for positions for next year. There is significant focus on General Practice recruitment and a range of avenues to address GP recruitment have been identified through recent meetings with West Coast GPs and the Recruitment team.

There remain significant issues in recruiting to allied health roles and we are developing a recruitment campaign and also different models of service provision in partnership with the Canterbury Health System this will include the development of a RUFUS role for social work and dieticians in paediatrics.

The Workforce Plan final draft for 2012/13 has been completed for submission to the Ministry of Health and Health Workforce New Zealand.

4. CONCLUSION

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

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

FINANCE REPORT

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

SOURCE: **Chief Financial Officer**

DATE: **20 July 2012**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters of the Board of the West Coast District Health Board.

2. RECOMMENDATION

That the Board:

i. notes the provisional result for the year ending 30 June 2012 and detailed report for the period ended 31 May 2012.

3. DISCUSSION

Provisional Result for the year ending 30 June 2012

The provisional consolidated result reported for the year ending 30 June 2012 is a deficit of $ 5.03m (2011 - $6.84m deficit) against the budget of $4.50m (2011 - $7.20m).
This result is within the December 2011 forecast of $5.1m and an improvement of $1.74m when compared to the 2011 final result.

Detailed May 2012 financial report.

Financial Overview for the period ending 31 May 2012

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,242	6,167	75	×	69,389	68,623	766	√
Governance & Administration	208	212	(4)	√	2,351	2,334	17	√
Funds & Internal Eliminations	4,746	4,284	462	√	48,822	48,818	4	×
	11,196	10,663	533	×	120,562	119,775	787	√
EXPENSES								
Provider								
Personnel	4,675	4,458	(217)	×	48,635	47,997	(638)	×
Outsourced Services	1,058	813	(245)	×	11,690	9,723	(1,967)	×
Clinical Supplies	635	629	(6)	×	7,187	6,663	(524)	×
Infrastructure	932	916	(16)	√	10,461	10,072	(389)	×
	7,300	6,816	(484)	×	77,973	74,455	(3,518)	×
Governance & Administration	204	212	8	√	2,006	2,335	329	√
Funds & Internal Eliminations	3,616	3,860	244	√	39,944	41,464	1,520	√
Total Operating Expenditure	11,120	10,888	(232)	√	119,923	118,254	(1,669)	×
Deficit before Interest, Depn & Cap Charge	(76)	225	301	×	(639)	(1,521)	(882)	×
Interest, Depreciation & Capital Charge	523	551	28	√	5,580	6,061	481	√
Net deficit	**447**	**776**	**329**	×	**4,941**	**4,541**	**(400)**	×

CONSOLIDATED RESULTS

The consolidated result for the month of May 2012 is deficit of $447k, which is $329k better than budget ($776k deficit).

RESULTS FOR EACH ARM

Year to Date to May 2012

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(14,164)	(11,894)	(2,270)	Unfavourable
Funder Arm surplus / (deficit)	8,878	7,353	1,525	Favourable
Governance Arm surplus / (deficit)	345	0	345	Favourable
Consolidated result surplus / (deficit)	**(4,941)**	**(4,541)**	**400**	**Unfavourable**

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		
Consolidated	Crown and other government sourced	√	561
Provider:	Patient sourced	√	105
Consolidated	Other Income	√	120
	Expenses		
Consolidated	Personnel Costs	x	(655)
Provider:	Outsourced services – Locum costs	x	(1,732)
Provider:	Outsourced services – clinical services	x	(557)
Consolidated	Outsourced services – non clinical	√	611
Provider:	Clinical supplies: pharmaceuticals	x	(175)
Provider:	Clinical supplies: Implants & Prostheses	x	(312)
Provider:	Clinical supplies: air and road ambulance	√	131
Provider:	Clinical supplies: disposable, diagnostic and equipment	x	(182)
Provider:	Facilities: Repairs and maintenance	x	(99)
Provider:	Facilities: Utilities	x	(61)
Provider:	Professional fees and expenses : Insurance	x	(97)
Provider:	Transport	x	(116)
Funder:	Expenditure to external providers /NGOs	√	1,516
Provider:	Capital charge credit (2011 financial year) and expense	√	438
DHB	Other offsetting items	√	104
	Year to date variance to budget		**(400)**

REVENUE

Consolidated revenue of $120,562k is $787k better than budget ($119,775k). The variance to budget is explained in the narrative for the separate arms below.

Provider Arm

Provider Arm revenue year to date is a positive variance of $766k. This is explained by:

- Internal revenue – Funder Arm to Provider Arm is $336k better than budget (eliminated on consolidation along with the Funder cost). This includes elective volumes revenue which was budgeted as an external cost in the Funder Arm, pharmaceutical and laboratory claims and aged related care.
- Other government revenue is $358k better than budget - revenue received from ACC is $192k better than budget (age related rehabilitation, treatment and assessment and elective contract work) and funding from the West Coast PHO to the WCDHB primary practices is $146k better than budget to date.

EXPENSES

Consolidated

Consolidated expenditure of $125,503k is $1,188k more than budget ($124,315k).

Provider Arm

Personnel costs are $48,635k; $638k worse than budget ($47,997k).

- Medical Personnel costs are $84k better than budget. This is a combination of Senior Medical Officers (including General Practitioners) being $346k better than budget and Resident Medical Officers being $257k greater than budget, the main reasons can be summarised as follows:
  - Vacancies across hospital and primary services, resulting in a compensating unfavourable variance under outsourced services costs.
  - Resident Medical Officers are $257k more than budget. This is partially due to unbudgeted allowances for extra duties across RMO services and greater FTE than was budgeted.
  - Recruitment costs are up on budget for medical personnel, this is due to a concerted effort in recruiting of senior medical officers which has resulted in a number of permanent appointments which will have future financial as well a patient care benefits.

- Nursing Personnel costs are $1,039k more than budget.
  - This variance includes a one off restructuring cost incurred in October 2011. Overtime and penal time are over budget and this partly due to the way the budget was set. Also included in the variance is a lump sum payment for PSA members as part of their MECA settlement.

- Allied Health Personnel costs are $407k better than budget.
  - This is due to a number of vacancies across the service. Costs in May 2012 were higher than previous months due to PSA members receiving a lump sum payment as part of their MECA settlement.

Outsourced Services Costs

Outsourced services costs are $11,690k; $1,967k more than budget ($9,723k).

- Outsourced Medical Costs (included in locums) are $7,377k, $1,696k more than budget.
  - The West Coast DHB is undergoing a significant change from the heavy reliance on locums to a much more sustainable long term service configuration. This is based on a new emerging service framework being developed with CDHB. Given the long established reliance on the use of locums on the West Coast, changes to their use have been complex to untangle i.e. long term contractual commitments, and have delayed the necessary changes which has resulted in locums being used to cover for vacancies and staff leaves. Recent permanent appointments will alleviate the situation going forward.

- Outsourced clinical services are $3,626k, $558k more than budget.
  - This is largely due to greater volumes than budgeted for being sent to external providers for ophthalmology and orthopaedic procedures. These volumes are taken into account in achieving the additional elective volumes targets which attract revenue.

- Laboratory services are $196k more than budget (partly offset by additional internal funding) and radiology services are $88k more than budget to date.

Clinical Supplies
Overall treatment related costs are $524k more than budget. Costs for the month of May 2012 were on budget.

- Implant and prostheses are $845k, an unfavourable variance of $312k. This is due to a combination of factors, including the timing and mix of cases delivered (volume of orthopaedic cases delivered to date) and budget being set at a lower than actual price for certain implants.
- Clinical supplies and consumables are $64k over budget. Blood products are $57k more than budget to date.
- Pharmaceuticals are $1,826k, an unfavourable variance of $175k which largely relates to oncology treatments, theatre pharmaceuticals and staff vaccinations for pertussis.
- Patient transport is $131k under budget and this is the result of an XCEL8 project that implemented changes to the way in which we transport patients.

Infrastructure and non Clinical Cost
Overall infrastructure and non clinical cost are $10,461, $389k over budget. Within this variance are the following specific variances:

- Facility costs are $2,390k, $217k over budget. Utility costs are $61k more than budget; these costs will continue to be over budget as prices have increased since the budget was set. Maintenance and repairs are $99k more than budget and due to necessary maintenance.
- Professional fees and expenses are $161k more than budget to date. The cost of insurance premiums (excluding motor vehicle) is $97k more than budgeted, consultants are $47k more than budget (work on projects such as Integrated family health services in Greymouth and Buller).

Interest, Depreciation & Capital Charge

- Capital charge expense is $438k better than budget. A credit of $259k relating to the previous financial year was received in December 2011.

Funder Arm
The District Health Board's result for services funded with external providers for the month of May 2012 was $246k better than budget and year to date payments are $1,520k (3%) better than budget.

Referred Services
Community pharmaceuticals are $411k less than budget and laboratory services are $101k less than budget – payments for blood products to private hospitals and tests via Medlab (contract was not renewed when it expired in March).

Secondary Care
Secondary Care services are $401k less than budget, with travel and accommodation paid under the National Travel Assistance (NTA) scheme being $236k less than budget to date. Claims for NTA are not always received on a timely basis and payments to date may reflect this, with a catch up in future months. Inter-District Flows (IDFs) reflected for the year are cash payments made and based on the budget for IDFs. Inpatient costs are $167k less than budget (electives performed by external providers).

Primary Care
Whanau Ora service costs are $145k less than budget. Discretionary costs (chronic conditions and palliative care) are together less than budget. Palliative care costs are now $33k more than budget. Capitation payments are $129k more than budget to date; this largely relates to payments for Careplus, Very Low Cost Access and PHO performance payments – as funding for these is non devolved this cost will be covered by Ministry of Health revenue.

Mental Health
Community residential beds are less than 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. Expenditure is funded by the Ministry of Health.

Older Persons Health
Overall expenditure (residential and non residential) is less than budget year to date ($144k or 2 % less). These costs are mainly demand driven with prior approval required to access (via Carelink and Home Based Support services). Funding for these services has also been made more flexible (as seen in some of the variances to budget) with contracts for home and community based care which enable people to remain in the community and delay entry to residential care.

STATEMENT OF FINANCIAL POSITION

Cash and Short Term Investments
As at 31 May 2012 the Board had $7.97m in cash and short term investments. Deficit support funding of $4.5m and equity funding of $12k for InterRai was received in May 2012.

Non Current Assets

- Property, Plant and equipment including work in progress is $5.18m 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 on budget; this is due to the revaluation referred to under the non current assets and deficit support of $4.5m received in May 2012.

4. APPENDICES

Appendix 1:	Financial Results for the period ending 31 May 2012
Appendix 2:	Funder Arm payments to external providers
Appendix 3:	Provider Arm Performance Graphs

Report prepared by: Colin Weeks, Chief Financial Officer

Report approved for release by: Hecta Williams, General Manager

West Coast District Health Board
Statement of comprehensive income
For period ending 31 May 2012

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	Budget	2010/11
Operating Revenue												
Crown and Government sourced	10,773	10,290	483	4.7%	10,416	115,960	115,334	626	0.5%	112,688	126,247	124,287
Inter DHB Revenue	3	11	(8)	(71.7%)	7	52	117	(65)	(55.4%)	111	127	110
Patient Related Revenue	301	240	61	25.4%	252	2,827	2,722	105	3.9%	2,583	2,965	2,828
Other Revenue	119	123	(4)	(2.9%)	113	1,723	1,603	120	7.5%	1,599	1,718	1,792
Total Operating Revenue	11,196	10,663	533	5.0%	10,788	120,562	119,775	787	0.7%	116,981	131,057	129,017
Operating Expenditure												
Employee benefit costs	4,795	4,549	(246)	(5.4%)	4,768	49,650	48,995	(655)	(1.3%)	48,534	53,396	52,704
Outsourced Clinical Services	1,004	738	(266)	(36.1%)	911	11,190	8,901	(2,289)	(25.7%)	11,593	9,667	13,301
Treatment Related Costs	635	629	(6)	(0.9%)	679	7,187	6,662	(525)	(7.9%)	7,002	7,292	7,707
External Providers	2,424	2,670	246	9.2%	2,560	26,835	28,351	1,516	5.3%	25,866	30,974	28,453
Net Inter District Flows	1,302	1,302	0	0.0%	1,191	14,318	14,323	5	0.0%	14,617	15,625	15,893
Outsourced Services - non clinical	79	129	50	38.5%	90	803	1,414	611	43.2%	1,022	1,508	1,245
Infrastructure Costs and Non Clinical Supplies	881	873	(8)	(0.9%)	822	9,940	9,607	(333)	(3.5%)	9,540	10,479	10,514
Total Operating Expenditure	11,120	10,889	(231)	(2.1%)	11,021	119,923	118,254	(1,669)	(1.4%)	118,174	128,941	129,817
Result before Interest, Depn & Cap Charge	76	(226)	302	133.6%	(233)	639	1,521	(882)	58.0%	(1,193)	2,116	(800)
Interest, Depreciation & Capital Charge												
Interest Expense	62	61	(1)	(1.3%)	63	672	673	1	0.2%	710	735	775
Depreciation	399	400	1	0.3%	381	4,356	4,398	42	1.0%	4,272	4,801	4,578
Capital Charge Expenditure	62	90	28	31.1%	90	552	990	438	44.2%	652	1,080	690
Total Interest, Depreciation & Capital Charge	523	551	28	5.1%	534	5,580	6,061	481	7.9%	5,634	6,617	6,043
Net Surplus/(deficit)	(447)	(776)	329	42.4%	(767)	(4,941)	(4,541)	(400)	(8.8%)	(6,827)	(4,500)	(6,843)
Other comprehensive income												
Gain/(losses) on revaluation of property												(2,578)
Total comprehensive income	(447)	(776)	329	42.4%	(767)	(4,941)	(4,541)	(400)	(8.8%)	(6,827)	(4,500)	(9,421)

West Coast District Health Board
Statement of financial position
As at 31 May 2012

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	30,484	34,919	(4,435)	(12.7%)	35,052
Intangible assets	882	1,030	(148)	(14.3%)	877
Work in Progress	454	1,050	(596)	(56.8%)	580
Other investments	2	2	0	0.00%	2
Total non-current assets	31,822	37,000	(5,178)	(14.0%)	36,511
Current assets					
Cash and cash equivalents	7,912	3,660	4,252	116.2%	1,251
Other investments	56	55	1	1.8%	55
Inventories	899	746	153	20.5%	766
Debtors and other receivables	3,868	3,303	565	17.1%	3,627
Assets classified as held for sale	136	246	(110)	(44.7%)	246
Total current assets	12,871	8,010	4,861	60.7%	5,945
Total assets	**44,693**	**45,010**	**(317)**	46.7%	**42,456**
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	11,195	12,445	(1,250)	(10.0%)	12,695
Employee entitlements and benefits	3,251	3,259	(8)	(0.2%)	3,325
Total non-current liabilities	14,446	15,704	(1,258)	(8.0%)	16,020
Current liabilities					
Interest-bearing loans and borrowings	1,500	250	1,250	500.0%	250
Creditors and other payables	10,026	9,132	894	9.8%	8,652
Employee entitlements and benefits	6,633	7,738	(1,105)	(14.3%)	8,567
Total current liabilities	18,159	17,120	1,039	6.1%	17,469
Total liabilities	32,605	32,824	(219)	(0.7%)	33,489
Equity					
Crown equity	66,265	63,741	2,524	4.0%	55,609
Other reserves	21,310	23,888	(2,578)	(10.8%)	23,888
Retained earnings/(losses)	(75,526)	(75,482)	(44)	0.1%	(70,569)
Trust funds	39	39	0	0.00%	39
Total equity	12,088	12,186	(98)	(0.8%)	8,967
Total equity and liabilities	**44,693**	**45,010**	**(317)**	**(0.7%)**	**42,456**

West Coast District Health Board
Statement of cash flows
For period ending 31 May 2012

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					2011/12	2010/11
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	Actual
Cash flows from operating activities												
Cash receipts from Ministry of Health, patients and other revenue	11,617	10,803	814	7.5%	10,690	122,530	123,215	(685)	(0.6%)	117,998	134,640	129,181
Cash paid to employees	(5,251)	(4,549)	(702)	15.4%	(4,371)	(49,823)	(48,996)	(827)	1.7%	(47,132)	(53,394)	(52,322)
Cash paid to suppliers	(2,987)	(2,368)	(619)	26.1%	(2,873)	(29,584)	(26,381)	(3,203)	12.1%	(29,446)	(28,747)	(32,143)
Cash paid to external providers	(2,424)	(2,671)	247	(9.2%)	(2,560)	(26,831)	(28,350)	1519	(5.4%)	(25,871)	(30,974)	(28,206)
Cash paid to other District Health Boards	(1,459)	(1,459)	0	(0.0%)	(1,336)	(16,022)	(16,050)	28	(0.2%)	(16,476)	(17,509)	(17,880)
Cash generated from operations	(504)	(244)	(261)	106.8%	(450)	270	3437	(3,167)	(92.1%)	(927)	4,015	(1,370)
Interest paid	0	(0)	0	(100.0%)	0	(559)	(512)	(47)	9.1%	0	(698)	(814)
Capital charge paid	0	0	0	0.00	(90)	(339)	(549)	210	(0)	(663)	(1,089)	(723)
Net cash flows from operating activities	(504)	(244)	(260)	106.2%	(540)	(628)	2375	(3,003)	(126.4%)	(1,590)	2,228	(2,907)
Cash flows from investing activities												
Interest received	21	17	4	25.7%	16	284	185	99	53.8%	795	201	820
(Increase) / Decrease in investments	0	0	0		0	3,500	0	3500		1,587	0	(1,913)
Acquisition of property, plant and equipment	(47)	(399)	352	(88.2%)	(381)	(2,655)	(3,851)	1196	(31.1%)	(3,091)	(4,250)	(3,148)
Acquisition of intangible assets	0	(25)	25	(100.0%)	0	(11)	(175)	164	(93.7%)	0		
Net cash flows from investing activities	(26)	(407)	381	(93.6%)	(365)	1,118	(3,840)	4958	(129.1%)	(709)	(4,049)	(4,241)
Cash flows from financing activities												
Proceeds from equity injections	4500	1000	3500		0	4500	2000	2500		0	4,500	7,212
Repayment of equity	0	0	0		0	0	0	0		1000	(68)	(68)
Cash generated from equity transactions	4500	1000	3500		0	4500	2000	2500			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	3,970	349	3621	1037.2%	(905)	4,990	535	4,455	832.9%	(2,299)	2,361	(254)
Cash and cash equivalents at beginning of period	3,942	3,311	631	19.1%	2156	2,922	3,125	(203)	(6.5%)	3176	3,125	3,176
Cash and cash equivalents at end of year	7,912	3,660	4252	116.2%	1251	7,912	3,660	4252	116.2%	877	5,486	2,922

West Coast District Health Board

Provider Operating Statement for period ending 31 May 2012

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	Budget	2010/11
Income												
Internal revenue-Funder to Provider	5,176	5,205	(29)	(0.6%)	5,351	57,589	57,253	336	0.6%	57,060	62,459	63,504
Ministry of Health side contracts	95	144	(49)	(34.0%)	220	1,544	1,583	(39)	(2.5%)	1,711	1,727	1,835
Other Goverment	568	464	104	22.4%	461	5,916	5,558	358	6.4%	5,755	6,010	6,183
InterProvider Revenue (Other DHBs)	3	11	(8)	(71.7%)	7	52	117	(65)	(55.4%)	111	127	110
Patient and consumer sourced	301	240	61	25.4%	252	2,827	2,722	105	3.9%	2,583	2,965	2,828
Other income	99	103	(4)	(4.3%)	88	1,461	1,390	71	5.1%	1,315	1,488	1,461
Total income	**6,242**	**6,167**	**75**	1.2%	**6,379**	**69,389**	**68,623**	**766**	1.1%	**68,535**	**74,776**	**75,921**
Expenditure												
Employee benefit costs												
Medical Personnel	960	931	(29)	(3.1%)	854	9,838	9,922	84	0.8%	9,713	10,823	10,512
Nursing Personnel	2,133	1,992	(141)	(7.1%)	2,344	22,518	21,479	(1,039)	(4.8%)	21,887	23,405	23,784
Allied Health Personnel	858	801	(57)	(7.2%)	752	8,244	8,651	407	4.7%	8,078	9,426	8,768
Support Personnel	185	170	(15)	(9.1%)	186	1,994	1,832	(162)	(8.9%)	1,925	1,996	2,086
Management/Administration Personnel	539	564	25	4.4%	545	6,041	6,113	72	1.2%	5,961	6,655	6,494
	4,675	**4,458**	**(217)**	**(4.9%)**	**4,681**	**48,635**	**47,997**	**(638)**	**(1.3%)**	**47,564**	**52,304**	**51,644**
Outsourced Services												
Contracted Locum Services	625	459	(166)	(36.2%)	546	7,564	5,832	(1,732)	(29.7%)	8,153	6,283	9296
Outsourced Clinical Services	379	279	(100)	(35.8%)	365	3,626	3,069	(557)	(18.1%)	3,440	3,348	4005
Outsourced Services - non clinical	54	75	21	27.7%	46	500	822	322	39.2%	523	898	724
	1,058	**813**	**(245)**	**(30.2%)**	**957**	**11,690**	**9,723**	**(1,967)**	**(20.2%)**	**12,116**	**10,528**	**14,025**
Treatment Related Costs												
Disposables, Diagnostic & Other Clinical Supplies	99	113	14	12.2%	112	1,295	1,231	(64)	(5.2%)	1,258	1,343	1,337
Instruments & Equipment	174	147	(27)	(18.4%)	181	1,727	1,609	(118)	(7.3%)	1,734	1,754	1,896
Patient Appliances	44	30	(14)	(46.7%)	35	318	340	22	6.5%	329	370	367
Implants and Prostheses	60	49	(12)	(23.7%)	111	845	534	(312)	(58.4%)	883	583	1,007
Pharmaceuticals	209	162	(47)	(29.0%)	158	1,826	1,651	(175)	(10.6%)	1,692	1,800	1,895
Other Clinical & Client Costs	49	129	80	62.0%	82	1,176	1,299	123	9.5%	1,105	1,442	1,204
	635	**629**	**(6)**	**(0.9%)**	**679**	**7,187**	**6,663**	**(524)**	**(7.9%)**	**7,001**	**7,292**	**7,706**
Infrastructure Costs and Non Clinical Supplies												
Hotel Services, Laundry & Cleaning	306	298	(8)	(2.7%)	308	3,385	3,280	(105)	(3.2%)	3,333	3,575	3586
Facilities	212	202	(10)	(4.7%)	231	2,390	2,173	(217)	(10.0%)	2,353	2,375	2666
Transport	69	70	1	1.1%	(2)	944	828	(116)	(14.0%)	947	898	1036
IT Systems & Telecommunications	95	120	25	20.6%	120	1,254	1,316	62	4.7%	1,171	1,435	1321
Professional Fees & Expenses	47	22	(25)	(114.6%)	15	402	241	(161)	(66.9%)	252	263	285
Other Operating Expenses	93	95	1	1.6%	86	876	1,021	145	14.2%	839	1,129	935
Internal allocation to Governanance Arm	110	110	0	0.2%	82	1,210	1,213	3	0.2%	902	1,323	984
	932	**916**	**(16)**	**(1.7%)**	**840**	**10,461**	**10,072**	**(389)**	**(3.9%)**	**9,797**	**10,998**	**10,813**
Total Operating Expenditure	**7,300**	**6,816**	**(484)**	**(7.1%)**	**7,157**	**77,973**	**74,455**	**(3,518)**	**(4.7%)**	**76,478**	**81,122**	**84,188**
Deficit before Interest, Depn & Cap Charge	**(1,058)**	**(649)**	**409**	**(63.0%)**	**(778)**	**(8,584)**	**(5,832)**	**2,752**	**(47.2%)**	**(7,943)**	**(6,347)**	**(8,267)**
Interest, Depreciation & Capital Charge												
Interest Expense	62	61	(1)	(1.3%)	63	672	673	1	0.2%	710	735	775
Depreciation	399	400	1	0.2%	381	4,356	4,399	43	1.0%	4,269	4,797	4578
Capital Charge Expenditure	62	90	28	31.1%	90	552	990	438	44.2%	652	1,080	690
Total Interest, Depreciation & Capital Charge	**523**	**551**	**28**	**5.0%**	**534**	**5,580**	**6,062**	**482**	**7.9%**	**5,631**	**6,612**	**6,043**
Net deficit	**(1,581)**	**(1,200)**	**381**	**(31.8%)**	**(1,312)**	**(14,164)**	**(11,894)**	**2,270**	**(19.1%)**	**(13,574)**	**(12,959)**	**(14,310)**

West Coast District Health Board

Funder Operating Statement for the period ending 31 May 2012

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	Budget	2010/11
Income												
PBF Vote Health-funding package (excluding Mental Health)	8,928	8,345	583	7.0%	8,590	94,194	93,485	709	0.8%	91,886	97,905	101,801
PBF Vote Health-Mental Health Ring fence	1,157	1,157	0	0,00	1,120	12,727	12,727	0	0,00	12,320	13,884	13,440
MOH-funding side contracts	25	180	(155)	(86.1%)	25	1,578	1,981	(403)	(20.3%)	1,016	6,721	1,028
Inter District Flow's	157	157	0	0,00	145	1,727	1,727	0	0,00	1,507	1,884	1,635
Other income	20	15	5	33.3%	15	199	165	34	20.6%	194	180	216
Total income	**10,287**	**9,854**	**433**	**4.4%**	**9,895**	**110,425**	**110,085**	**339**	**0.3%**	**106,923**	**120,574**	**118,120**
Expenditure												
Personal Health	6,408	6,571	163	2.5%	6,561	71,046	71,457	411	0.6%	70,737	78,016	78,436
Mental Health	1,140	1,157	17	1.5%	1,070	12,533	12,727	194	1.5%	11,942	13,884	12,995
Disability Support	1,445	1,467	22	1.5%	1,504	15,727	15,937	210	1.3%	14,984	17,370	16,542
Public Health	38	84	46	54.9%	70	703	926	223	24.1%	926	1,011	1,009
Maori Health	28	55	27	49.2%	42	460	606	146	24.1%	461	661	503
Governance	98	98	(0)	(0.2%)	98	1,078	1,076	(2)	(0.2%)	1,078	1,174	1,176
Total expenses	**9,157**	**9,432**	**275**	**2.9%**	**9,345**	**101,547**	**102,729**	**1,182**	**1.2%**	**100,128**	**112,116**	**110,661**
Net Surplus	**1,130**	**422**	**708**	**168.0%**	**550**	**8,878**	**7,355**	**1,523**	**20.7%**	**6,795**	**8,458**	**7,459**

West Coast District Health Board
Governance Operating Statement for the period ending 31 May 2012

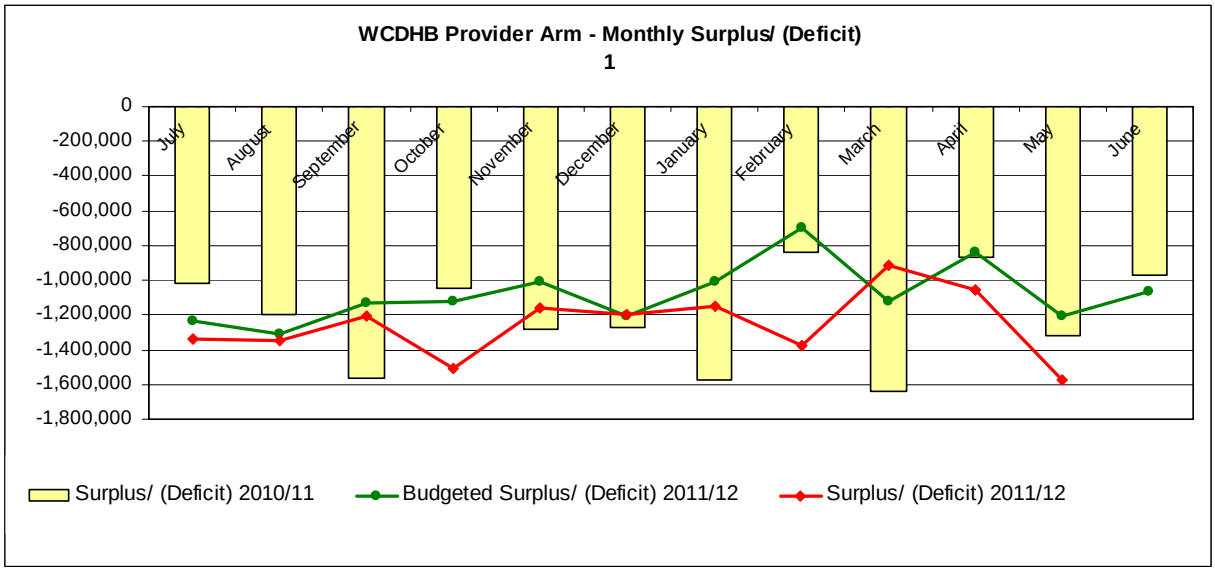
in thousands of New Zealand dollars

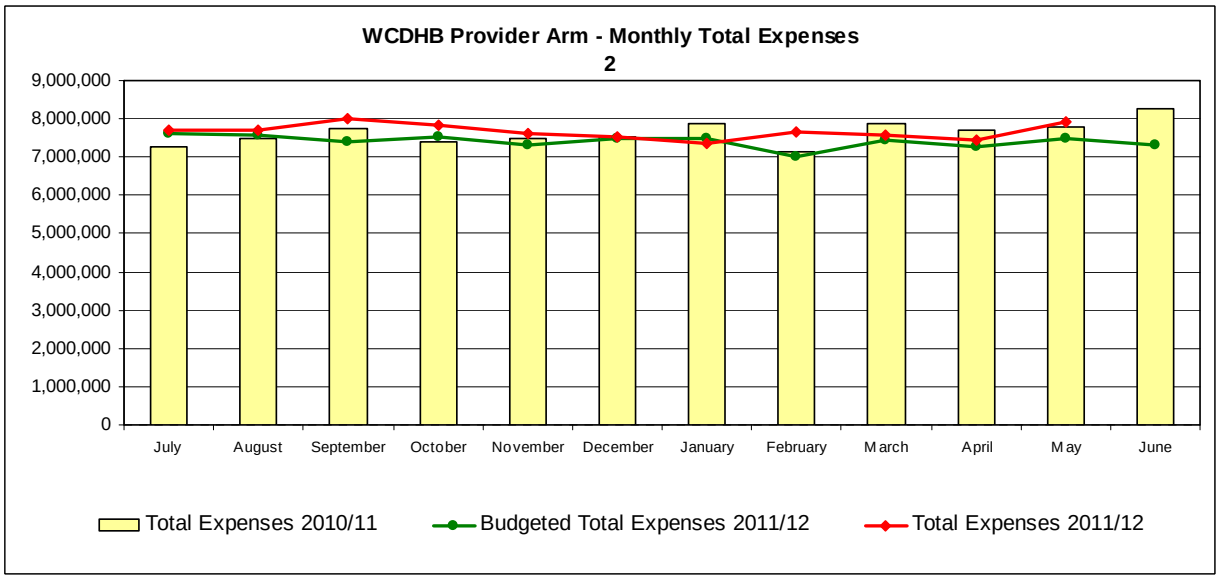
	Monthly Reporting					Year to Date					Full Year 2011/12	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2010/11
Income												
Internal Revenue	98	98	0	0.2%	98	1,078	1,076	2	0.2%	1,078	1,174	1,176
Other income	0	4	(4)	(100.0%)	10	63	46	17	36.4%	90	50	115
Internal allocation from Provider Arm	110	110	(0)	(0.2%)	82	1,210	1,212	(2)	(0.2%)	902	1,323	984
Total income	**208**	**212**	**(4)**	**(2.0%)**	**190**	**2,351**	**2,334**	**17**	**0.7%**	**2,070**	**2,547**	**2,275**
Expenditure												
Employee benefit costs	120	91	(29)	(32.0%)	87	1,015	1,000	(15)	(1.5%)	970	1,091	1,060
Outsourced services	25	54	29	53.5%	44	303	592	289	48.8%	499	646	521
Other operating expenses	36	44	8	18.7%	38	421	487	66	13.5%	343	531	373
Democracy	23	23	0	1.3%	24	267	256	(11)	(4.2%)	293	280	315
Total expenses	204	212	8	3.9%	193	2,006	2,335	329	14.1%	2,105	2,548	2,269
Net Surplus / (Deficit)	**4**	**0**	**4**		**(3)**	**345**	**0**	**345**		**(35)**	**(0)**	**6**

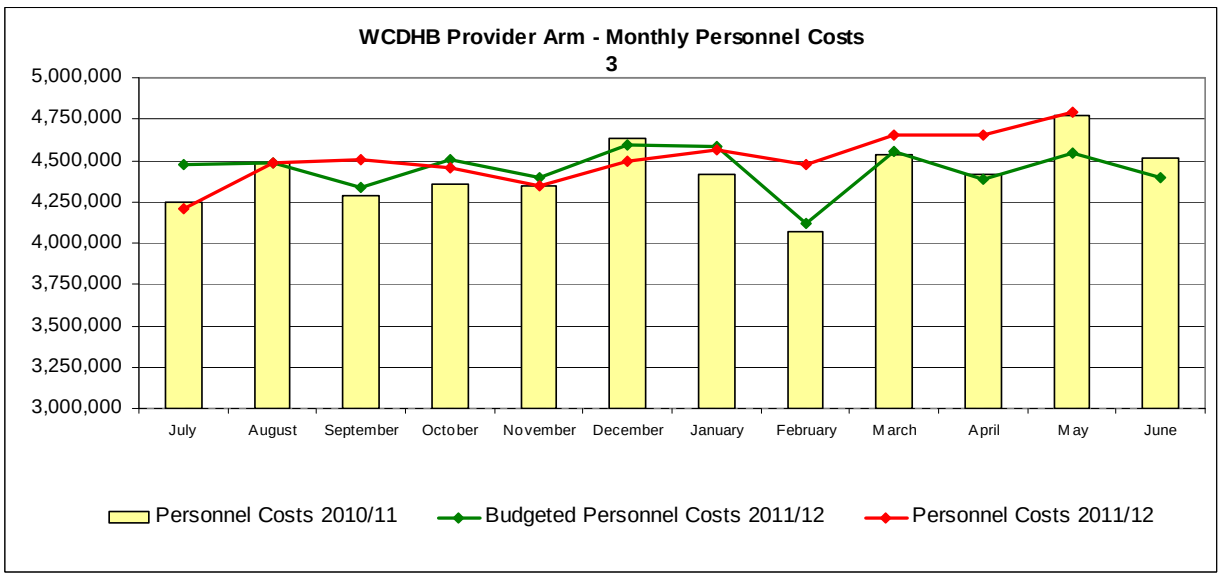
WEST COAST DISTRICT HEALTH BOARD
FUNDER ARM - PAYMENTS TO EXTERNAL PROVIDERS
as at 31 May 2012

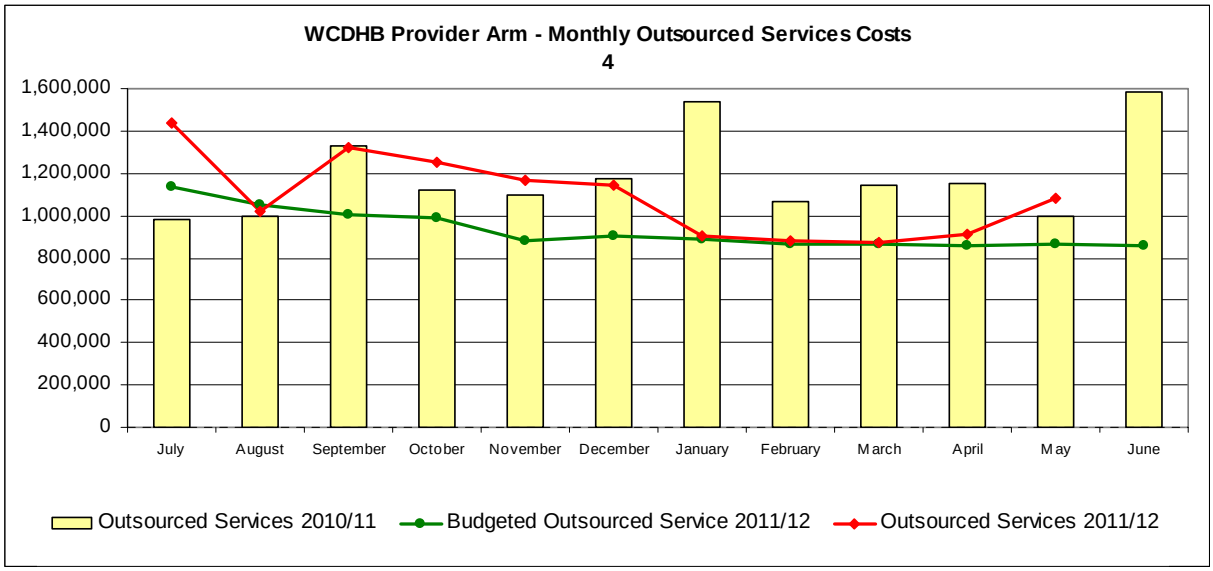
May-12						Year to Date						2011/12	2010/11	
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance				Annual Budget	Actual Result	Change (actual 10/11 to budget 11/12)
$000	$000	$000	%			$000	$000	$000	%			$000	$000	%
					Referred Services									
21	43	22	52%	√	Laboratory	345	446	101	23%	√		486	511	5%
707	764	57	7%	√	Pharmaceuticals	7,299	7,710	411	5%	√		8,473	7,705	-10%
728	**807**	**79**	**10%**	√		**7,644**	**8,155**	**511**	**7%**	√		8,959	8,216	-9%
					Secondary Care									
5	20	15	74%	√	Inpatients	49	216	167	77%	√		237	38	-523%
90	116	26	22%	√	Travel & Accommodation	1,039	1,275	236	19%	√		1,391	1,189	-17%
1,285	1,285	0	0%	√	IDF Payments Personal Health	14,131	14,130	-1	0%	√		15,414	15,606	1%
1,380	**1,421**	**41**	**3%**	√		**15,219**	**15,620**	**401**	**3%**	√		17,042	16,833	-1%
					Primary Care									
24	50	26	52%	√	Dental-school and adolescent	302	428	126	29%	√		467	399	-17%
0	2	2	100%	√	Maternity	0	24	24	100%	√		26	0	
0	1	1	100%	√	Pregnancy & Parent	0	7	7	100%	√		8	0	
0	3	3	100%	√	Sexual Health	8	31	23	74%	√		33	13	-152%
-5	0	5		√	General Medical Subsidy	18	4	-14	-309%	×		5	76	94%
526	523	-3	-1%	×	Primary Practice Capitation	5,881	5,752	-129	-2%	×		6,275	6,135	-2%
-13	7	20	289%	√	Primary Health Care Strategy	71	76	5	6%	√		83	251	67%
77	77	0	0%	√	Rural Bonus	848	850	2	0%	√		928	970	4%
38	13	-25	-184%	×	Child and Youth	193	147	-46	-31%	×		162	162	0%
22	15	-7	-47%	×	Immunisation	138	81	-57	-70%	×		96	154	38%
0	14	15	107%	√	Maori Service Development	152	149	-4	-2%	×		162	165	2%
18	31	13	42%	√	Whanua Ora Services	198	343	145	42%	√		373	215	-74%
13	13	0	1%	√	Palliative Care	177	144	-33	-23%	×		157	110	-43%
8	16	8	50%	√	Chronic Disease	116	271	155	57%	√		286	3	-9440%
11	11	0	2%	√	Minor Expenses	121	123	2	2%	√		134	206	35%
719	**776**	**57**	**7%**	√		**8,223**	**8,431**	**208**	**2%**	√		9,195	8,859	-4%
					Mental Health									
0	1	1	100%	√	Eating Disorders	22	11	-11	-100%	×		12	23	48%
53	50	-3	-7%	×	Community MH	560	551	-9	-2%	×		601	538	-12%
1	1	0	0%	√	Mental Health Work force	11	8	-3	-43%	×		8	15	44%
48	47	-1	-2%	×	Day Activity & Rehab	524	521	-3	0%	×		569	518	-10%
10	10	0	0%	√	Advocacy Consumer	105	112	7	6%	√		122	120	-2%
5	5	0	6%	√	Advocacy Family	67	58	-9	-15%	×		64	71	10%
0	5	5	100%	√	Minor Expenses	0	56	56	100%	√		61	0	
104	118	14	12%	√	Community Residential Beds	1,130	1,294	164	13%	√		1,411	1,261	-12%
66	66	0	0%	√	IDF Payments Mental Health	726	729	3	0%	√		796	813	2%
287	**302**	**15**	**5%**	√		**3,145**	**3,340**	**195**	**6%**	√		3,644	3,359	-8%
					Public Health									
2	29	27	93%	√	Nutrition & Physical Activity	186	314	128	41%	√		342	328	-4%
0	7	7	100%	√	Public Health Infrastructure	75	76	1	1%	√		83	82	-1%
0	0	0		√	Social Environments	0	0	0		√		0	-15	100%
9	6	-3	-53%	×	Tobacco control	129	62	-67	-108%	×		68	58	-17%
11	**42**	**31**	**74%**	√		**390**	**451**	**61**	**14%**	√		493	453	-9%
					Older Persons Health									
5	0	-5		×	Information and Advisory	32	0	-32		×		0	0	
0	0	0		√	Needs Assessment	33	0	-33		×		0	0	
82	53	-29	-54%	×	Home Based Support	573	547	-26	-5%	×		595	708	16%
16	10	-7	-68%	×	Caregiver Support	112	105	-8	-7%	×		114	130	12%
301	174	-127	-73%	×	Residential Care-Rest Homes	2,696	1,866	-830	-44%	×		2,030	2,344	13%
-2	0	2		√	Residential Care Loans	-41	0	41		√		0	-113	100%
13	10	-3	-27%	×	Residential Care-Community	134	112	-22	-19%	×		122	48	-155%
210	396	186	47%	√	Residential Care-Hospital	3,193	4,245	1,052	25%	√		4,622	3,949	-17%
2	5	3	63%	√	Ageing in place	15	59	44	75%	√		65	12	-440%
7	7	0	1%	√	Environmental Support Mobility	50	78	28	36%	√		85	28	-204%
9	6	-3	-45%	×	Day programmes	113	68	-45	-66%	×		74	75	1%
7	12	5	42%	√	Respite Care	161	131	-30	-23%	×		143	118	-21%
108	108	0	0%	√	IDF Payments-DSS	1,188	1,191	3	0%	√		1,300	1,060	-23%
758	**781**	**23**	**3%**	√		**8,259**	**8,403**	**144**	**2%**	√		9,151	8,359	-9%
3,883	**4,129**	**246**	**6%**	√		**42,880**	**44,400**	**1,520**	**3%**	√		**48,483**	**46,079**	**-5%**

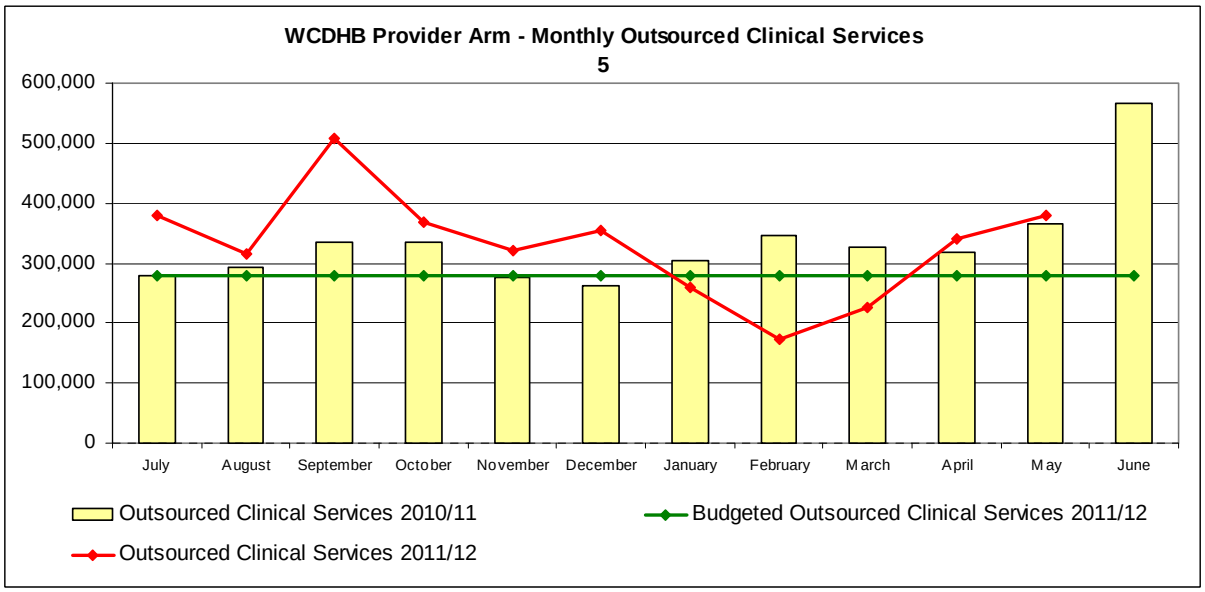
please note that payments made to WCDHB via Healthpac are excluded from the above figures

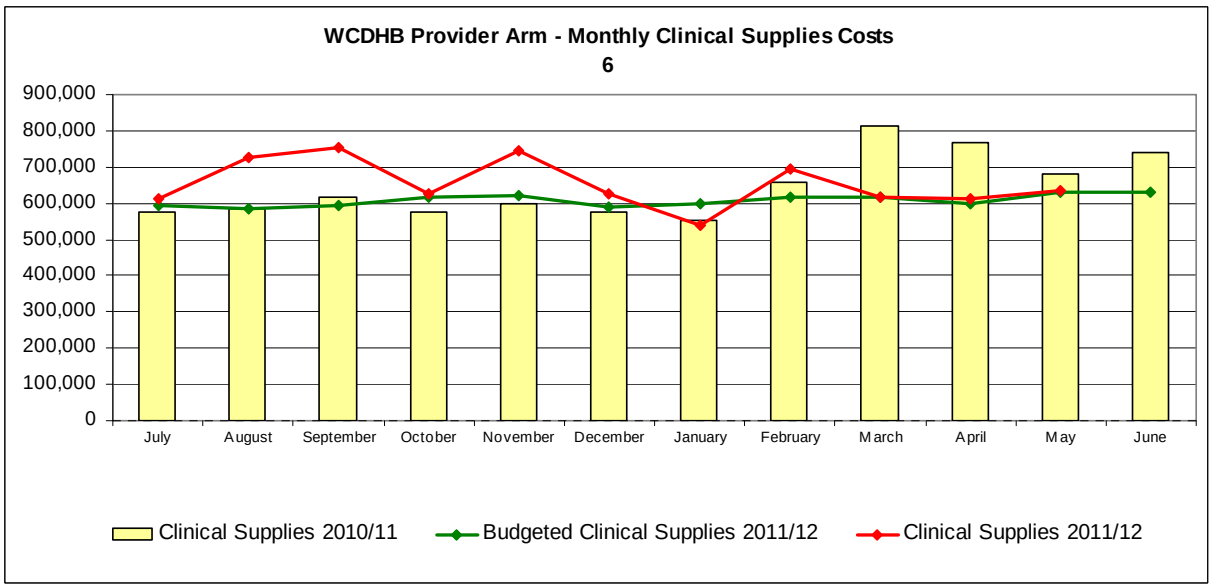

WCDHB Provider Arm - Monthly Surplus/ (Deficit)
1
0
-200,000
-400,000
-600,000
-800,000
-1,000,000
-1,200,000
-1,400,000
-1,600,000
-1,800,000
July
August
September
October
November
December
January
February
March
April
May
June
Surplus/ (Deficit) 2010/11
Budgeted Surplus/ (Deficit) 2011/12
Surplus/ (Deficit) 2011/12

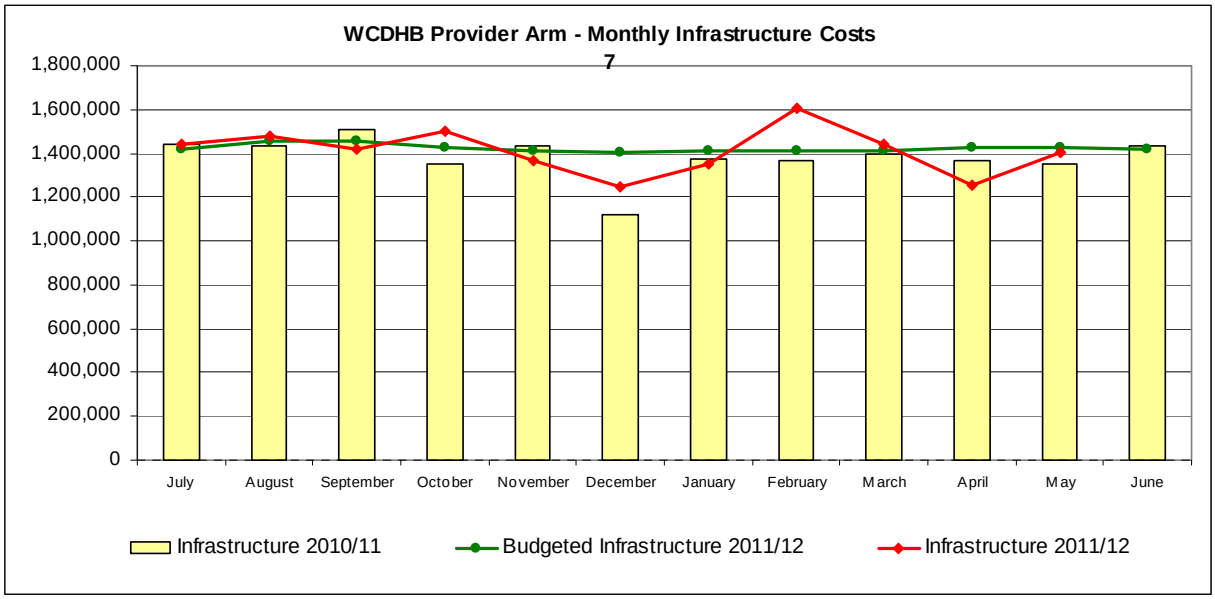

WCDHB Provider Arm - Monthly Total Expenses
2
9,000,000
8,000,000
7,000,000
6,000,000
5,000,000
4,000,000
3,000,000
2,000,000
1,000,000
0
July
August
September
October
November
December
January
February
March
April
May
June
Total Expenses 2010/11
Budgeted Total Expenses 2011/12
Total Expenses 2011/12


WCDHB Provider Arm - Monthly Personnel Costs
3
5,000,000
4,750,000
4,500,000
4,250,000
4,000,000
3,750,000
3,500,000
3,250,000
3,000,000
July
August
September
October
November
December
January
February
March
April
May
June
Personnel Costs 2010/11
Budgeted Personnel Costs 2011/12
Personnel Costs 2011/12


WCDHB Provider Arm - Monthly Outsourced Services Costs
4
1,600,000
1,400,000
1,200,000
1,000,000
800,000
600,000
400,000
200,000
0
July
August
September
October
November
December
January
February
March
April
May
June
Outsourced Services 2010/11
Budgeted Outsourced Service 2011/12
Outsourced Services 2011/12


WCDHB Provider Arm - Monthly Outsourced Clinical Services
5
600,000
500,000
400,000
300,000
200,000
100,000
0
July
August
September
October
November
December
January
February
March
April
May
June
Outsourced Clinical Services 2010/11
Budgeted Outsourced Clinical Services 2011/12
Outsourced Clinical Services 2011/12


WCDHB Provider Arm - Monthly Clinical Supplies Costs
6
900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
July
August
September
October
November
December
January
February
March
April
May
June
Clinical Supplies 2010/11
Budgeted Clinical Supplies 2011/12
Clinical Supplies 2011/12


WCDHB Provider Arm - Monthly Infrastructure Costs
7
1,800,000
1,600,000
1,400,000
1,200,000
1,000,000
800,000
600,000
400,000
200,000
0
July
August
September
October
November
December
January
February
March
April
May
June
Infrastructure 2010/11
Budgeted Infrastructure 2011/12
Infrastructure 2011/12

WEST COAST DHB BUILT INFRASTRUCTURE & DECISION MAKING FRAMEWORK

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Chief Executive**

DATE: **20 July 2012**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to seek approval for a draft West Coast DHB Built Infrastructure Policy and Decision Making Framework. That determines the continued and future Use of West Coast DHB owned infrastructure and buildings in the current seismic environment.

2. RECOMMENDATION

That the Board:

i. Approves the draft West Coast DHB Built Infrastructure Policy and Decision Making Framework attached as Appendix 1.

3. SUMMARY

The expectations of built infrastructure on the West Coast have changed in light of the current seismic environment. The West Coast DHB has a governance obligation to consider the impact of these events on the suitability of our infrastructure for use.

This requires the development of a clear policy position on the structural integrity required of our buildings depending to some extent on the current use of those buildings but within the context of the Grey Hospital Business Case, Grey Integrated Family Health Centre Business Case and the Buller Integrated Family Health Centre Business Case which flow from it and therefore potential future use/replacement of the buildings.

The attached Appendix details a draft policy to ensure a consistent approach in decision making process.

4. APPENDICES

Appendix 1: Draft West Coast DHB Built Infrastructure Policy and Decision Making Framework

Report prepared by: David Meates, Chief Executive

WEST COAST DHB BUILT INFRASTRUCTURE

POLICY AND DECISION MAKING FRAMEWORK

THE PURPOSE OF THIS PAPER IS TO CONFIRM THE WEST COAST DISTRICT HEALTH BOARD POLICY AND ASSOCIATED DECISION-MAKING FRAMEWORK THAT DETERMINES THE CONTINUED AND FUTURE USE OF WCDHB OWNED INFRASTRUCTURE AND BUILDINGS IN THE CURRENT SEISMIC ENVIRONMENT. (VERSION 1 – JULY 2012)

INTRODUCTION

The current seismic environment has a significant impact on the infrastructure that supports health service delivery on the West Coast. The West Coast District Health Board has been seeking to meet its obligations to patients and staff by undertaking extensive engineering assessments of the built infrastructure. The need to maintain health service delivery necessitates continuing to occupy buildings whilst undertaking in depth analysis of our buildings. Where buildings are identified by engineers as unsafe to occupy they are evacuated immediately.

The expectations of built infrastructure on the West Coast have changed in light of the on-going seismic events in Canterbury. The West Coast DHB has a governance obligation to consider the impact of these events on the suitability of our infrastructure for use. This requires the development of clear policy position on the structural integrity required of our buildings depending to some extent on the current use of those buildings but within the context of the Grey Hospital Business Case, Grey Integrated Family Health Centre Business Case and Buller Integrated Family Health Centre Business Case which flow from it and therefore potential future use/replacement of the buildings.

In making these policy determinations the Board has taken into account

a) Building Codes and compliance issues
b) Engineering assessment and advice
c) Legal liabilities as an employer and a service provider
d) Ethical responsibility and duty of care to staff and patients
e) Code of Patient Rights – right to services that minimise harm and optimise life but provide a level of service that is reasonable given the circumstance

To support the application of the Infrastructure Policy a Decision- Making Framework has been put into place which can be tested against the likely scenarios the West Coast District Health Board will face as a building owner. It is important to recognise that any decisions taken by the Board will involve making determinations about the balance of harms to our populations and staff. This will include the need to understand the probability of harm created by certain decisions. As there are limits to our ability to establish certainty about likelihood and outcomes

particularly in light of seismic issues the decisions will ultimately be based on judgement informed by the best available evidence and professional advice.

It is likely that the Board's decisions will be scrutinised both publically and by the Minister of Health, therefore the process for reaching a particular decision is required to be transparent and robust.

ENGAGEMENT WITH COMMUNITY AND STAFF

It continues to be important to maintain the trust and confidence of our community and staff. This has been achieved by operating with open and transparent processes which are framed appropriately and the balance of risks, the options and the contingencies clearly articulated and understood.

CURRENT STATUS

West Coast DHB buildings are currently undergoing invasive inspection assessments to ascertain whether facilities are structurally sound. The outputs of these assessments may prompt the need for decisions to be taken with varying degrees of urgency. The Infrastructure Policy and the decision making framework ensures that decisions are consistently taken with full recognition of system-wide impacts. In order to take these decisions the Board needs a clear understanding of the issues, the options and the possible contingencies. Things that need to be taken into account include

- Are the buildings safe to occupy and for what time frame?
- Are they compliant with the current code and to what level?
- Are there critical structural weaknesses?
- If repairs are required
    - To what level?
    - At what cost ?
    - In what time frame?
    - And what ability is there to sustain services whilst repairs are undertaken?

CORE PRINCIPLES FOR BUILT INFRASTRUCTURE

The following core principles guide the decision-making framework

1. West Coast DHB's clinical services should be housed in buildings meeting the IL3 code standard. This includes inpatient facilities and the supporting infrastructure (e.g. boilers, information systems) and clinical services such as pathology, radiology, theatres and the Emergency Department.

2. Out-patient and ambulatory care facilities should meet the IL3 code standard.

3. Smaller secondary care inpatient facilities that are not tertiary, complex or a significant part of the national capacity should meet the IL3 code standard.

4. Office and administration buildings should meet IL2 code standard unless they are adjacent to or form part of IL4/IL3 facilities then they must be a minimum of IL3.

5. "Meeting the code standard" is defined as 100% compliance with current Building Code however the Board may decide in existing buildings to accept 67%.

6. West Coast DHB's capital will be prioritised in the following way
    1. Priority One: Addressing critical structural weaknesses and earthquake prone buildings that the Board have agreed to "fix" following application of the Decision-making Framework.
    2. Priority Two: Repairs required to return a building's functional capacity in buildings the Board have agreed to "fix" following the application of the Decision-making Framework.
    3. Priority Three: Repairs required to bring a building that will be used for more than five years but less than ten years up to acceptable standard against the relevant code.
    4. Priority Four: Non-essential repairs.

APPLYING THE DECISION-MAKING FRAMEWORK

In a generic sense the DHB faces a range of likely scenarios where the future of a building comes under question. This is likely to be because the building:

1) is determined to be "earthquake prone" according to the application of relevant building codes, or
2) has an identified critical structural weakness that needs to be remedied in a specific time frame, or
3) the engineering assessment indicates that it does not meet the required code standard, or
4) has non-critical structural issues that need to be remedied at some cost but over a longer time frame, or
5) is no longer fit for current use.

In the context of a seismic event the capital cost of fixing the buildings may fall upon the DHB or a mix of the DHB and insurance. If the DHB has to fund all or some of the cost then this will have a consequential impact on the DHB's balance sheet and our ability to fund the new infrastructure.

The other dimension to consider is whether post the repair the building would need to be replaced in line with our business case or our needs for clinical space, or whether it can continue to function in the medium term in its repaired state and be fit for purpose.

FRAMEWORK DEFINITIONS

The Framework has been constructed as an algorithm (Appendix 1), and uses the following definitions:

1) Future Role

a. Yes-this building forms part of the West Coast DHB Business Case and we had anticipated utilising the building for a minimum of a further 10 years.
b. No-this building does not form part of the West Coast DHB Business Case and we had not anticipated using this building for more than 10 years.

2) *Can be substituted now*

a. Yes-we can provide the services from alternative sites now
b. No-we do not have readily available alternative sites, alternatives will have to be developed.

3) *Cost of repair*

The cost is determined as the cost to the DHB for the repairs on a particular building net of any insurance monies that can be applied to the repairs on the particular building.

a. *Has a future role*

If required in the future repairs need to be sufficient to return the building to "fit for purpose" and appropriate code compliance (Board may agree that 67% compliance to relevant code is sufficient but for buildings expected to perform for 10 plus years 100% code compliance is preferable)

Cost Level	Dollar range	Proportion of Building Value adjustor
High	More than $5 million	
Medium	$1 to $5 million	If greater than 10% of building value, then rate as high
Low	Less than $1 million	If greater than 10% of building value, then rate as medium

b. *Has no future role*

If not required in the future, repairs need to be sufficient to return the building to pre-quake strength with critical structural weaknesses and other elements repaired taking into account how long the building will be required provided it is no longer than five years. If expected to be longer than 5 years, then bringing the building up to relevant code standard will be required.

Cost Level	Dollar range	Proportion of Building Value adjustor
High	More than $5 million	
Medium	$1 to $5 million	If greater than 10% of building value, then rate as high
Low	Less than $1 million	If greater than 10% of building value, then rate as medium

4) *Level of Disruption*

Loss of ability to use some buildings could mean major disruptions to clinical services delivered to the West Coast population.

Level of Disruption	Impact
High	Patient services stopped, no feasible alternative location identified
Medium	Patient services diverted to other locations with consequent impact on operational cost and service effectiveness.
Low	Patient services can continue

DEFINITIONS OF ALGORITHM OUTPUTS

1) ***Abandon*** –
   a. if a critical structural weakness is identified , cease using the building as soon as practical
   b. if no critical structural weakness exists but no longer useful, cease using the building when it fits with over-all service and facilities planning
2) ***Fix -*** Priority to repair, plan for repairs as part of repair strategy
3) ***Alternative/Unresolved –*** repair of the building is not recommended but continued occupation of the building in an unrepaired state is undesirable. Therefore the issues are significant and there are currently no clear solutions within existing West Coast capacity, so alternative solutions need to be rapidly developed.
4) ***Decision required/Trade-off*** - One or more options have been identified, but each option has a significant impact on financial, service or strategic priorities, and trade-off decisions are required by the Board.

DECISION PROCESS

In order for the Board to reach a decision the following information will need to be provided.

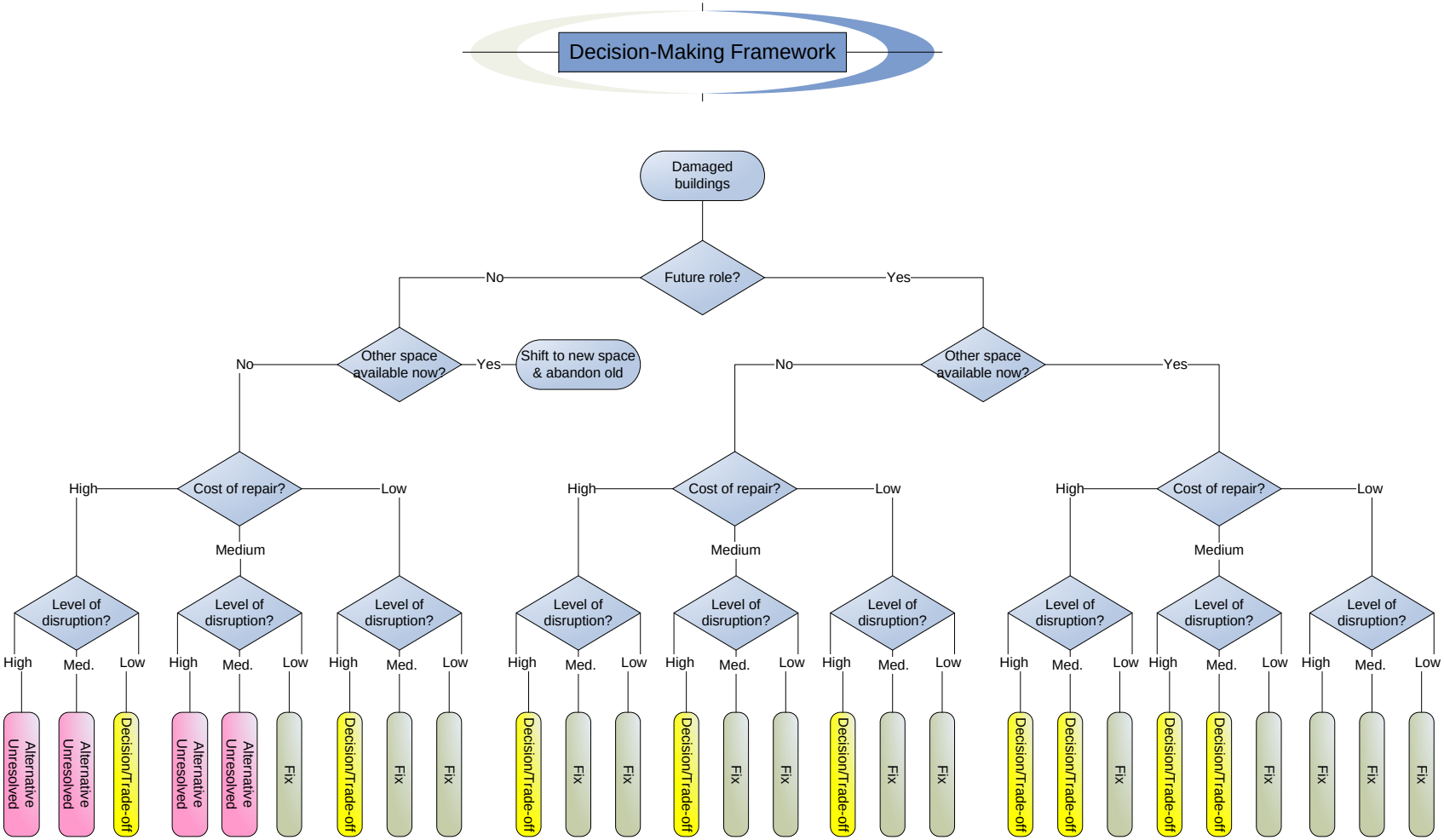
a) All relevant information and professional advice regarding building risks need to be collated and presented.
b) Options for addressing identified risks need to developed and tested for ability to implement.
c) Impacts of each potential option, the contingency plans and opportunity mitigate impacts developed to maximise benefit to the population of the West Coast and minimise harm
d) Options tested against the strategic direction of the organisation and the West Coast DHB's Values and best fit option recommended.

DECISION MAKING CONTEXT

When considering buildings and earthquake resilience the starting point will inevitably be based on analysis and judgement using a set of information supplied by engineers and a set of regulations or expectations which are externally driven. However, a decision making process that is limited in this way will not be able to take into account the complexity of health service provision and may drive decisions that create other harm.

Therefore the Board decisions will be taken in the context of the West Coast DHB's current planning documents and informed by the West Coast DHB's Values.

Appendix 1


Decision-Making Framework
Damaged buildings
Future role?
No
Yes
Other space available now?
Shift to new space & abandon old
Cost of repair?
High
Medium
Low
Level of disruption?
Alternative Unresolved
Decision/Trade-off
Fix

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE – 12 JULY

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

SOURCE: **Chair, Community & Public Health & Disability Support Advisory Committee**

DATE: **12 July 2012**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 12 July 2012. Following confirmation of the minutes of that meeting at the 23 August 2012 meeting, full minutes of the 12 July 2012 meeting will be provided to the Board at its 7 September 2012 meeting.

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

"*With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:*
- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population, and*
- *the priorities for the use of the health funding available*

With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:
- *the disability support needs of the resident population of the West Coast District Health Board, and*
- *the priorities for the use of the disability support funding provided.*"

The aim of the Committee's advice must be:
- *to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximise the overall health gain for the resident population of the West Coast District Health Board, and*
- *to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board."*

The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board."

2. RECOMMENDATION

That the Board:

i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update – 4 May 2012; and

ii. notes that a recommendation from the Committee to the Board regarding the adoption of the position statement on alcohol is included in the agenda of this meeting.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

- A discussion took place around having volunteers in the hospital such as previous "Friends of the Hospital" to provide aid to patients.
- A request will be made to the Canterbury DHB for a copy of Disability Presentation made to their recent CPH&DSAC Meeting with the intention of aligning the West Coast with Canterbury.
- A Human Rights Commission document "Caring Counts - Report of the Inquiry into the Aged Care Workforce" was tabled by a Committee member and briefly discussed. The Committee asked for a report to be prepared for a future meeting, particularly in regard to workforce and equity.
- A workshop around the current workplan is to be scheduled.
- A workshop was held following the meeting on Quality and Patient Safety.
- The Chair thanked Patrician Nolan and Barbara Holland for their services to the Committee and to the community as this was their last meeting.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 12 July 2012.

Report prepared by: Elinor Stratford,
Chair
Community & Public Health & Disability Support Advisory Committee

AGENDA

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

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, High Street, Greymouth
Thursday 12 July 2012 commencing at 9.00am

ADMINISTRATION			**9.00am**
	Apologies		
1.	**Interest Register** *Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.*		
2.	**Confirmation of the Minutes of the Previous Meeting & Matters Arising** ▪ *24 May 2012*		
REPORTS/PRESENTATIONS			**9.10am**
3.	**Chairs Report** *(CPHAC & DSAC)*	Elinor Stratford *Chair*	*9.10am-9.20am*
4.	**Organisational Leadership Report** *(WCDHB)*	Wayne Turp *General Manager, Planning & Funding*	*9.20am-9.30am*
5.	**Clinical Leadership Report** *(WCDHB)* *As provided to the Board 8 June 2012*	Dr Carol Atmore *Chief Medical Officer, WCDHB*	*9.30am-9.40am*
6.	**Finance:** *(WCDHB)*	Colin Weeks *Chief Financial Manager*	*9.40am-9.50am*
7.	**Better Sooner More Convenient and Alliance Leadership Team Report** *(WCDHB)*	Wayne Turp *General Manager, Planning & Funding*	*9.50am-10.00am*
8.	**Family Violence:** *(WCDHB)*	Claire Newcombe *Family Violence*	*10.00am-10.20am*
9.	**Disability Discussion:** *(WCDHB)*	Tor Wainwright *Portfolio Manager Aged Care*	*10.20am-10.30am*
10.	**Workplan for noting** *(CPHAC & DSAC)*	Elinor Stratford *Chair*	
11.	**General Business**		
	Items to be reported back to Board	Elinor Stratford *Chair*	*10.30am-10.40am*
	CPHAC AND DSAC WORKSHOP		
	Quality and Patient Safety follow up workshop	Rachel Hunt, *Quality and Patient Safety Manager*	*11.15am-12.00pm (Kahurangi Room)*
FINISH TIME			**10.45am**

12. INFORMATION ITEMS

Community and Public Health and Disability Support Advisory Committee Terms of appointment

Community and Public Health and Disability Support Advisory Committee Schedule

Community and Public Health and Disability Support Advisory Committee Terms of Reference

NEXT MEETING

Date of Next Meeting: 23 August 2012 commencing at 9.00am, Corporate Office, Board Room at Grey Base Hospital.

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE – 12 JULY 2012

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

SOURCE: **Chair, Hospital Advisory Committee**

DATE: **20 July 2012**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 12 July 2012. Following confirmation of the minutes of that meeting at the 23 August 2012 HAC meeting, full minutes of the 12 July 2012 meeting will be provided to the Board at its 7 September 2012 meeting.

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

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

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

2. RECOMMENDATION

That the Board:

i. notes the Hospital Advisory Committee Meeting Update – 12 July 2012.

3. SUMMARY

Detailed below is advice to the Board from the Hospital Advisory Committee meeting held on 12 July 2012. Papers presented to the Committee meeting are available on the West Coast DHB website. A copy of the agenda for this meeting is attached as Appendix 1.

ADVICE TO THE BOARD

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

Observations

- Provisional Year End financial result to be notified to Ministry of Health, is slightly favorable to revised forecast deficit of $5.1m – reflects solid effort over the last six months particularly in light of a number of process changes/enhancements.
- Health Targets (Shorter Waits for Cancer Treatment) – while target under this criteria has been achieved, it is worth noting that this target does not include all cancer treatments i.e. breast cancer which from a national average perspective, is relatively low.
- Linen supply – process has been reviewed to ensure adequate supplies are available at all times on the Coast.

Monitoring

- General Practitioner Vacancies – while DHB is having relative success in recruiting specialist medical staff, focus needs to shift to both the recruitment and retention strategy to engage GP's. The current shortage of GP's from a regional perspective, is placing a number of community health centers under increasing pressure. This strategy needs to take into consideration the current review of the GP practice model, emerging signs of progress with the Rural Academic GP programme, against the challenge that the Coast as with all rural and relatively remote regions nationally, continue to experience recruitment difficulties.
- Elective Services Patient Flow Indicators – recent intervention by GP Liaison (Orthopaedics) has resulted in DHB meeting compliance levels.
- Outpatient Department Cancellations – ongoing review required to constantly ensure improvement is achieved.
- Patient Transfers - ongoing review required to constantly ensure improvement is achieved.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 12 July 2012.

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

AGENDA - PUBLIC

AGENDA

FOR THE WEST COAST DHB HOSPITAL ADVISORY COMMITTEE
MEETING 12 JULY 2012
FROM 11.00 AM TO 1.00 PM

Karakia

1. Welcome and Apologies
2. Disclosure of Committee members' interests
3. Minutes of the last meeting 24 May 2012

   Feedback from report to the Board
4. Matters Arising / Action and Responsibility
5. Correspondence
6. Work Plan

6.1 Health Targets

6.2 Monitor performance of the Provider arm

- Management Team Report
- Operational Indicators – Caseweights
- Financial Report
- Elective Services Patient Flow Indicators
- Outpatient Department Cancellations
- Clinical Leaders Report

6.3 Investigations / Scoping

- Monitoring Inter District Flows – Patient Transfers

7. Items to be reported back to Board

IN-COMMITTEE

1 Minutes from the Hospital Advisory Committee meeting held 24 May 2012

2 Clinical Leaders Report

NEXT MEETING – 23 August 2012

TATAU POUNAMU ADVISORY GROUP MEETING UPDATE – 12 JULY 2012

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

SOURCE: **General Manager, Maori Health**

DATE: **20 July 2012**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Tatau Pounamu Advisory Group meeting of 12 July 2012. Following confirmation of the minutes of that meeting at the 23 August 2012 Tatau Pounamu Advisory Group meeting, full minutes of the 12 July 2012 meeting will be provided to the Board at its 7 September 2012 meeting.

For the Board's information the following is the role and aims of the Tatau Pounamu Advisory Group, as stated in the Memorandum of Understanding:

"Role
"To give advice on:
- *the needs and any factors that the committee believe may advance and improve the health status of Maori, also advise on adverse factors of the resident Maori population of Te Tai o Poutini, and:*
- *priorities for use of the health funding provided."*

Aims
- *To provide advice that will maximise the overall health gain for the resident Maori population of Te Tai o Poutini through:*
  - *all service interventions the West Coast District Health Board has provided or funded or could provide or fund for that population; and.*
  - *all policies the West Coast District Health Board has adopted or could adopt for the resident Maori population of Te Tai o Poutini"*

2. RECOMMENDATION

That the Board:
i. notes the Tatau Pounamu Advisory Group Meeting Update – 12 July 2012.

3. SUMMARY

Detailed below is a summary of the Tatau Pounamu meeting on 12 July 2012. A copy of the agenda for this meeting is attached as Appendix 1.

ITEMS OF INTEREST FOR THE BOARD

The Group noted the following key points:
- That Tatau Pounamu supports the nomination of a Maori representative for the Buller Integrated Family Health Care Governance Group.
- Tatau Pounamu notes the HEHA/Smokefree Service Update. This shows positive results for Maori in the Smokefree Secondary Health Target Quarter three results, however there is a low level of successful Maori Warm Up West Coast applications being forwarded to the Insulation Company, at this stage only 11%.

- Tatau Pounamu received a presentation from Tom Love, (Sapere Research Group Limited), on the Integrated Family Health Service Business Case and Grey Facility Business Case, noting there will be an opportunity for further consultation.
- The deadline for national DHB's Maori Health Plans has been changed by the Ministry of Health to 31 August 2012.

4. APPENDICES

Appendix 1: Agenda – Tatau Pounamu Advisory Group Meeting – 11 July 2012.

Report prepared by: Gary Coghlan, General Manager, Maori Health

TATAU POUNAMU MANAWHENUA ADVISORY COMMITTEE AGENDA

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

TATAU POUNAMU ADVISORY GROUP MEETING
To be held in the Conference Room, Westport Motor Hotel, 207 Palmerston Street, Westport, Wednesday 11 July 2012 commencing at 1.00pm

KARAKIA			**1.00pm**
ADMINISTRATION			**1.05pm**
	Apologies		
1.	**Interest Register** Update Interest Register and Declaration of Interest on items to be covered during the meeting.		
2.	**Confirmation of the Minutes of the Previous Meeting** 24 May 2012		
3.	**Carried Forward/Action List Items**		
REPORTS			**1.15pm**
4.	**Chair's Update - Oral Report** - Correspondence List	Ben Hutana Chair	1.15pm – 1.20pm
5.	**Maori Health Report**	General Manager Maori Health	1.20pm – 1.25pm
6.	**Review of Services – Maori Health Project Oral Report**	General Manager Maori Health	1.25pm – 1.30pm
7.	**Maori Health Plan 2012 – 13 - Oral Report**	• General Manager Maori Health	1.30pm – 1.35pm
	IFHCs – Oral Report	• General Manager Planning and Funding	1.35pm – 1.45pm
8.	**Consultation with Tatau Pounamu regarding the SLA Governance Oral Report**	Lisa Tumahai, Portfolio Manager Maori And Pacific Health Planning and Funding CDHB	1.45pm – 2.15pm
9.	**HEHA/Smokefree Update**	General Manager Planning and Funding	2.15pm – 2.25pm
10.	**Tumu Whakarae Hui - Oral Report**	General Manager Maori Health	2.25pm – 2.30pm
11.	**Resolution to Exclude the Public**	Chair	
12.	**Update on the Integrated Family Health Service (IFHS) Business Case and Grey Facility Business Case.**	Tom Love, Principal, Sapere Research Group Ltd	2.30pm-3.00pm
	General Business	Chair	3.00pm – 3.05pm
Information Items			
Tatau Pounamu meeting schedule for 2012 Whanau Ora Update - newsletter Issue 10 June 2012			
ESTIMATED FINISH TIME			**3.05pm**
NEXT MEETING			
Thursday 23 August 2012, 3.30pm, Board Room, Corporate Office, Greymouth			

RESOLUTION TO EXCLUDE THE PUBLIC

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

SOURCE: **Board Secretariat**

DATE: **20 July 2012**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The following agenda items for the meeting are to be held with the public excluded. This section contains items for discussion that require the public to be excluded for the reasons set out below. The New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and 33, and the West Coast DHB Standing Orders (which replicate the Act) set out the requirements for excluding the public.

2. RECOMMENDATION

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9 & 10 and the information items contained in the report.

ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the "Act) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 8 June 2012	For the reasons set out in the previous Board agenda.	
2	Chief Executive and Chair - Update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	s9(2)(j) S9(2)(a)
3.	Clinical Leaders Update	Protect the privacy of natural persons To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
4.	Year End 2012 Requirements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Asset Valuation and Property Surplus to Requirements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Proposal for Accommodation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7	HBL Collective Banking Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8	HBL Draft Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9	Critical Infrastructure Risk Time Lines	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Advisory Committee – Public Excluded Updates	For the reasons given in the Committee agendas	S9(2)(a)

iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982";

3. SUMMARY

The New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 provides:

"A Board may by resolution exclude the public from the whole or any part of any meeting of the Board on the grounds that:

(a) the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6,7, or 9 (except section 9(2)(g)(i) of the Official Information Act 1982".

In addition Clauses (b) (c) (d) (e) of Clause 32 provide further grounds on which a Board may exclude members of the public from a meeting, which are not considered relevant in this instance.

Clause 33 of the Act also further provides:

"(1) Every resolution to exclude the public from any meeting of a Board must state:

(a) the general subject of each matter to be considered while the public is excluded; and

(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and

(c) the grounds on which that resolution is based(being one or more of the grounds stated in Clause 32)

(2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and from part of the minutes of the Board".

Approved for release by: General Manager

MINUTES

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

MINUTES OF THE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE held in the Board Room Corporate Office, Grey Base Hospital, on Thursday, 24 May 2012 commencing at 9.00am

PRESENT

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

APOLOGIES

Apologies for absence were received and accepted from Dr Paul McCormack, Board's Chair (ex officio), Dr Cheryl Brunton**,** Lynnette Beirne and John Ayling

EXECUTIVE SUPPORT

Wayne Turp, General Manager Planning and Funding, Gary Coghlan, General Manager Maori Health, Hecta Williams General Manager and Bryan Jamieson – Community Liaison Officer.

IN ATTENDANCE

Yolandé Oelofse (minute secretary) and Kay Jenkins (CDHB Executive Assistant, Governance Support)

Item 10

Jem Pupich Community and Public Health – South Island DHB "Position Statement on Alcohol"

WELCOME

The Chair welcomed everyone including Kay Jenkins from Canterbury DHB to the Community and Public Health Advisory Committee (CPHAC) and Disability Support Advisory Committee (DSAC) combined meeting and asked a Committee member supported by General Manager Maori Health to lead the Committee in the Karakia.

1. INTEREST REGISTER

There following amendments to the interest register was made.

Robyn Moore	To add Member of the West Coast Clinical Board
Marie Mahuika-Forsyth	To remove Part-time employee of Supporting families – Non Government Organisation

2. MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING

Moved Kevin Brown; Seconded Robyn Moore; - carried

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 24 April 2012 be confirmed as a true and correct record with the following amendments"

Page 1	Apologies, Welcome and Karakia: to remove Deputy
Minutes:	Lynette spelt incorrectly should read Lynnette
Page 2	Item 2: directive is should read Directives are….
	Item 3: the item should read The General Manager Planning and Funding gave a brief outline of the guidelines for CVD Screening. It has been identified that the various practices would need more information on this service. Re the issue raised at the last meeting about apparent gender specificity of screening for family violence: The General Manager Planning and Funding indicated that this is not gender specific and that any males or females presenting with

injuries should be screened for family violence
Item 5: Should read. To remove this item

Page 3 Item 8: the paragraph should read: A concern was raised regarding the contents of the Workplan and that the content is more internally focussed on a monitoring role for operation of the DHB. It was discussed that perhaps the Committee should have a broader role reporting for whole of the community. It was agreed that the current Workplan be reviewed and the Workplan be re-aligned to the Annual Plan which is due in June/July this year

Page 4 Item 9.1: delete current so that is should read, the plans for,
add within to 3-4 years.
Maori Health Plan changed has been to have been
The last paragraph should read: Page 3 – Funder Arm Payments Report Item Tobacco control is noted. A question was raised if there was a budget for alcohol harm reduction? This is not specified as a line item but there are a number of initiatives which are implicit and in place. The Ministry funds C&PH directly for alcohol harm reduction and regulatory activities under the Sale of Liquor Act. There is room for further work on alcohol harm reduction to be considered by the WCDHB in addition to this
Item 9.2 Should read: Clinical Board capitalized.
responsible for quality should read responsible for the quality
Consumer representation nominations. should have read Consumer representative nominations.

Page 5 Item 9.4, ALTs should read ALT and has becomes have
communications are should read communications strategies are
Action point. Should read: Health Services on

Page 5 Item 10: Should read: is assessing information details within the financial

Page 5 Page 5: Item 12: An urgent should have read; There is an urgent

Page 6 Item 12: Should have read: Apologies from John Ayling and Dr Cheryl Brunton
Item 12: Hospital health on should have read Hospital health services on

CARRIED FORWARD/ACTION LIST ITEMS

The Committee noted the carried forward list.

Item 3	In theory the policy covers men and women but at practice level there is 'discomfort' of screening of men. Process to be reviewed, to engage further discussion with A&E around processes. Reporting for children abuse, where is that information located? ***Action: General manager Planning and Funding to report back to the Committee on reporting.***
Item 4	The CEO is aware of the issues raised. Noted that discussions are progressing.
Item 7	This item will be discussed later on in the Agenda
Item 8	The provision of the workplan and financial reporting format to be checked by the Board Chair for across all the Committees to avoid duplication and overlapping of information, a recommendation to go to the Board Chair.

3. CHAIR'S REPORT- COMMUNICATIONS

The Chair attended a Disability Sector: National conference:
Items to note:

- A catalogue relevant to all disability centres to purchase gold fern products is now available through the DRC's.
- The Maori Disability strategy development is now completed, it will be presented to the Ministry in June. Following discussion the Roger Jolley Maori Development Manager Disability Support services will be invited to the August CPHAC and DSAC meeting.
- A discussion took place around the access Policy of Taranaki District this is a good policy to look at.
- An update was provided on the Ministry of Health new model.
- The DRC Auckland has mobility vans which is proven to be a good opportunity to roll out nationally but noted that it is costly to run.
- Individual funding was discussed; the current deficit, a reduction in Ministerial staff to fit with the budget, funds provided to the Disability Sector of 140m over the next 4 years.

The Committee received the report.

4. WORKPLAN

(CPHAC and DSAC)

The Chair mentioned that once the Annual Plan has been signed off by the Ministry, a workshop will be held to review the current workplan and to look at the presentation that have not taken place this year.

The Committee received the report.

5. ORGANISATIONAL LEADERSHIP REPORT

(CPHAC and DSAC)

This report was taken as read. General Manager, Planning & Funding asked if the Committee had any questions. The following items were raised:

- It was explained that the performance payment system to PHOs was part of a national payment incentive programme to reward PHOs for achieving agreed performance targets in primary health care.
- Page 12; HEHA funding has been confirmed by the Ministry that it is to be discontinued. The service ends in June. WCDHB is keen for some aspects to continue which will be done through close collaboration with other services, the funding for these services will reduce. The Ministry is creating a new funding pool to which invitations via proposal are made. This may affect the Oranga Pai. A proposal will be put forward to the Ministry as to which service is worth maintaining. We are currently discussing some services with the Ministry.
- Page 6; Prevention services – do we have a Plunket nurse on the Coast? Yes we do, the General Manager, Planning and Funding is currently working with 3 agencies that are able to fill in the gaps.
- Immunisation; there seems to be a miscommunication between the services and community mothers. The General Manager, Planning and Funding said that any concerns raised need to be raised with the service and work through the system. If anything is raised it will be addressed.
- Concerns were raised regarding births that are taking place in Canterbury DHB are not reflected on the West Coast system. The Committee was reassured that once the mother is discharged from Canterbury DHB the forms are sent back to the West Coast to be processed and that this process does work. The rural specialists provide Plunket services in the areas and cover immunisation. The figures for this service are close to target.
- Page 5; Community Pharmaceuticals are less than budget was queried. A Committee member said that not all patients are receiving cardiovascular medication. The General Manager, Planning and Funding said that spending less than budget could be due to patients not accessing the programme. He went on further to say that coming within budget is positive provided that saving money does not reduce the quality of the service and care of the patient.
  Action: The Chief Medical Officer to raise the concern of access to medication with the PHO clinical governance group.
  The General Manager, Planning and Funding said that they are currently working towards linkages between those providers ie Pharmacy and General Practitioners. A query was raised that in Buller current problems exit between the Pharmacy and those prescribing the medications.
- Page 12; HOP services; the Chair confirmed that with the new model of care people under 65/stroke will they still be eligible.
- In response to a question regarding how do we know what the communities need is?
- The General Manager, Planning and Funding explained that service allocation is prioritised on the basis of regular needs assessment, clinical diagnosis and referrals for clinical services and other support agencies.
- Does the DHB monitor the Aged Care need and how it is delivered? Yes we do with current reviews are underway.

The Committee noted the report.

6. CLINICAL LEADERSHIP REPORT

The Committee considered this report which provided a quarterly update. The following issues/concerns were raised:

- Transport is an ongoing issue for years are we likely to see something? The Chief Medical Officer said that currently a combined plan is underway. The DHB is not able to fund all the transport issues on the Coast. A concern was raised that most patients do not attend appointments as they do not have transport and this was a particular problem for Maori population. The Chief Medical Officer noted that the transport is an issue and hopefully by the second half of this year it will be addressed.
- There are 167 enrolled nurses having their conference in Greymouth.
- Is there a Policy that includes taking on graduate nurses on regular basis, yes there is through the NETP programme. We are currently working collaboratively with CDHB who funds some of these NETP nurses.

The Committee noted the report.

7. BETTER SOONER MORE CONVENIENT AND ALLIANCE LEADERSHIP TEAM REPORT

The General Manager, Planning and Funding and Chief Medical Officer spoke to this report.

Is O' Conor home privately owned? No it is Trust.

The Chair asked when health pathways would be reinstated onto planning? It is not yet necessary.

Has Jackie Broadbent taken up her position with the West Coast DHB yet? Yes she is subject to some appointments made yesterday.

The Committee noted the report.

8. PRIMARY HEALTH COMMUNITY QUARTERLY REPORT

(WCPHO)

The Chief Medical Officer spoke to this report and answered questions from the Committee. The following was noted:

- The PHO funds were not able to sustain BSMC. PHO had to withdraw funding from some services. The DHB has picked up Manage my Health and the project coordination for BSMC which was done internally and has proven to very effective. The ALT is more effective than when it began.
- Page 4; MoH Enrolment audit, why is there a difference? An extensive review is taking place and learning from the practices processes or private areas to improve the DHB practices. Is there a paper trail and financial implication, yes there is.
- Page 43; Health promotion budget was queried; we are waiting to hear from the Ministry regarding the Budget, we will then see what is available. The services are working collaboratively to maintain and to deliver on the services.
- Page 22; COPD; is this an issue and risk for someone turning 50 and do the General Practitioners carry out a risk assessment at this stage? The Chief Medical Officer said that internationally screening for COPD patients takes place. Different practices do the same and when assessing patient take into account their smoking status, this normally trigger off alarms for the COPD assessment.
- Page 19; the retinal screening contract ends in March, what is the progress on this for ongoing future screening? This contract is more than likely to be continued.
- Page 48; Patient care for Maori, it was mentioned that at Tatua Pounamu they have spoken about the Maori Patient Care Model; The General Manager Maori Health will discuss this with the PHO Director.
- It was noted that the data for the graphs was not detailed, the data was pulled manually as IT had some issues with the system.

The Committee noted the report.

9. QUALITY AND PATIENT SAFETY REPORT

The Quality and Patient Safety Manager will hold a workshop at 11:15am at Kahurangi for this item.

10. GENERAL BUSINESS

(CPHAC and DSAC)

Matters Arising:
The General Manager described the process of the Consumer Council. There are currently five members, Lynn Meyer who will provide support and training to this group. This is a web based, inexpensive and supported by additional resource. The meetings are likely to take place on a monthly basis.

Finance:
The General Manager, Planning and Funding spoke to the brief financial report. The way in which the information is produced is of specific interest to CPHAC and DSAC.

Communications Strategy:
This item will be deferred to the next meeting.

South Island DBH "Position statement on Alcohol":
This report is taken as read. Community and Public Health is seeking an endorsement from this Committee a consistent approach through all the DHBs. This is an excellent paper and only would consider change to the closing time to 1am in the morning. It was noted that the DHB would not be the only service involved in this and that it will include other services as well.

Moved Marie Mahuika-Forsyth: Second Barbara Holland: Carried.

Motion:
"That the Committee makes a recommendation to the Board to accept this submission"

Carried.

The Committee moved into In-Committee at 9:40 and the public was excluded.

Moved: Robyn Moore Second: Barbara Holland

An error was noted that this paper is for noting only and that there is no recommendation to the Board required from this paper.

The Committee moved out of In-Committee back into public meeting at 9:50

Moved; Peter Ballantyne, Second; Kevin Brown - Carried

INFORMATION ITEMS

The Committee received information reports in respect to:
- CPHAC and DSAC Terms of Appointment
- CPHAC and DSAC Committee Schedule January 2012 – December 2012
- CPHAC and DSAC Terms of Reference

There being no further business the meeting concluded at 11:55am

The next meeting will be held on Thursday, 12 July 2012, at 9am in the Board Room at Corporate, Grey Base Hospital.

Confirmed as a true and correct record:

_____ _____

Elinor Stratford Date
Chair

APPROVED MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING HELD THURSDAY 24 MAY 2012 AT 11.04AM IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

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

IN ATTENDANCE Peter Ballantyne, Board Deputy Chair
Colin Weeks, Chief Financial Manager (via phone)
Garth Bateup, General Manager Hospital Services
Karyn Kelly, Director of Nursing and Midwifery
Bryan Jamieson, Community Liaison Officer
Debbie Hunter, Registered Nurse, CCU/Morice Ward
Tom Fiddes, Academic Director, Rural Learning Centre
Rose Kennedy, Clinical Nurse Manager, Morice Ward / Critical Care Unit
Silvie Sasková, Minute Secretary

APOLOGIES Dr Paul McCormack, Board Chair

1. WELCOME, APOLOGIES AND AGENDA

The chair welcomed everyone to the meeting.

Karakia – Richard Wallace

Apologies were accepted from Dr Paul McCormack. It was noted that Gail Howard will be away in July and August 2012.

2. DISCLOSURES OF INTERESTS

Richard Wallace is now only a member of Tatau Pounamu, not the Chair.

3. MINUTES OF THE PREVIOUS HOSPITAL ADVISORY COMMITTEE MEETING HELD 12 APRIL 2012

Page 3 – it was remarked that the waiting times compliance is achievable, and there would be financial penalty if it was not achieved. Compliance rules will change from July 2012.

Page 5 – Patient transfers to Christchurch – change "helicopter transfer" to "air transfer".

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

Motion:
"THAT the minutes of the Hospital Advisory Committee meeting held 12 April 2012 be adopted as a true and accurate record subject to the above amendment."

Carried.

Hospital Advisory Committee Chair's Report to the Board
The Board are satisfied that areas of concern i.e. outsourced resources have been identified and that there are now well informed action plans on how to resolve them. The Minister of Health was advised that actions and steps will be in place from 1 July 2012.

A lot of work has been done in terms of the Ministry of Health providing feedback and the West Coast DHB supporting the final plan. Planned budget was submitted to the Ministry of Health on 18 May 2012.

4. MATTERS ARISING

Item 1: A classification of complaints graph is requested to be provided specifically for hospital services
On hold. The graph has been received. The West Coast DHB now has new quality monitoring staff who are developing a quality work plan. The plan will include more detailed information on quality initiatives.

Item 2: The 'Shorter stays in Emergency Departments' target to be placed on the Recovery Plan for Clinical Services
To be included as a standing general item.

Item 3: Work on communication regarding what people could reasonably expect, and what can be delivered, with regards to transportation home following discharge
The issue is included in the greater effort regarding transport. Also, a South Island project on ambulance transfers is being initiated and the committee requested to be updated on it.

Action Point: Provide update regarding South Island transport project.

Item 4: Shorter Stays in Emergency Departments – the higher number of patients waiting over six hours in the Emergency Department in Buller to be investigated
The Director of Nursing and Midwifery presented the data for January, February and March 2012 that show positive statistics. In this period only four patients in Buller out of 740 patients waited longer then six hours.

Item 5: Recruitment / Vacancy reporting to Advisory Committees to be discussed with the Chief Executive
Information on recruitment and vacancies is included in 6.2 Management Team Report.

Item 6: A summary of the Staff Survey results to be provided to the Hospital Advisory Committee upon receipt

Item 7: The dates for the Induction for new advisory committee members to be discussed with the Board Secretary
It was noted that Barbara Holland's membership is due for renewal. Advertising should commence before the Queen's Birthday weekend. Similar position is due for renewal on the Community and Public Health Committee.

Item 8: Provide information about the numbers of any serious orthopaedic cases that are already being sent to the Canterbury DHB
In the six month period from August 2011 there were nine orthopaedic cases that could not be cared for on the West Coast and had to be sent to Canterbury DHB.

Matters arising were taken as read and actioned.

5. CORRESPONDENCE

There was no correspondence inwards or outwards for April 2012.

6. WORK PLAN

The Work Plan objectives are to remain unchanged, but some of the dates need to be amended to reflect the current draft plan and annual report.

Action Point: Update the dates in the Work Plan.

6.1 HEALTH TARGETS

- **Shorter Stays in Emergency Departments**
  This point was already discussed in relation to Item 4 in the Matters Arising.

- **Improved Access to Elective Services**
  It is anticipated that the target of 1592 will be achieved or may be slightly over.

- **Better Help for Smokers to Quit**
  The results are positive, but there is still room for improvement. The West Coast DHB Mandatory Training now includes ABC implementation on questioning patients, and relevant questions are part of admission documents. A gap was identified in training attendance, and all staff are now encouraged to attend. The programme is to be shortened from one and half hours to one hour.

6.2 MONITOR PERFORMANCE OF THE PROVIDER ARM

Management Team Report
The General Manager Hospital Services, the Director of Nursing and Midwifery and the General Manager spoke to the report.

Operational Items

- **Medical Personnel – Locums**
  Locum spent in April 2012 was higher than budgeted.

- **Medical Staff Recruitment**
  The anaesthetist who started at the beginning of May 2012 has received positive feedback from the Critical Care Unit staff. Two other anaesthetists will be starting by

the end of the year: one by the end of July 2012, the other one or two months later.

One obstetrics and gynaecology consultant has now signed his contract, and another is visiting in the first week of June 2012.

It is anticipated that by the end of 2012, all Senior Medical Officer positions will be filled. However planning ahead will be ongoing and effort will be put into the retention of staff.

An applicant has been interviewed for the position of Psychiatrist.

The problems with General Practitioner coverage are ongoing. An unexpected resignation has been received from the second General Practitioner in South Westland who only started in June 2012. A doctor recently left the Reefton practice after only six months, and a locum General Practitioner will now be working full time from Buller.

It is to be noted that there has been positive feedback to the West Coast DHB from the Select Committee and from Kevin Hague, Green Party Member of Parliament, for securing three anaesthetists and an obstetrics and gynaecology consultant.

The first graph in the report only refers to Senior Medical Officers and not to nurses. There used to be locum nurses working at the West Coast DHB but they are now employed as West Coast DHB staff.

- **Staffing**
  As there has been some difficulty in the past with the position of Clinical Manager Social Work, the decision was made not to readvertise at this point. Currently there is a contract for supervision in place, and the vacancy is not impacting on patient care.

  New Physiotherapy vacancies recently opened with one staff member taking a year off and another resigning.

  Recruitment services are now being provided by the specialist recruiters at the Canterbury DHB. Persons who register their interest have their details kept in the database of enquiries.

Xcelr8 Project – Transfer of Acute Cardiac Patients

- The Director of Nursing and Midwifery explained the concept of the training programme Xcelr8. It teaches the principles of Lean Thinking and introduces the participants to a wide range of experiences leading to their professional improvement. The programme teaches the participants to stop and think, and promotes the attitude to “get on and do it”. At the end the projects of individual groups are presented at "David’s Den" (Chief Executive), and after completing the course the participants apply the principles they learnt to their daily jobs.

- Tom Fiddes, Debbie Hunter and Rose Kennedy spoke to the PowerPoint presentation on transfer of acute cardiac patients. The project group identified an overuse of air transport from the West Coast DHB to Canterbury DHB in the event of acute cardiac patients. This was investigated, and the group made recommendations for changes that were implemented after discussions between the two DHBs. Although locum specialists tend to suggest air transport as the first option, nurses are being proactive in outlining other options.

- The Chair thanked the project group on behalf of the Hospital Advisory Committee for presenting their project.

Indicators of DHB Performance
The section on acute readmissions refers to an improvement as the readmissions have decreased.

Action Point: Provide a regular three monthly monitoring report on any trends (either positive or negative) which are emerging from exit interviews.

- Contracting issues need to be tidied up for ophthalmology.
- There has been a lack of engagement between clinical staff and managers, with the locums making it even more difficult. To increase the involvement of the Senior Medical Staff in production planning and monitoring, there are dashboards being developed displaying what needs to be achieved in respect to first specialist appointments, follow ups and waiting times. After general surgery this will be done for obstetrics and gynaecology, general medicine and orthopaedics. Nurse specialists are also involved in meeting targets.
- The final draft for the Clinical Leader position is being completed and will be slightly altered for different clinical specialties. The appointees will be responsible for meeting the production targets, the Ministry of Health targets, and for planning around leave.

(Richard Wallace left the room at 12:07pm.)

- Room 2 in Barclay ward is going to become an observation unit for close monitoring of unstable patients. The plan is having a nurse at the most appropriate place while improving patient safety. The parameters for patients who will be placed in the observation unit are now being defined. Critical patients will still be placed in the Critical Care Unit in Morice Ward.

(Richard Wallace entered the room at 12:10pm.)

Industrial Relations
The report was taken as read.

Caseweights
- The numbers of some orthopaedic cases is going up next year.
- The General Practitioner liaison is coming on Monday 28 May 2012 to asses the outstanding orthopaedic cases on the West Coast and it is not anticipated that there will be many over six months.

Moved: Richard Wallace **Seconded: Paula Cutbush**

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

Carried.

Finance Report

The Chief Financial Manager spoke to the Finance Report for April 2012 and presented the graphs for the Provider Arm results:

- The Financial Overview for April 2012 shows $50 000 variance from budget.
- The West Coast DHB is currently doing seismic investigations which are incurring additional cost not included in the forecast.
- Travel and transport are still over budget despite the General Manager Hospital Services signing off on all travel, and courses and conferences being declined. More use of conferencing instead of travel is to be promoted.

Elective Services Patient Flow Indicators (ESPIs)

- Orthopaedic Liaison General Practitioner from Christchurch will be in Greymouth on 28 May 2012 to review orthopaedic referrals. Other specialties are on track.
- The way Elective Services Patient Flow Indicators are viewed and recorded will change from 1 July 2012.
- The Central Booking unit is working on establishing new processes and engaging with clinicians. The SMO Coordinator is now placed in the Central Booking Unit office.

Outpatient Department Cancellations

- The numbers of clinic cancellations are higher again, mainly due to problems with flights. On some occasions when the flights are cancelled visiting specialists hold the clinic via a videoconference. Cancellations due to annual leave need to be reduced and further attention to this matter is a priority.
- It was explained that the average Did Not Attend numbers and the numbers of patients affected by clinic cancellations were benchmarked in the past and are similar to other District Health Boards.
- The problem with short notice cancellations was discussed and it was queried whether the affected patients are informed about the reasons for their clinics being cancelled. With clinics booked six weeks ahead it is not possible to put the patients from cancelled clinics to the top of the list, but they should at least be informed when their next appointment will take place. The quality of communication needs to be refined.

Action Point: General Manager Hospital services to find out whether patients are notified about reasons behind short term cancellations, and if they can be informed about the date for the next appointment when their clinic is cancelled.

- Buller clinics are currently being booked from two places. Preferably all bookings should be coming from the Central Booking Unit. This issue will be reviewed in time.
- The committee requested that the cancellation numbers in the future be presented against the overall number of clinics.

Action Point: Amend the reported information to show cancellation numbers against the overall number of clinics.

Clinical Leaders Report

- The report was taken as read.
- The West Coast DHB vision has been finalised and will be used in official communications.
- The waiting times at Medical Centres have not improved. Most areas are short on General Practitioners and the situation is difficult in Buller where the health services work as one unit. The West Coast DHB is currently trying to recruit four General Practitioners.

6.3 INVESTIGATIONS / SCOPING

Monitoring Inter District Flows - Patient Transfers
The report includes information for February and March 2012.

Moved: Gail Howard **Seconded: Doug Truman**

Motion:
"THAT the Hospital Advisory Committee receive the Information Reports."

Carried.

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

Positive progress
- Practical implementation of XCELR8 projects and benefits which are occurring
- Recruitment of clinical specialists

Ongoing Monitoring
- Caseweights – overproduction in orthopaedics
- Elective Services Patient Flow Indicators (ESPIs)
- Outpatient Department Cancellations

Follow-up
- Staff Survey Results
- Exit Interview – standing quarterly item highlighting whether any trends (positive / negative) are emerging

8. IN COMMITTEE

Moved: Warren Gilbertson **Seconded: Doug Truman**

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:

- **2012/13 Annual Plan and Statement of Intent**

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."

The Hospital Advisory Committee moved into In Committee at 12:42 pm.

There were no In Committee resolutions.

The Hospital Advisory Committee moved out of In Committee at 12:53 pm.

9. GENERAL BUSINESS

The members of the committee would like to formally acknowledge and thank Barbara Holland for the contribution that she provided over the last nine years as a Hospital Advisory Committee member.

10. NEXT MEETING

The next meeting will be held on Thursday 12 July 2012 in the Boardroom, Corporate Office, Grey Base Hospital.

The Hospital Advisory Committee spent eleven minutes in In Committee

There being no further business to discuss the meeting concluded at 12:54pm.

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY GROUP MEETING HELD ON WEDNESDAY 24 MAY 2012 IN THE BOARDROOM, CORPORATE OFFICE, GREY BASE HOSPITAL AT 3.30 PM

PRESENT	Ben Hutana (Chair)	Te Rūnanga O Ngāti Waewae
	Marie Mahuika-Forsyth	Te Rūnanga O Makaawhio
	Sharon Marsh	Nga Maata Waka O Kawatiri
	Wayne Secker	Nga Maata Waka O Māwhera
	Richard Wallace	Te Rūnanga O Makaawhio
	Elinor Stratford	West Coast District Health Board Representative on Tatau Pounamu
	Peter Ballantyne	Acting Board Chair, West Coast DHB
IN ATTENDANCE	Gary Coghlan	General Manager Māori Health, West Coast DHB
	Wayne Turp	General Manager Planning and Funding West Coast DHB
MINUTE TAKER	Rachel Passuello	Administration Support
APOLOGIES	Claire Robertson	HEHA and Smokefree Services Manager West Coast DHB
	Hecta Williams	General Manager, West Coast DHB
	Francois Tumahai	Te Rūnanga O Ngāti Waewae

WELCOME

The Chair welcomed everyone to the meeting, and acknowledged and thanked Richard Wallace for his work on Tatau Pounamu as former Chair.

1. AGENDA / APOLOGIES

Apologies

- Claire Robertson — HEHA and Smokefree Services Manager
- Hecta Williams — General Manager, West Coast DHB
- Francois Tumahai — Te Rūnanga O Ngāti Waewae

Apologies accepted

Moved: Marie Maihuka-Forsyth **Seconded: Elinor Stratford**

2. DISCLOSURES OF INTERESTS

Elinor Stratford:

- Remove: 'Manager – Disability Resource Service West Coast'.
- Remove 'West Coast Disability Resource West Service has signed a Memorandum of partnership with West Coast Maori health provider "Rata Te Awhina Trust'.
- Add 'Board Member of the West Coast District Health Board'

3. MINUTES OF THE LAST MEETING – 11 APRIL 2012

Moved: Marie Mahuika-Forsyth Seconded: Sharon Marsh

Motion
THAT the Minutes of the Tatau Pounamu Manawhenua Advisory Group meeting held 11 APRIL 2012 be adopted as a true and accurate record.

Carried.

4. MATTERS ARISING FROM THE LAST MEETING

Meeting Schedule: A meeting needs to be scheduled for the Te Runanga O Makaawhio office and it was decided that the meeting would be held at the Te Runanga O Makaawhio office on Wednesday the 10th of October 2012 at 10 am.

Roger Jolley from the Ministry of Health would be happy to speak to Tatau Pounamu if invited, about Maori disability issues, notably accessibility on Marae and the 'Maori Disability Strategy'. The date of the 23 August 2012 was suggested and an invitation needs to be sent.

ACTION: Letter to be sent to Roger Jolly Ministry of Health, inviting him to the Tatau Pounamu meeting to be held on the 23 of August 2012. Elinor Stratford /Gary Coghlan

5. MAORI HEALTH REPORT TO TATAU POUNAMU

Gary Coghlan, General Manager Maori Health
This report was taken as read.

- **Hui Rata Board**
  The General Managers of Maori Health and Planning and Funding met with the Rata Te Awhina Trust Board in May.

- **Maori Health Plan – 2012-2013**
  The first draft has been sent to the Ministry of Health and the final version is due to the Ministry of Health next Friday. Feedback from the Ministry of Health has been positive.

- **Maori Health Review**
  The Consultants are drafting a report and this will be due out soon.

- **Programme of Action – Whanau Ora**
  The question was raised how much of a role Whanau Ora will play with the Maori provider. Whanau Ora is a very important initiative going into the future.

- **Buller Health Hui**
  There was a very good turn out and good feedback was received.

- **Maori Health Plan – Q3 Progress Report**
  The question was asked what feedback has been received about Oranga Pai. The General Manager Planning and Funding responded that the HEHA funding will discontinue at the end of June 2012. The Oranga Pai project may well continue, though there will be a contestable testing funding pool and the focus will be on maternal/infant health. Funding will also be available through nutrition and physical activity.

6. MAORI HEALTH PLAN 2042-2013 DRAFT

Gary Coghlan, General Manager Maori Health
The General Manager Maori Health will meet with Rata Te Awhina Trust staff to discuss the Maori Health Plan on two occasions in May. The input of Rata staff has been very valuable in terms of further development of the plan.

PHO enrolments: 400 people whom identify as Maori are not enrolled. The 92% target for 2011/12 for Maori to be enrolled in the PHO needs to be higher and this target needs to be met. It was suggested to have a Maori Health Day for men.

7. HEHA/SMOKEFREE UPDATE

Claire Robertson – HEHA and Smokefree Services Manager
This report was taken as read.

Warm Up West Coast

The General Manager of Planning and Funding spoke to this item and said that 'Warm Up West Coast' was a 2 year plan with the aim to insulate 500 homes within this time frame. Evaluations will be done after 12 months to ascertain if people are finding their homes warmer and if there have been any improvements to their health. The reason for a number of applicants being declined is that the criteria were not met as they did not have one of the following: a community services card; their home was not built before 2000; and a priority was for the elderly.

Smokefree

We are now getting closer to the 95% figure that the Ministry of Health require and currently we are at 92.13%.

8. WEST COAST PHO – MAORI/PACIFIC ENROLMENTS

This report was taken as read.

9. KAIAWHINA IN THE DISTRICT HEALTH BOARDS

We need a list of contacts of the Kaiawhina/Chaplains in the West Coast DHB and this needs to be made available to the group and the general public.

ACTION: Agenda item for next meeting, and the Chair to put together a list of contacts of Kaiawhina/Chaplains in West Coast DHB.

10. CORRESPONDENCE

No correspondence was received.

Moved: Sharon Marsh **Seconded: Wayne Secker**

Motion
That the Inwards and outwards correspondence is accepted.

Carried

11. WORKSHOPS

There was a discussion regarding the possibility of workshops after some Tatau Pounamu meetings.

After the Maori Health Plan is approved by the Ministry a workshop will be held to look at a work plan aligned to the Maori Health Plan

ACTION: The General Manger of Maori Health and the Chair of Tatau Pounamu will look at possible workshop dates.

The meeting finished at 4.50 pm

Signed _____ **Date** _____

BOARD AND CHAIR'S CORRESPONDENCE FOR JULY 2012 BOARD MEETING

OUTWARDS AND INWARDS CORRESPONDENCE

Copies of this correspondence have been sent separately to Board members.

Date of Letter	Sender	Addressee	Details
6 June 2012	Franz Josef Community Council	Chairman	Doctor Staffing Levels
12 June 2012	Minister of Health	Chairman	WCDHB 2012/13 Annual Plan and Regional Service Plan
13 June 2012	Ministry of Health	Chairman	Ministry of Health Statement of Intent
19 June 2012	Minister of Health	Chairman	Revision of Government's Expectations for Pay and Employment Conditions in the State Sector – Application to District Health Boards
19 June 2012	Minister of Health	Chairman	Services that can Potentially be Shifted from Hospital to Community Settings
2 July 2012	Minister of Health	Lead CEO South Island Region	2012/13 Regional Services Plan
3 July 2012	WCDHB	Franz Josef Community Council	Response to Letter of 6 June 2012 re Doctor Staffing Levels
6 July 2012	Minister of Health	Chairman	West Coast District Health Board 2012/13 Annual Plan

KEY MESSAGES FROM THE WEST COAST

ALLIANCE LEADERSHIP TEAM MEETING

THURSDAY 28TH JUNE, 6.00PM – 8.00PM

Progress reports were delivered by the three workstreams; Health of Older Persons', Buller IFHC and Grey IFHC & Regional Hospital, it was agreed all workstreams are progressing well. The detailed workforce plan was identified as critical in the next phase of the process and there was a request from the ALT that a small working group is established to carry out the development and implementation of this piece of work.

An update on the IS workshop that was held early in the day was shared with the ALT and there is broad agreement that there is good progress being made. The ALT has requested that there be an implementation plan for the IS requirements from each workstream be developed and shared with the South Island IS Service Level Alliance.

Draft 1 of the Grey Integrated Family Health Service Business Case was discussed. It was agreed the document was clear in regards to what work is currently underway and the future work that is still needed to be done that ALT needs to be mindful of. Feedback from ALT was taken on board by Tom Love (author of the Business Case) and an updated document will be distributed to the ALT to then endorse, before the paper is taken to the WCDHB Board meeting to be held Friday 20th July.

Engagement with the Unions is critical for developing, completing and implementing the planned Model of Care for the Grey IFHC. Once the plan has been signed by the WCDHB Board, formal consultation with the Unions will take place. An ongoing engagement strategy for Unions, staff and the community is being worked on based on the dates set around the Capital Investment Committee.

Stella Ward as the interim Chair of ALT (three months) was nominated to stay as Chair on an on-going basis.

The West Coast ALT's next meeting is being held on Thursday 9th August.

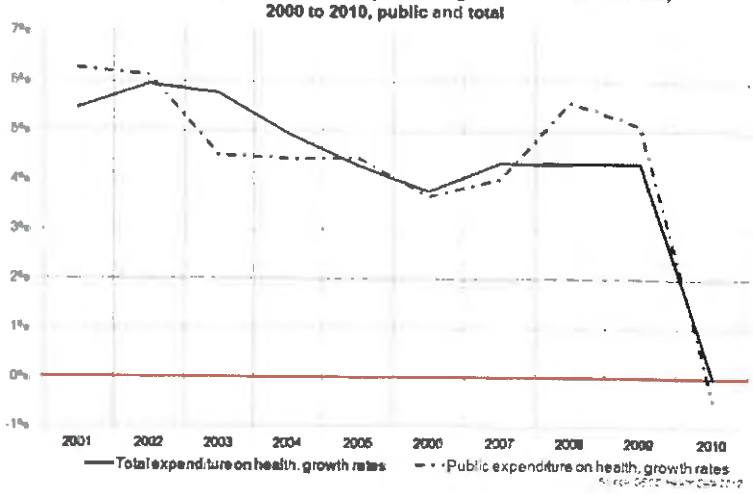
OECD
BETTER POLICIES FOR BETTER LIVES

Growth in health spending grinds to a halt

28/06/2012 - Growth in health spending slowed or fell in real terms in 2010 in almost all OECD countries, reversing a long-term trend of rapid increases, according to OECD Health Data 2012.

Overall health spending grew by nearly 5% per year in real terms in OECD countries over the period 2000-2009, but this was followed by zero growth in 2010. Preliminary figures for a limited number of countries suggest little or no growth in 2011. The halt in total health spending in 2010 was driven by a fall of 0.5% in public spending for health, following an increase of over 5% per year in 2008 and 2009.

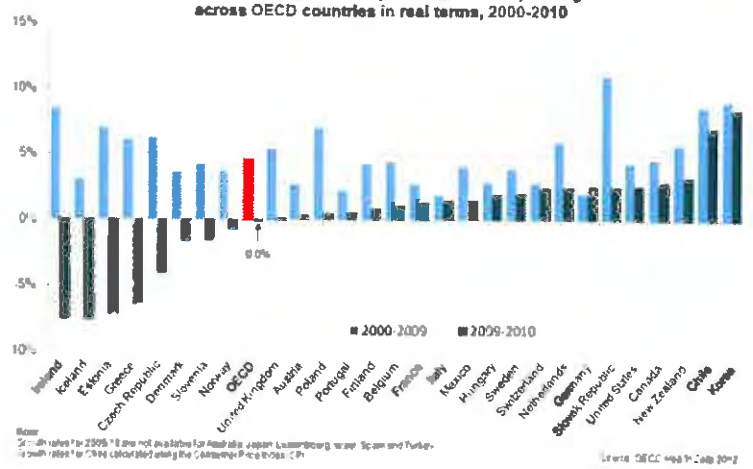
Figure 1. Average OECD health expenditure growth rates in real terms, 2000 to 2010, public and total



While government health spending tended to be maintained at the start of the economic crisis, cuts in spending really began to take effect in 2010. This was particularly the case in the European countries hardest hit by the recession.

In Ireland, cuts in government spending drove total health spending down by 7.6% in 2010, compared with an average yearly growth rate of 8.4% between 2000 and 2009. Similarly, health spending in Iceland fell by 7.5%, as a result of a 9.3% reduction in public spending. In Estonia, following an average growth rate of nearly 7% per year from 2000 to 2009, expenditure on health dropped by 7.3% in 2010, driven by reductions in both public and private spending. In Greece, estimates suggest that total health spending fell by 6.5% in 2010 after a yearly growth rate of more than 6% on average since 2000.

Figure 2. Average annual growth in health spending across OECD countries in real terms, 2000-2010



Click here to access more charts and the data in Excel

Reductions in public spending were achieved through a range of policy measures. In Ireland, most of the reductions have been achieved through cuts in wages or the fees paid to professionals and pharmaceutical companies, and through actual reductions in the number of health workers. Estonia cut administrative costs in the ministry of health and also reduced the prices of publicly reimbursed health services.

Investment plans have also been put on hold in a number of countries, including Estonia, Ireland, Iceland and Czech Republic, while gains in efficiency have been pursued through mergers of hospitals or ministries, or accelerating the move from in-patient hospitalisation towards out-patient care and day surgery. The use of generic drugs has also been expanded in a number of countries.

Other measures have been introduced to make people pay more out of their pockets. For example, Ireland increased the share of direct payments by households for prescribed medicines and appliances, while the Czech Republic increased users' charges for hospital stays.

Outside of Europe, health spending growth slowed in 2010, to around 3% in the United States, Canada and New Zealand. Growth remained at more than 8% in Korea.

As a result of the zero growth in health spending across OECD countries in 2010, the percentage of GDP devoted to health stabilised or declined slightly in most countries. Health spending accounted for 9.5% of GDP on average across OECD countries in 2010, compared with 9.6% in 2009.

In 2010, health spending as a share of GDP remained by far the highest in the United States (17.6% of GDP), followed by the Netherlands (12%), France and Germany (11.6%). The lowest shares of national income devoted to health are in Mexico (6.2%) and Turkey (6.1%). In Japan, the share of spending allocated to health has increased substantially in recent years to 9.5%, up from 7.6% in 2000, and is now equal to the OECD average. The share also increased in Korea to 7.1% in 2010, up from 4.5% in 2000.

These are some of the short- and long-term trends shown in **OECD Health Data 2012**, the most comprehensive source of comparable statistics on health and health systems across the 34 OECD countries. Covering the period 1960 to 2010, this interactive database can be used for comparative analyses on health status, risk factors to health, health care resources and utilisation, and health expenditure and financing.

OECD Health Data 2012 is available in OECD.Stat, the statistics portal for all OECD databases. More information about the database is available at www.oecd.org/health/healthdata.

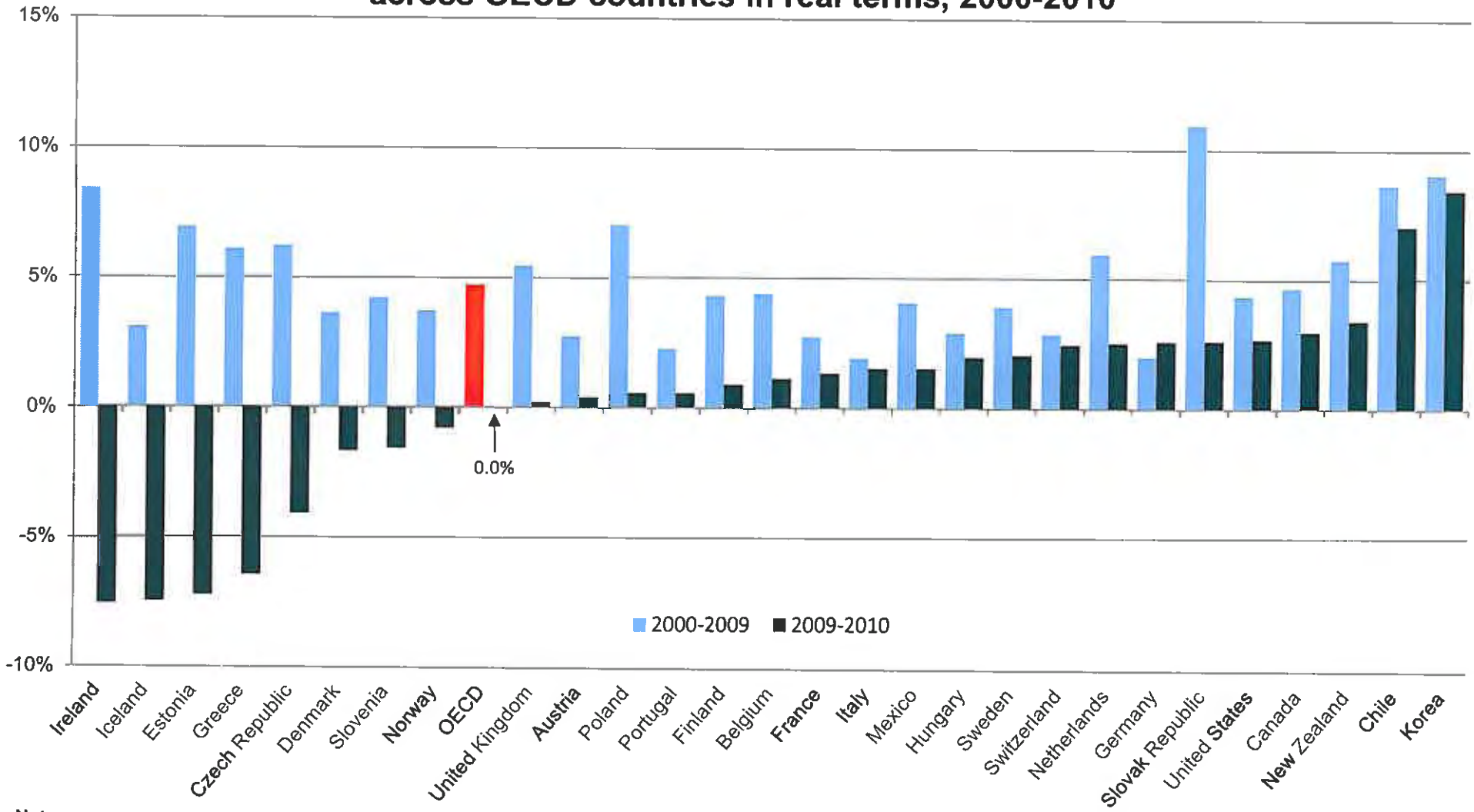
For further information about the content, please contact Gaétan Lafortune (tel. 33 1 45 24 92 67 or gaetan.lafortune@oecd.org) or Mark Pearson (tel. 33 1 45 24 92 69 or mark.pearson@oecd.org) in the OECD Health Division.

Also available:

- L'augmentation des dépenses de santé marque le pas (French)

Top of page

Figure 2. Average annual growth in health spending across OECD countries in real terms, 2000-2010



Note:
Growth rates for 2009/10 are not available for Australia, Japan, Luxembourg, Israel, Spain and Turkey.
Growth rates for Chile calculated using the Consumer Price Index (CPI).

Source: *OECD Health Data 2012.*

HEALTH EXPENDITURE

Annual growth rate of total expenditure on health, in real terms

	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2000-2009 (or nearest year)
Australia	5.0	6.3	3.3	6.1	1.7	3.9	4.1	4.6	6.4		4.6
Austria	1.6	2.0	2.7	3.8	2.3	1.7	4.2	3.6	2.7	0.4	2.7
Belgium	2.9	3.4	19.1	4.6	1.4	-2.5	3.2	5.0	3.7	1.1	4.4
Canada	7.2	6.0	3.8	3.0	3.5	4.3	2.9	3.0	8.0	3.0	4.6
Chile [1]	5.8	3.6	18.6	6.8	7.7	9.0	10.1	3.9	13.3	7.1	8.7
Czech Republic	4.9	8.1	8.9	1.4	7.2	3.3	3.0	7.8	11.7	-4.1	6.2
Denmark	5.3	3.0	2.3	4.1	3.5	5.0	2.2	1.2	5.9	-1.7	3.6
Estonia	-2.4	6.3	11.0	9.4	6.5	10.0	10.6	12.6	-0.5	-7.3	8.9
Finland	5.2	7.1	6.5	4.9	5.7	3.4	1.5	3.5	1.1	0.9	4.3
France	3.1	4.4	4.5	3.5	2.9	1.9	2.1	-0.9	3.3	1.3	2.7
Germany	2.6	2.1	1.4	-1.2	2.0	2.0	1.7	3.2	4.1	2.6	2.0
Greece	16.4	6.9	4.0	1.4	12.8	6.4	4.0	3.0	0.9	-6.5	5.1
Hungary	4.6	9.6	17.2	0.5	6.8	1.6	-7.0	-1.9	-3.4	2.0	2.9
Iceland	2.2	8.8	4.7	2.6	2.5	1.2	5.5	1.6	-1.4	-7.5	3.1
Ireland	15.2	11.0	8.2	8.1	6.2	4.8	8.0	11.3	3.5	-7.6	8.4
Israel	6.7	-1.5	0.4	3.7	5.7	1.4	5.3	5.3	-1.8		2.8
Italy	3.8	2.0	0.1	5.5	4.2	3.0	-2.1	1.7	-1.0	1.5	1.9
Japan	3.1	0.9	3.3	2.2	3.6	1.7	2.4	2.7	4.2		2.7
Korea	17.3	4.2	8.4	6.0	12.2	12.3	9.5	4.8	7.5	8.5	9.1
Luxembourg	1.5	16.2	-5.8	11.7	2.1	2.4	-1.9	-3.8	10.1		3.4
Mexico	7.5	3.9	4.2	7.6	1.5	1.7	5.1	2.4	2.8	1.5	4.1
Netherlands	6.3	7.0	10.5	4.3	0.6	2.3	15.7	3.6	4.1	2.5	6.0
New Zealand	4.9	9.2	1.5	5.9	7.9	7.3	-0.4	7.4	8.6	3.4	5.8
Norway	4.5	8.3	3.6	2.7	2.4	1.3	3.7	3.9	2.8	-0.8	3.7
Poland	7.4	9.7	2.3	4.7	3.8	6.0	9.1	14.3	6.5	0.6	7.0
Portugal	1.6	1.1	3.8	4.8	3.8	-1.7	2.0	2.2	2.8	0.6	2.3
Slovak Republic	3.6	7.0	8.3	30.2	4.2	13.0	16.6	9.4	8.5	2.6	10.9
Slovenia	6.7	4.4	3.2	0.8	4.1	4.9	1.2	9.8	2.8	-1.6	4.2
Spain	4.1	2.8	16.2	3.7	4.5	4.9	5.2	6.6	2.8		5.6
Sweden	9.7	6.7	3.2	1.7	2.9	3.0	3.0	2.9	2.3	2.0	3.9
Switzerland	5.5	3.5	2.9	2.9	1.9	-0.6	2.1	3.3	4.2	2.4	2.9
Turkey	3.7	10.2	4.9	10.0	10.0	14.0	8.7	1.3			7.1
United Kingdom	6.4	7.1	6.3	5.9	5.2	5.3	3.7	2.2	7.0	0.2	5.4
United States	6.0	7.7	6.2	4.1	3.4	3.3	3.3	2.4	2.7	2.7	4.3
OECD AVERAGE											4.7

Source: OECD Health Data 2012
http://stats.oecd.org/Index.aspx?DataSetCode=SHA

1. Growth rates for Chile calculated using the Consumer Price Index (CPI).

Back to table of contents