West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 19 October 2012
10.00am

ST JOHN
WATERWALK ROAD
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

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 DHB • Retired partner now in a consultancy role, Deloitte • Council Member, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Spouse, Canterbury DHB employee (Ophthalmology Department) • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board
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 • Committee Member of C.A.R.E. • Committee Member MS/Parkinson West Coast • Member of sub committee for Stroke Conference

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 7 September 2012 commencing at 10.15am

BOARD MEMBERS

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

APOLOGIES

Apologies for absence were received and accepted from Dr Paul McCormack, Kevin Brown and Susan Wallace.

An apology for lateness was received and accepted from Warren Gilbertson (10.45am).

EXECUTIVE SUPPORT

David Meates (Chief Executive); Dr Carol Atmore (Chief Medical Officer); Garth Bateup (Acting General Manager, Hospital Services); Gary Coghlan (General Manager, Maori Health); Michael Frampton (Programme Manager); Brian Jamieson (Communication Officer); Wayne Turp (General Manager, Planning & Funding); Colin Weeks (Chief Financial Manager); Kay Jenkins (Minutes).

The Chair asked Gary Coghlan to lead the Karakia.

Resolution (63/12)
(Moved Doug Truman/seconded Elinor Stratford – carried)
That the Board

i. resolve that the public be excluded from the next part of the proceedings of this meeting and the information contained in any reports; and
ii. notes that the subject to be considered while the public is excluded is a confidential board briefing; and
iii. notes that the grounds for the passing of this resolution is: to carry on, without prejudice of disadvantage, negotiations (including commercial and industrial negotiations) [S9(2)(j)]; and to protect the privacy of natural persons [S9(2)(a)]
iv. notes that the meeting will move back into a public forum at approximately 11.30am.

The meeting moved back into public at 11.30am.

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 (64/12)
(Moved John Vaile/seconded Helen Gillespie - carried):

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 20 July 2012 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.

4. CHAIR'S UPDATE

The Acting Chair updated the Board on the following:

- **O'Conor Trust**
  Board members have already been advised of the outcome of these discussions with O'Conor continuing with the development of their site.

- **National Chair's Meeting**
  The next National Chair's Meeting will be held on Monday 17 September 2012

- **South Island Alliance Board Meeting 27 August 2012**
  The SI Alliance Board is continuing to work well.
  HBL - the Finance, Supply & Procurement, Business Case is still being worked through. The South Island CFO's are working to influence this.
  A statement is being prepared for the Minister to update him on progress within the Alliance

- **Better Sooner More Convenient**
  The Minister of Health and the Director General will be meeting with the Chair and CEO on 26b September 2012 to discuss progress with the Better Sooner More Convenient Business Case.

- **Capital Investment Committee**
  The Capital Investment Committee will be meeting in Greymouth on 18 October to discuss the Grey & Buller Business Cases. They were also meet in Timaru on 13 September 2012 with South Island Chairs & CEO's to discuss SI Capex.

Discussion took place regarding the position around the transitional funding approval to remain at the 2011/12 level. The Chair commented that this is still to be clarified with some work to be done. The Board noted that this has already been included in financial assumptions in the Annual Plan.

Resolution (65/12)
(Moved Elinor Stratford/seconded Doug Truman - carried)

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

5. CHIEF EXECUTIVE'S UPDATE

The Chief Executive took his report as read.

Discussion took place regarding orthopaedics and further discussion regarding this will take place in the Clinical Advisors Update.

The Chair commented that he was conscious when reading the report that there is a lot taking place.

Resolution (66/12)
(Moved Helen Gillespie/seconded John Vaile – carried)
That the Board:
i. notes the Chief Executive's update.

6. CLINICAL LEADERS REPORT

Carol Atmore, Chief Medical Officer, and Karyn Kelly, Director of Nursing & Midwifery spoke to this report. Dr Atmore commented that the evaluation of the first 6 weeks of the orthopaedic transition service has taken place. First indication show that 400 patients were seen and there were 7 transfers to Christchurch (5 from Greymouth, 1 from Hokitika and 1 from Buller). The teams will continue to work on communication with Canterbury and also continue to fine tune the processes around this.

Karyn Kelly added that further data will be gathered and analysed by testing against different scenarios.

Discussion took place regarding whether it is the intention for South Westland to recruit some Rural Doctor's. The Board noted that this has now been made possible and it is the intention to look at this for next year. Dr Atmore added that GP recruitment continues to be an ongoing challenge.

Discussion also took place regarding funding for Nursing Entry to Practice Programme. Karyn Kelly advised that Canterbury had assisted by funding this until vacancies arose here.

Resolution (67/12)
(Moved John Vaile/seconded Sharon Pugh – carried)
That the Board:
i. notes the Clinical Advisor's updates.

7. FINANCE REPORT

Colin Weeks, Chief Financial Manager, spoke to the Finance Report for July 2012 which was taken as read. He commented that it was important to note that this is the first month of the new financial year. Infrastructure costs should also be noted with increases being quite large, especially in the case of Insurance.

Acting Chair, Peter Ballantyne commented that it is important that all costs be managed and that CAPEX will be of considerable concern going forward.

Resolution (68/12)
(Moved Doug Truman/seconded Elinor Stratford – carried)
That the Board:
i. notes the financial result for the period ended 31 July 2012.

8. ALLIANCE LEADERSHIP TEAM UPDATE

Dr Carol Atmore, Chief Medical Officer, spoke to this report. She advised that the last meeting of the Alliance Leadership Team had been held in early August. The key issues were around:

- The health of older people's Service;
- Health IT being a key enabler in making some of the Better Sooner More Convenient models of care come to life; and
- Staffing issues in Buller.

Discussion took place regarding the care of older people outside the Greymouth & Hokikita areas. The Board noted that there is some work underway regarding realigning services with home based support and rural networks. Management to follow up re the coverage of nursing homes in South Westland.

Resolution (69/12)
(Moved John Vaile/seconded Mary Molloy – carried)
That the Board:

i. notes the Alliance Leadership team update.

9. REPORTS FROM COMMITTEE MEETINGS

a. Elinor Stratford, Chair, Community & Public Health & Disability Support Advisory Committee provided an update from the Committee meeting held on 23 August 2012.

She made particular reference to the presentation by Roger Jolly from the Ministry of Health regarding the Maori disability Action Plan for Disability Support Services.

The update was noted

b. Warren Gilbertson, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 23 August 2012.

He commented that with what the DHB is trying to achieve that it could see some variance in budgets and that there could also be infrastructure implications on financial performance.

The Board noted that the Hospital Advisory Committee is concerned about the relatively high number of patient assaults on staff. The data is being benchmarked with other DHBs to enable a better understanding of the situation. The Committee will continue to monitor this.

In regard to the booking office process the Committee will also continue to monitor ths.

The update was noted.

c. Gary Goghlan, General Manager, Maori Health, provided an update from the Tatau Pounamu Advisory Group Meeting held on 23 August 2012.

Of particular note was the presentation by Roger Jolly regarding the Maori Disability Action Plan.

Tatau Pounamu had also received a presentation regarding Rata Re Awhina Trust and the Board noted that work is currently under way to create a more sustainable Maori Health and social Services provider for the West Coast.

The update was noted.

10. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (70/11)
(Moved /seconded– 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 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 July 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.	Share for Care Implementation Process	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Grey Base Hospital Electrical Infrastructure	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7	Statutory Committee Appointments	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)
8.	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";

There being no further business the public open section of the meeting closed at 12.35pm.

The Public Excluded section of the meeting adjourned for lunch and a staff briefing between 1.00pm & 2.00pm

The meeting moved back into public open at 2.20pm

There being no further business the meeting closed at 2.20pm.

_____ _____

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: **19 October 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 August 2012 was a deficit of $780k which was $158k unfavourable against the budgeted deficit of $622k. The year to date result was a deficit of $1,439k which was $64k unfavourable against the budgeted deficit of $1,375k.

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

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Governance Arm	4	0	4	31	0	31
Funder Arm	993	825	168	1,892	1,460	432
Provider Arm	(1,777)	(1,447)	(330)	(3,362)	(2,835)	(527)
Consolidated Result	(780)	(622)	(158)	(1,439)	(1,375)	(64)

Planning & Funding

A project to review the current mental health and addiction system and develop recommendations for a more integrated approach across specialist, community providers and primary care is being undertaken. This is intended to accelerate the ensure the inclusion of both primary and secondary mental health services into IFHCs.

Progress on the establishment of the Complex Clinical Care Network (CCCN) has restarted with new project leaders appointed. A revised implementation plan, Terms of Reference and membership for the revised work stream was approved by ALT on 4th October.

The HR process to restructure Carelink's staffing and functions to fit the CCCN model is nearly completed. The CCCN manager position has been advertised, with interviews scheduled for 24 October.

A replacement geriatrician (Dr Michelle Dhanak) has started supporting the coast (0.2 FTE), physically visiting the Coast fortnightly since early September. She began leading Inter Disciplinary Team meetings for community-based referrals on 26 Sept 12.

A 0.5 FTE Buller-based gerontology clinical nurse specialist has been appointed.

The reconfiguration of the management structure and redesign of future strategic direction for kaupapa Maori health services has been completed under the guidance of the Rata Te Awhina Trust governance group. This provides the DHB with significant assurance about the agency's future contribution towards Better Sooner More convenient health care for Maori the Integrated Family Health System now under development.

Hospital Services

Key Achievements

- New consultant General Physician and Consultant Anaethetist have both commenced work.

Key Issues & Associated Remedies

- Orthopaedic Service - The transition continues. A review of the first three months will commence during October. There are a number of issues still to be resolved so that the service is working as originally planned.
- Emergency Planning - Exercise Shakeout was held on 26 September at 9.26am. There was a great response from across the DHB with staff even participating if they were out of their regular workplaces. Feedback has been good with staff indicating it generated discussion and thoughts around how individual areas need to prepare their workplaces.
- Nursing Update - A core number of appropriately educated midwives are now available to support the reintroduction of an epidural service. An upcoming visit by the Canterbury DHB CNS for stroke services will kick-start the service improvements that need to be made to implement the 2010 New Zealand guidelines for stroke management.
- Preparatory work is underway to roll out the Liverpool Care Pathway across the West Coast DHB and aged residential care facilities, in collaboration with the palliative care team. It is anticipated that Buller, Reefton and ARC will begin the process first with Grey Hospital in the New Year.
- Opportunities for nurses to upskill within high dependency surgical nursing are being explored with Burwood Hospital.
- Midwifery leadership within the maternity service continues to improve the synergy across the wider maternal-child service, especially for the care of neonates.
- Three staff members recently attended the annual emergency department conference. Key discussions of interest were the future of NZ rural hospitals, end of life care in the emergency department and patient flows. A national consultation process has commenced to agree on a set of quality indicators across the sector.

Upcoming Points of Interest

- Service relocations will be decided and planning undertaken to effect these.

Primary Care & Community Services

Management Support Services RFP. A request for proposals has been issued on the Government Electronic Tenders Service seeking proposals to provide management support services for general practices owned by WCHDB. The RFP is framed broadly, with the

intention of allowing proposers to offer a wide range of potential arrangements for supporting the practices. WCDHB will identify a shortlist of proposals which are most aligned with the strategic direction for primary care on the West Coast, and will then negotiate specific arrangements. The RFP closes on Friday 26th October.

Autonomous Clinical Unit. Consultation with staff on the structure of the Autonomous Clinical Unit has been completed, with a high degree of support for the approach. Staff made suggestions for the governance of the ACU, including nursing participation on the board, which will be taken into account during implementation. The ACU can now proceed to implementation, and the next step will be to establish the governance board.

Practice management remediation. The work of Mary Brown to identify and address process problems in the general practices has been continued in her absence with resource from CDHB planning and funding. A dashboard has been developed for monitoring performance of the practices on enrolment, recall, significant event and financial measures. This will be the basis for ongoing monitoring of the practices, and for identifying issues at an early stage so they can be addressed in a timely manner.

WCPHO have been invited, in a formal speech to its Trustees, to play a more active role in identifying and addressing the issues which have been identified in the practices.

Reefton and Karamea. Rural Academic General Practice is working to provide support to Reefton and Karamea practices. The new model will start on 5th November. This takes the form of providing GP support to Karamea four days a week by videolink, with a fortnightly visit. RAGP continues to work with Reefton, providing support to the Rural Nurse Specialists and consistency of care for patients. After hours services remain with Buller in the first instance, with on call support from Grey or Christchurch.

4. INFORMATION TECHNOLOGY

Telehealth

The wireless expansion to support Barclay, Morice, Theatre, Medical Admin, Hannan and Mental Health has been included. This will enable will support the mobile clinical carts use for orthopedic care within the new model of care. Installation of cabling and tested has been completed at all locations. Wireless to all wards other than Morice/Medical Admin (due to Seismic issues) to be installed by end of October. Aged care Telehealth rollout will also be before end of October.

The St Johns install has made some progression, but focus has been placed on the wireless and aged care rollout so this has been delayed for at least two months. Aiming for completion end of November.

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. Implementation is still progressing with the system nearly available for testing. The project will be placed on hold in terms of a wider rollout until post November 17th to not risk impacting the delivery of the Concerto system.

Laboratory Information Systems Replacement (CHL Delphi)

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. Progress is on track to deliver the system by November with go live date scheduled for 20 November.

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 project is on track to be delivered on 17 November. Training plan has been developed.

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. Ongoing regional workshops have been scheduled to ensure regional buy in to solution. The go live for this system is late 1st Quarter 2013.

A key component of the solution that has come out of the workshops is integration with the current Patient Administration System in use within WCDHB. This is to allow clinicians to focus on using one system, rather than swapping between a clinical workstation and administrative system. Costs have been finalized for the integration and are tracking to come within budget for the Concerto project.

Home Based Care System

The business case to implement the Caduceus home based care system has been approved. Implementation is underway with some onsite training occurring. Linkages with Ashburton are also being used with the implementation. The project is still subject to some resource constraints but progress is being made. Go live is scheduled for late November, after the Concerto go live.

Provation

At the Clinical Quality Improvement Team meeting the lack of an endoscopy reporting system was seen as an important quality issue. A business has been submitted and approved by the Capital Committee at end of June 2012. CDHB will be providing a project manager for the implementation. Regional Kick off meeting date has occurred with regular project meetings about to ramp up.

Orthopedic Templating System

WCDHB will be moving to a regional orthopaedic Templating system. WCDHB has had the solution already installed locally for a number of years. CDHB has recently implemented the same system. Moving to the one system will better stream line information sharing between DHBs. The project has made progress on resolving a number of connectivity issues. A move to the regional instance should occur within the next 1-2 months.

Orthoscope Solution

A orthopaedic information system is being extended from CDHB to WCDHB to help enable the successful changing model of care for orthopaedics. The project has initially kicked off with scoping being done on the solution. Connectivity of the solution from WCDHB to CDHB has been established. Regular project meetings are occurring.

eReferrals Project

An eReferrals project has begun to be rolled out across the region by the South Island IT alliance. The DHB is engaged with the PHO to enable the necessary resource to implement this project as resources within the DHB are very constrained with the Concerto

implementation. Funding for the project is an issue with current capital constraints within the DHB, however a workable solution has been found in the interim. A kick off meeting is to be scheduled within the next few weeks, initial scoping of the project has already been completed.

Primary Care Support

WCDHB has struggled to provide appropriate levels of IT support for primary care functions within the DHB. To resolve this, Pegasus Health has been engaged to service Medtech32 on the WCDHB computer systems. The initial engagement was to troubleshoot and resolve some reoccurring database issues causing several outages. With further engagement being the upgrading of Medtech32 to the most recent release. Further work with Pegasus will be to establish a Service Level Agreement and the ability to provide ongoing Medtech32 support.

5. MAORI HEALTH

Kaizan Workshop Maori Health

The above workshop will be facilitated by Danie Vermeulen of Kaizen and will consist of active working sessions looking at case studies, identifying service issues and coming up with practical solutions to them. The purpose of the workshop will be to identify a future strategic direction for Maori Health service delivery in its entirety and shaping a new model of care that aims to:

- align services with Integrated Family Health Systems
- integrate Secondary, Primary and Community Health services
- take advantage of greater collaboration with Canterbury DHB
- improve capacity and capability of mainstream delivery to Maori
- improve Maori people's experience of health care and support services on the West Coast

Whanau ora

This year (2012/13) was the first time the DHB Annual Plan included a measure on Whānau Ora. The MOH are aware that the inclusion of the reference to the Better, Sooner, More Convenient Health Services policy, in the guidance, led to some confusion. Te Kete Hauora, the Maori Health directorate is seeking to improve and refine the Whānau Ora measure in the DHB Annual Planning package for the 2013/14 planning round - as part of Te Kete Hauora contributing input to the overall development of the Ministry of Health 2013/14 DHB Annual Planning package. They have sent a revised draft of the DHB Annual Planning Guidance for Whānau Ora for 2013/14.

This draft measure places more emphasis on the expectation that DHB's will focus on the national TPK led Whānau Ora initiative and support providers collective to implement Whānau Ora. It has been developed to clarify expectations for Whānau Ora and build on progress from 2012/13.

Te Tai Poutini Road shows

The Kia ora Hauora Road show went to Te Tai Poutini in September with two presentations to more than 50 Maori students at John Paul College in Greymouth and Westland High students in Hokitika. Students in Years 9 to 13 were in attendance and the road show is designed to promote diversity of health career pathways through a patient journey DVD, also to promote tertiary health education pathways through profiling current Maori health students studying. Kia Ora Hauora provides a support system forward for Maori students who are keen to pursue a health career for those who register on the programme. These were successful sessions and the Rangatahi were really positive. Registration to Kia Ora Hauora by Maori youth has increased significantly after a more concerted effort has been provided to the West Coast.

Te Rau Matatini –KOH Maori Health Career Engagement Programme

Westland High School is one of eight schools nationally taking part in a national Maori Health Career Engagement Programme pilot that is being delivered by Te Rau Matatini, on behalf of Kia Ora Hauora. The programme consists of the development of a toolkit which is designed to be a creative and pro-active resource to support schools, teachers, career advisors, kai tautoko, rangatahi and whanau. This programme helps foster the aspirations and dreams of rangatahi in their career development. This programme is part of the suite of KOH initiatives targeting schools to increase the uptake of Maori into the health workforce.

Hon Tariana Turia Associate Minister of Health

Preparation is underway for a proposed visit by the Hon Tariana Turia to the West Coast on Tuesday 30th October. An itinerary is currently in development with the Minister's office.

6. COMMUNITY & PUBLIC HEALTH

Local Alcohol Policies

Local Alcohol Policies (LAPs) are one of the measures in the Alcohol Reform Bill currently before Parliament. The concept of LAPs has received wide cross-party and public support. They are intended to bring local decision making back into matters relating to liquor licensing, such as where licensed premises can be located, what hours they can open and how many liquor licenses can be issued for a region. Councils are required to consult with their partners in liquor licensing, the Medical Officer of Health and the Police in the preparation of their draft policies. They are then required to use a special consultative procedure with the public to produce a provisional LAP.

While LAPs are unlikely to be mandatory, some councils have already taken the initiative and begun working on them in anticipation of the passage of the Alcohol Reform Bill. On the West Coast, the Buller District Council is first out of the blocks to signal their intention to develop a LAP. Community and Public Health will be working with the Police to assist Buller and other West Coast councils to produce their draft LAPs, including providing data on the harm caused by alcohol in our region. We will also be encouraging West Coast councils to consider the option of collaborating to develop a regional alcohol plan for all three districts.

This area of Community and Public Health's work is just one of several that links with and follows from the WCDHB's adoption of the South Island DHBs Alcohol Policy Statement earlier this year.

Pertussis (Whooping Cough)

From 1 May 2011 to 30 September 2012 there have been a total of 584 notifications of pertussis on the West Coast. Of these, 352 have been probable/confirmed cases, and 8 are under investigation. Given that there are still high rates of pertussis in neighbouring districts like Canterbury and Nelson-Marlborough, we expect that cases will still continue to occur on the Coast for some time to come. However, the control measures taken on the West Coast last year, including the provision of free pertussis boosters to people in contact with children under the age of one year, seem to have been successful in keeping the rates of disease in West Coast babies under one year of age (those most vulnerable to complications and deaths from pertussis) the lowest of any area in New Zealand.

Emergency Response Exercise and Training

Community and Public Health staff were recently involved in Operation Cruickshank Minor, an emergency response exercise organised across the West Coast region to practice responding to a pandemic. The three District Councils, the Regional Council and the West Coast District Health Board were also involved in this exercise. It was a good opportunity for new staff to

train in this field. Three Community and Public Health staff have also now completed Co-ordinated Incident Management System (CIMS) Level 3 emergency response training. We will also be taking part in next year's regional civil defence exercise in May 2013.

Appetite for Life and Cooking Skills to Life Skills

Community and Public Health run the Appetite for Life and Cooking Skills to Life Skills courses. Both courses aim to develop personal skills in nutrition and healthy lifestyles and the latter also aims to develop community capacity to deliver the course.

Appetite for Life is a six week weight management and healthy lifestyle programme that has been designed specifically for people who are fed up with the dieting process and just want to have a normal relationship with food. Appetite for Life is not a diet. It promotes lifestyle changes that help participants lose weight slowly, maintain weight loss and feel good about themselves throughout the process (see http://www.appetiteforlife.org.nz/)
We are currently running four courses a year on the Coast, two in Greymouth and two in Hokitika. We are scheduled to start one in Hokitika mid October, followed by one early next year in Greymouth.

Cooking Skills to Life Skills is a course that teaches and supports people in the community to cook healthy and affordable meals. The course is hands-on and also covers basic nutrition and budgeting. There are a number of trained facilitators in the community and classes are generally run on request.

Active West Coast

Last month, the Active West Coast (AWC) network celebrated its tenth year of working together to improve the health and well-being of West Coasters. Having started as a network to improve physical activity levels on the Coast, AWC has evolved into a wider network that now incorporates the promotion of healthy lifestyles focusing on areas such as physical activity, nutrition, smokefree, youth and older person's health. Community and Public Health was a foundation partner in AWC and provides secretariat services for the network.

A recent review of AWC's activities over the past decade highlighted a number of achievements including achieving Smokefree parks and playgrounds within the three West Coast council districts, the introduction of Green Prescription to the West Coast, involvement in community events such as Push Play activities and Diabetes Hui, supporting the establishment of the Cardiac Clubs and Tai Chi classes, and many successful submissions to national and local decision makers on public health issues.

7. COMMUNICATIONS

Key Achievements

- Communications management of two key seismic reports to internal and external audiences.
- Communications management of key change management initiatives.
- Internal communications – production of weekly Chief Executive's update and forthrightly ASK NOW.
- Preparation of internal communications report and release to staff.
- Spring issue of Report to the Community being distributed on the West Coast via the Messenger of October 17. Copies sent to a wide range of key influential with a cover note from the Chief Executive.
- Proactive media relations:
  - Updates on seismic issues with facilities at Grey Base Hospital
  - Critical Clinical Care Network being set-up
  - Parfitt Kids Charity

- Information on release of Report to the Community
- Update to the community on latest recruitment initiatives

Key Issues & Associated Remedies

- Seismic issues – staff potentially not wanting to work in buildings – working closely with HR and informing staff and unions regularly of updates.
- Orthopedic transition issues – ongoing, regular information to all staff.

Upcoming Points of Interest

- Preparation of material around changes to the Share for Care sharing of electronic health record summaries.
- Roll out of new Lifepack defibrillators to rural clinics is underway. Recognition to be made of Moana, HariHari and Haast communities who have raised money towards defibrillator purchase.
- Forthcoming South Island Alliance road show is scheduled for Greymouth on 22 & 23November.
- Confirmation of Internal Communications Strategy.

Report prepared by: David Meates, Chief Executive

CLINICAL LEADERS UPDATE

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

SOURCE: **Clinical Leaders**

DATE: **19 October 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
The Rural Academic General Practice has developed new work processes to support some of the rural parts of our health system, this includes VC support daily and clinics several days a week at Reefton; and providing a once a fortnight service to Karamea, by flying from Greymouth to Karamea for the day.

Transalpine Services
Allied Health leaders from Canterbury and the West Coast are continuing to develop the RUral Focused Urban Specialist (RUFUS) service model and are looking to pilot this is Social Work and Dietetics in the coming months.

Leadership and Clinical Governance
Clinicians have been working hard to plan the reconfiguration of clinical services in response to the seismic issues for Greymouth Hospital. A steering group has led the work in reviewing information and data to support the development of potential options for service delivery, with a draft report produced by October 12th. This will also inform discussions with the National Health Board on October the 18th, whereby support will be sought to enable the required short term construction to address the immediate risks.

Service Improvements
Red Cross are trialling a once a week transport service from Westport to Greymouth return for people requiring health services in Greymouth, in collaboration with WCDHB.

Workforce
The third anaesthetist employed to the team started on 1st October.

Planning is underway for the implementation of the Cancer Nurse Coordination role. Funding has been released to the DHB to enable nurse coordination of patient pathway, from the point of referral of suspected cancer through to diagnosis and treatment. One of the purposes of this role is to streamline care in order to achieve the requirement of meeting faster cancer treatment indicators.

Two new Gerontology Clinical Nurse Specialists have been appointed to support the Complex Clinical Care Network. These CNS's will work collaboratively within the interdisciplinary team to provide complex assessment and coordinated care, working to a restorative model to enable folk to remain well and in their own homes.

The longstanding vacancy in social work leadership has been filled and we welcome the new clinical manager for Occupational Therapy to the Coast this month.

General
The Clinical Leaders and Chief Executive had a successful meeting with the Minister of Health, Hon Tony Ryall, and Director General, Kevin Woods. Service improvements were discussed with a specific focus on Better Sooner More Convenient Care progress and the Health Targets. Both Mr Ryall and Mr Woods congratulated the DHB on progress made, while encouraging a continued focus on meeting the targets.

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

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

TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Financial Officer

DATE: 19 October 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 financial results for the period ended 31 August 2012.

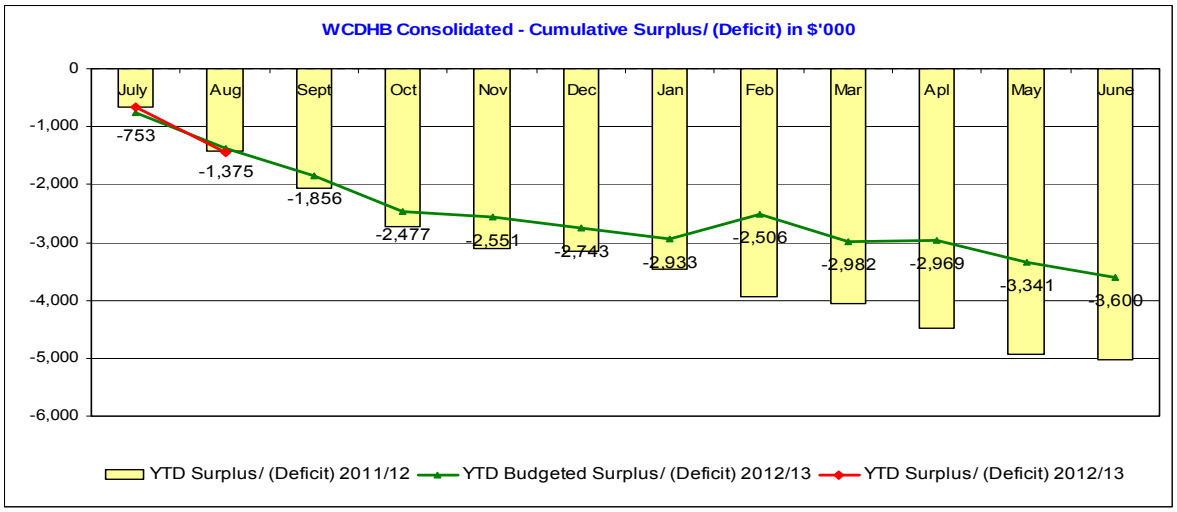
3. DISCUSSION

Financial Overview for the period ending 31 August 2012

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,215	6,312	(97)	×	12,372	12,665	(293)	×
Governance & Administration	179	183	(4)	×	358	367	(9)	×
Funds & Internal Eliminations	4,708	4,642	66	√	9,300	9,284	16	√
	11,102	11,137	(35)	×	22,030	22,316	(286)	×
EXPENSES								
Provider								
Personnel	4,634	4,601	(33)	×	9,098	9,064	(34)	×
Outsourced Services	1,041	1,067	26	√	2,157	2,197	40	√
Clinical Supplies	615	641	26	√	1,183	1,344	161	√
Infrastructure	1,268	939	(329)	×	2,330	1,875	(455)	×
	7,558	7,249	(309)	×	14,768	14,479	(289)	×
Governance & Administration	175	183	8	√	327	367	40	√
Funds & Internal Eliminations	3,715	3,816	101	√	7,408	7,825	417	√
Total Operating Expenditure	11,448	11,248	(200)	×	22,503	22,671	168	√
Deficit before Interest, Depn & Cap Charge	346	111	(235)	×	473	355	(118)	×
Interest, Depreciation & Capital Charge	434	510	76	√	966	1,020	54	√
Net deficit	**780**	**622**	**(158)**	×	**1,439**	**1,375**	**(64)**	×

CONSOLIDATED RESULTS

The consolidated result for the year to date ending August 2012 is a deficit of $1,439k, which is $64k worse than budget ($1,375k deficit).



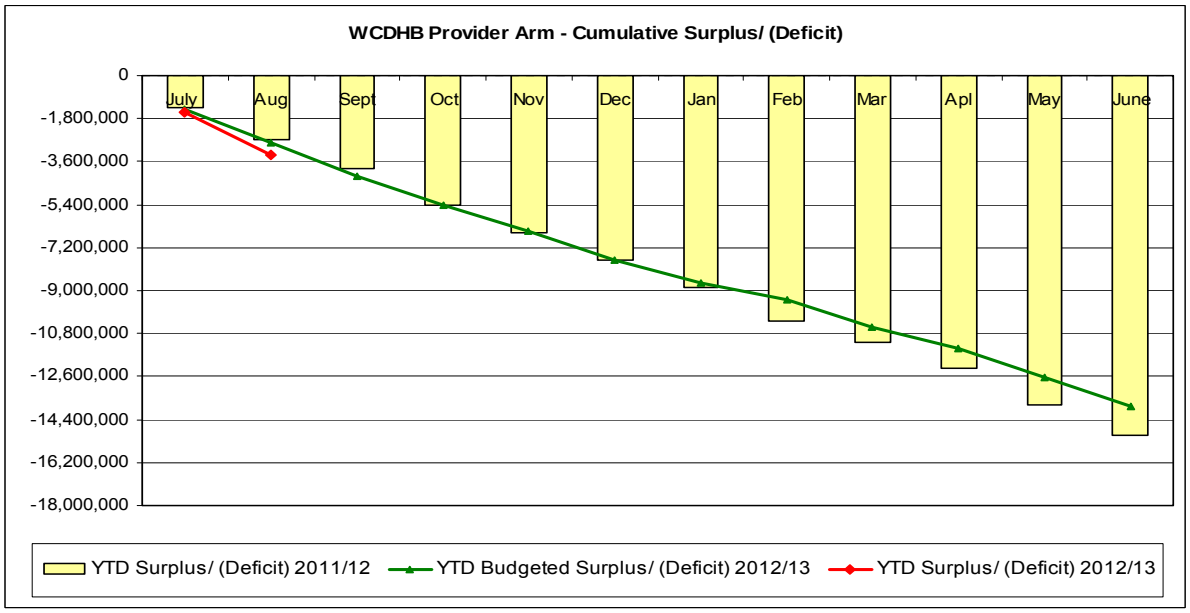
RESULTS FOR EACH ARM

Year to Date to August 2012

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(3,362)	(2,835)	(527)	Unfavourable
Funder Arm surplus / (deficit)	1,892	1,460	432	Favourable
Governance Arm surplus / (deficit)	31	0	31	Favourable
Consolidated result surplus / (deficit)	**(1,439)**	**(1,375)**	**(64)**	**Unfavourable**

The variance to budget is explained in the narrative for the separate arms below.

PROVIDER ARM



Revenue

Provider Arm revenue received from external sources (not via the Funder Arm Service Level agreement) is $273 less than budget.

- ACC revenue is $87k less than budget for the year to date, $76k of this variance relates to the ACC elective services contract which we expect to catch up on in future months.
- General Practice revenue from the West Coast Primary Health Organisation (WCPHO) and revenue from home based support services are less than budget year to date. Both these services are currently implementing service improvements which will result in improved revenue sourcing.
- Budgets were set for external revenue for immunisation services and community youth alcohol and other drug services – this funding has since been devolved to the Funder arm and is now paid as internal funding to the Provider arm ($46k to date).

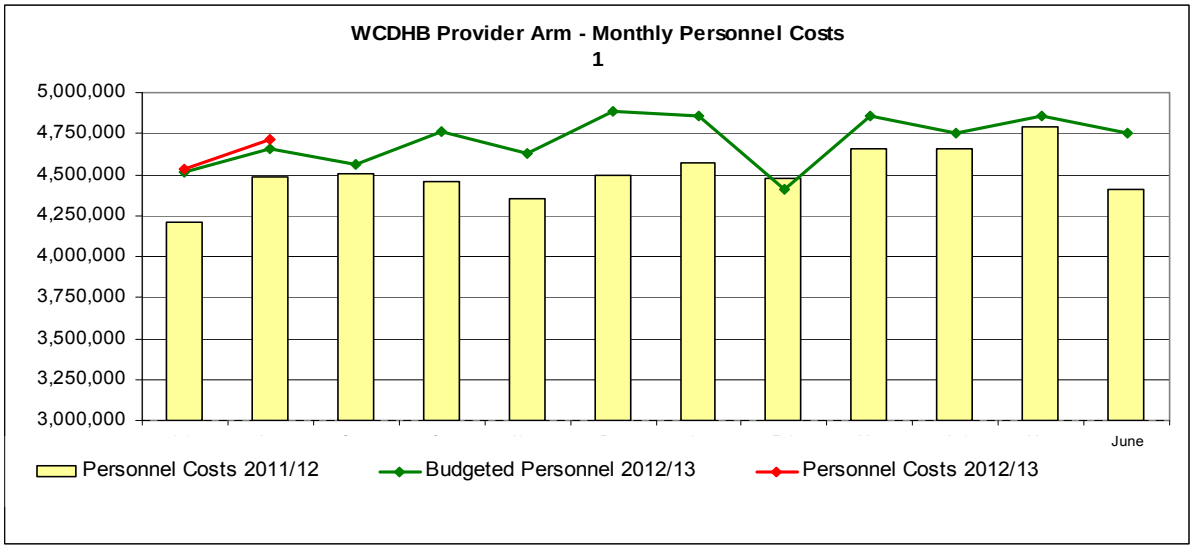
EXPENSES

Personnel costs

Personal cost for the year to date are $9,098k; $34k worse than budget ($9,064k).

- Medical Personnel costs are $22k worse than budget.
  - Senior Medical Officer costs are $49k worse than budget, with new employees starting earlier than had been budgeted. Costs of recruitment and relocation have also contributed to the unfavourable variance but benefits will be realised in future months by having a stable employed medical staff.
  - General Practitioner (GP) personnel costs are $35k under budget due to vacancies.

- Allied Health Personnel costs are $57k; better than budget.
  - This is due to a number of vacancies within allied services.

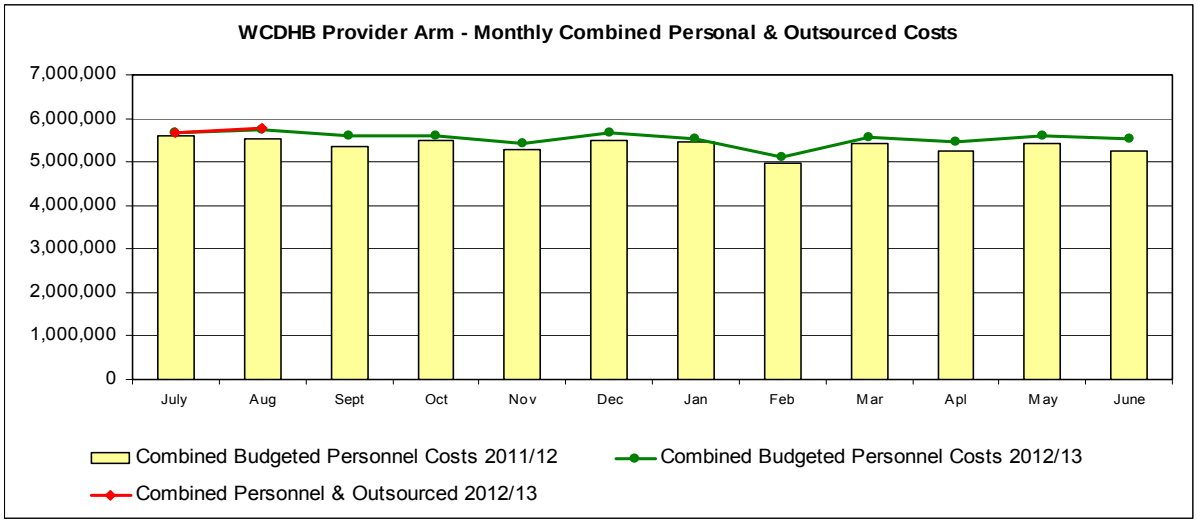


Outsourced services costs

Outsourced services costs are $2,157k; $40k better than budget ($2,1971k).

- Outsourced Senior Medical Costs (locums) were $1,184k; $195k better than budget. Locum costs within hospital services were under budget and locum services within primary services over budget due to vacancies.

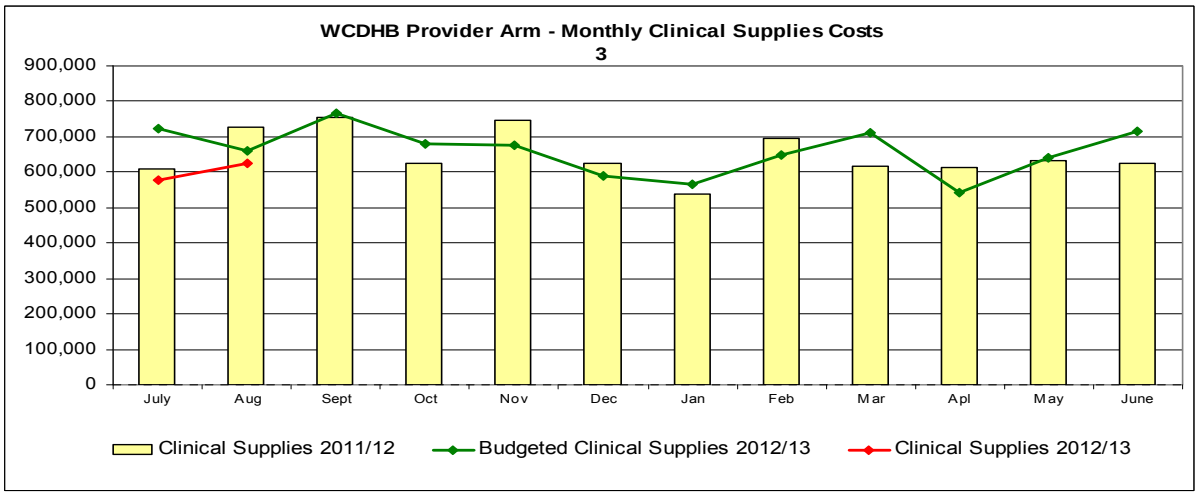
- Outsourced clinical services were over budget with orthopaedic services and ophthalmology being the two main contributors. Both these services are being reviewed and costs should reduce as new patient pathways are embedded.



Clinical Supplies

Overall clinical supplies are $161k better budget

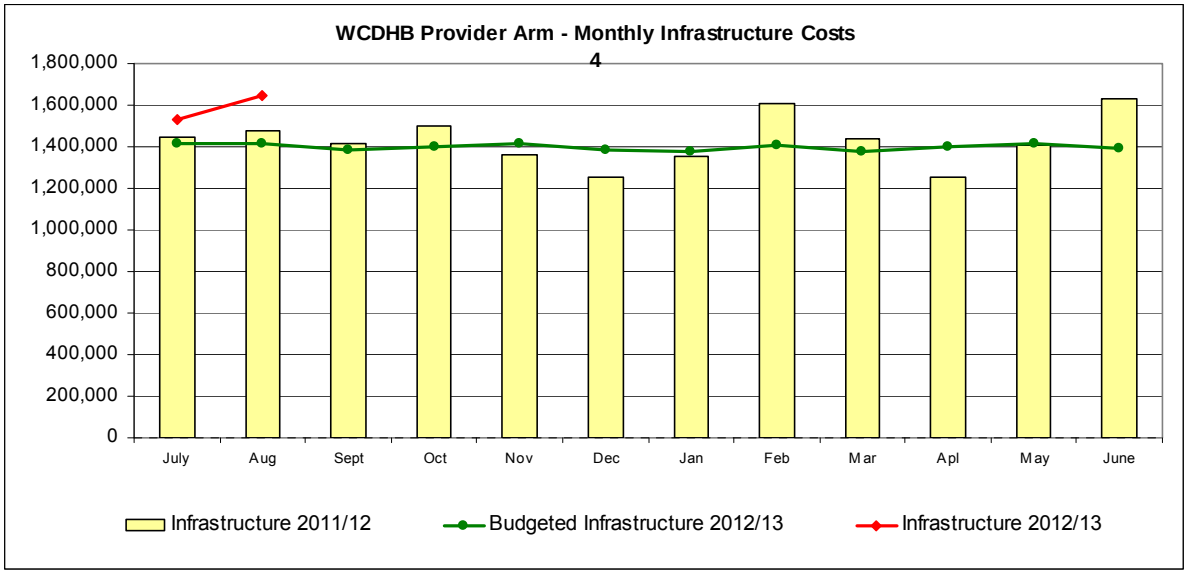
- All clinical supply categories were under budget apart from pharmaceuticals which were marginally over budget by $3k.



Infrastructure and non clinical Cost

Overall infrastructure and non clinical cost for the Provider arm are $2,330k, $455k over budget. Within this variance are the following specific variances:

- Professional fees and expenses are $178k worse than budget.
  - Insurance premiums form part of this expense category and were $55k over budget. This is due to greater than budgeted increase in premiums as a result of the Christchurch earthquakes that were only confirmed in August 2012.
  - Review and implementation of service improvements by external consultants within primary services that will improve the financially viability of the practices.
- Hotel services, laundry and cleaning costs are $152k worse than budget.
  - Laundry costs are $139k over budget due to the closure of the laundry on site, now necessitating that all laundry processing is outsourced.



FUNDER ARM

Revenue

Funder revenue from the Ministry of Health is $20,078k, $36k worse than budget ($20,114k).

- The West Coast District Health Board budget included $82k for transitional funding removed from the funding envelope and $34k for HEHA funding (programme funding was withdrawn at the end of the last year).
- Additional revenue has been received since the budget was set; this includes immunisation services and community youth alcohol and other drug services (as above) and vaccine funding - $99k for the year to date.

Expenses

The District Health Board's result for services funded with external providers for the month of August 2012 was $103k (3%) better than budget and year to date payments are $418kk (5%) better than budget.

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

Aug-12						Year to Date					2012/13	2011/12	
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance			Annual Budget	Actual Result	Change (actual 11/12to budget 12/13)
$000	$000	$000	%			$000	$000	$000	%		$000	$000	%
					Referred Services								
-48	25	73	289%	√	Laboratory	-25	51	76	149%	√	269	408	34%
792	661	-131	-20%	×	Pharmaceuticals	1,541	1,523	-18	-1%	×	8,129	8,025	-1%
744	**687**	**-57**	**-9%**	×		**1,516**	**1,574**	**58**	**4%**	√	8,398	8,433	0%
					Secondary Care								
21	22	1	5%	√	Inpatients	28	44	16	37%	√	266	65	-309%
90	97	7	8%	√	Travel & Accommodation	180	195	15	8%	√	1,168	1,137	-3%
1,264	1,269	5	0%	√	IDF Payments Personal Health	2,533	2,538	5	0%	√	15,226	15,416	1%
1,375	**1,388**	**13**	**1%**	√		**2,741**	**2,777**	**35**	**1%**	√	16,660	16,618	0%
					Primary Care								
42	39	-3	-7%	×	Dental-school and adolescent	78	78	0	0%	√	470	352	-34%
0	3	3	100%	√	Maternity	0	-4	-4	100%	×	20	0	
0	1	1	100%	√	Pregnancy & Parent	0	2	2	100%	√	8	0	
9	3	-6	-184%	×	Sexual Health	9	6	-3	-52%	×	33	8	-307%
11	4	-7	-187%	×	General Medical Subsidy	20	8	-12	-161%	×	46	5	-820%
538	538	0	0%	√	Primary Practice Capitation	1,076	1,076	0	0%	√	6,458	6,322	-2%
5	12	7	59%	√	Primary Health Care Strategy	15	24	9	38%	√	144	78	-85%
79	79	0	0%	√	Rural Bonus	157	158	1	1%	√	950	933	-2%
3	6	3	48%	√	Child and Youth	6	12	6	48%	√	69	151	54%
9	1	-8	-882%	×	Immunisation	12	2	-10	-555%	×	96	156	38%
14	46	32	70%	√	Maori Service Development	28	92	64	70%	√	551	191	-189%
18	9	-9	-97%	×	Whanua Ora Services	35	18	-17	-91%	×	110	216	49%
6	22	16	72%	√	Palliative Care	28	43	15	35%	√	214	184	-16%
7	17	10	59%	√	Chronic Disease	15	34	19	56%	√	204	123	-66%
12	11	-1	-7%	×	Minor Expenses	24	22	-2	-7%	×	134	132	-2%
753	**791**	**38**	**5%**	√		**1,503**	**1,572**	**69**	**4%**	√	9,507	8,851	-7%
					Mental Health								
0	2	2	100%	√	Eating Disorders	0	4	4	100%	√	23	22	-4%
54	64	10	16%	√	Community MH	107	129	22	17%	√	773	613	-26%
0	1	1	0%	√	Mental Health Work force	0	1	1	100%	√	8	12	30%
47	48	1	1%	√	Day Activity & Rehab	94	96	2	2%	√	574	572	0%
10	14	4	29%	√	Advocacy Consumer	20	29	9	31%	√	173	108	-60%
7	5	-2	-29%	×	Advocacy Family	19	11	-8	-75%	×	65	80	19%
0	0	0		√	Minor Expenses	0	0	0		√	0	0	
109	124	15	12%	√	Community Residential Beds	220	249	29	12%	√	1,493	1,296	-15%
68	68	0	0%	√	IDF Payments Mental Health	136	135	-1	0%	×	811	792	-2%
295	**327**	**32**	**10%**	√		**596**	**653**	**57**	**9%**	√	3,920	3,495	-12%
					Public Health								
9	16	7	44%	√	Nutrition & Physical Activity	17	32	15	47%	√	194	176	-10%
6	6	0	1%	√	Public Health Infrastructure	12	12	0	1%	√	73	75	3%
6	11	5	47%	√	Tobacco control	12	23	11	47%	√	136	143	5%
21	**34**	**13**	**37%**	√		**41**	**67**	**26**	**39%**	√	403	394	-2%
					Older Persons Health								
3	3	0	0%	√	Information and Advisory	6	5	-1	-20%	×	30	37	19%
0	0	0		√	Needs Assessment	0	0	0		√	0	33	
58	59	1	1%	√	Home Based Support	120	117	-3	-2%	×	671	630	-7%
6	10	4	38%	√	Caregiver Support	13	20	7	36%	√	115	115	0%
264	261	-3	-1%	×	Residential Care-Rest Homes	469	522	53	10%	√	2,739	3,020	9%
-10	-2	8		√	Residential Care Loans	-14	-4	10	250%	√	-24	-43	44%
27	26	-1	-4%	×	Residential Care-Community	50	52	2	4%	√	312	230	-35%
282	328	46	14%	√	Residential Care-Hospital	577	656	79	12%	√	3,828	3,438	-11%
0	4	4	100%	√	Ageing in place	0	9	9	100%	√	50	16	-213%
7	11	4	36%	√	Environmental Support Mobility	14	22	8	36%	√	132	64	-105%
9	8	-1	-12%	×	Day programmes	18	16	-2	-12%	×	97	120	20%
10	13	3	23%	√	Respite Care	15	26	11	42%	√	154	167	8%
119	119	0	0%	√	IDF Payments-DSS	238	238	0	0%	√	1,430	1,296	-10%
775	**840**	**63**	**7%**	√		**1,506**	**1,680**	**171**	**10%**	√	9,533	9,123	-4%
3,963	**4,068**	**103**	**3%**	√		**7,903**	**8,324**	**418**	**5%**	√	**48,421**	**46,914**	**-3%**

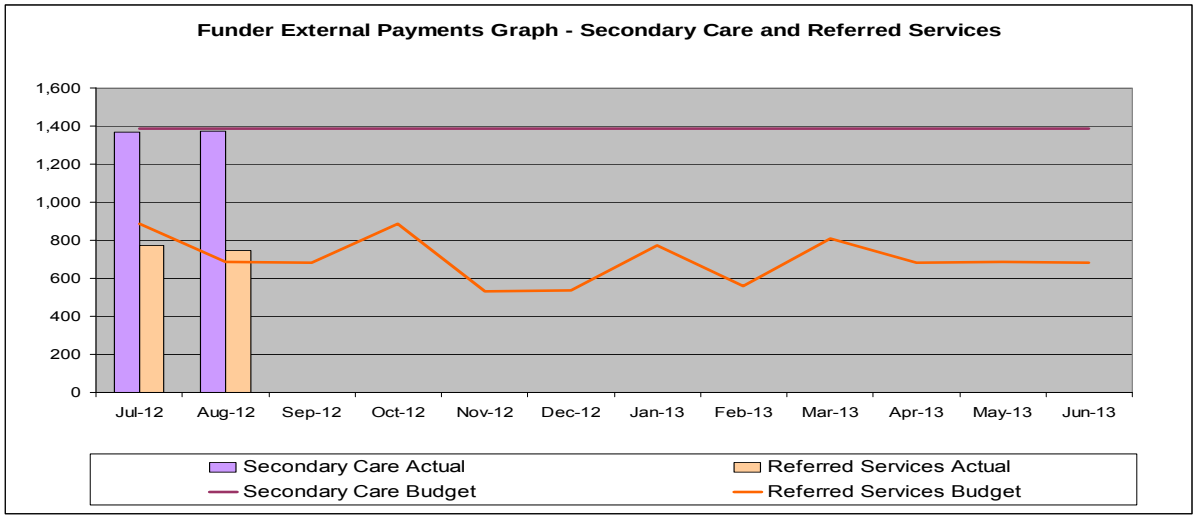
Commentary on year to date variances

Referred Services

Community pharmaceuticals are $18k more than budget. From January 2013 co-payments for pharmaceuticals increase from $3 to $5 reducing reimbursable costs paid to community pharmacies – overspend in the months until December will be offset by some savings from January 2013 on. Pharmaceutical costs may continue to be over budget during the year as payment for vaccines is now included in community pharmaceutical cost – funding to cover this has been devolved in to monthly Crown funding payments (funding is $320k for the full year). Laboratory services are $76k less than budget – an adjustment was made to last year's accrual for claims yet to be submitted.

Secondary Care

Secondary Care services are $35k less than budget to date, with travel and accommodation paid under the National Travel Assistance (NTA) scheme being $15k less than budget to date. Claims for NTA are not always received on a timely basis. District Flows (IDFs) reflected for the year are the cash payments made to date. Although overall Inpatient costs are $16k less than budget within this, Medical patients in community care are $17k more than budget, with volumes greater than budget. These placements vary in duration and this overspend may improve over the year. Access to care is via prior approval.

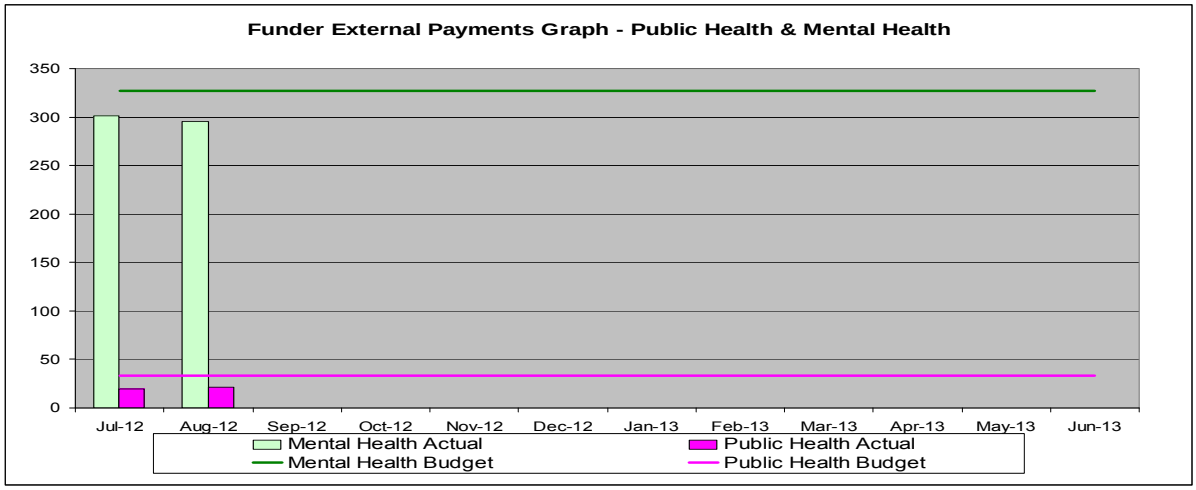


Mental Health

Mental health costs are $57k less than budget to date. Community residential beds are $29k less than budget, with two beds funded on a discretionary basis and the remainder block funded. The contract for residential care expired 31 August 2013 and has been renegotiated. Community mental health costs are $22k less than budget to date as services funded via Pharmac savings have yet to begin.

Public Health

Public health expenditure will continue to be less than budget for the year as HEHA funding was not renewed this year (it was included in the budget and expenditure was included in public health). Public health costs are funded via DHB contract with the Ministry of Health.

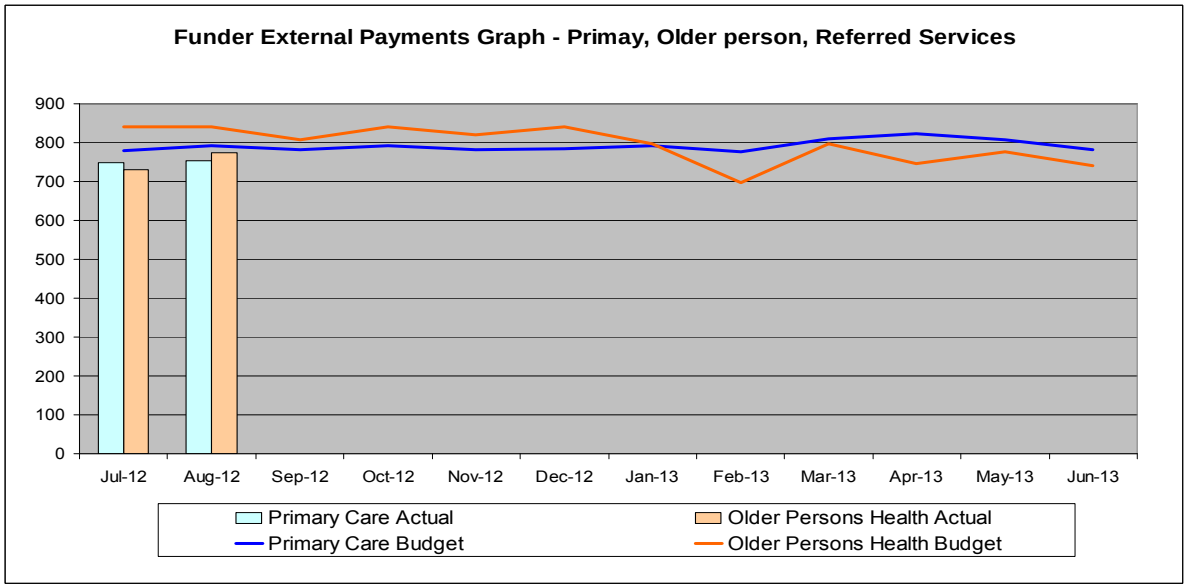


Primary Care

Primary care services are $69k less than budget to date. Payments for Maori services are $47k under budget to date, with the future of these services presently under review. Discretionary costs (chronic conditions and palliative care) are together $34k less than budget to date, these costs are incurred on an individual basis and demand driven.

Older Persons Health

Overall expenditure (residential and non residential) is less than budget year to date ($171kk or 10% 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 cash equivalents
As at 31 August 2012 the Board had $6.7m in cash and cash equivalents; $3.1m better than budget. Cash paid for capital items for the year ended 30 June 2012 was $1.2m less than budget and closing cash was $1.9m more than budget.

Non-current assets
Property, plant and equipment including work in progress is $1.4m less than budget, reflecting lower capital expenditure in the last financial year.

Crown Equity
Closing balance as at 31 August 2012 is $772k better than budget, reflecting the revaluation of property and plant at 30 June 2012.

4. APPENDICES

Appendix 1: Financial Results for the period ending 31 August 2012

Report prepared by: Colin Weeks, Chief Financial Officer

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

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2011/12
Operating Revenue												
Crown and Government sourced	10,748	10,759	(11)	(0.1%)	10,337	21,304	21,540	(236)	(1.1%)	20,854	129,383	127,080
Inter DHB Revenue	0	10	(10)	(100.0%)	7	0	21	(21)	(100.0%)	14	124	100
Inter District Flows Revenue	0	0	0	0.0	0	0	0	0	0.0	0	1,657	0
Patient Related Revenue	259	267	(8)	(3.0%)	254	528	551	(23)	(4.2%)	493	3,391	3,076
Other Revenue	95	101	(6)	(5.8%)	133	198	205	(7)	(3.3%)	241	1,488	1,905
Total Operating Revenue	11,102	11,137	(35)	(0.3%)	10,731	22,030	22,316	(286)	(1.3%)	21,602	136,044	132,161
Operating Expenditure												
Employee benefit costs	4,702	4,653	(49)	(1.1%)	4,485	9,235	9,167	(68)	(0.7%)	8,695	56,499	54,068
Outsourced Clinical Services	993	988	(5)	(0.5%)	932	2,066	2,038	(28)	(1.4%)	2,275	8,638	12,243
Treatment Related Costs	624	661	37	5.6%	725	1,201	1,383	182	13.2%	1,336	7,911	7,552
External Providers	2,512	2,610	98	3.8%	2,500	4,997	5,411	414	7.6%	5,002	30,952	29,507
Inter District Flows Expense	1,313	1,317	4	0.3%	1,302	2,631	2,635	4	0.1%	2,604	17,467	15,620
Outsourced Services - non clinical	83	115	32	28.0%	90	155	231	76	32.8%	181	1,388	854
Infrastructure Costs and Non Clinical Supplies	1,221	905	(316)	(35.0%)	1,047	2,218	1,807	(412)	(22.8%)	2,075	10,669	11,239
Total Operating Expenditure	11,448	11,249	(199)	(1.8%)	11,081	22,503	22,671	168	0.7%	22,168	133,524	131,083
Result before Interest, Depn & Cap Charge	(346)	(112)	(234)	(208.7%)	(350)	(473)	(355)	(118)	(33.3%)	(566)	2,519	1,078
Interest, Depreciation & Capital Charge												
Interest Expense	57	61	4	6.9%	381	112	123	11	8.6%	756	735	732
Depreciation	337	388	51	13.2%	0	734	777	43	5.5%	0	4,661	4,757
Capital Charge Expenditure	40	60	20	33.6%	52	120	121	1	0.4%	95	723	613
Total Interest, Depreciation & Capital Charge	434	510	76	14.9%	433	966	1,020	54	5.3%	851	6,119	6,102
Net Surplus/(deficit)	(780)	(622)	(158)	(25.4%)	(783)	(1,439)	(1,375)	(64)	(4.7%)	(1,417)	(3,600)	(5,024)
Other comprehensive income												
Gain/(losses) on revaluation of property												749
Total comprehensive income	(780)	(622)	(158)	(25.4%)	(783)	(1,439)	(1,375)	(64)	(4.7%)	(1,417)	(3,600)	(4,275)

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

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	30,784	31,909	(1,125)	(3.5%)	31,997
Intangible assets	888	889	(1)	(0.1%)	902
Work in Progress	612	850	(238)	(28.0%)	772
Other investments	2	2	0	0.00%	2
Total non-current assets	32,286	33,650	(1,364)	(4.1%)	33,673
Current assets					
Cash and cash equivalents	6,612	4,456	2,156	48.4%	3,552
Other investments	56	56	0	0.00%	1,556
Inventories	1,035	831	204	24.5%	793
Debtors and other receivables	4,773	4,452	321	7.2%	4,826
Assets classified as held for sale	136	136	0	0.00%	136
Total current assets	12,612	9,931	2,681	27.0%	10,863
Total assets	**44,898**	**43,581**	**1,317**	22.9%	**44,536**
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	12,195	12,195	0	0.00%	11,195
Employee entitlements and benefits	3,177	3,304	(127)	(3.8%)	2,974
Total non-current liabilities	15,372	15,499	(127)	(0.8%)	14,169
Current liabilities					
Interest-bearing loans and borrowings	250	250	0	0.00%	1,500
Creditors and other payables	9,724	9,195	529	5.8%	9,957
Employee entitlements and benefits	8,305	8,162	143	1.8%	7,810
Total current liabilities	18,279	17,607	672	3.8%	19,267
Total liabilities	33,651	33,106	545	1.6%	33,436
Equity					
Crown equity	66,197	66,185	12	0.0%	61,753
Other reserves	22,059	21,310	749	3.5%	21,310
Retained earnings/(losses)	(77,048)	(77,059)	11	(0.0%)	(72,002)
Trust funds	39	39	0	0.00%	39
Total equity	11,247	10,475	772	7.4%	11,100
Total equity and liabilities	**44,898**	**43,581**	**1,317**	**3.0%**	**44,536**

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

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					2012/13	2011/12
	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	11,003	11,203	(200)	(1.8%)	10,783	22,274	22,499	(225)	(1.0%)	21,783	135,739	133,962
Cash paid to employees	(4,917)	(4,653)	(264)	5.7%	(4,593)	(9,130)	(9,167)	37	(0.4%)	(8,660)	(56,498)	(53,626)
Cash paid to suppliers	(2,138)	(2,669)	531	(19.9%)	(2,484)	(5,604)	(5,458)	(146)	2.7%	(5,589)	(28,672)	(32,569)
Cash paid to external providers	(2,650)	(2,610)	(40)	1.5%	(2,500)	(5,273)	(5,411)	138	(2.5%)	(5,002)	(30,953)	(29,446)
Cash paid to other District Health Boards	(1,313)	(1,456)	143	(9.8%)	(1,459)	(2,631)	(2,911)	280	(9.6%)	(2,918)	(17,467)	(17,481)
Cash generated from operations	(15)	(184)	169	(91.8%)	(253)	(364)	(448)	84	(18.8%)	(386)	2,148	840
Interest paid	0	(61)	61	(100.0%)	0	0	(123)	123	(100.0%)	0	(735)	(735)
Capital charge paid	0	(0)	0	(1)	0	0	(1)	1	(1)	(99)	(723)	(712)
Net cash flows from operating activities	(15)	(245)	230	(93.9%)	(253)	(364)	(571)	207	(36.3%)	(485)	690	(607)
Cash flows from investing activities												
Interest received	31	22	9	43.1%	15	63	43	20	45.4%	31	260	319
(Increase) / Decrease in investments	0	0	0		1,000	0	0	0		2,000	0	3,500
Acquisition of property, plant and equipment	(270)	(450)	180	(40.0%)	(399)	(463)	(1,300)	837	(64.4%)	(905)	(3,745)	(2,667)
Acquisition of intangible assets	(15)	(250)	235	(94.0%)	0	(22)	(300)	278	(92.7%)	(11)	(1,405)	(265)
Net cash flows from investing activities	(254)	(678)	424	(62.6%)	616	(422)	(1,557)	1135	(72.9%)	1115	(4,890)	887
Cash flows from financing activities												
Proceeds from equity injections	0	0	0		0	0	0	0		0	3,600	4,512
Repayment of equity	0	0	0		0	0	0	0		0	(68)	(68)
Cash generated from equity transactions	0	0	0		0	0	0	0			3,532	4,444
Borrowings raised	0	0	0		0	0	0	0		0		
Repayment of borrowings	0	0	0		0	0	0	0		0	(250)	(250)
Net cash flows from financing activities	0	0	0		0	0	0	0			(250)	(250)
Net increase in cash and cash equivalents	(269)	(924)	655	(70.9%)	363	(786)	(2,128)	1,342	(63.1%)	630	(918)	4,476
Cash and cash equivalents at beginning of period	6,881	5,379	1502	27.9%	3,189	7,398	6,584	814	12.4%	2922	6,584	2,922
Cash and cash equivalents at end of year	6,612	4,456	2,156	48.4%	3,552	6,612	4,456	2,156	48.4%	3,552	5,666	7,398

West Coast District Health Board

Provider Operating Statement for period ending 31 August 2012

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2011/12
Income												
Internal revenue-Funder to Provider	5,230	5,250	(20)	(0.4%)	5,241	10,480	10,501	(21)	(0.2%)	10,363	63,005	62,868
Ministry of Health side contracts	106	143	(37)	(25.8%)	199	231	311	(80)	(25.6%)	358	1,862	1,657
Other Goverment	554	559	(5)	(1.0%)	443	995	1,116	(121)	(10.8%)	1,092	6,841	6,521
InterProvider Revenue (Other DHBs)	0	10	(10)	(100.0%)	7	0	21	(21)	(100.0%)	14	124	100
Patient and consumer sourced	259	267	(8)	(3.0%)	254	528	551	(23)	(4.2%)	493	3,396	3,076
Other income	66	82	(16)	(19.2%)	109	138	166	(28)	(17.0%)	202	1,258	1,564
Total income	**6,215**	**6,312**	**(97)**	(1.5%)	**6,253**	**12,372**	**12,665**	**(293)**	(2.3%)	**12,522**	**76,486**	**75,786**
Expenditure												
Employee benefit costs												
Medical Personnel	1,042	1,031	(11)	(1.0%)	782	1,986	1,964	(22)	(1.1%)	1,541	13,316	10,673
Nursing Personnel	2,015	2,008	(7)	(0.3%)	2,052	4,045	4,002	(43)	(1.1%)	4,013	24,086	24,654
Allied Health Personnel	797	805	8	1.0%	790	1,532	1,589	57	3.6%	1,500	9,647	8,956
Support Personnel	192	178	(14)	(7.8%)	186	401	376	(25)	(6.6%)	346	1,988	2,163
Management/Administration Personnel	588	578	(10)	(1.7%)	568	1,134	1,133	(1)	(0.1%)	1,104	6,842	6,520
	4,634	**4,601**	**(33)**	**(0.7%)**	**4,378**	**9,098**	**9,064**	**(34)**	**(0.4%)**	**8,504**	**55,878**	**52,966**
Outsourced Services												
Contracted Locum Services	531	678	147	21.7%	618	1,162	1,420	258	18.2%	1,581	4,931	8,202
Outsourced Clinical Services	462	309	(153)	(49.4%)	314	904	618	(286)	(46.2%)	694	3,710	4,041
Outsourced Services - non clinical	48	79	31	39.5%	52	91	158	67	42.3%	98	952	521
	1,041	**1,067**	**26**	**2.4%**	**984**	**2,157**	**2,197**	**40**	**1.8%**	**2,373**	**9,593**	**12,764**
Treatment Related Costs												
Disposables, Diagnostic & Other Clinical Supplies	103	110	7	6.4%	125	214	235	21	8.9%	238	1,323	1,388
Instruments & Equipment	147	151	4	2.9%	163	270	318	48	15.0%	329	1,968	1,613
Patient Appliances	19	29	10	34.5%	37	40	62	22	35.5%	60	354	347
Implants and Prostheses	62	75	13	17.3%	106	122	147	25	17.0%	192	817	877
Pharmaceuticals	153	155	2	1.3%	165	357	354	(3)	(0.8%)	290	1,923	2,033
Other Clinical & Client Costs	131	121	(10)	(8.3%)	129	180	228	48	21.1%	227	1,525	1,294
	615	**641**	**26**	**4.1%**	**725**	**1,183**	**1,344**	**161**	**12.0%**	**1,336**	**7,910**	**7,552**
Infrastructure Costs and Non Clinical Supplies												
Hotel Services, Laundry & Cleaning	439	304	(135)	(44.4%)	323	759	607	(152)	(25.1%)	624	3,671	3,766
Facilities	283	236	(47)	(19.8%)	232	514	453	(61)	(13.6%)	508	2,554	2,542
Transport	106	71	(35)	(50.0%)	106	192	141	(51)	(35.8%)	197	850	1,034
IT Systems & Telecommunications	133	121	(12)	(10.0%)	104	262	242	(20)	(8.3%)	207	1,527	1,375
Professional Fees & Expenses	99	18	(81)	(457.7%)	25	213	36	(178)	(500.0%)	42	209	557
Other Operating Expenses	98	79	(19)	(23.8%)	82	170	176	6	3.6%	158	969	1,213
Internal allocation to Governanance Arm	110	110	0	0.2%	110	220	220	0	0.2%	220	1,322	1,320
	1,268	**939**	**(329)**	**(35.1%)**	**982**	**2,330**	**1,875**	**(455)**	**(24.3%)**	**1,956**	**11,102**	**11,807**
Total Operating Expenditure	**7,558**	**7,249**	**(309)**	**(4.3%)**	**7,069**	**14,768**	**14,479**	**(289)**	**(2.0%)**	**14,169**	**84,483**	**85,089**
Deficit before Interest, Depn & Cap Charge	**(1,343)**	**(937)**	**406**	**(43.3%)**	**(816)**	**(2,396)**	**(1,814)**	**582**	**(32.1%)**	**(1,647)**	**(7,997)**	**(9,303)**
Interest, Depreciation & Capital Charge												
Interest Expense	57	61	4	6.9%	62	112	123	11	8.6%	124	735	732
Depreciation	337	388	51	13.2%	381	734	777	43	5.5%	756	4,661	4757
Capital Charge Expenditure	40	60	20	33.6%	104	120	121	1	0.4%	180	723	613
Total Interest, Depreciation & Capital Charge	**434**	**510**	**76**	**14.9%**	**547**	**966**	**1,020**	**54**	**5.3%**	**1,060**	**6,119**	**6,102**
Net deficit	**(1,777)**	**(1,447)**	**330**	**(22.8%)**	**(1,363)**	**(3,362)**	**(2,835)**	**527**	**(18.6%)**	**(2,707)**	**(14,116)**	**(15,405)**

West Coast District Health Board

Funder Operating Statement for the period ending 31 August 2012

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2011/12
Income												
PBF Vote Health-funding package (excluding Mental Health)	8,716	8,742	(27)	(0.3%)	8,407	17,432	17,484	(52)	(0.3%)	16,781	104,900	102,999
PBF Vote Health-Mental Health Ring fence	1,157	1,157	0	0,00	1,157	2,314	2,314	0	0,00	2,314	13,884	13,884
MOH-funding side contracts	215	158	57	36.1%	150	332	316	16	5.0%	309	1,896	2,018
Inter District Flow's	138	138	(0)	(0.1%)	157	276	276	(0)	(0.1%)	314	1,657	1,778
Other income	29	15	14	93.3%	15	60	30	30	100.0%	30	180	232
Total income	**10,255**	**10,210**	**45**	**0.4%**	**9,886**	**20,414**	**20,420**	**(6)**	**(0.0%)**	**19,748**	**122,518**	**120,911**
Expenditure												
Personal Health	6,462	6,471	9	0.1%	6,317	12,975	13,132	157	1.2%	12,793	77,829	77,366
Mental Health	1,147	1,170	23	1.9%	1,151	2,292	2,340	48	2.0%	2,285	14,039	13,790
Disability Support	1,501	1,545	44	2.9%	1,478	2,953	3,091	138	4.5%	2,839	18,004	17,342
Public Health	41	64	23	35.8%	212	81	128	47	36.6%	283	765	748
Maori Health	42	66	24	36.1%	42	83	132	49	36.9%	83	787	527
Governance	69	69	(0)	(0.1%)	98	138	138	(0)	(0.1%)	196	827	1,176
Total expenses	**9,262**	**9,385**	**123**	**1.3%**	**9,298**	**18,522**	**18,960**	**438**	**2.3%**	**18,479**	**112,252**	**110,949**
Net Surplus	**993**	**825**	**168**	**20.4%**	**588**	**1,892**	**1,460**	**432**	**29.6%**	**1,269**	**10,266**	**9,962**

West Coast District Health Board

Governance Operating Statement for the period ending 31 August 2012

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2011/12
Income												
Internal Revenue	69	69	0	0.1%	98	138	138	0	0.1%	196	827	1,176
Other income	0	4	(4)	(100.0%)	9	0	8	(8)	(100.0%)	9	50	109
Internal allocation from Provider Arm	110	110	(0)	(0.2%)	110	220	220	(0)	(0.2%)	220	1,322	1,320
Total income	**179**	**183**	**(4)**	**(2.3%)**	**217**	**358**	**367**	**(9)**	**(2.3%)**	**425**	**2,199**	**2,605**
Expenditure												
Employee benefit costs	68	52	(16)	(31.6%)	107	137	103	(34)	(32.6%)	191	620	1,102
Outsourced services	35	36	1	2.6%	38	64	72	8	10.9%	83	431	333
Other operating expenses	49	70	21	30.4%	35	89	141	52	36.8%	82	845	461
Democracy	23	25	2	8.9%	26	37	51	14	26.7%	48	303	291
Total expenses	175	183	8	4.5%	206	327	367	40	10.8%	404	2,199	2,187
Net Surplus / (Deficit)	**4**	**0**	**4**		**11**	**31**	**0**	**31**		**21**	**0**	**418**

ALLIANCE LEADERSHIP TEAM UPDATE

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

SOURCE: **Stella Ward, Chair, Alliance Leadership Team**

DATE: **19 October 2012**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item at the Community & Public Health and Disability Support Advisory Committee and highlights the progress made on the implementation of Better Sooner More Convenient. It is provided to the Board for noting.

2. RECOMMENDATION

That the Board:

i. notes the update attached as Appendix 1.

3. APPENDICES

Appendix 1: Alliance Leadership Team Update

Report approved for release by: Stella Ward, Chair, Alliance Leadership Team

KEY MESSAGES FROM THE WEST COAST

ALLIANCE LEADERSHIP TEAM MEETING

THURSDAY 4TH OCTOBER, 6.00PM – 8.00PM

Progress reports were delivered by the three workstreams; Buller IFHC, Health of Older Persons' and Grey IFHC & Regional Hospital.

The Buller IFHC workstream reported that a local Buller Quality and Incident Group has been established, this group will form the basis of the Clinical Governance Group. Contingency planning has gone well and a range of remote resources have been able to be drawn on. Paul Cooper's departure has resulted in a reassessment of GP leadership functions in Buller; a weekly 30 minute clinical team meeting with local GPs will ensure local GPs involvement in the processes regarding the Buller model of care. The Chair acknowledged the good work that is progressing in Buller and formally thanked Paul Cooper for his contribution to the West Coast health system and the Buller IFHC workstream.

Michelle Dhanak was introduced to the ALT and has stepped into the role of the joint WCDHB/CDHB geriatrician (0.2FTE). Michelle reported the two Inter-Disciplinary Team meetings held so far have been positive with links already happening. The ALT approved the proposed membership scope for the reconstituted Complex Clinical Care Network (CCCN) Governance Group as well as the revised implementation plan, which takes into account the reduced capacity of the joint geriatrician role.

The Grey IFHC workstream has been responding to a number of requests from the Capital Investment Committee for more information regarding the Grey IFHC and Regional Hospital Business Case. It was also noted that ongoing issues regarding the orthopaedic transition service are being addressed with meetings arranged for robust discussions of where to from here.

Gary Coghlan delivered a presentation regarding the future strategic planning of Maori health on the West Coast and invited some members of ALT to attend an upcoming Kaizen workshop regarding Maori Health in November.

Three members of the ALT presented progress against the BSMC Business Case to the Minister; the Minister noted the considerable progress being made.

The West Coast ALT's next meeting is being held on Thursday 1st November.

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE – 11/10/12

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

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

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

DATE: **19 October 2012**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 11 October 2012. Following confirmation of the minutes of that meeting at the 22 November 2012 meeting, full minutes of the 11 October 2012 meeting will be provided to the Board at its 7 December 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 – 11 October 2012.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

Carolyn Gullery, General Manager, Planning & Funding joined the meeting by video conference. She had to leave the meeting at 9.30 and Greg Hamilton, Team Leader, Planning & Funding joined the meeting in her place.

- **"Caring Counts" Report by Human Rights Commission**
  The Committee requested a report on the implications of this Report for the West Coast community and Age Related Services. The report back at the next will also contain information regarding national work undertaken in this regard.

- **Organisational Leadership Report**
  The Committee discussed the immunisation statistics of 86% for eight month old Maori children for the three month period ending 31 August 2002. Whilst they found this disappointing they noted that more Maori children are immunised on the West Coast than anywhere else in Mew Zealand.

  The Committee also noted the establishment of a pilot transportation option for Buller patients to outpatient services in Greymouth. Red Cross, in conjunction with Buller Rural Education Activities Programme (REAP) and the DHB will commence a weekly shuttle service, from the end of October for a 3 month trial period.

  The commencement of a Gateway programme which is an inter-sectorial programme between Child, Youth/Youth Justice/Education & Health for high risk, high needs children has been slightly delayed. The recruitment process for a coordinator for this programme is underway and it is hoped this will be completed by early November.

- **Clinical Leadership Team Report**
  Further discussion took place around the alignment of this report with the Annual Plan outcomes and the purpose of this Committee. Management will look at how this should be formatted for future meetings.

- **Financial Report**
  Concern was expressed regarding the deficit figure and whether this should be perceived as a trend or a monthly fluctuation. The Chief Financial Officer commented he believed this was a monthly fluctuation

  The Committee noted that the seismic situation will cause infrastructure issues and savings would need to be made elsewhere to accommodate this as the Minister is still keen on us meeting the deficit figure stated in the Annual Plan.

  The Acting Chair advised that there is still no update regarding the transitional funding.

- **Better Sooner More Convenient (BSMC)**
  The Acting Board Chair advised that he, along with the CEO and Clinical Leaders, met with the Minister of Health and the Director-General a few weeks ago and the Minister had phoned afterwards to say he was impressed with what is taking place here.

- **PHO Quarterly Report**
  Anthony Cook and Helen Rereti from the PHO attended the meeting and provided the Committee with an update on the PHO results. Anthony provided the Committee with an updated financial statement and Committee members took the opportunity to ask questions.

- **Vote of Thanks**
  The Committee Chair thanked Colin Weeks, Wayne Turp and Hecta Williams for their work and support of the Committee in their time with the DHB and wished them the best in future ventures.

- **Next Meeting**
  At the next meeting the Committee will receive an update on Maori Health initiatives.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 11 October 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 11 October 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** ▪ *23 August 2012*		
REPORTS/PRESENTATIONS			**9.10am**
3.	**Chairs Report** *(CPHAC & DSAC)*	Elinor Stratford *Chair*	*9.10am-9.20am*
4.	**Organisational Leadership Report (*Creating a Sustainable Health Care Service*)** *(WCDHB)*	*Senior General Manager, Planning & Funding*	*9.20am-9.35am*
5.	**Clinical Leadership Report** *(WCDHB)* *As provided to the Board 7 September 2012*	Dr Carol Atmore *Chief Medical Officer, WCDHB*	*9.35am-9.50am*
6.	**Finance:** *(WCDHB)*	Colin Weeks *Chief Financial Manager*	*9.50am-10.10am*
7.	**Better Sooner More Convenient and Alliance Leadership Team Report** *(WCDHB)*	Wayne Turp *General Manager, Planning & Funding*	*10.10am-10.25am*
8.	**General Business** *PHO Quarterly Report* *Items to be reported back to Board*	Anthony Cooke, *PHO* Elinor Stratford *Chair*	*10.25am-10.40am*
	CPHAC AND DSAC WORKSHOP – there will be no workshop for this meeting		
FINISH TIME			**10.45am**

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

Quality and Patient Safety feedback

South Island Alliance Update – September 2012

NEXT MEETING

Date of Next Meeting: 22 November 2012 commencing at 9.00am
Corporate Office, Board Room at Grey Base Hospital.

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE – 11 OCTOBER 2012

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

SOURCE: **Chair, Hospital Advisory Committee**

DATE: **19 October 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 11 October 2012. Following confirmation of the minutes of that meeting at the 22 November 2012 HAC meeting, full minutes of the 11 October 2012 meeting will be provided to the Board at its 7 December 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 – 11 October 2012.

3. SUMMARY

Detailed below is advice to the Board from the Hospital Advisory Committee meeting held on 23 August 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

- Financial performance for the month ending 31 August 2012 shows a year to date variance against budget of a deficit of $64K.

- The seismic situation will cause infrastructure issues and savings will need to be made elsewhere to accommodate this. The DHB continues to receive advice in regard to our buildings and detailed Engineering Reports have now been received for most buildings.

- Review of performance management process has been deferred until next year due to the changes taking place in the organisational structure of the DHB. This will be led by the General Manager, Human Resources.

Monitoring

- Locum & Medical Personnel Costs are favorable against budget for August which is a good result from this Committee's perspective.

- Active recruitment is taking place in all areas where there are vacancies and appointments have been made in Obstetrics & Gynecology, Social Work and General Medicine.

- General Practice recruitment remains difficult however alternate models of care utilizing Rural Nurse Specialists / Nurse Practitioners are being piloted successfully. The GP matter also has implications when trying to recruit allied health specialists.

- There is now only one independent midwife in the Greymouth community given the recent resignation of the only other midwife. This position is being closely monitored particularly in relation to issues around home births.

- A lot of work is taking place around Orthopedics. An action plan is in place in regard to achieving FSA's and the challenges around staffing are being addressed.

- Work processes around access to Elective Services and the Central Booking Unit continues. The Committee looks forward to a plan which can allow progress to be monitored against deliverables/milestones. While significant work still needs to be completed, it is pleasing to note the input of senior medical staff to assist in this area which has historically lacked clinical input.

- Outpatient Clinic – Did Not Attend (DNA) patient numbers remains high. There is a need to align with work being already undertaken by DHB's from regions with similar transport and remoteness issues.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 11 October 2012.

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

AGENDA - PUBLIC

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

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, High Street, Greymouth
Thursday 11 October 2012 commencing at 11.00am

ADMINISTRATION		**11.00am**
	Karakia	
	Welcome and Apologies	
	Disclosure of Committee members' interests	
1	**Confirmation of the Minutes of the Previous Meeting** • 23 August 2012 •	
	Feedback from report to the Board	
2	**Matters Arising / Action and Responsibility**	
3	**Correspondence**	
4	**Work Plan**	
REPORTS/PRESENTATIONS		
5	Management Report	**11.10am**
6	Financial Report	12.00pm
7	Clinical Leaders Report	12.20pm
8	Items to be reported back to Board	12.50pm
	IN-COMMITTEE **Minutes from the Hospital Advisory Committee meeting** • 23 August 2012	
	Finish Time	**1.00pm**
	NEXT MEETING • 22 November 2012	

TATAU POUNAMU ADVISORY GROUP MEETING UPDATE – 11 OCTOBER 2012

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

SOURCE: **Chair, Tatau Pounamu Advisory Group**

DATE: **19 October 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 10 October 2012. Following confirmation of the minutes of that meeting at the 22 November 2012 Tatau Pounamu Advisory Group meeting, full minutes of the 10 October 2012 meeting will be provided to the Board at its 7 December 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 – 11 October 2012.

3. SUMMARY

Detailed below is a summary of the Tatau Pounamu Advisory Group meeting on 11 October 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:

- Proposed Kaizen Workshop – November 7-8 will be an excellent opportunity to shape a new strategic direction that will focus on aligning services with IFHS, integrating Secondary, Primary and Community services and identify areas of collaboration with Canterbury DHB.

- Minister Tarina Turia will be welcomed to the West Coast at Arahura Marae on the 30 October and will be presenting at the Tai Poutini Polytechnic Her focus will be on the Whanau Ora

programme and Smoke free Aotearoa. This is being co-ordinated by the Maori Health Unit, West Coast DHB.

- Te Kete Hauora, the Maori Health Directorate is seeking to substantially improve and refine Whanau Ora measures in the DHB annual planning package for the 2013/14 planning round.

4. APPENDICES

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

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

Approved for release by: Ben Hutana, Chair, Tatau Pounamu Advisory Group

AGENDA –TATAU POUNAMU ADVISORY GROUP

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

TATAU POUNAMU ADVISORY GROUP MEETING
To be held in the Boardroom, Corporate Office, West Coast DHB
Thursday 11 October 2012 commencing at 3.30 pm

KARAKIA			**3.30 pm**
ADMINISTRATION			
	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**		
	23 August 2012		
3.	**Carried Forward/Action List Items**		
REPORTS			**3.45 pm**
4.	**Chair's Update - Oral Report** - Correspondence List	Ben Hutana, Chair	
5.	**Update on BSMC - IFHC**		
6.	**GM Maori Health Report**	Gary Coghlan, General Manager Maori Health	
7.	**HEHA Smokefree Report**	Claire Robertson, HEHA and Smokefree Service Development Manager	
8.	**Update on Maori Health Work plan 2012**	Gary Coghlan, General Manager Maori Health	
	Tatau Pounamu Annual Workshop – *An In-Committee workshop will be held by Tatau Pounamu members to update the Tatau Pounamu Annual Work*		

Information Items

Tatau Pounamu meeting schedule for 2012

ESTIMATED FINISH TIME
5.30 pm

NEXT MEETING

Thursday 22 November 2012, WCDHB Corporate Office Boardroom

RESOLUTION TO EXCLUDE THE PUBLIC

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

SOURCE: **Board Secretariat**

DATE: **19 October 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. 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 7 September 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.	Laundry Services	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Draft Annual Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	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: Board Secretariat

MINUTES OF THE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE held in the Board Room Corporate Office, Grey Base Hospital, on Thursday, 23 August 2012 commencing at 9.00am

PRESENT

Elinor Stratford, Chair, Kevin Brown, Deputy Chair, Peter Ballantyne, (ex officio), Dr Cheryl Brunton, John Ayling, John Vaile, Lynnette Beirne, Marie Mahuika-Forsyth, Mary Molloy and Robyn Moore.

APOLOGIES

Apologies for absence were received and accepted from Dr Paul McCormack, Board's Chair (ex officio)

EXECUTIVE SUPPORT

Wayne Turp General Manager Planning and Funding, Dr Carol Atmore Chief Medical Advisor, Gary Coghlan General Manager Maori Health, Bryan Jamieson Community Liaison Officer, Kay Jenkins Board Secretary and Colin Weeks Chief Financial Manager.

IN ATTENDANCE

Yolandé Oelofse (minute secretary), Jenny McGill and Rodger Jolley Senior Advisory National Health Board Ministry of Health.

WELCOME

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

1. INTEREST REGISTER

No amendments to the interest register were made.

2. MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING

Moved John Ayling; Seconded Kevin Brown - carried

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 12 July 2012 be confirmed as a true and correct record with the following amendments"

Pg 2 Item 4 line 6	should read: "to go to the fixed site dental clinics."
Pg 2 Item 4 action point	should read: "information about the number of people receiving home care and support services be provided."
Pg 2 Item 4 7th bullet point	"Free after hours care for children under six."
Pg 2 Item 5 1st bullet point	It was explained that there are Nursing Entry To Practice (NETP)

CARRIED FORWARD/ACTION LIST ITEMS

The Committee noted the carried forward list.

1 The Workplan focuses on strategic objects and aligns with the Annual Plan and to be aligned with HAC. A draft copy to be made available to the Board.
2 Dental Care: The DHB does not routinely provide for adult dental health apart from medical reasons. Free oral health ceases when the patient turns 18 years of age.
3 To be removed from the list as we have met the target expectation.
4 The number of people receiving home care and support services is yet to be provided.
5 Dementia care: development of support for the families is under development and part of the HOP strategic plan.

3. CHAIR'S REPORT- COMMUNICATIONS

The Chairs report was taken as read.

Items for note:

The process around volunteers within the DHB was taken to the Board who agreed and thought it was a good initiative. Further work is required which includes how it will be managed in future.

The Committee received the report.

4. ORGANISATIONAL LEADERSHIP REPORT

This report was taken as read. The following issues were raised:

- Pg 1 – last paragraph: The letter was endorsed by Dr Cheryl Brunton and not the Chief Medical Officer.
-
- Gateway Assessments are designed to ensure an integrated approach to support and wellbeing of child and youth who have been identified as "at risk". The coordination process for these is being developed under the leadership of Dr John Garrett.
-
- B4 School checks: a concern was raised regarding the follow up and monitoring of outcomes.
  Action: The General Manager Planning and Funding to check the procedure for follow up and completion of B4 School checks.

- Transport: The Chief Medical Advisor is the current project sponsor for this piece of work.. Discussions are currently underway with Grey Power and Red Cross as they have expressed an interest in developing a patient shuttle system to Grey Base Hospital.
  Action: The General Manager Planning and Funding to keep the Committee up to date with its progress.

- Eligibility for home insulation through Warm Up West Coast: The PHO is running an extension programme for those people who meet the health needs criteria but do not meet the criteria of also having a community services card.
-
- Dr J Broadbent: Interim cover for the Geriatric service has been addressed.
- Pg 9 - Dementia respite: Respite is available on an individual package basis.
  Action: The General Manager Planning and Funding to provide an update people using respite services.

National Health Targets:

The committee noted that achievement against most health targets was satisfactory. The committee acknowledged the need to improve performance against the health free targets in community health.

The Committee received the report.

5. CLINICAL LEADERSHIP REPORT

The Committee received this report. The following issues/concerns were raised:

- This report needs to be aligned to the outcomes in the Annual Plan and how they are going to be achieved.
- Working collaborative and closely with CDHB it enables us to reach and get to where we need to be. The Committee was reminded that WCDHB and CDHB are both working to a common end.

The Committee noted the report.

6. FINANCE

This report was taken as read. Comments and issues were raised:

- A question was raised over variation in expenditure against budget and how it could better understand the possible reasons thereof.
- It was suggested that that further explanation of variation and whether these were due unanticipated change in demand for services, or due to variance in cost against budget etc. would be helpful
  Action: The Finance Manager to provide further details on trends and patterns occurring during the financial period to enable better forecasting of year end results and achievement of deficit reduction.

The Committee received the report.

7. BETTER SOONER MORE CONVENIENT/ALT

The General Manager Planning and Funding and the Chief Medical Advisor spoke to this item.

The Committee received the report.

8. MAORI DISABILITY ACTION PLAN

The General Manager Maori Health did a Mihi for the Senior Advisory National Health Board Ministry of Health – Rodger Jolley. Roger provided a brief overview of the Maori disability action plan in anticipation of the workshop.

The Disability Support Update from the CPHAC July 12 from CDHB was tabled at the meeting. It was agreed that the Committee would consider this further at a future meeting. Further discussion will take place at the workshop which will be held directly after this meeting.

The Chair thanked the Senior Advisory National Health Board Ministry of Health for his presentation.

The Committee received the report.

9. WORKPLAN

The Workplan is to be reviewed and aligned to the 12/13 Annual Plan at a meeting between the Chairs at the next Board meeting..

10. GENERAL BUSINESS

There were no general business matters arising.

Moved Kevin Brown; Second Elinor Stratford: Carried.

Motion:
"That the Committee accepts the reports received"

Carried.

MAORI DISABILITY ACTION PLAN WORKSHOP

(The Senior Advisory National Health Board Ministry of Health Quality and Patient Safety Manager will hold a workshop at 11:15am at Kahurangi.)

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
- PHO Quarterly Report

There were no items for referral back to the Board:

There being no further business the meeting concluded at 10:40am

The next meeting will be held on Thursday, 11 October 2012, at 9am in the Board Room at Corporate, Grey Base Hospital.

Confirmed as a true and correct record:

_____ _____

Elinor Stratford Date
Chair

MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING HELD THURSDAY 23 AUGUST 2012 AT 11.05AM IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

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

PRESENT	Warren Gilbertson, Chair Sharon Pugh, Deputy Chair Paula Cutbush Doug Truman Richard Wallace
IN ATTENDANCE	Peter Ballantyne, Board Deputy Chair Colin Weeks, Chief Financial Manager Garth Bateup, General Manager Hospital Services Karyn Kelly, Director of Nursing and Midwifery Hecta Williams; General Manager David Meates, Chief Executive Officer Carol Atmore; Chief Medical Officer Bryan Jamieson; Communications Officer Elinor Stratford Kay Jenkins Rebecca Enright, Minute Secretary
APOLOGIES	Gail Howard, Paul McCormack

WELCOME, APOLOGIES AND AGENDA

The Chair welcomed everyone to the meeting.

Karakia – Richard Wallace

Apologies were accepted from Gail Howard and Paul McCormack.

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

DISCLOSURES OF INTERESTS

Barbara Holland is to be removed from the Disclosures of Interest schedule.

Interviews have been held for new members of the Hospital Advisory Committee. The Chair will put forward a name to the Board for ratification at its next meeting (7th September 2012).

1. MINUTES OF THE PREVIOUS HOSPITAL ADVISORY COMMITTEE MEETING HELD 24 May 2012

The minutes to be taken as read.

Page one: There is only one r in Sharon's name not two as recorded.

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

Motion:
"THAT the minutes of the Hospital Advisory Committee meeting held 12 July 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 Hospital Advisory Committee noted the change in the style of the report. This has happened across all of the West Coast Advisory Committees in keeping with the format at Canterbury DHB.

2. MATTERS ARISING

Item 1: A classification of complaints graph is requested to be provided specifically for hospital services.
The Quality Coordinator is working on this.

Item 2: The 'Shorter stays in Emergency Departments' target to be placed on the Recovery Plan for Clinical Services.
This is a standing item. Details are noted in the Management report.

Item 3: Work on communication regarding what people could reasonably expect, and what can be delivered, with regards to transportation home following discharge.
This is work in progress.
The South Island is seeking to establish standardisation with St Johns. A lot of work has been done between Canterbury District Health Board, West Coast District Health Board and St Johns. No complaints have recently been lodged regarding the lack of return transportation available. The committee suggested preparing communication to go out to the community so they are aware of the situation. The communications officer noted that there will be a media release update.
West Coast Shuttles are providing a door to door drop off service between the Canterbury hospitals and Greymouth. A transportation company from Reefton have also volunteered to offer their services.

Kay Jenkins and Carol Atmore entered the room at 11.17am

Discussions are still underway between St Johns Buller and the West Coast DHB. Buller does not have the volunteer base to resource a permanent vehicle.

Item 4: Recruitment / Vacancy reporting to Advisory Committees to be discussed with the Chief Executive.
Information on recruitment and vacancies is included in the Management Report.

Item 5: A summary of the Staff Survey results to be provided to the Hospital Advisory Committee upon receipt
Information on recruitment and vacancies is included in the Management Report

Item 6: Update dates in the work plan
The Chair requested members of the committee read the annual plan, take notes, and provide comments and feedback around the work plan. This will then be presented to the Board.

The Chair is to meet with the Chairs of other Advisory Committees to put together a work plan for the Hospital Advisory Committee, ensuring there is no duplication of other committees work.

David Meates entered room at 11.23am

Item 7: Provide regular 3 month monitoring report on any trends which are emerging from exit interviews.
Information on exit interviews is included in the Management Report.

Item 8: Find out whether patients are notified about reasons behind short term clinic cancellations, and if they can be informed about the date for their next appointment when the clinic is cancelled.
This is a standing item.
Patients are notified where possible. This is not always possible as some clinics are with visiting clinicians and at the time it is not always known when the clinician will be returning.

3. CORRESPONDENCE

There was no correspondence inwards or outwards for July 2012.

4. 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.

5. MANAGEMENT REPORT

It is to be noted that the Management report is in the new format.

- **Medical Personnel - Locums**
  Locums are still being utilised in certain specialities, with the intention to be phased out by the end of the year with the recruitment of permanent staff and the collaboration with Canterbury DHB.

- **Medical Staff Recruitment**
  The new recruitment process is working well. Canterbury DHB are providing good support and the West Coast DHB is receiving good service from them as the recruitment team are very proactive. All candidates stay in the database.
  One of the two Obstetric Gynaecologist applicants has declined the position of offer this morning.

  Anaesthetics
  Two applicants have been selected. One has been interviewed and will be offered a position; the other applicant is still to be interviewed.

  General practice
  A Part Time General Practitioner has accepted a position in Buller; this has relieved some of the pressure. Westport is undergoing a changing model of care which emphasises more the role nurses will have in the future.

  There are still ongoing issues with recruiting permanent practitioners. There are vacancies in every practice across the West Coast. There is limited interest in

advertised positions, and there is still a heavy reliance on locums to fill the immediate gaps.

It was noted the Westport Medical team does a very good job. They are well organised and do very well in the difficult circumstances.
Currently there is a short supply of locums available to fill General practitioner rolls. This is seasonal and it generally happens the same time every year.

The shortages of General Practitioners are impacting on our Accident and Emergency with numbers still climbing. When public health care is working well the Accident and Emergency numbers drop.

Physiotherapy
A 0.5 FTE Physiotherapy position has been filled in Buller; this position had been vacant for a while. The West Coast DHB is working with community to identify the Physiotherapy workload and to identify what level of service is required and what options are available.

- **Health Targets**

  Better Help for Smokers to Quit
  It is disappointing to note that after having a good month the figures have dropped. There seems to be a trend emerging that once we have a good month, it is followed by a bad month. The figures are captured by ward or unit The figures vary over the wards and there is not one ward performing less than the others.

- **Elective Services Patient Flow Indicators (ESPIs)**

  The 2012/13 production plan is in place. This year we have caught up and are on track to meet the targets. The committee has asked that the production plan progress report be included in the papers to show how we are tracking. With the new dashboards, clinicians are now becoming more involved in clinical service planning and delivery.

  Action Point: Include Production Planning report in the Meeting papers.
  The Central Booking Unit is changing its systems and processes. One key area being worked on is stronger engagement between the Central Booking unit and clinicians.

Kay Jenkins left the room at 11.52am

- **Health & Safety**

  The highest cause of incidents was from assaults on staff and although the figures look high, it is about one per month. Figures from other DHB's are being looked at to see if we are within the normal range. Measures are in place to ensure staff safety and staff are provided with calming and restraint training. There are protocols and policies to keep both staff and patients safe.

- **Staff engagement survey**

  The staff engagement survey shows a summary of the outcomes provided by Human Resources. There is a strong link between the results from the staff engagement survey and the exit interviews.

  The Executive Management Team are looking at the top two issues "Leadership" and "Performance Management" these will be addressed as the first priority.
  A new performance management system is to be rolled out across the entire West Coast DHB, by the end of the year.

Peter Ballantyne and David Meates left the room at 12.03pm

Action Point: An update is to be provided to the committee on a regular basis.

- **Employee Exit and Turnover Report**
  Exit interview are online and therefore quite anonymous, the questions are multi choice and people are often quite happy to comment.
  This will be a regular standing item and will be reported on every 6 months; the committee is interested on emerging trends and have noted that they should start to see an improvement due to the current changes being made.

  It was noted that the exit interviews are only available for full or part time staff and not available for locum placements, so information of why locums do not take up full time positions are not being captured. It may be necessary to look at an engagement survey to capture this information.

- **Quality Improvement Activities**
  Quality Improvement projects have started, and some projects have been successfully completed.
  The DOSA rate project – The Ministry of Health report shows a DOSA rate of 63%, however our actual rate is near 95%. Investigations show that the Ministry also count medical admissions and work is currently being done around this.

  Carol Atmore left the room at 12.10pm

  The Orthopaedic Transition processes are underway and subject to regular review. More information will be available at the next meeting. The West Coast DHB is working closely with the Canterbury DHB to create a safe and sustainable system.

- **Patient Transfers**
  It was noted that the transport system process developed earlier in the year continues to work well.

- **Outpatient Clinic Cancellations**
  This is a standing agenda item.
  The committee was advised that the figures in the next report will be high as bad weather and the grounding of Air New Zealand planes has caused several clinics to be cancelled. Some clinicians have travelled over by car. Other clinics were held through Telehealth.

  Elinor Stratford entered the room at 12.26pm

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

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

Carried.

6. FINANCE PAPER

The end of month financial result was a deficit of $659k.

Personnel Costs (Permanent Staff)

The monthly Personnel costs are difficult to phase due to the changing staffing model. The July Personnel spend was $19k over budget.
The budget set for this year is higher than last years total spend. This is due to the move away from locums to a more permanent workforce. These costs need to be managed over next 11 months.

Infrastructure Spend

Infrastructure spend was $126k over budget and will continue to increase as deferred maintenance impacts on the older parts of infrastructure. Insurance premiums are $27k over budget. This is common across all DHB's due to the Christchurch earthquake's and other world wide events.

The high costs of Infrastructure and non Clinical costs will continue to track above budget, and the DHB need to find efficiencies to compensate.

The committee noted that the financial graphs are a clear way of showing the financial figures.

Moved: Warren Gilbertson **Seconded: Richard Wallace**

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

Carried.

7. CLINICAL LEADERS UPDATE

The report was taken as read.
The West Coast DHB will be employing 11 new graduate nurses next year.

Colin Weeks left the room at 12.34pm

It was noted that the intake of 11 new nurses was a positive opportunity but that this also costs money and the nursing budgets need to be carefully monitored to ensure the overspends are managed.

Karyn Kelly left the room at 12.35pm

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.

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 12.37pm.

There were no In Committee resolutions.

The Hospital Advisory Committee moved out of In Committee at 12.38pm.

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

Motion:
"That members move out of In Committee".

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

- The committee noted that the changing Models of Care Change will have a Financial risk
- Staff Incident Plan. The committee noted that there are policies and procedures in place for staff safety.
- Finance report

10. GENERAL BUSINESS

The committee members discussed car parking at Grey Base Hospital.

11. NEXT MEETING

The next meeting will be held on Thursday 11 October 2012 in the Boardroom, Corporate Office, Grey Base Hospital.

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Meeting closed 12.43pm

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING
held in the Board Room Corporate Office, Grey Base Hospital,
on Thursday, 23 August 2012

PRESENT	Ben Hutana (Chair)	Te Rūnanga O Ngāti Waewae
	Marie Mahuika-Forsyth	Te Rūnanga O Makaawhio
	Sharon Marsh	Maori Community
	Wayne Secker	Maori Community
	Richard Wallace	Te Rūnanga O Makaawhio
	Francois Tumahai	Te Rūnanga O Ngāti Waewae
IN ATTENDANCE	Gary Coghlan	General Manager Māori Health, West Coast DHB
	Wayne Turp	General Manager Planning and Funding West Coast DHB (4.15pm)
	Roger Jolley	Ministry of Health
	Michael O'Dea	Canterbury DHB (4.15pm)
MINUTE TAKER	Linda Atkins	Administrator Maori Health
APOLOGIES	Peter Ballantyne	Acting Board Chair, West Coast DHB
	Elinor Stratford	West Coast District Health Board Representative on Tatau Pounamu
	Claire Robertson	HEHA and Smoke free Services Manager West Coast DHB
	Hecta Williams	General Manager, West Coast DHB

WELCOME

The Chair welcomed everyone to the meeting. Richard Wallace said the mihi whakatau and karakia.

1. AGENDA / APOLOGIES

Apologies from:

Elinor Stratford
Peter Ballantyne

Motion: THAT the apologies are accepted.

Moved: Richard Wallace **Seconded: Wayne Secker**

2. DISCLOSURES OF INTERESTS

Richard Wallace:

- Amend Member of Maori Reference Group NZ Asthma Foundation: on one line.
- Add: Daughter Chair of Rate Te Awhina Trust Board

3. MINUTES OF THE LAST MEETING 11 JULY 2012

AMENDMENTS:

Amend Sharon Marsh and Wayne Secker from Maata Waka to Member of Maori Community.

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

Moved: Marie Mahuika-Forsyth Seconded: Francois Tumahai

Carried.

4. MATTERS ARISING FROM THE LAST MEETING

Item 1: List of Kaiawhina/Chaplains:

- A list from West Coast DHB has been supplied.
- The Chair is following up a list from Canterbury DHB.

Item 3 Workshop:

- Suggested to be held after the next meeting.

Action: Organise workshop for Tatau Pounamu, Chair

Item 4 PHO Maori Enrolments:

- Members are attending a meeting at the PHO tonight and will ask this question, and report back to the next Tatau Pounamu meeting.
- It was noted PHO enrolments are improving.

Item 7 SLA Governance Buller:
Action: To call for nominations on Sunday 26 August at Te Runanga O Ngati Wae Wae meeting and make recommendation to the Chair of Ngati Wae Wae.

5. CHAIR'S REPORT

The Chair commented on Rata Te Awhina Trust structure and members, and thanked the new interim manager Michael O'Dea; Wayne Turp, Francois Tumahai Chair of the steering Committee and other members for their work during the recent changes.

He also noted Marie Mahuika-Forsyth is the Co-ordinator of the Whare Oranga Pai programme which is a Poutini Ngai Tahu initiative that will eventually be part of Rata Te Awhina trust.

Motion:
THAT the group notes the Chair's report

Moved: Richard Wallace **Seconded: Sharon Marsh**

Carried.

6. MAORI DISABILITY ACTION PLAN

Roger Jolley, Senior Advisor from the National Health Board, Ministry of Health gave a presentation on the new document: 'Whaia Te Ao Marama: The Maori Disability Action Plan for Disability Support Services 2012 to 2017,' (Included as Item 5 in the meeting papers).

His key points were as follows:

- The Hon Tariana Turia Associate Minister of Health has chosen to focus on Maori disabled as a priority group.
- The government has adopted this as a formal policy, and it will be reflected in Ministry of Health and DHB documents such as the Annual Plan, business cases, contracts, audit reports, and quarterly reports.
- This document will be available free at all providers, and it comes in written, audio and Braille format.

MARAE ACCESS GUIDE

This document is a guide for designing marae facilities as centres of excellence for whanau, to accommodate the needs of Maori disabled, and it will not be formally monitored.

Motion:
THAT the group notes the reports.

Moved: Ben Hutana **Seconded: Francois Tumahai**

Carried.

7. UPDATE ON RATA TE AWHINA TRUST

Michael O'Dea, Change Manager of Rata Te Awhina Trust (Rata) gave an update on recent changes to the organisational structure of Rata. He has been working with the staff and steering group to create a sustainable Maori Health and social services provider for the West Coast. He pointed out that Rata had become unsustainable over the last few years, and had lost the confidence of some of its funders. Rata has had reviews in 2009, 2010 and now in 2012. Mr O'Dea noted the 2012 review looked at the organisation's current operational structure, what trends are currently impacting on it and its vision for the future. He referred to the stakeholder consultation document (attached below) 'Rata Te Awhina Proposal and Consultation

Document for Reorganisation of Operating Structure', which was endorsed by the (West Coast District Health) Board. The review recommends a flatter organisational structure with local service delivery and higher level of skill is required, and some roles will be disestablished, and new roles created.

He noted the goals of the review included improving access to and quality of services. Statistics for West Coast Maori show the majority are young, vulnerable and in hardship - (50% under the age of 25, only 5% over 65, 50-60% in low decile environment) and these factors determine what services are needed. This is a consultation document at this stage and it with Rata staff and funder organisations.

Action: Document to be sent to Tatau Pounamu members

Motion:
THAT the group notes this report.

Moved – Ben Hutana **Seconded: Richard Wallace**

Carried.

8. MAORI HEALTH PLANNING AND REVIEW OF SERVICES

Gary Coghlan, General Manager Maori Health
The final review has been viewed by the Chief Executive and Executive Management Team.

Some key points regarding the review noted were:

- Rata and the DHB to collaborate to solve issues.
- Develop a more Whanau Ora method of contracting in the future with Maori Health providers.
- EMT to have KPIs in their position descriptions to increase accountability to improve Maori health.
- Maori Health Plan to have increased monitoring of health targets.
- Smoking cessation strategy is good.

The General Manager Planning and Funding commented that the review was based on last year's Maori Health Plan, and served to inform what the DHB is doing. The whole health system is accountable to provide health services to Maori, not just Maori providers. Progress towards improved Maori health is good, and a productive partnership with Rata will produce positive changes.

9. MAORI HEALTH PLAN 2012-2013 DRAFT

Gary Coghlan, General Manager Maori Health

This plan is due at the Ministry of Health by 31 August 2012.

10. MAORI HEALTH REPORT TO TATAU POUNAMU

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

11. HEHA/SMOKEFREE UPDATE

Claire Robertson – HEHA and Smokefree Services Manager

This report was taken as read.

12. CONSULTATION REGARDING SLA GOVERNANCE

Discussed under Matters Arising, Item 7.

Motion:
THAT the group notes the above reports:

Moved: Wayne Secker **Seconded: Francois Tumahai**

Carried.

13. RESOLUTION TO EXCLUDE THE PUBLIC

RECOMMENDATION

That the Tatau Pounamu Advisory Group:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely item 1 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 the Public Excluded minutes of the Tatau Pounamu meeting on 11 July 2012.	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

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 meeting finished at 5.55 pm.

_____ _____

Ben Hutana, Chair **Date**

BOARD AND CHAIR'S CORRESPONDENCE FOR 19 OCTOBER 2012 BOARD MEETING

OUTWARDS AND INWARDS CORRESPONDENCE

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

Date Letter Received	Sender	Addressee	Details
11 Sept 2012	Minister of Health	Acting Chair	Primary Health Organisation Health Target Performance Quarter Four 2011/12
14 Sept 2012	Ministry of Health – DDG Sector Capability and Implementation	Acting Chair	Revised data for PHO Performance
17 Sept 2012	NZ Blood Service	Chair	Annual Report 2011/12
25 Sept 2012	Minister of Health	Acting Chair	Letter of Comfort 2012/12 Financial Year

PHO PERFORMANCE PROGRAMME

PERFORMANCE RESULTS

For

West Coast DHB

as at 30th June 2012

Overview

The PHO Performance Programme has been developed by District Health Boards (DHBs), the Ministry of Health and the primary health care sector to support improvements in the health of people enrolled in a Primary Health Organisation (PHO).

The Programme aims to:

- Encourage and reward improved performance by PHOs in line with evidence-based guidelines
- Measure and reward progress in reducing health inequalities by including a focus on high need populations;

DHBs contract PHOs to deliver a range of health care services for people when they are unwell, to help people stay healthy and to reach out to groups of people in the community who have poor health or are missing out on primary health care.

The Programme has developed a number of performance indicators to measure PHO achievements over a six month period. Some performance indicators measured by the Programme look at services accessed by all PHO-enrolled patients while other indicators look at services specifically accessed by Māori or Pacific Island people or those living in lower socio-economic areas. These patients are referred to as 'high need' patients.

Evidence has shown that 'high need' patients have poorer health than non-Māori or non-Pacific Island people or people who do not live in a lower socio-economic area. One of the Programme's main objectives is to reduce the health 'gaps' between high need and non-high need patients so that all New Zealanders, whatever their ethnicity or living standard, can access the health services they need in order to be healthy.

The performance indicators which are included in this report are:

- Breast cancer screening coverage
- Cervical cancer screening coverage
- Ischaemic cardiovascular disease detection
- Cardiovascular risk assessment
- Diabetes detection
- Diabetes follow up after detection

- 65 years + influenza vaccinations
- Age appropriate vaccinations for 2 year olds
- Smoking status recorded
- Smoking brief advice and cessation support

Each indicator's performance result is structured as follows:

- **Indicator Name**

  The name of the indicator that has been measured
- **Description**

  A description of the indicator and why it is included
- **Target Population**

  Who within the DHB population meets the requirements to be 'counted'
- **Programme Goal**

  The desired overall target that all PHOs/DHBs should be striving to achieve or exceed – the goal is based on what has been recommended to the Programme from evidence based analysis
- **Data Source**

  Where the Programme sources the data to measure the performance indicator
- **Cautions**

  The constraints or limitations encountered by the Programme when measuring the performance indicator
- **DHB Performance**

  A graphical representation of the DHB-level performance results versus overall national performance
- **DHB Narrative**

  An accompanying statement from the DHB explaining or commenting on its performance results

Breast Cancer Screening Coverage

Description

Early detection and treatment of breast cancer lowers the rate of death from breast cancer. The national breast screening programme (BreastScreen Aotearoa) recommends women aged 45 to 69 have 2 yearly mammograms with the strongest evidence supporting the screening of women over the age of 50. The Programme now aligns its age band measures with the national programme and reports performance for women aged between 50 and 69 years. Prior to 1st January 2011 the Programme only recorded women aged 50 to 64 years.

Target Population

All women aged 50 to 69 years who are within the high need population (identified as Māori, Pacific Island and/or Decile 9 or 10).

Programme Goal

70% or more of the DHB's target population have had a mammography within 2 years.

Data Source

To measure this indicator the Programme depends on data provided by the national screening programme.

Cautions

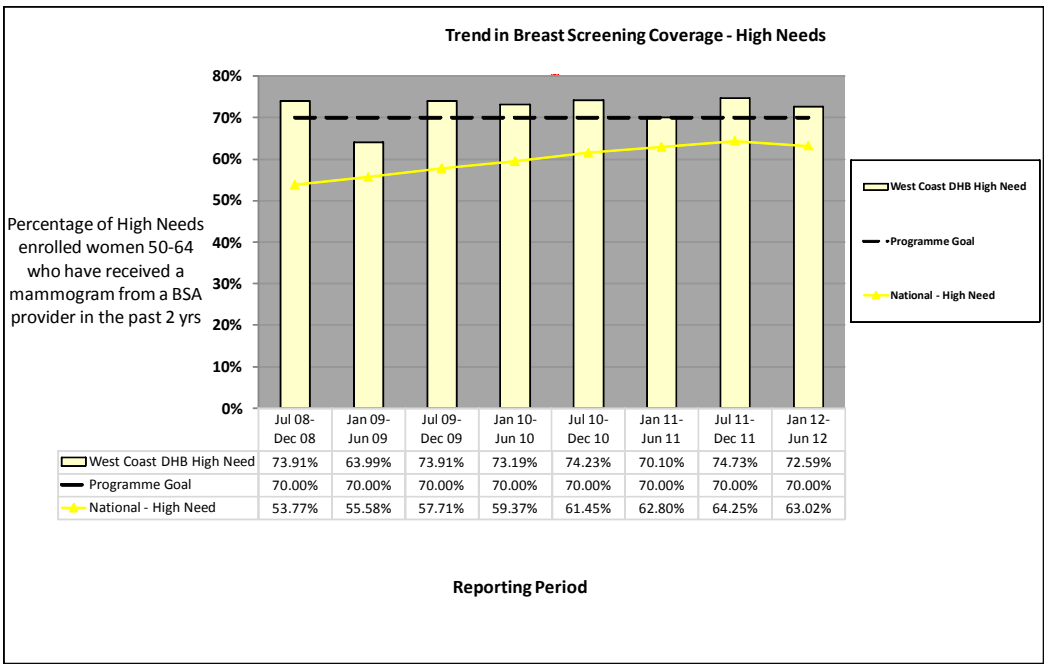
- National

  Some regions have infrequent access to mammography screenings due to the remoteness of their location. There is also no allowance in the measurement of this indicator for women who have had mastectomies.

- Data

  Only publicly funded mammography screenings performed by BreastScreen Aotearoa health carers are 'counted' by the Programme. Private mammography screenings are not counted.

DHB Performance



	Jul 08-Dec 08	Jan 09-Jun 09	Jul 09-Dec 09	Jan 10-Jun 10	Jul 10-Dec 10	Jan 11-Jun 11	Jul 11-Dec 11	Jan 12-Jun 12
West Coast DHB High Need	73.91%	63.99%	73.91%	73.19%	74.23%	70.10%	74.73%	72.59%
Programme Goal	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%
National - High Need	53.77%	55.58%	57.71%	59.37%	61.45%	62.80%	64.25%	63.02%

Note: the 50-69 age brand only relates to the period post 1st January 2011

DHB Narrative

Breast screening coverage for High Needs on the West Coast remains above the national average and continues to exceed the programme goal.

Cervical Cancer Screening Coverage

Description

Early detection and treatment of cervical cancer and other abnormalities lowers the rate of death from cervical cancer. The national cervical screening programme recommends women have three yearly cervical screens from the ages 20 to 69 years. This screening interval may alter if a smear result is abnormal.

Target Population

1. All women aged 20 to 69 years.
2. All women aged 20 to 69 years within the high need population (identified as Māori, Pacific Island and/or Decile 9 or 10).

Programme Goal

75% or more of a DHB's target population have had a cervical screen within 3 years.

Data Source

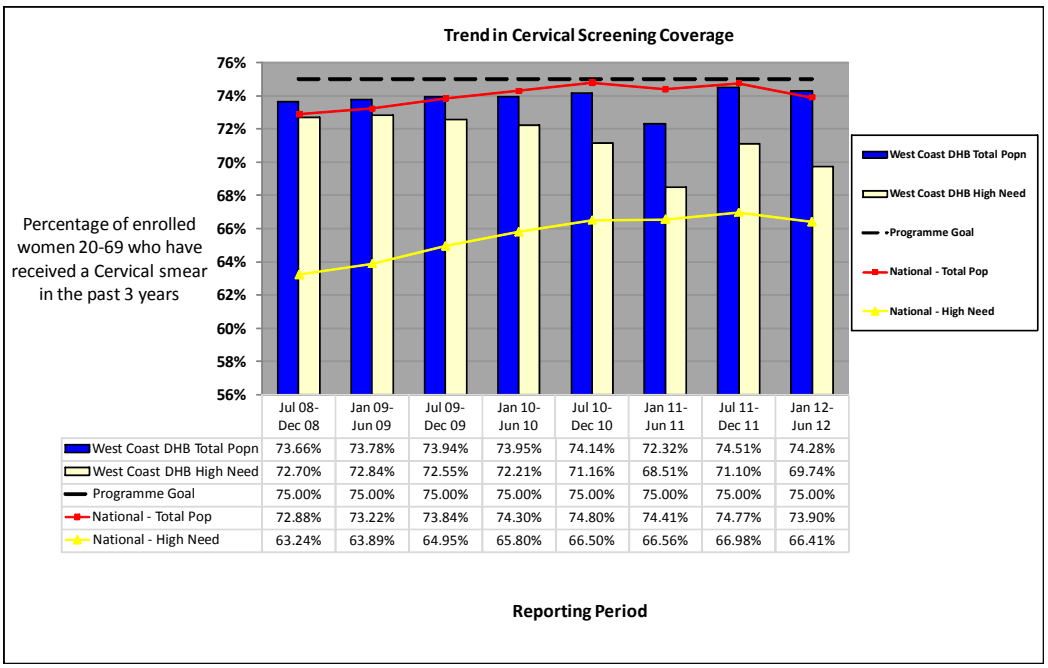
To measure this indicator (both total population and high need population) the Programme depends on data provided by the national cervical screening programme.

Cautions

- National
- Many women who have had a hysterectomy do not need a cervical smear. The Programme does apply an adjustment calculation to allow for women with hysterectomies, based on the national rate. However since the rate of hysterectomies within each DHB may vary, this adjustment may not always be correct at the DHB level.
- Data

  Some patients choose to 'opt off' the national screening programme's register (which means that although they have had a cervical screen, they will not be 'counted' by the Programme).

DHB Performance



	Jul 08-Dec 08	Jan 09-Jun 09	Jul 09-Dec 09	Jan 10-Jun 10	Jul 10-Dec 10	Jan 11-Jun 11	Jul 11-Dec 11	Jan 12-Jun 12
West Coast DHB Total Popn	73.66%	73.78%	73.94%	73.95%	74.14%	72.32%	74.51%	74.28%
West Coast DHB High Need	72.70%	72.84%	72.55%	72.21%	71.16%	68.51%	71.10%	69.74%
Programme Goal	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
National - Total Pop	72.88%	73.22%	73.84%	74.30%	74.80%	74.41%	74.77%	73.90%
National - High Need	63.24%	63.89%	64.95%	65.80%	66.50%	66.56%	66.98%	66.41%

DHB Narrative

Cervical screening coverage on the West Coast has dropped slightly for the total population and remains just shy of the programme goal of 75%. The ongoing reduction in screening coverage for the high needs population however is of concern. A whole of system approach to identifying high needs women that have not been screened or are overdue for their screening will take place during Cervical Screening month in September 2012.

Ischaemic Cardiovascular Disease Detection

Description

Ischaemic heart disease (IHD) is the leading single cause of death in New Zealand. Identifying people with ischaemic cardiovascular disease is important to enable the regular recall and review of all people who have this disease.

Target Population

1. All people aged 30 to 79 years.
2. All people aged 30 to 79 years who are within the high need population (identified as Māori, Pacific Island and/or Decile 9 or 10).

Programme Goal

90% or more of those estimated to have ischaemic cardiovascular disease have been identified and coded by their general practice or primary care provider.

Data Source

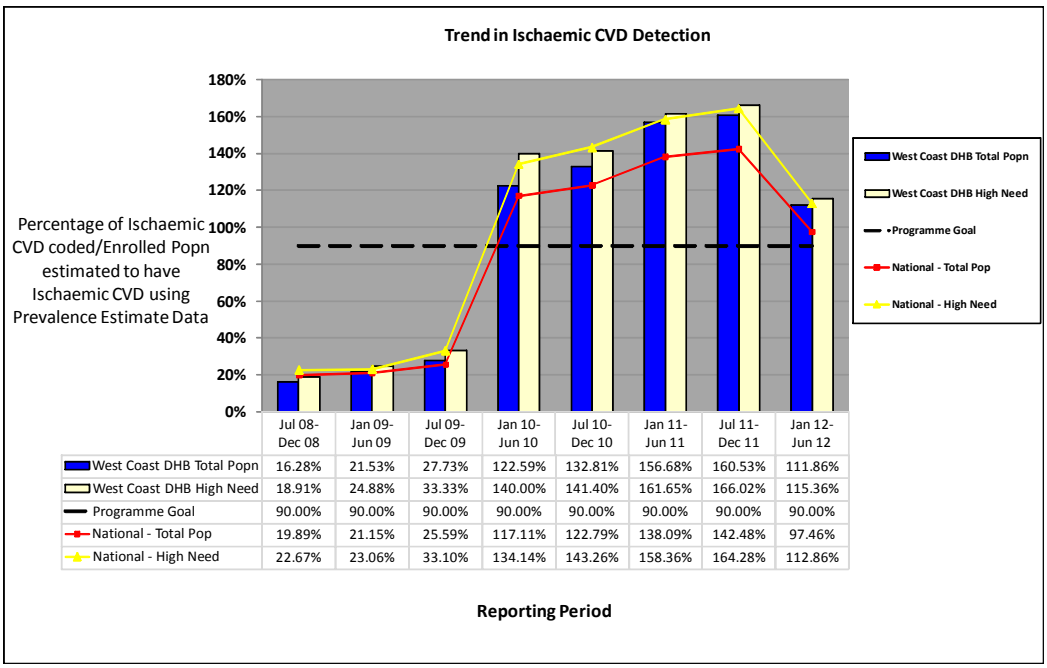
To measure this indicator (both total population and high need population) the Programme depends on data provided through Primary Health Organisations.

Cautions

- National

  Estimations of people expected to have ischaemic cardiovascular disease are calculated by considering the ages, genders and ethnicities of PHO populations and applying ischaemic cardiovascular disease rates from the National Cardiovascular Disease Prevalence Data Model. When applying this model to small populations there may be inaccuracies.
  Currently PHOs are recording high levels of detection relative to the prevalence estimates. Work is being conducted to understand why such high rates are being reported to ensure that, in future, more realistic performance figures are produced by the Programme.
  Data for previous periods were incomplete and have been excluded from the trend graphs.

DHB Performance



	Jul 08-Dec 08	Jan 09-Jun 09	Jul 09-Dec 09	Jan 10-Jun 10	Jul 10-Dec 10	Jan 11-Jun 11	Jul 11-Dec 11	Jan 12-Jun 12
West Coast DHB Total Popn	16.28%	21.53%	27.73%	122.59%	132.81%	156.68%	160.53%	111.86%
West Coast DHB High Need	18.91%	24.88%	33.33%	140.00%	141.40%	161.65%	166.02%	115.36%
Programme Goal	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
National - Total Pop	19.89%	21.15%	25.59%	117.11%	122.79%	138.09%	142.48%	97.46%
National - High Need	22.67%	23.06%	33.10%	134.14%	143.26%	158.36%	164.28%	112.86%

DHB Narrative

West Coast PHO practices continue to detect CVD among their patient population at levels far exceeding the programme goal and national rates for both total and high needs populations.

Cardiovascular Risk Assessment

Description

A Cardiovascular Risk Assessment (CVRA) is a tool for identifying individuals at high risk of a cardiovascular event (e.g. stroke, heart attack or angina) and enables health carers to provide appropriate patient management and support. Cardiovascular disease (CVD) is the leading cause of death in New Zealand - preventative treatment can increase life expectancy and quality of life for patients at risk of CVD.

Target Population

1. Males of Māori, Pacific or Indian sub-continent ethnicity aged 35 to 74 years.
2. Females of Māori, Pacific or Indian sub-continent ethnicity aged 45 to 74 years.
3. Males of any other ethnicity aged 45 to 74 years.
4. Females of any other ethnicity aged 55 to 74 years.

Programme Goal

90% or more of a DHB's target population have been assessed for their risk of developing cardiovascular disease by 1 July 2014.

Data Source

To measure this indicator (both total population and high need population) the Programme depends on data provided through Primary Health Organisations.

Cautions

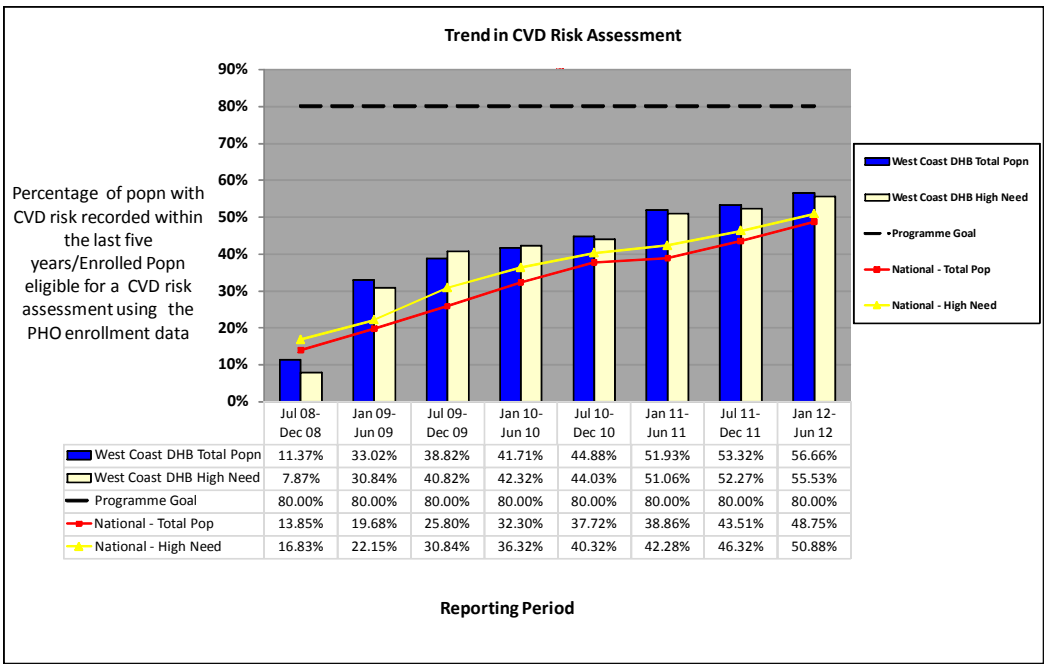
- National

  The Programme goal has been set for DHBs to achieve over a 5 year period in line with the primary care Health Target.

- Data

  There are currently technical computer software difficulties in collecting this data in some regions; these are being addressed.

DHB Performance



	Jul 08-Dec 08	Jan 09-Jun 09	Jul 09-Dec 09	Jan 10-Jun 10	Jul 10-Dec 10	Jan 11-Jun 11	Jul 11-Dec 11	Jan 12-Jun 12
West Coast DHB Total Popn	11.37%	33.02%	38.82%	41.71%	44.88%	51.93%	53.32%	56.66%
West Coast DHB High Need	7.87%	30.84%	40.82%	42.32%	44.03%	51.06%	52.27%	55.53%
Programme Goal	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
National - Total Pop	13.85%	19.68%	25.80%	32.30%	37.72%	38.86%	43.51%	48.75%
National - High Need	16.83%	22.15%	30.84%	36.32%	40.32%	42.28%	46.32%	50.88%

DHB Narrative

There has been a steady increase in CVD risk assessment coverage as the West Coast PHO practices work towards the 2014 target.

Diabetes Detection

Description

Diabetes presents a serious health challenge for New Zealand. It is a significant cause of ill health and premature death. Diabetes affects about 200,000 people in New Zealand but only half of these people have been diagnosed. Identifying people with Diabetes is important to enable the regular recall and review of all people who have Diabetes. This indicator focuses on both Type 1 and Type 2 Diabetes.

Target Population

1. All people aged 15 to 79 years.
2. All people aged 15 to 79 years who are within the high need population (identified as Māori, Pacific Island and/or Decile 9 or 10).

Programme Goal

90% or more of those observed to have diabetes have been identified and coded by their general practice or primary care provider.

Data Source

To measure this indicator (both total population and high need population) the Programme depends on data provided by Primary Health Organisations.

Cautions

- Data

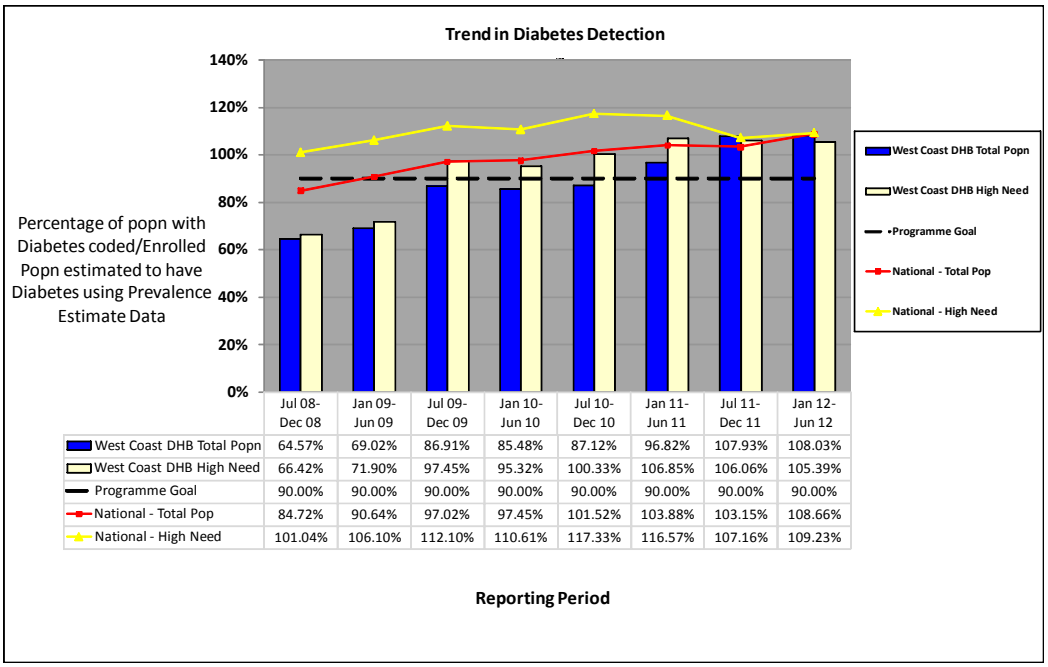
People observed to have diabetes are calculated by considering those who have had any form of health services contact in New Zealand or who were actively enrolled with a PHO, as documented in at least one of the following NHI linked national datasets:

- On a PHO enrolment register (there will be a small number of people who are not resident but are enrolled, however they are greatly outweighed by including people enrolled with no contact in the last 12 months)
- NMDS Public Hospital Event
- NMDS Private Hospital Event
- National Health Index List
- National Mental Health Collection
- Laboratory Testing Claims

- Community Pharmaceutical Dispensing

People with a health system contact were included unless they were without residency status.

DHB Performance



	Jul 08-Dec 08	Jan 09-Jun 09	Jul 09-Dec 09	Jan 10-Jun 10	Jul 10-Dec 10	Jan 11-Jun 11	Jul 11-Dec 11	Jan 12-Jun 12
West Coast DHB Total Popn	64.57%	69.02%	86.91%	85.48%	87.12%	96.82%	107.93%	108.03%
West Coast DHB High Need	66.42%	71.90%	97.45%	95.32%	100.33%	106.85%	106.06%	105.39%
Programme Goal	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
National - Total Pop	84.72%	90.64%	97.02%	97.45%	101.52%	103.88%	103.15%	108.66%
National - High Need	101.04%	106.10%	112.10%	110.61%	117.33%	116.57%	107.16%	109.23%

DHB Narrative

West Coast PHO practices continue to exceed the programme goal for both total and high needs populations and the outcome for this reporting period is just shy of the national averages.

Diabetes Follow Up After Detection

Description

An appropriate Diabetes review (follow up) gives people with Type 1 or Type 2 Diabetes the opportunity for their GP or nurse to review their treatment and lifestyle advice, and update their care plans. The expected service requirements that constitute a diabetes review include, through the year, the measurement of certain blood and urine tests, retinal (eye) screening (every two years), review of cardiovascular risk, examination of the feet and review and updating of the patient's care plan. The care plan may include patient-specific goals related to diabetes control, exercise, diet etc. In some areas much of this service is provided at an "annual review". In other areas the service may be provided in parts at each quarterly visit.

Target Population

1. All people aged 15 to 79 years identified as having Diabetes.
2. All people aged 15 to 79 years who are within the high need population (identified as Māori, Pacific Island and/or Decile 9 or 10) identified as having Diabetes.

Programme Goal

90% or more of those observed to have Diabetes have had a Diabetes review.

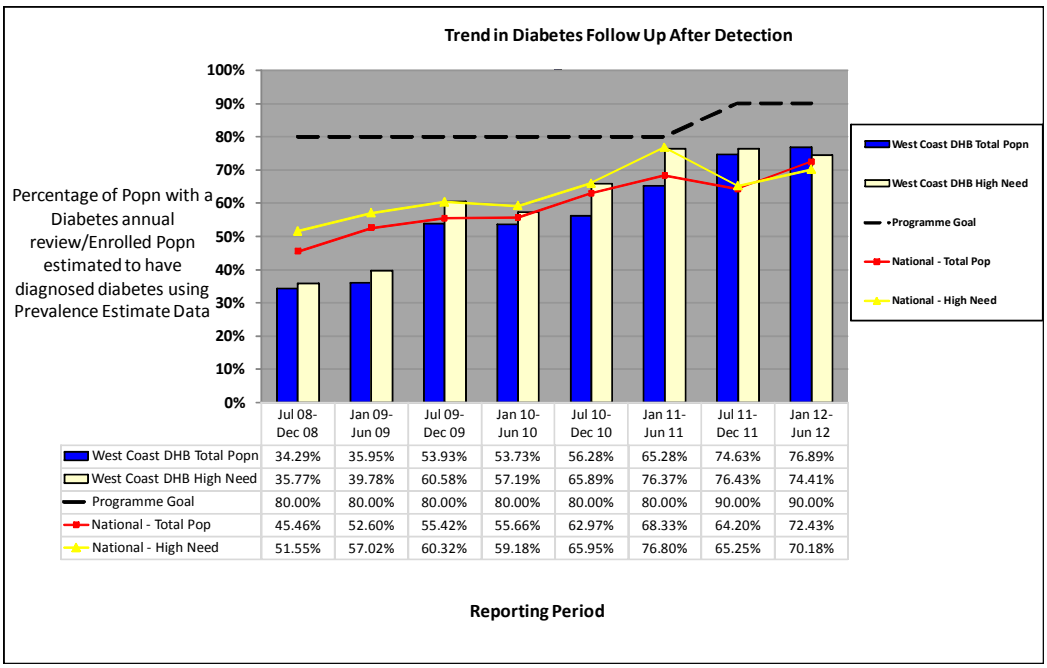
Data Source

To measure this indicator (both total population and high need population) the Programme depends on data that is provided through Primary Health Organisations.

Cautions

- Data
- Currently there are technical difficulties in collecting this data from some PHOs; these difficulties are being addressed by the Programme on a case by case basis. The indicator currently measures the percentage of people observed to have diabetes who have had a review, rather than the percentage of those identified and recorded in general practices as having diabetes that have had a review. This may result in some regions having higher than expected diabetes review rates. Conversely if a region has not identified and recorded all their people who are observed to have diabetes, they will not be able to achieve high diabetes review rates.

DHB Performance



	Jul 08-Dec 08	Jan 09-Jun 09	Jul 09-Dec 09	Jan 10-Jun 10	Jul 10-Dec 10	Jan 11-Jun 11	Jul 11-Dec 11	Jan 12-Jun 12
West Coast DHB Total Popn	34.29%	35.95%	53.93%	53.73%	56.28%	65.28%	74.63%	76.89%
West Coast DHB High Need	35.77%	39.78%	60.58%	57.19%	65.89%	76.37%	76.43%	74.41%
Programme Goal	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	90.00%	90.00%
National - Total Pop	45.46%	52.60%	55.42%	55.66%	62.97%	68.33%	64.20%	72.43%
National - High Need	51.55%	57.02%	60.32%	59.18%	65.95%	76.80%	65.25%	70.18%

DHB Narrative

The steady increase in diabetes follow ups has continued for the total population during this period; however there has been a slight reduction in follow-ups in the high needs population. The follow-up rates for total and high needs populations continue to exceed national averages.

65 years + influenza vaccination

Description

The complications of influenza (more commonly known as 'flu') in the elderly can be serious or life threatening. As a result, the Government funds the cost of influenza vaccines and their administration for people aged 65 and over and people of any age with certain chronic conditions. Only vaccinations provided to people aged 65 and over are counted by the Programme.

Target Population

1. All people aged 65 years and over at the start of an annual influenza vaccination season.
2. All people aged 65 years and over who are within the high need population (identified as Māori, Pacific Island and/or Decile 9 or 10) at the start of an annual influenza vaccination season.

An annual influenza season usually falls between 1 January and 30 June of any year.

Programme Goal

75% or more of a DHBs target population have had a flu vaccination by 30 June of any year.

Data Source

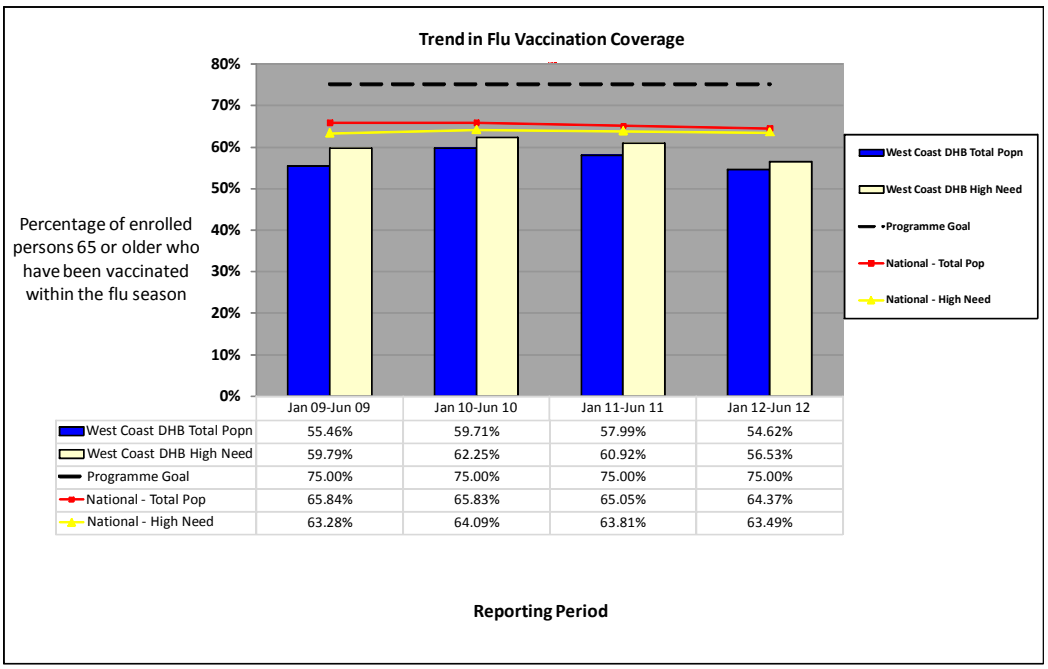
To measure this indicator (both total population and high need population) the Programme depends on data provided by the Ministry of Health.

Cautions

- Data

  If a person within the DHBs target population chooses not to have a vaccination that person is still included as part of the DHBs target population. DHBs with a high number of declining patients will not fare well against this indicator.

DHB Performance



	Jan 09-Jun 09	Jan 10-Jun 10	Jan 11-Jun 11	Jan 12-Jun 12
West Coast DHB Total Popn	55.46%	59.71%	57.99%	54.62%
West Coast DHB High Need	59.79%	62.25%	60.92%	56.53%
Programme Goal	75.00%	75.00%	75.00%	75.00%
National - Total Pop	65.84%	65.83%	65.05%	64.37%
National - High Need	63.28%	64.09%	63.81%	63.49%

DHB Narrative

Influenza vaccination coverage for both total and high needs populations has continued to decline, despite a comprehensive local promotional campaign and the provision of flu vaccination clinics at local practices. The Healthy West Coast Governance Group will jointly plan for a West Coast health system influenza vaccination campaign for the 2013 flu season.

Age Appropriate Vaccinations For 2 Year Olds

Description

Children who receive the complete set of final dose (fully immunised) age appropriate vaccinations (in this case for the 2 year old age group) are less likely to become ill from certain diseases. The vaccinations which fall within the 2 year old group are for measles, mumps, rubella, diphtheria, tetanus, whooping cough, polio, hepatitis b, pneumococcus and haemophilus. A child must receive the complete set of 2 year old vaccinations to be counted by the Programme.

Target Population

1. All children who had their second birthday during the reporting period.
2. All children who had their second birthday during the reporting period and who were within the high need population (identified as Māori, Pacific Island and/or Decile 9 or 10).

Programme Goal

95% or more of a DHB's target population have received their complete set of age appropriate vaccinations.

Data Source

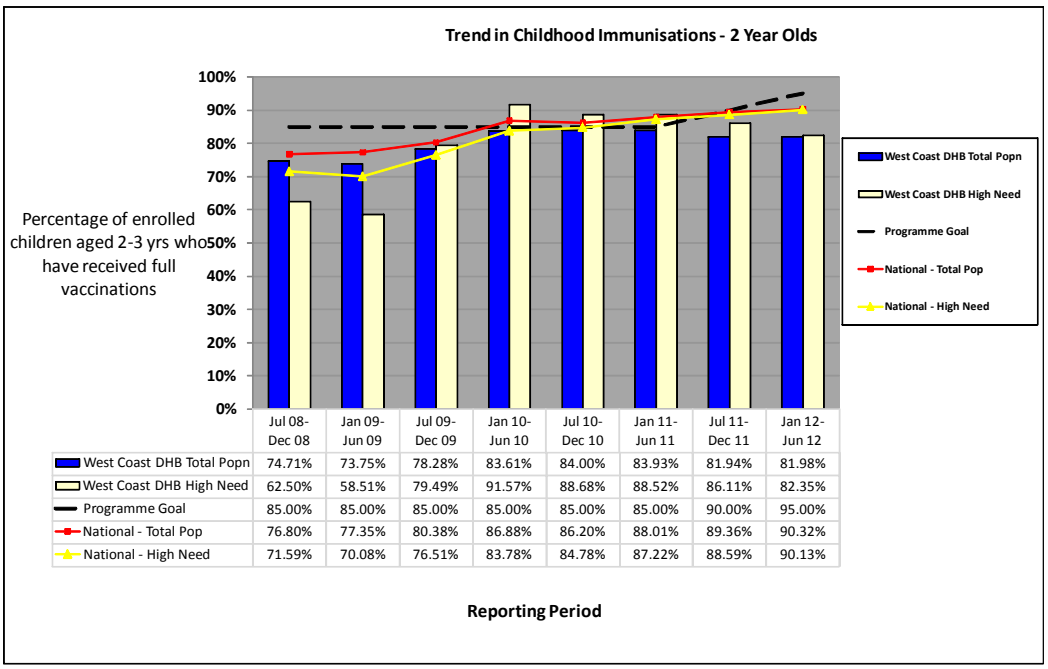
All PHOs are now measured using data from the National Immunisation Register.

Cautions

- Data

  If the parent or caregiver of a child decides that their child is not to be vaccinated the Programme still includes that child as part of the DHB's eligible population. DHBs with a high number of children declining will not fare well against this indicator.

DHB Performance



	Jul 08-Dec 08	Jan 09-Jun 09	Jul 09-Dec 09	Jan 10-Jun 10	Jul 10-Dec 10	Jan 11-Jun 11	Jul 11-Dec 11	Jan 12-Jun 12
West Coast DHB Total Popn	74.71%	73.75%	78.28%	83.61%	84.00%	83.93%	81.94%	81.98%
West Coast DHB High Need	62.50%	58.51%	79.49%	91.57%	88.68%	88.52%	86.11%	82.35%
Programme Goal	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	90.00%	95.00%
National - Total Pop	76.80%	77.35%	80.38%	86.88%	86.20%	88.01%	89.36%	90.32%
National - High Need	71.59%	70.08%	76.51%	83.78%	84.78%	87.22%	88.59%	90.13%

DHB Narrative

The reduction in immunisation coverage for the high needs population during this period highlights the ongoing need for a concerted effort to reach this group. Training is underway with general practice to ensure correct and consistent data input for immunisations.

Smoking Status Recorded

Description

Smoking is the single biggest cause of preventable morbidity and mortality in New Zealand. It is estimated that half of all long-term smokers die of a smoking related illness. Accurately recording patients' smoking status is one of the first steps in helping smokers to quit.

Target Population

1. All people aged 15 to 74 years who are within the high need population (identified as Māori, Pacific Island and/or Decile 9 or 10).
2. All people aged 15 to 74 years other than those who are within the other population.

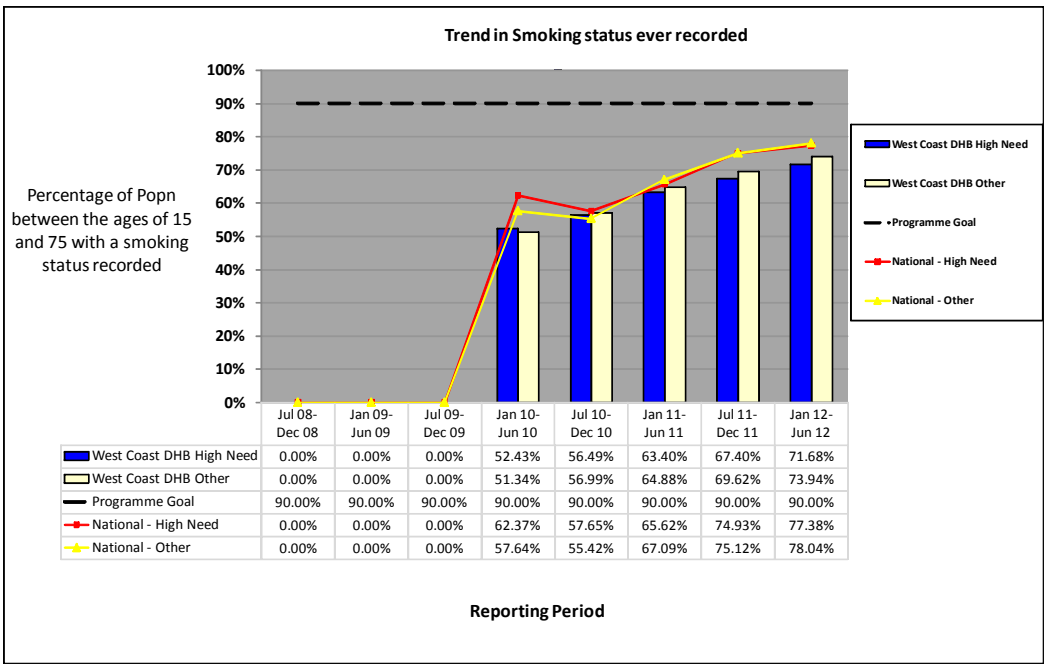
Programme Goal

90% or more of a DHB's target population will have had their smoking status recorded.

Data Source

To measure this indicator (both high need population and other population) the Programme depends on data that is provided through Primary Health Organisations.

DHB Performance



	Jul 08-Dec 08	Jan 09-Jun 09	Jul 09-Dec 09	Jan 10-Jun 10	Jul 10-Dec 10	Jan 11-Jun 11	Jul 11-Dec 11	Jan 12-Jun 12
West Coast DHB High Need	0.00%	0.00%	0.00%	52.43%	56.49%	63.40%	67.40%	71.68%
West Coast DHB Other	0.00%	0.00%	0.00%	51.34%	56.99%	64.88%	69.62%	73.94%
Programme Goal	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
National - High Need	0.00%	0.00%	0.00%	62.37%	57.65%	65.62%	74.93%	77.38%
National - Other	0.00%	0.00%	0.00%	57.64%	55.42%	67.09%	75.12%	78.04%

DHB Narrative

Whilst we are still below the national averages, we continue to make steady progress towards the programme goal. The continued increase in smoking status recording during this period reflects the concerted effort made by West Coast practices.

Smoking Brief Advice and Cessation Support

Description

Stopping smoking confers immediate benefits on those who already have smoking related diseases and future health benefits on all smokers. Helping people who smoke to stop is a leading national health goal.

Target Population

1. All people aged 15 to 74 years who are within the high need population (identified as Māori, Pacific Island and/or Decile 9 or 10) whose most recent smoking status is recorded as current smoker.
2. All people aged 15 to 74 years other than those who are within the other population whose most recent smoking status is recorded as current smoker.

Programme Goal

90% or more of a DHB's target population who have been seen in general practice and whose most recent smoking status is recorded as current smoker, will have been offered brief advice and/or cessation support services within the last 12 months.

Data Source

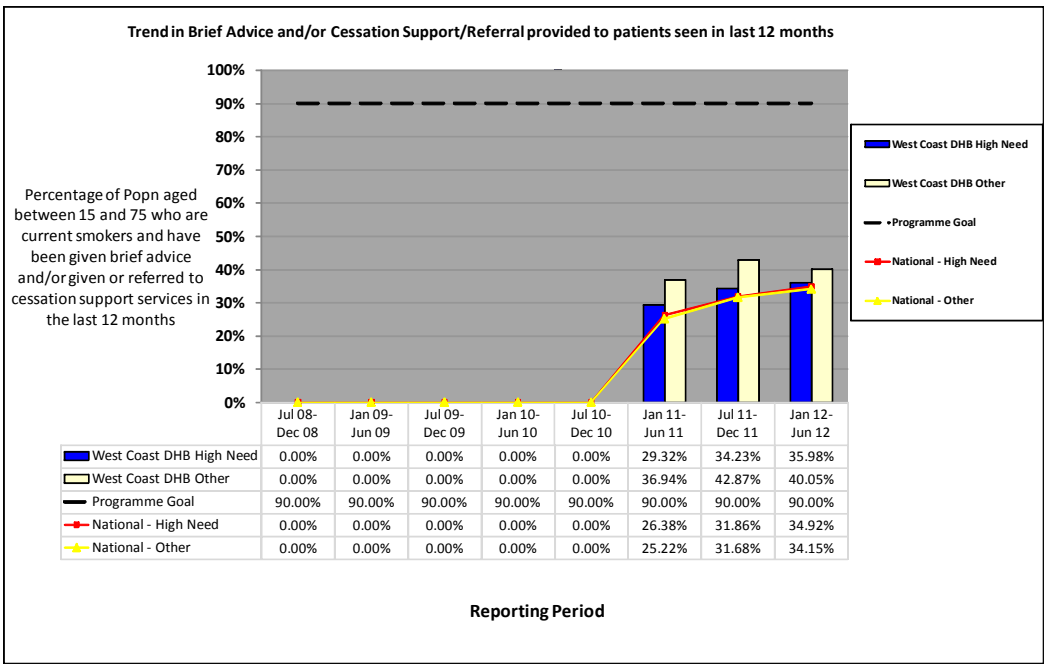
To measure this indicator (both high need population and other population) the Programme depends on data that is provided through Primary Health Organisations.

Cautions

- Data

The Programme is working with a number of PHOs regarding their information processes to ensure the data is a true reflection of their service delivery. Alignment of this smoking indicator with the primary care health target was reached in December 2011 as part of an integrated alignment approach between the Ministry of Health and the Programme.
The number of current smokers is adjusted to reflect anticipated utilisation of this population – this means coverage of greater than 100% is technically possible.

DHB Performance



	Jul 08-Dec 08	Jan 09-Jun 09	Jul 09-Dec 09	Jan 10-Jun 10	Jul 10-Dec 10	Jan 11-Jun 11	Jul 11-Dec 11	Jan 12-Jun 12
West Coast DHB High Need	0.00%	0.00%	0.00%	0.00%	0.00%	29.32%	34.23%	35.98%
West Coast DHB Other	0.00%	0.00%	0.00%	0.00%	0.00%	36.94%	42.87%	40.05%
Programme Goal	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
National - High Need	0.00%	0.00%	0.00%	0.00%	0.00%	26.38%	31.86%	34.92%
National - Other	0.00%	0.00%	0.00%	0.00%	0.00%	25.22%	31.68%	34.15%

DHB Narrative

The provision of brief advice and/or cessation support continues to be a priority focus across the West Coast health system.

END

ATTENDANCE

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)*
Dr Carol Atmore (*Chief Medical Officer)*
Garth Bateup *(Acting General Manager, Hospital Services)*
Gary Coghlan *(General Manager, Maori Health)*
Michael Frampton (*Programme Director)*
Carolyn Gullery *(General Manager, Planning & Funding)*
Brian Jamieson *(Communication Officer)*
Karyn Kelly *(Director of Nursing & Midwifery)*
Stella Ward *(Executive Director, Allied Health)*
Justine White *(General Manager, Finance)*
Kay Jenkins (*Minutes)*

AGENDA – PUBLIC

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
Friday 19 October 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** ▪ *7 September 2012*		
3.	**Carried Forward/Action List Items**		
REPORTS			***10.10am***
4.	**Acting Chair's Update – Verbal Report**	Peter Ballantyne *Acting Chairman*	*10.10am – 10.20am*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*10.20am – 10.45am*
6.	**Clinical Leaders Report**	Dr Carol Atmore *Chief Medical Officer* Karyn Kelly *Director of Nursing and Midwifery* Stella Ward *Executive Director of Allied Health*	*10.45am – 11.00am*
7.	**Finance Report**	Justine White *General Manager, Finance*	*11.00am – 11.15am*
8	**Alliance Leadership Team Update**	Stella Ward *Chair, Alliance Leadership Team*	*11.15am – 11.25am*
9.	**Report from Committee Meetings**		
	- CPHAC&DSAC *- 11 October 2012*	Elinor Stratford *Chairperson, CPH&DSAC Committee*	*11.25am – 11.35am*
	- Hospital Advisory Committee *- 11 October 2012*	Warren Gilbertson *Chairperson, Hospital Advisory Committee*	*11.35am – 11.45am*
	- Tatau Pounamu *- 11 October 2012*	Gary Coghlan *General Manager, Maori Health*	*11.45am – 11.55am*
10	**Resolution to Exclude the Public**	*Board Secretariat*	*11.55am –12noon*

INFORMATION ITEMS

- Confirmed Minutes
  - CPHAC&DSAC Meeting – 23 August 2012
  - HAC Meeting – 23 August 2012
  - Tatau Pounamu Meeting – 23 August 2012
- Schedule of Correspondence
- PHO Performance Results to 30 June 2012

ESTIMATED FINISH TIME 12noon

NEXT MEETING

Friday 7 December 2012 commencing at 10.00am