West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 7 December 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 • 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 19 October 2012 commencing at 10.00am

BOARD MEMBERS

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

APOLOGIES

An apology for absence was received and accepted from Dr Paul McCormack.

An apology for lateness was received and accepted from Warren Gilbertson (12.10pm).

EXECUTIVE SUPPORT

David Meates (Chief Executive); Dr Carol Atmore (Chief Medical Officer); Gary Coghlan (General Manager, Maori Health); Michael Frampton (Programme Manager); Karyn Kelly (Director or Nursing & Midwifery); Justine White (General Manager, Finance) and Kay Jenkins (Minutes).

The Chair asked Susan Wallace to lead the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Susan Wallace advised that she is no longer Secretary of Te Runanga o Makaawhio

Declarations of Interest for Items on Today's Agenda
Susan Wallace declared a possible conflict of interest in regard to Te Awhina Trust which is included in the Chief Executive's Update (Item5).

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

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (71/12)
(Moved Helen Gillespie/seconded Doug Truman - carried):

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 7 September 2012, with the deletion of Susan Wallace from attendees, 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:

- **National Chair's Meeting**
  He reported that the National Chairs & combined CEOs meetings were held in Wellington on 17 September 2012. The main points of discussion were: HBL; CIC Committee and the need for a national capital plan; financial restraints nationally; address by Director General where he commented that overall DHBs were generally performing well with 2012 deficits below plan; hand hygiene was being pushed hard nationally; address by Ann Colby regarding the National Health Committee; address by Minister of Health who commented particularly on Pharmacy spend and thanked DHBs who had performed to budget. He also emphasised that deficits would not be acceptable in future years and there was a need for DHBs to lift performance without a greater share of GDP. He stressed the importance of achieving health targets and spoke to future contracting between DHBs & MSD to address welfare issues. Other presentations emphasised the growth of diabetes and the importance of quality & physical standards.

- **South Island Alliance Board Meeting**
  The SI Alliance Board was held in Timaru where we met with the Capital Investment Committee. The meeting highlighted the capital restrictions going forward. The next Alliance meeting is to be held on 29 October 2012.

- **Better Sooner More Convenient**
  The Minister and Director General met with myself and the CEO in Christchurch regarding Better Sooner More Convenient. The Minister phoned the Chair later in the evening and commented that he considered that the West Coast was doing well.

- **Meeting with Chair of West Coast PHO**
  The Acting Chair had met with John Ayling, Chair, West Coast PHO, on 28 September at the request of the Minister to discuss the importance of achieving the health targets.

- **Communication from Minister**
  The Minister has e-mailed all Chairs stating he will be phoning them to discuss: financial performance; savings; health targets and regional collaboration.

The Chair stated that he believed it appropriate at this stage to formally record the Board's appreciation to Hecta Williams, Colin Weeks and Wayne Turp for their services to the West Coast Health System over a number of years.

Resolution (72/12)
(Moved Elinor Stratford/seconded Helen Gillespie - carried)

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

5. CHIEF EXECUTIVE'S UPDATE

The Chief Executive took his report as read.

He advised the Board that there is particular focus on facilities currently and the Capital Investment Committee (CIC) had visited Greymouth the previous day and there had been a very constructive meeting with them.

He commented the CIC has spent some time on site and it had been good for them to get a real sense of the West Coast and its issues. The Committee approved some urgent capital remediation expenditure to undertake some urgent work and there is an understanding that these are largely temporary fixes. He added that he believed that this unscheduled meeting here on the West Coast highlighted the importance the Committee was placing on the issues.

The Board noted that management are focussing on ensuring that we continue to provide the services we are providing now and also ensuring that any immediate safety issues are dealt with in an appropriate timely manner.

Discussion took place regarding ensuring we are not compromised and taking staff on the journey with us. The CEO commented that there will be a staff briefing at midday and we are continuing to be transparent with both staff and the community. He added that the revised options provided in the presentation supports the models of care already approved by the Board.

A query was made regarding the Buller facilities and the CEO commented that the Capital Investment Committee are looking at some further work we have undertaken which was largely around accounting technicalities. He added that it is likely that we will have more earthquake prone buildings, some with simple fixes and others more complex. He also added that it is important for us to ensure that our capital is building our future.

Discussion also took place regarding the security of information within the DHB due to recent lapses in other government departments. The CEO commented that we do not consider there are any issues here but further checks are being undertaken to ensure that this is the case.

Discussion took place regarding progress in Primary Care and the Board noted that pressure is being applied to address some urgent issues identified by Mary Brown.

In regard to the review of orthopaedic services the Board noted that this in ongoing and that relationships need time to grow and develop. They also noted that it is important to ensure that we do not create services that are not sustainable.

The Chief Executive provided the Board with a copy of the presentation provided to the Capital Investment Committee showing the new preferred option. The Acting Chair commented that management have taken a structured risk and the Board needs to be comfortable with this. He asked if anyone was unhappy about the way forward they should voice that concern. The Board asked that an endorsement of the direction of travel and the submission of the revised business case be included in the resolution.

Resolution (73/12)
(Moved Sharon Pugh/seconded Elinor Stratford – carried)
That the Board:

i. notes the Chief Executive's update; and
ii. endorses the direction of travel and the submission of the revised Business Case to the Capital Investment Committee on 17 October 2012.

6. CLINICAL LEADERS REPORT

Karen Kelly, Director of Nursing & Midwifery spoke to this report which was taken as read. She commented that a Clinical group has been put together to develop plans for the relocation of services and solutions which will cause minimal disruptions.

Discussion took place regarding the cancer nurse coordination roles for which the Ministry of Health have provided funding to smooth the care pathway.

Resolution (74/12)
(Moved Dough Truman/seconded Elinor Stratford – carried)
That the Board:

i. notes the Clinical Advisor's updates.

7. FINANCE REPORT

Justine White, General Manager, Finance, spoke to the Finance Report for August 2012 which was taken as read. She commented that the position at the end of August is $64K unfavourable against budget. The Board noted that there is a significant challenge here, particularly in relation to seismic issues and infrastructure costs (eg insurance). She commented that there are some indications of the possibility of positive results around revenue but it is very much a challenging year fiscally.

In regard to transitional funding the Acting Chair commented that he had spoken to the Minister in regard to transitional funding and informed that this could be an impediment to further collaboration plans unless resolved.

Resolution (75/12)
(Moved Helen Gillespie/seconded Susan Wallace – carried)
That the Board:
i. notes the financial result for the period ended 31 August 2012.

8. ALLIANCE LEADERSHIP TEAM UPDATE

Dr Carol Atmore, Chief Medical Officer, and Karyn Kelly, Director or Nursing & Midwifery, presented this report.

Discussion took place regarding the effectiveness of the Alliance Leadership Team and the Board noted that effectiveness has improved overall and there is good debate and decision making taking place. In addition it is expected that this will evolve even further.

Discussion also took place regarding the work streams and it was noted that quite an involved piece of work has gone into reassessing these.

Resolution (76/12)
(Moved Mary Molloy/seconded Susan Wallace – 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 11 October 2012.

   She made particular reference to the work plans to be developed for the Committees for next year.

   The update was noted

b. Warren Gilbertson, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 11 October 2012.

   The update was noted

c. Elinor Stratford provided an update from the Tatau Pounamu Advisory Group Meeting held on11 October 2012.

   The update was noted.

10. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (77/11)

(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. 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";

There being no further business the public open section of the meeting closed at 11.45am.

The Public Excluded section of the meeting adjourned for lunch and a staff briefing between 12noon & 1.00pm

The meeting moved back into public open at 2.45pm

There being no further business the meeting closed at 2.45pm.

_____ _____

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: **7 December 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 October 2012 was a deficit of $704k which was $83k unfavourable against the budgeted deficit of $621k. The year to date result is a deficit of $2,900k which is $423k unfavourable to the DAP budgeted deficit.

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

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	'000	'000	'000	'000	'000	'000
Governance Arm	61	0	61	122	0	122
Funder Arm	953	625	328	3,739	2,955	784
Provider Arm	[1,718]	[1,246]	[472]	[6,761]	[5,432]	[1,329]
Consolidated Result	**[704]**	**[621]**	**[83]**	**[2,900]**	**[2,477]**	**[423]**

A bottom-up reforecast is currently underway across the organisation to understand the likely year-end financial outturn based upon current trajectory, and the options, choices and opportunities for best ensuring that we deliver to DAP deficit commitments.

Planning & Funding

Key Achievements

- West Coast DHB achieved 95% immunisation coverage for Māori for the new Immunisation Health Target in Quarter 1 2012/13 – 10% more than the target.
- From July 2012, the Cancer Treatment Health Target expanded to include chemotherapy as well as radiation therapy. West Coast continues to achieve the target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.

- Delivery against the Electives Health Target for Quarter 1 was ahead of the year-to-date target by 19 cases.
- The ED Health Target continues to be met, with 99.6% of people admitted or discharged within 6 hours in the financial year-to-date 31 October 2012. The longer-term aim for this measure is also being met, with 95.5% of people admitted or discharged within 4 hours during the quarter.
- Progress continues to be made toward the CVD Health Target, with 59.8% of the eligible population enrolled in the PHO having had a CVD risk assessment in the last 5 years as at 30 September 2012.
- A Programme Coordinator for the new Gateway Service has been appointed. Staff who will be delivering the service on the West Coast received training from Ministry of Social Development trainers in November.
- The pilot Red Cross transportation option for Buller patients who struggle to get to outpatient services in Greymouth commenced its first trial run from Westport on Monday, 29 October. The original date for commencement was amended due to no patients from Buller having appointments on the Friday originally proposed. The service is being proactively promoted and advertised to encourage uptake of its use, with the aim of getting the bookings made by patients themselves to a point of self-sustainability. This voluntary initiative by Red Cross is being run for a 3-month trial period, during which the service will initially run one day a week while demand, transportation needs and volunteer availability are piloted.

Key Issues & Associated Remedies

- Two-year-old immunisation coverage has increased by 6% in Quarter 1 2012/13 to 84%, although it is still below the 95% target. This low rate is impacted by a high combined opt-off and decline rate of 14.1%. Work on reducing the decline rates and achieving the highest possible immunisation coverage rate continues to be a focus in both primary care and for the Outreach Immunisation Services. A letter from members of the Immunisation Advisory Committee drafted and signed by the Medical Officer of Health, the Paediatrician, the PHO Nurse Manager and the Immunisation Coordinator was sent by the PHO to all practices with the recommendation that they send the letter to all parents/caregivers on the practice decline list.
- The B4 School Check official result for Quarter 1 2012/13 is lower than expected because not all data for the quarter has been entered yet while the B4 School Check Co-ordinator was on annual leave. The West Coast DHB is in the process of recruiting and training a reliever to cover the data entry, so as to avoid this situation from occurring again.

Hospital Services

Key Achievements

- Medical staff recruitment continues. Pending arrival of Obstetric & Gynaecology Consultant and Emergency Department Physician. Interview for Anaesthetists scheduled. Relocation several services underway in clinical areas.
- Locum costs are being contained within a reduced budget as permanent staff commence.
- The year to date [YTD] report as of 30 September 2012 shows that there have been 428 actual raw surgical discharges had been delivered by West Coast DHB, which is 19 cases above YTD planned target.
- ESPI compliance continues.

Key Issues & Associated Remedies

- Patient Falls
  A system of reporting all patient falls via a "safety cross" has been introduced so that the following information is displayed prominently in each ward and is known and acted upon:

- Number of falls, date they occurred and locations
- Number of consecutive days where no falls have occurred

The data is displayed as a safety cross. The West Coast DHB will be introducing this system at Grey Base Hospital and across other facilities including promoting to age care facilities. It is also being reviewed by the Clinical Quality Improvement Team.

- Patient Stories Driving Quality in Health Care / Experienced Based Design
  By capturing the experiences of our patients and staff we will be able to identify their current experiences of our maternity unit. Using these stories will allow us to identify what needs to change to improve the experiences of our birthing mothers and our staff.

  Intended methods of capturing staff and patient stories:
  - Emotions questionnaire
  - Consumer survey
  - Directed conversations: meeting with interested staff/patients to let them tell their stories
  - Observations
  - The results of the conversations will be reviewed to identify some common themes
  - The Project Team will meet with maternity staff to provide feedback on the findings

- Epidural Service Re-instatement
  The Epidural Service is up and running 24/7. A number of staff have been educated to run the service, and up-skilling of additional staff will be ongoing.

<u>Upcoming Points of Interest</u>

- **Hospital Improvement Projects:** It has been decided to prioritise resources to the following Hospital Services priorities:
  - Central Booking Unit Processes
  - Theatre Utilisation | Resourcing
  - Production Plan | ESPI Compliance
  - Medical Staff Rostering
  - Outpatients Clinics and Theatre List bookings and scheduling

- **Central Booking Unit Processes:** Central to the smooth running of clinical services within Grey Hospital are the functions and processes undertaken by the Central Booking Unit [CBU]. The Ministry of Health Elective Services manager [Jane Potiki] visited recently and has reported on a number of risks and improvements in the processes that could be made in the CBU. This is the highest priority. A team involving clinical leaders from all specialities will be embarking on detailed work in the CBU over the next few weeks. Some key indicators have been developed which include the following;
  - Medical staff roster to be confirmed three months in advance with an indicative roster six months out.
  - Outpatients' clinics and theatre lists booked at the following stages;
    - At 6 weeks 75% booked/confirmed patients.
    - At 2 weeks 90% booked/confirmed patients.
    - At the start of the week 100% confirmed patients.
  - Work has commenced to achieve these key performance indicators.

- **Theatre Utilisation:** Utilisation of theatre resourced lists has been reviewed for a period of 8 weeks. The result is a utilisation rate of 63% of resourced theatre time. This is not sustainable. [A 2009 Deloittes report showed 52% utilisation against the target of 77%]. In a hospital such as Greymouth where predominantly elective surgery is undertaken a

utilisation rate of between 80-85% should easily be achievable. The work on utilisation of theatres/resources will proceed in conjunction with the CBU processes.

- **Production Plan/ESPI Compliance:** The DHB struggles to maintain ESPI compliance on a continuous monthly basis. One of the major reasons is the lack of forward planning of the medical staff roster and clinic/theatre scheduling. The above processes around CBU and theatre utilisation once implemented will play a central part in maintaining our Production Plan and ESPI compliance. Currently the Production Plan is close to target except in Orthopaedics.
  The introduction of triaging by an Orthopaedic GP liaison medical officer and the introduction of a Musculoskeletal clinic, both of which will result in less referrals being seen by orthopaedic surgeons, is being introduced.

- **Ward Resourcing vs Patient activity:** Work is commencing on reviewing ward nursing resources matched to patient activity levels. The tool currently used within West Coast DHB is the TrendCare system. There are concerns that the system is not being used to maximum capability by staff and the resulting information is therefore incorrect and not useful for planning and reconciliation purposes. Work with clinical nurse managers has commenced.

Community Services

Due to medical administration needing to relocate in response to seismic issues, our community services team is exploring options for operating off site to enable medical administration to remain on site. There are several places in reasonable proximity to the base hospital but none are large enough to take the entire group. It is anticipated this move will be completed by the end of January.

Planning continues for the implementation of the Cancer Nurse Coordination role. The purpose of this role is to further reduce waiting times for cancer treatment and to provide a seamless transition through the patient journey. It is anticipated that recruitment will commence in the New Year, once the regional plan is in place with agreed and aligned position descriptions across the South Island.

Mental Health

- **Service Integration:** Primary secondary integration has made significant progress recently in Greymouth with the innovation of designated nurses from the Community Mental Health team attending a regular weekly forum with GP's, practice nurses and the PHO staff to provide a level of shared care to clients with mental health needs in each practice. The 3 monthly clinic for clients with serious mental illness who receive Clozapine is an opportunity for education and support on lifestyle and health as well as monitoring the illness and medication. In December this clinic will be held for the first time in the RAGP which will result in the opportunity for a physical health check to accompany the usual Clozapine monitoring.
- **Collaboration Forum:** The Mental Health Service held a forum in Greymouth this month with a wide range of agencies and services with links to the provision of care to people who experience mental illness. This was well attended with presenters from Planning and Funding and senior management and clinical personnel from the West Coast DHB where the focus was on identifying what is working well and areas for improvement. A further meeting is arranged for next week with Planning & Funding staff and Mental Health Service management to progress this work.
- **Maori Mental Health Service:** Since the resignation of the Manager of the Maori Mental Health Service in September 2012 the 3 Pukenga have continued to provide cultural support to Maori clients and their families of the MHS with the oversight and support being provided by the Clinical managers in the Community teams and Child and Adolescent

Mental Health Service. This arrangement is working well and has enabled the service to continue whilst an alternative model that is more aligned with BSMC is considered.

- **Appointment of Permanent Psychiatrist in Greymouth:** The gap in medical cover experienced in Greymouth for the last 12 months was ended this month with the arrival of Dr Kristen Sparks . As well as general psychiatry in Greymouth and Westport - Dr Sparks will also provide input into the Alcohol and other Drug service. An arranged visit to Christchurch last week to orient her to the Regional Mental Health Service provided by the Canterbury DHB was very successful and a tribute to the cooperation and support from our Canterbury DHB colleagues.

Primary Health Services

Greymouth

Two General Practitioners from the Rural General Academic Practice are moving to Greymouth Medical, effective from early May. This will bring the staffing levels at Greymouth Medical to full capacity. Recruitment has commenced for replacement permanent General Practitioners at the Academic Practice and locums are being sourced in the interim. The Academic Practice continues to support Karamea, as outlined below, with the fly in – fly out service.

South Westland

Recruitment continues for the second GP in South Westland. Locum cover continues when available. In late January a permanent Rural Nurse Specialist for Haast will be in place, this nurse will also have 0.4 FTE in her role as Team Leader for the South Westland nursing team. This component of the Rural Nurse Specialist role has been developed to support a more autonomous team and will replace the centralised leadership from Greymouth.

Buller

Buller Health Medical Centre is currently utilising short and medium term locum placements to make up the General Practitioner FTE short fall. Most of these locums are returning locums who are familiar with the patients on the practice register and practice team. We have secured two fixed term General Practitioners to commence in January 2013.

The Emergency weekend clinic successfully relocated to Buller Hospital's Out Patient Department on 24th November. This enables the single point of entry component of the model of care.

Buller is currently advertising for a District Nurse, a Practice Nurse, Nurse Practitioner, two Rural Nurse Specialists and a General Practitioner Clinical Leader.

The Karamea Health Clinic General Practitioner clinics being run in partnership with the Rural Academic Practice and Dr Ian Peterson are proving to be successful. This fly in – fly out service to Karamea one day a week also includes clinical teaching for the Rural Nurse Specialists. This arrangement will be reviewed in six months with input from the Buller IFHC doctors and management. CORNERSTONE assessors visited Karamea on 6th December to follow up on the areas not achieved in the initial assessment in March 2011; these included some alterations in the clinic and sealing of the car park.

Reefton

The partnership with the Rural Academic Practice is working well with staff looking forward to an ongoing partnership. Remote clinics at Springs Junction by the Rural Nurse Specialists from Reefton continue. CORNERSTONE Accreditation occurred on 5th December. The long-term stay beds are fully occupied. Reefton is working closer with Grey Base Hospital where patients can be discharged back to Reefton for a short stay in Reefton for convalescence.

General

The Request for Proposal for management services for District Health Board owned Primary Practices yielded several responses. Presentations were received from the three shortlisted groups and a preferred provider identified. Further talks are currently underway with this group.

Greymouth Medical Centre and Buller Health Medical Centre will be running a trial of practice based enrolment form scanning [into MedTech patient records]. This is part of the project currently underway to improve enrolments and enrolment processes. If the trial is successful, with IT capability demonstrating a level of function that is able to support localised scanning, it is envisaged that this will be rolled out to all practices following analysis of the trial.

The DHB and PHO are working together to improve recall screening, smoking cessation and immunisation rates. Systems are being reviewed and improvements introduced to support the clinical teams. For example, a new process for the cervical screening recall process whereby once a patient is recalled three times and has not responded an appointment will be automatically generated. If the patient does not present for the appointment, further contact will be made and further advice given, such as a list of alternate providers for cervical screening.

Txt2Remind

Progress has been made and a joint venture with Pegasus Health in Canterbury, the West Coast DHB and the West Coast PHO means we will have Txt2Remind [for booked appointments] installed in the near future. Training for all the practice teams on this new service will be provided by Vensa Health.

Smoking Cessation

As part of a collaborative practice quality and improvement project, one of the clinical areas being looked at is the slow progress of coding identified smokers who have been given brief advice to quit. Individuals targeted will be in the 15 to 74 year old age group.

There are several components to this measure: the number of people whose smoking status is coded; the number who are coded as current smokers and the number of people coded as current smokers who have been given brief advice to quit.

The PHO proposes to hire additional resource. The proposed approach is that the resource will search the clinical notes of individuals coded as smokers for evidence of brief advice. If evidence exists, they will record the appropriate term to ensure it is counted. If no evidence exists, they will phone the person and give that brief advice and then code accordingly.

2. INFORMATION TECHNOLOGY

Telehealth

The wireless expansion to support Barclay, Morice, Theatre, Medical Admin, Hannan and Mental Health has been concluded. This will support the mobile clinical carts used for orthopaedic care within the new model of care. Wireless has been installed to all wards other than Morice/Medical Administration. Aged care Telehealth network installation has been completed. Installation of video conferencing units will occur within the next two weeks.

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 likely at least 2 months. Completion is targeted for mid December.

Server Infrastructure Upgrade

The West Coast DHB is upgrading the Citrix and Desktop platform in use to a more modern and better supported environment. This will be the same version used by the Canterbury DHB within their environment. Implementation is still progressing with the system nearly available for testing. This project has been placed temporarily on hold in terms of a wider rollout so as to not risk impacting the delivery of the Concerto system. Work will commence again in early December.

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 coincides with the Concerto project. The system successfully went live 20 November.

Clinical Information System Business Case [Health Connect South]

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 DHBs.

Training for staff has been completed. The project was successfully delivered on 17 November. The project has been a huge undertaking by both CDHB and WCDHB teams.

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 DHBs. Ongoing regional workshops have been scheduled to ensure regional buy in to solution. The go live for this system has been moved to 2nd Quarter 2013. The delay is due to resource being diverted to the Health Connect South go live. The project is still within existing budgets. Regional testing is beginning with DHBs in the South Island about to gain access to the test system.

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 DHB are also being used with the implementation. The project is still subject to some resource constraints but good progress is being made. Final training is scheduled for late November. Manual data entry of all paper information has been completed. The system is due to be enabled for West Coast end of November. Go live has been moved to December.

Provation Software Package

At the Clinical Quality Improvement Team meeting the lack of an endoscopy reporting system was seen as an important quality issue. A business case has been submitted and was approved by the capital committee at end of June 2012. The Canterbury DHB has a project manager for the implementation. The Regional kick off meeting date has already taken place with the local kick off taking place on 30 November 2012.

Orthopaedic 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 month. Progress has been slower than ideal on this project.

Orthoscope Solution

An 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 with the IT delivery of the solution delivered.

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 delivery of this project. A CDHB project manager has been assigned. A kick off meeting is scheduled for 30 November.

3. MAORI HEALTH

Kaizen Workshop Maori Health

This workshop was held over two days on 7 & 8 November 2012. As previously reported the purpose of this workshop is to improve Maori people's experiences of the health care and support services on the West Coast. There was an exceptional turn out to the workshop with approximately thirty to forty attending, mostly clinical staff. They were from a variety of organisations such as Community Public Health, West Coast PHO, Rata Te Awhina Trust, and West Coast DHB etc. All attendees worked very hard during these sessions, particularly on the case study scenarios. Feedback received was that the workshop was very action orientated and people considered it a very valuable and a worthwhile experience. The information and planning now needs to be carefully disseminated and future action plans developed.

Whare Oranga Pai

Te Whare Oranga Pai was opened in Hokitika on 26 October 2012. The intention of the centre is to improve Maori health by providing care pathways for Maori, with the aim being to improve Maori health in the Westland District, and the aim to work towards decreasing the level of chronic conditions amongst Maori. The West Coast DHB has worked with Te Runanga o Makaawhio and Te Runanga o Ngati Wae Wae on this initiative. The opening was very well attended and it is hoped that in time, these centres may open in other parts of Tai Poutini.

Rata Te Awhina Trust

Interviews have been held for the General Manager position for Rata Te Awhina Trust, and a decision is pending. In addition recruitment is about to begin for both the Maori Health nurse and a Kaiarataki, a Maori health navigator in the Buller.

Visit Associate Minster Health

The visit by the Associate Minister of Health Tariana Turia was unfortunately postponed due to aircraft problems. We are currently working with her office on confirming a future date.

4. HUMAN RESOURCES

Health and Safety

Health and safety training continued for both Representatives and Management. H & S notice boards continue to be installed to ensure H & S has a consistent and procedurally correct presence in our workplaces. A revised Occupational Health referral process has been approved; this process provides health advice to Line Managers and employees on assisting people who are not covered by ACC to return to work and to those requiring support to remain at work.

Wellness

Global Corporate Challenge has now been completed. A discussion paper on Staff Wellness Initiatives is being prepared for EMT consideration.

Attraction and Recruitment

The second round of NETP graduates were assessed this month with around 160 candidates attending. This year WCDHB combined their assessments with the CDHB. There will be approx 90 offers made early in November, for placements with the CDHB, WCDHB and Community Partnering organisations. Participation at the recruitment fairs in the UK is proceeding as planned. The West Coast version of the recruitment technology has been successfully rolled out. Further development of this technology is underway which will allow us to improve the way it is integrated and its reporting capacity.

HR Operations

There are a number of IR related claims underway that are being managed. Numerous ongoing consultation processes associated with changes to models of care are being supported. New leadership structures are bedding down and the proposed Corporate Services consultation plan has been released. Recent announcements from Spring Creek may present retention risk for partners and family employed by WCDHB. Workplace support and EAP is being offered to support our staff through these difficult times; we will continue to monitor and assess numbers affected. Current negotiations involving West Coast IT workers [APEX] are underway.

Organisation Development

The rollout of the iPerform performance development system is due to commence in February 2013. Work has commenced on the two key areas of focus that arose from the employee engagement survey, being leadership and processes/systems.

Learning and Development

Discussion will commence in early November for an extension of the core leadership and management programs to the Coast. This framework has been developed with extensive sector input including the Coast and is underpinned by the capability framework that is the foundation for all people related activities. The L&D calendars between CDHB and WCDHB are being aligned. During the month 33 people participated in the Collabor8 suite of programs. A further 40 people are enrolled to participate in corporate programs in November.

5. COMMUNITY & PUBLIC HEALTH

Alcohol Harm Reduction

Health promoters from CPH held a mocktail-making session in Westport recently to encourage non-alcoholic drink alternatives. Students and tutors from the Alternative Education programme and Tai Poutini Polytechnic attended. Participants worked with a partner to create non-alcoholic mocktails, name them, and describe what sort of occasion they would be suitable for. The session was a great success with the young people being fully engaged and enjoying their creations.

The Coast now has its own Booze Bus. To publicise this and to allow people to have a look through it and see how it works CPH and the Police will have the bus set up outside the Supermarkets in Westport and Greymouth this month. We will also be offering samples of easy-to-make mocktails and other non alcoholic drinks, along with some food ideas for shoppers to try. Shoppers will also have the chance to measure their own "standard pour" against the Alcohol Liquor Advisory Council [ALAC] standard drink measure. There is often quite a variance. Most wine glasses, for example, hold two or even three standard drinks. CPH has produced a recipe card for the mocktails that people can take with them to the supermarket.

On the reverse of the card there is information on low risk drinking advice for adults and standard drink measures.

Sexual Health

Sarah Harvey, one of Community & Public Health's health promoters, gave a presentation recently at the New Zealand Sexual Health Society conference in Palmerston North. Her presentation outlined our Good Memories, No Regrets [GMNR] campaign on alcohol and sexual health and she was awarded the Margaret Sparrow prize for excellence in presentation. Sarah also made a Good Memories, No Regrets poster presentation at the Public Health Association national conference in Wellington.

Community & Public Health is working with Family Planning Christchurch to run three days of free 'Sexuality and Young People' training for parents and professionals on the West Coast. Six workshops will be run on 26th-28th November. Over fifty people from health services, NGOs and schools have signed up so far. Sessions for young people will also be run in local Alternative Education centres.

Smokefree

CPH staff supported the running of the Smokefree Amazing Race in Westport on Sunday 18th November. Sixteen family teams took part in this event which had a variety of fun activities around Westport finishing at Carter's Beach with a prize giving celebration. There were more families wanting to enter than places available so it is likely that this event promoting Smokefree lifestyles will be run again in 2013.

With the recent changes to the Smokefree Environments Act 1990 around tobacco displays our Smokefree enforcement officers were instructed by the Ministry of Health not to carry out any Controlled Purchase Operations [CPO] until they received refresher training. This training has been completed and CPH are now in a position to carry out further CPOs. Stores now have to keep tobacco products out of sight and so far, we have found no breaches of the new regulations.

Communicable Diseases

- Pertussis [Whooping Cough]
  Notifications of Pertussis are gradually declining towards pre epidemic levels on the West Coast. Cases are still occurring and primary health staff are being vigilant about notifying and treating them.
- Campylobacter
  Campylobacter infection causes acute gastroenteritis and can be transmitted through contaminated food or water or contact with an infected person's faeces. Rates of campylobacter infection on the Coast are currently increased, similar to other regions of the South Island. This rise is seasonal and seen in conjunction with calving season and the advent of warmer weather. Two household outbreaks also occurred and were contained effectively.

Drinking Water

The annual survey of registered drinking water suppliers has been completed and registered water carriers have also been assessed as part of their annual compliance requirements. No issues were identified. The results of the annual survey will be released next year.

Resource Management

CPH made submissions and appeared at two recent resource consent hearings for subdivisions in Westland District. The main public health concern with higher density subdivisions in rural areas is the reliance on septic tanks for wastewater treatment. Even modern septic tank systems can fail if not adequately maintained and if they do fail, there is a risk that effluent discharge

may not be adequately contained within property boundaries on smaller sections. This increases the risk of disease from contact with the effluent and contamination of surface or ground water. CPH's submissions encouraged developers to install small scale community wastewater treatment plants to mitigate these risks.

Health Impacts of Mine Closures

CPH has commissioned a literature review of the health impacts of large scale job losses in small communities, including elsewhere in New Zealand. The review will include seeking evidence for effective public health interventions that may help to mitigate adverse health effects at community level. CPH staff are involved in the Grey District's Economic Development Liaison Group and leading the group's Sustainability, Health and Wellbeing Network.

6. COMMUNICATIONS

Key Achievements

External relations

Media releases were distributed in response to changes in services or newsworthy events at the West Coast DHB including:

- Relocation of facilities at Grey Base Hospital due to seismic issues
- Changes to *Share for Care* electronic sharing of medical records
- *Report to the Community* released and inserted in the The Messenger and delivered to all households on the Coast
- Changes to Buller Health weekend clinics
- Serious and Sentinel events reporting
- Q1 Government Health target Performance
- Release of Annual Report
- Laundry closure
- Insulation scheme end
- New defibrillator roll-out to DHB clinics

Internal Communication

Improving the two-way flow of information with internal staff and the wider health system is a key priority of the West Coast DHB communications. Regular communications is occurring and there has been some feedback from staff that they are becoming better informed.

- *Ask Now* is being produced fortnightly and attached to payslips to keep staff informed of changes in the West Coast Health System
- The *CE Update* continues to be distributed weekly and this is taking a more strategic view of issues within the organization.
- To ensure all staff are kept informed during the various relocations a weekly *Relocation Update* is being distributed to staff to keep them updated of the changes in service locations as a result of the seismic issues
- There have been consultation documents released to staff regarding
  - The West Coast DHB Leadership structure
  - The structure of Corporate Services
  - The proposal to permanently close the West Coast DHB Laundry

- The South Island Alliance Roadshow came to Greymouth on November 22 and 23. Mr David Tulloch, CMO Southern DHB gave three presentations to staff and others involved in West Coast healthcare.

Upcoming Points of Interest

- Presentation of cheque from Countdown Kids fundraising activity on 14 December
- An opinion piece on the background to the closure of the laundry was prepared for the Grey Star
- Further reconfiguration of services at Grey Base Hospital due to the need to vacate the seaward end of the Morice ward block

Report prepared by: David Meates, Chief Executive

CLINICAL LEADERS UPDATE

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

SOURCE: **Clinical Leaders**

DATE: **7 December 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. DISCUSSION

Sustainability
Ongoing work is focusing on the further development and implementation of service delivery improvements, both in primary and community care, and in hospital services, including implementing the transalpine service delivery models. The interdisciplinary team meetings between primary and community services based in general practices continue. A recent workshop was held involving health providers, community representatives and NGOs which looked at integrated approaches to mental health services on the West Coast.

Transalpine Services
An evaluation of the first four months of the Transalpine orthopaedic transition service is underway.

Mr Ian Civil, trauma surgeon and Clinical Lead of the National Major Trauma Clinical Network will be in Greymouth today to discuss with staff how we provide the best care to people who have experienced major trauma on the West Coast.

West Coast Clinical Managers in Allied Health attended a Master Class on building and selling a case for change. There are 4 projects for improving allied health services both locally and also as part of collaboration with Canterbury have been developed and will be implemented over the next 12 months. This was a collaborative event for all South Island DHBs.

Leadership, Clinical Governance and Quality
The West Coast Health System Clinical Board met recently for its third meeting. The group is beginning to establish priority areas for focus, and working towards developing a whole of system quality work plan for 2013.

The National Serious and Sentinel Events Report has been released. The key indicators being monitored by the Health Quality and Safety Commission are being adopted by the Clinical Board and the Hospital Clinical Quality Improvement Team.

The Health Quality and Safety Commission have developed an Atlas of Health Care Variation, available at www.hqsc.govt.nz. In this Atlas, the CVD (cardiovascular disease) management domain examined the use of secondary prevention medications in all New Zealand residents who were hospitalised with an ischaemic CVD event (myocardial infarction, ischaemic stroke and/or coronary or peripheral arterial procedure) between 2000 and 2010. A person was considered to be taking a medication consistently if they had been dispensed the following medications in at least three of the four quarters of 2011:

1. a statin
2. a blood pressure lowering drug
3. an antiplatelet or anticoagulant drug

Best practice is that people who have had a CVD event should be on all three medications, as there is strong evidence that this reduces further events and death. The West Coast Long Term Conditions strategy, a joint WCPHO, CPH and WCDHB programme that has been running for seven years, has been focusing on providing a structured long term conditions management programme, as well as other interventions on the health care continuum, to reduce the burden of cardiovascular disease, as well as diabetes and chronic obstructive airways disease, within our community.

The Atlas shows that the West Coast DHB population has the highest rates of people with a previous CVD event being on all three medication groups in the country, both for Maori and non-maori. This is testament that the concerted effort within our health system to improve our management of people with long term conditions is bearing fruit.

The South Island Regional Training Hub held a strategic planning workshop recently. The Hub sees its role as sitting within the South Island Alliance, and being the facilitator to develop the future workforce for the needs of the whole South Island community.

The South Island Alliance Roadshow, to inform people of the challenges and opportunities in meeting the needs of our communities over the next 20 years visited the West Coast recently.

Workforce

Five new junior doctors started at Grey Hospital recently. As part of their orientation they were taken to visit six of the West Coast general practices, and experienced first hand the enthusiasm of our general practice teams for the work they undertake, as well as the circumstances and constraints in which they work. We have a Rural Hospital Medicine registrar and a first year GP registrar with us as well.

There has been a record number of nurses apply for Health Workforce New Zealand funding for postgraduate clinical qualifications for 2013 (34 nurses). The advanced health assessment and applied Pharmacology papers continue to be well subscribed to with another large cohort completing the foundation research paper. There are six nurses completing clinical masters with either thesis or dissertation and two nurses completing clinical masters who intend to continue on to Nurse Practitioner.

The recruitment process for Nursing Entry to Practice new graduate nurses is nearly complete. The two entry to Specialty Practice (mental health) placements have not yet been filled and there are two positions in the Buller also vacant. The second round of ACE (national NETP recruitment programme) has commenced and it is anticipated that these four NETP vacancies will be filled.

Consistent with the national response to Care Capacity Demand Management (CCDM), an opportunity has arisen for the Safe Staffing Healthy Workplaces Unit (SSHW) to provide 0.3FTE funding that will enable a better match of required nursing hours to nursing resource. This will be relevant to nursing services that currently utilise TrendCare as a patient acuity tool: Grey, Buller and Reefton Hospitals. A formalised data collection process is taking place during November and December, to better

understand our nursing variances. It is recommended that roster re-engineering take place, in collaboration with key stakeholders. This process would be informed by other concurrent quality activities in progress for example the theatre utilisation project and production planning projects.

The National Clinical Governance project report has been completed and will be released by the Minister at an event in Wellington on 6 December. West Coast DHB participated in the survey and the site visit and our Executive Director Allied Health is part of the panel.

5. CONCLUSION

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

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

FINANCE REPORT

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

SOURCE: **Chief Financial Officer**

DATE: **7 December 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 October 2012.

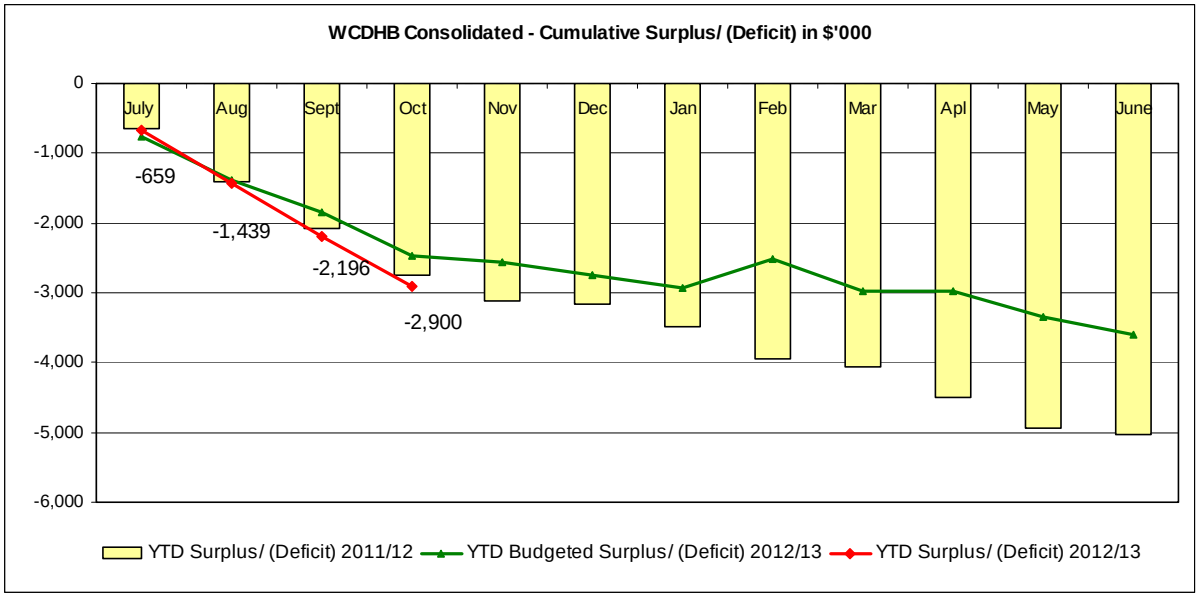
3. DISCUSSION

Financial Overview for the period ending 31 October 2012

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,342	6,369	(27)	×	24,910	25,357	(447)	×
Governance & Administration	188	183	5	√	725	733	(8)	×
Funds & Internal Eliminations	4,916	4,780	136	√	19,330	19,121	209	√
	11,446	11,332	114	√	44,965	45,212	(247)	×
EXPENSES								
Provider								
Personnel	4,769	4,712	(58)	×	18,367	18,287	(80)	×
Outsourced Services	977	804	(173)	×	4,112	3,997	(115)	×
Clinical Supplies	642	661	19	√	2,511	2,751	240	√
Infrastructure	1,191	928	(263)	×	4,754	3,714	(1,040)	×
	7,579	7,105	(475)	×	29,744	28,749	(995)	×
Governance & Administration	127	183	56	√	603	733	130	√
Funds & Internal Eliminations	3,963	4,154	191	√	15,591	16,167	576	√
Total Operating Expenditure	11,669	11,442	(227)	×	45,938	45,649	(289)	×
Deficit before Interest, Depn & Cap Charge	223	110	(113)	×	973	438	(536)	×
Interest, Depreciation & Capital Charge	481	510	29	√	1,927	2,039	112	√
Net deficit	**704**	**621**	**(83)**	×	**2,900**	**2,477**	**(423)**	×

CONSOLIDATED RESULTS

The consolidated result for the year to date ending October 2012 is a deficit of $2,900k which is $423k over budget ($2,477k deficit). The result for the month of October 2012 is a deficit of $704k which is $83k over budget.



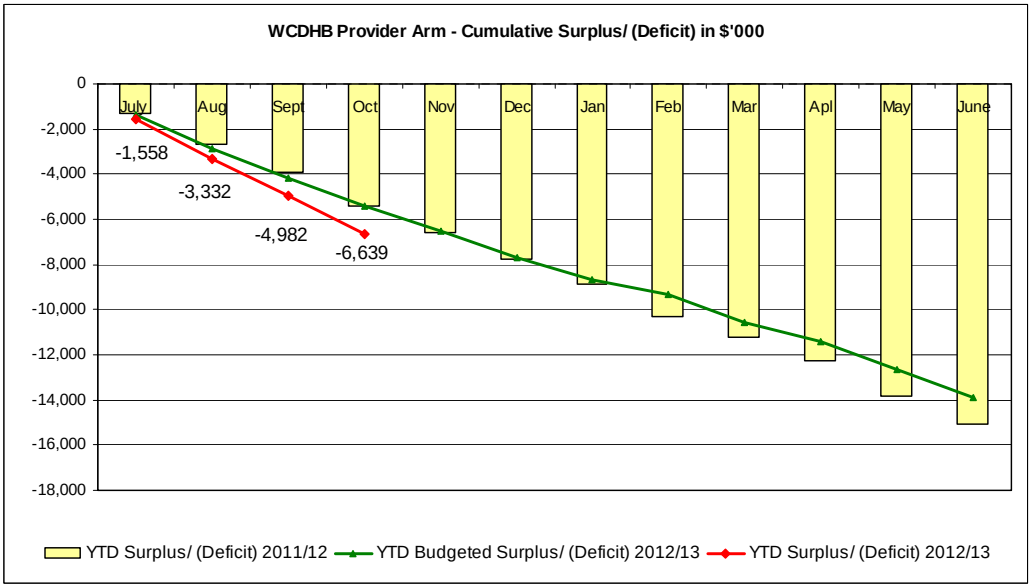
RESULTS FOR EACH ARM

Year to Date to October 2012

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(6,761)	(5,432)	(1,329)	Unfavourable
Funder Arm surplus / (deficit)	3,739	2,955	784	Favourable
Governance Arm surplus / (deficit)	122	0	122	Favourable
Consolidated result surplus / (deficit)	**(2,900)**	**(2,477)**	**(423)**	**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 is $447k unfavourable to budget. Revenue from Government sources makes up $273k of this variance.

- ACC revenue is $125k unfavourable to budget for the year to date, $63k of this variance relates to the ACC elective services contract which we expect to catch up on in future months (volumes were particularly low in July, due to staff leave patterns). Offsetting this the revenue for the month for ACC electives was $24k favourable to budget. The balance of the unfavourable variance is mainly spread over radiology, physiotherapy, community services and assessment, treatment and rehabilitation (AT&R) of older persons. To date AT&R revenue is $33k unfavourable to budget; this is volume driven dependent on patient need. We are reviewing community ACC revenue as contract's with ACC have changed here.
- Revenue for clinical training from Health Workforce New Zealand is $33k unfavourable to budget for the year to date. Several programmes have lower trainees at present; this may change for the first semester in 2013.
- General Practice revenue from the WCPHO and revenue from home based support services are unfavourable to budget YTD. Both these services are currently implementing service improvements which are expected to result in improved revenue sourcing over the coming months.
- Budgets were set for external revenue from the Ministry of Health for immunisation services and community youth alcohol and other drug services – this funding has since been devolved to the Funder arm and is now paid as internal funding to the Provider arm ($87k to date), thus making up part of the unfavourable variance to date.

Patient and consumer sourced revenue from Primary Care Practices is $58k unfavourable to YTD budget. These services are currently under review with an aim to maximise all revenue claiming. We expect these revenues to improve over the coming months. Sales of audiology aids are unfavourable to budget-this is however, offset by lower costs.

Total other income is $75k unfavourable to YTD budget, this is mainly derived form laundry services revenue which is $41k unfavourable to this year's revenue budget, yet it is in line with the previous year actual. Interest received by the Provider arm is $24k unfavourable to budget, this is however offset by interest received by the Funder arm which is $50k favourable to budget.

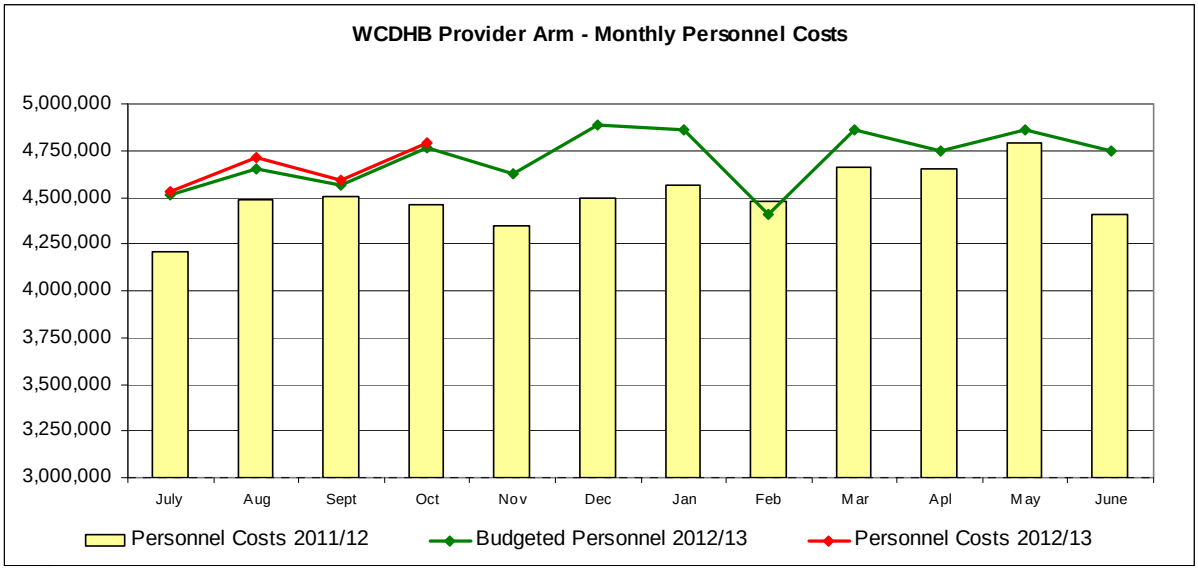
EXPENSES

Personnel costs

Personal cost for the year to date are $18,367; $80k unfavourable to budget ($18,287k).

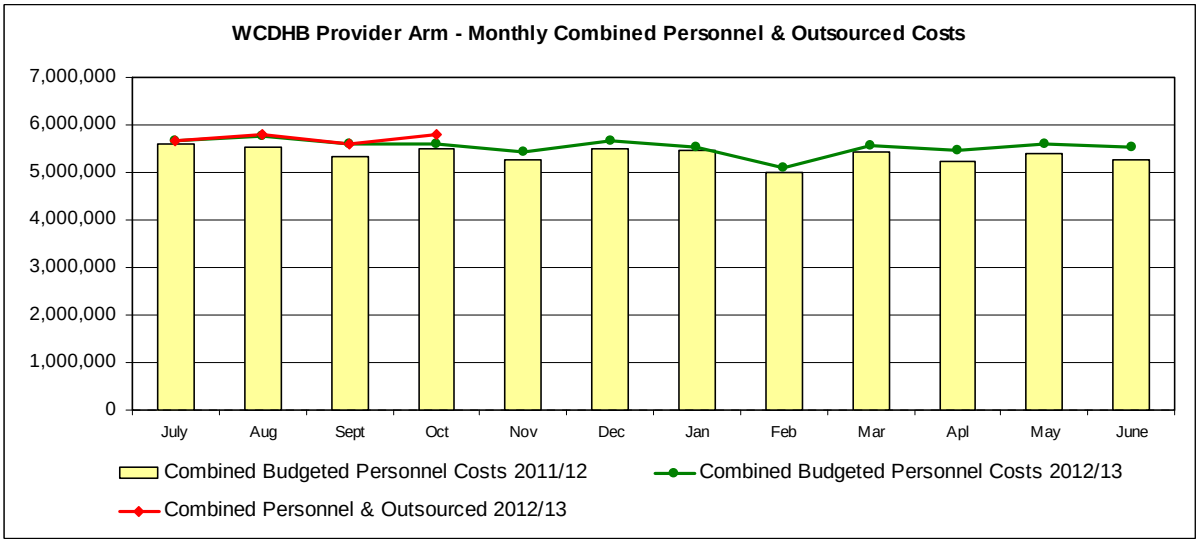
- Medical Personnel costs are $57k unfavourable to budget to date.
  - Senior Medical Officer (SMO) costs are $166k unfavourable to budget. Three new employees started earlier than had been budgeted and allowances year to date are higher than budget. Offsetting these costs, outsourced locum costs for SMO's are $485k favourable against budget to date.
  - General Practitioner (GP) personnel costs are $175k favourable to budget due to vacancies, but offset by unfavourable variances in overtime as staff provided cover for the vacancies. Outsourced locum costs for GP's are $326k unfavourable to budget (includes all travel, accommodation, fees etc).
  - Other personnel costs are $77k unfavourable to budget to date-this includes CME costs, which are not incurred evenly over the year.
- Nursing Personnel costs are unfavourable to budget by $245k to date.
  - Costs for Caregivers and enrolled nurses working in residential care are more than budget to date; these are partially offset by increased revenue from subsidies (internal revenue from the Funder arm) and resident's contributions.

- Allied Health Personnel costs are $210k favourable to budget.
  - This is due to a number of vacancies within allied services.



Outsourced services costs are $4,112k; $115k unfavourable to budget ($3,997k).

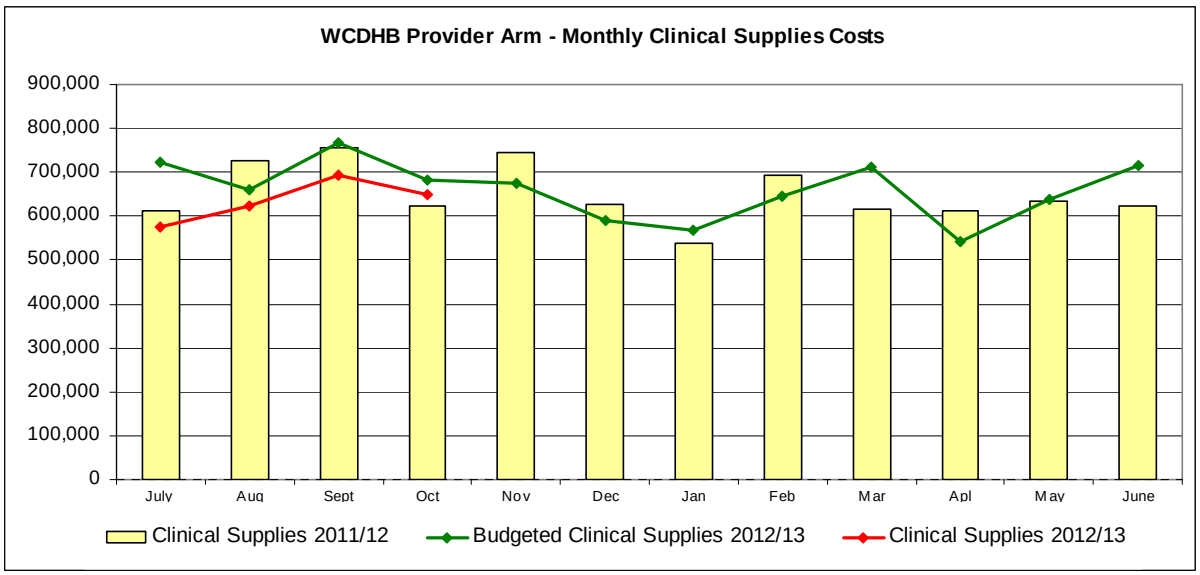
- Outsourced Senior Medical Costs (locums) are $2,275k for the year to date; a favourable variance of $168k to budget. Locum costs within hospital services were favourable to budget and locum services within primary services unfavourable to budget due to vacancies. Locum costs for the month of October were $180k unfavourable to budget. Actual costs for the month were $77k higher than for September, but the budget for the month of October has been reduced by $192k as this is the month that we planned to have new medical staff on board.
- Locum costs for maternity services are unfavourable to budget for the month as the new O&G SMO starts in November and not October as was planned. Locum SMO cover for surgical, medical and A&E services were also unfavourable to budget in October.
- Outsourced clinical services were $331k unfavourable to 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. Ophthalmology services for October were $26k favourable to budget and there were no costs for outsourced orthopaedic services in October.



Clinical Supplies

Overall clinical supplies are $240k favourable to budget

- All clinical supply categories are favourable to budget. As reflected in reduced revenue, purchases of audiology aids, implants and prostheses and medical gases are also less than budget. Air ambulance costs are $164k favourable to budget. The budget for air transfers was increased from 2011/12 based on new models of service provision for Orthopaedics and Paediatrics in 2012/13 and was set before changes were made regarding the criteria for air transfers (particularly relating to cardiac patients) which reduced actual costs in the latter part of last year. Based on this change it is expected that savings in air transfers will continue for the remainder of the year.



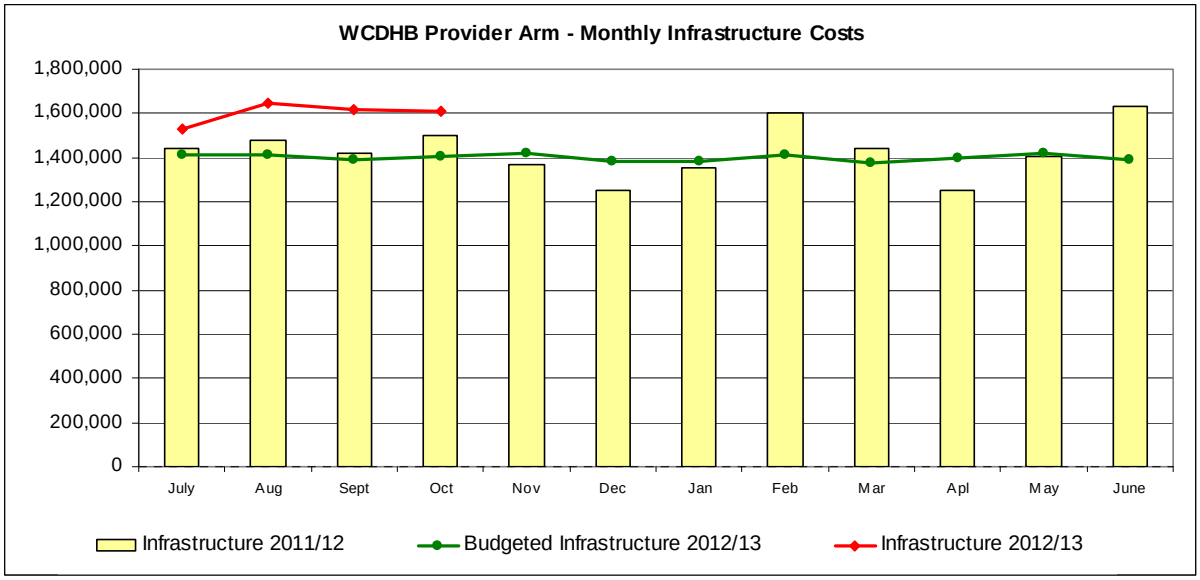
Infrastructure and non clinical Cost

Overall infrastructure and non clinical cost for the Provider arm are $4,754k, $1,040k unfavourable to budget. Within this variance are the following specific variances:

- Facilities costs are $275k unfavourable to budget. Insurance premiums on building and plant are $185k for the four months to date. Insurance premiums for the remainder of the year will be much higher than budget as a result of the New Zealand seismic activity causing pressure on premiums, which were only confirmed in August 2012 (after the budget was set). Utility costs are $55k unfavourable to budget to date. Reconfiguration of laundry services has resulted in a cost for gas –for which there was no budget and electricity costs are $41k unfavourable to budget to date (increase in unit costs when the contract was renewed in the last quarter of last year).

- Transport costs are $95k unfavourable to budget to date.
  Staff travel costs are $28k unfavourable to budget to date (mileage reimbursements to staff are $18k unfavourable against budget to date and under review) and vehicle repairs and registration are $43k unfavourable to budget. Lease costs are $13k unfavourable to budget with additional costs incurred for vehicles retained past the lease expiry date as the purchase of these vehicles was delayed, this will drop from September.

- Hotel services, laundry and cleaning costs are $372k unfavourable to budget.
  Laundry costs are $358k unfavourable to budget due to the closure of the laundry on site, now necessitating that all laundry processing is outsourced, yet formal decisions regarding the long term future of the laundry are still pending.



FUNDER ARM

Revenue

Funder revenue from the Ministry of Health is $41,045k, $206k favourable to budget ($40,839k).

- An accrual for transitional funding for the four months to date has been made in October ($164k). Funding for the HEHA programme was withdrawn after the budget was set ($68k to date) but offsetting this is additional revenue (received since the budget was set) including funding for immunisation services and community youth alcohol and other drug services (budgeted as external Ministry of Health funding in the Provider arm budget as above) and vaccine funding – in total this additional revenue is $199k for the YTD.

Expenses

The District Health Board's result for services funded with external providers for the monthly of October 2012 was $193k (5%) favourable to budget and year to date payments are $578k (3%) favourable to budget.

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

Oct-12 Actual	Oct-12 Budget	Oct-12 Variance			SERVICES	Year to Date Actual	Year to Date Budget	Year to Date Variance			2012/13 Annual Budget	2011/12 Actual Result	Change (actual 11/12to budget 12/13)
$000	$000	$000	%			$000	$000	$000	%		$000	$000	%
					Referred Services								
23	25	2	10%	√	Laboratory	20	97	77	79%	√	269	408	34%
707	861	154	18%	√	Pharmaceuticals	3,001	3,045	44	1%	√	8,129	8,025	-1%
730	**887**	**157**	**18%**	√		**3,021**	**3,142**	**121**	**4%**	√	8,398	8,433	0%
					Secondary Care								
12	22	10	46%	√	Inpatients	51	89	38	42%	√	266	65	-309%
0	0	0		√	Radiolgy services			0	#DIV/0!	√			#DIV/0!
115	97	-18	-18%	×	Travel & Accommodation	412	389	-23	-6%	×	1,168	1,137	-3%
1,275	1,269	-6	0%	×	IDF Payments Personal Health	5,080	5,075	-4	0%	×	15,226	15,416	1%
1,402	**1,388**	**-14**	**-1%**	×		**5,543**	**5,553**	**10**	**0%**	√	16,660	16,618	0%
					Primary Care								
43	39	-4	-10%	×	Dental-school and adolescent	153	157	4	2%	√	470	352	-34%
0	3	3	100%	√	Maternity	0	2	2	100%	√	20	0	
0	1	1		√	Pregnancy & Parent	0	3	3	100%	√	8	0	
0	3	3	100%	√	Sexual Health	9	11	2	20%	√	33	8	-307%
3	4	1	22%	√	General Medical Subsidy	24	15	-9	-57%	×	46	5	-820%
538	538	0	0%	√	Primary Practice Capitation	2,148	2,153	5	0%	√	6,458	6,322	-2%
9	12	3	26%	√	Primary Health Care Strategy	28	48	20	42%	√	144	78	-85%
79	79	0	0%	√	Rural Bonus	315	317	2	1%	√	950	933	-2%
3	6	3	48%	√	Child and Youth	12	23	11	48%	√	69	151	54%
3	1	-2	-218%	×	Immunisation	16	4	-12	-336%	×	96	156	38%
14	46	32	70%	√	Maori Service Development	56	184	128	70%	√	551	191	-189%
18	9	-9	-97%	×	Whanua Ora Services	71	37	-34	-94%	×	110	216	49%
6	22	16	72%	√	Palliative Care	51	80	29	36%	√	214	184	-16%
7	17	10	59%	√	Chronic Disease	31	68	37	54%	√	204	123	-66%
11	11	0	1%	√	Minor Expenses	47	45	-2	-5%	×	134	132	-2%
734	**791**	**57**	**7%**	√		**2,961**	**3,146**	**185**	**6%**	√	9,507	8,851	-7%
					Mental Health								
0	2	2	100%	√	Eating Disorders	23	8	-15	-202%	×	23	22	-4%
54	64	10	16%	√	Community MH	214	258	54	20%	√	773	613	-26%
0	1	1	0%	√	Mental Health Work force	0	3	3	100%	√	8	12	30%
47	48	1	1%	√	Day Activity & Rehab	188	191	3	2%	√	574	572	0%
11	14	3	22%	√	Advocacy Consumer	49	58	9	15%	√	173	108	-60%
20	5	-15	-269%	×	Advocacy Family	42	22	-20	-94%	×	65	80	19%
0	0	0		√	Minor Expenses	0	0	-10		×	0	0	
137	124	-13	-10%	×	Community Residential Beds	519	498	-21	-4%	×	1,493	1,296	-15%
68	68	0	0%	×	IDF Payments Mental Health	272	270	-2	0%	×	811	792	-2%
337	**327**	**-10**	**-3%**	×		**1,307**	**1,307**	**0**	**0%**	×	3,920	3,495	-12%
					Public Health								
12	16	4	26%	√	Nutrition & Physical Activity	72	65	-7	-11%	×	194	176	-10%
6	6	0	1%	√	Public Health Infrastructure	24	24	0	1%	√	73	75	3%
0	0	0		√	Social Environments	0	0	0		√	0	0	#DIV/0!
5	11	6	56%	√	Tobacco control	23	45	22	49%	√	136	143	5%
0	0	0		√	Screening programmes	0	0	0		√			#DIV/0!
23	**34**	**11**	**31%**	√		**119**	**134**	**15**	**11%**	√	403	394	-2%
					Older Persons Health								
3	3	0	0%	×	Information and Advisory	12	10	-2	-20%	×	30	37	19%
0	0	0		√	Needs Assessment	0	0	0		√	0	33	
104	59	-45	-77%	×	Home Based Support	246	230	-16	-7%	×	671	630	-7%
7	10	3	28%	√	Caregiver Support	24	40	16	40%	√	115	115	0%
207	261	54	21%	√	Residential Care-Rest Homes	881	1,033	152	15%	√	2,739	3,020	9%
-4	-2	2		√	Residential Care Loans	-22	-8	14	175%	√	-24	-43	44%
19	26	7	27%	√	Residential Care-Community	90	104	14	13%	√	312	230	-35%
354	328	-26	-8%	×	Residential Care-Hospital	1,259	1,297	38	3%	√	3,828	3,438	-11%
0	4	4	100%	√	Ageing in place	0	17	17	100%	√	50	16	-213%
7	11	4	36%	√	Environmental Support Mobility	28	44	16	36%	√	132	64	-105%
9	8	-1	-12%	×	Day programmes	36	32	-4	-12%	×	97	120	20%
22	13	-9	-70%	×	Respite Care	49	51	2	5%	√	154	167	8%
0	0	0		√	Community Health	0	0	0		√	0	0	
119	119	0	0%	√	IDF Payments-DSS	476	477	1	0%	√	1,430	1,296	-10%
847	**840**	**-9**	**-1%**	×		**3,079**	**3,327**	**245**	**7%**	√	9,533	9,123	-4%
4,073	**4,268**	**193**	**5%**	√		**16,030**	**16,610**	**578**	**3%**	√	**48,421**	**46,914**	**-3%**

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

Commentary on year to date variances

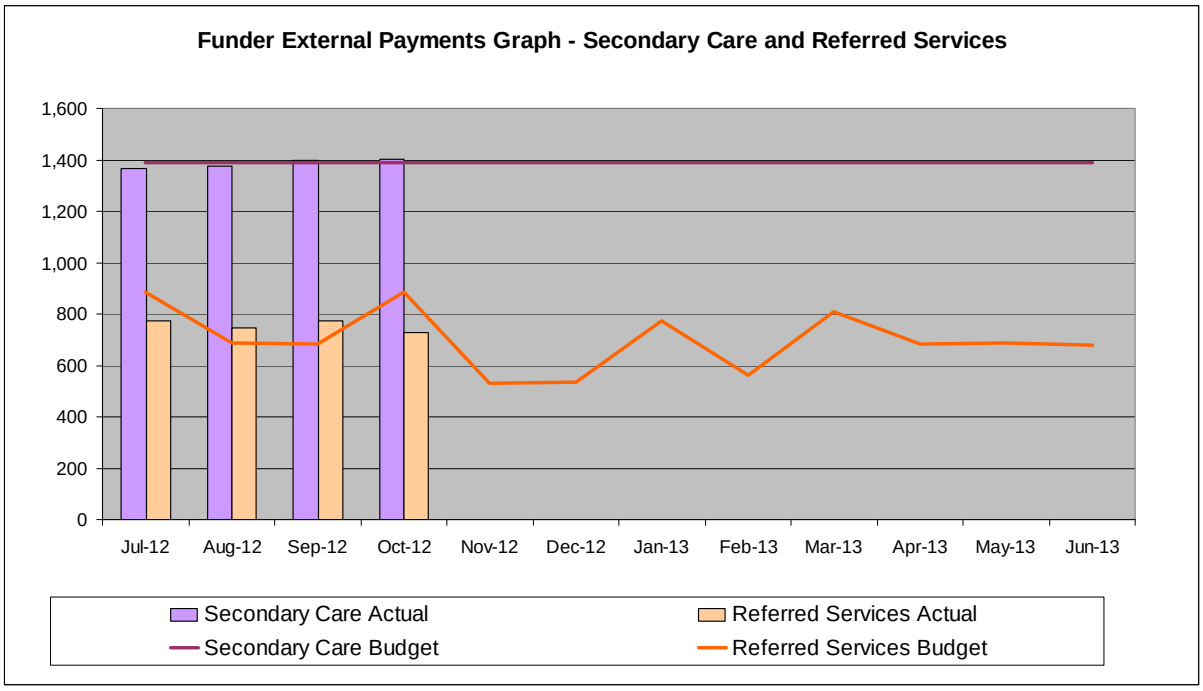
Referred Services

The cost for community pharmaceuticals to date is $3,001k, $44k favourable to budget. From January 2013 co-payments for pharmaceuticals increase from $3 to $5, which will reduce the reimbursable costs paid to community pharmacies. This improvement against budget will be offset by the payment we make for vaccines which are now included in the cost of community pharmaceuticals. Funding to cover the cost of vaccines has been devolved through monthly Crown funding payments (funding is $320k for the full year).

Laboratory services are $77k favourable to budget – an adjustment was made to last year's accrual for claims yet to be submitted reducing this years costs. Without this adjustment costs would be $8k favourable to budget to date.

Secondary Care

Secondary Care services are $10k favourable to budget to date. Travel and accommodation paid under the National Travel Assistance (NTA) scheme is $23k unfavourable to budget to date, which is 10% higher than for the same period last year. These claims are administered by the Ministry of Health. Inter District Flows (IDFs) reflected for the year are the cash payments made to date. Overall, inpatient costs are $38k favourable to budget, however within this, medical patients in community care are $29k unfavourable to budget, with volumes greater than budget. These placements vary in duration and this unfavourable variance may improve over the remainder of the year. Access to care is via prior approval. Offsetting this variance residential palliative care is $29k favourable to budget to date.

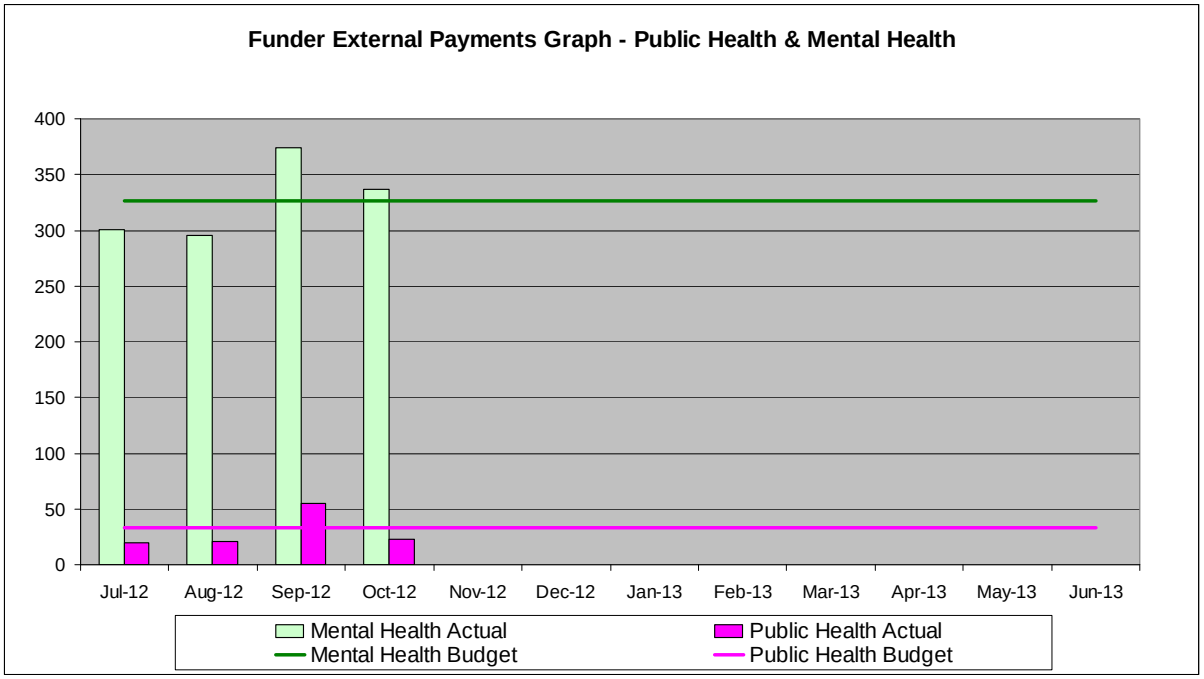


Public Health

Public health expenditure will continue to be favourable to 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). This favourable variance offsets an unfavourable variance in Funder arm revenues. Public health costs are funded via DHB contract with the Ministry of Health.

Mental Health

Mental health costs are on budget to date. Changes to contracts have resulted in some variances to budget, with unfavourable variances in some budget lines offset by favourable variances in other lines. Community residential beds are $21k unfavourable to budget to date. A wash up was paid for prior years volumes at a higher amount than was accrued last year. This is a one off cost and residential costs should be on budget each month for the rest of the year. Community mental health services are $44k favourable to budget as services have yet to begin, including services to be funded via Pharmac savings which will not begin until February 2013.

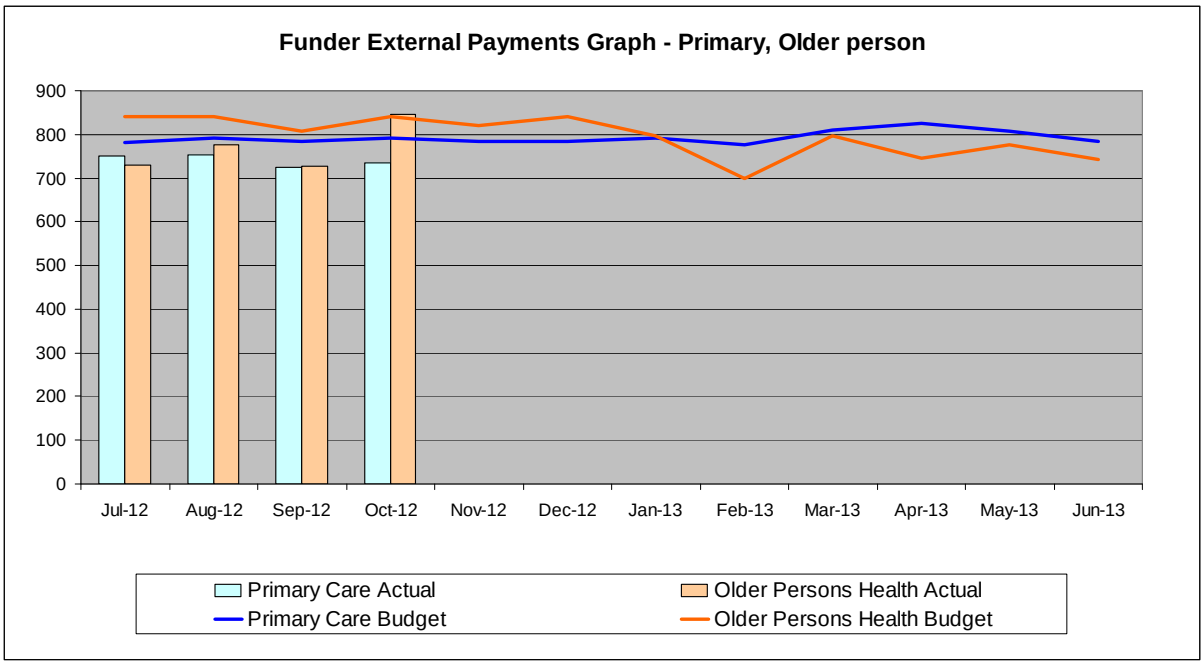


Primary Care

Primary care services are $185k favourable to budget to date. Payments for Maori health services are $94k favourable to budget to date. These services have been under review with a new contract to begin 1 January 2013. Discretionary costs (chronic conditions and palliative care) are together $66k favourable to budget to date; these costs are incurred on an individual basis and demand driven, thus variable from month to month.

Older Persons Health

Overall expenditure (residential and non residential) is favourable to budget year to date ($245k or 7%). 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 October 2012 the Board had $4.2 m in cash and cash equivalents; $1.3m favourable to budget. Closing cash in June 2012 was $1.9m more than budget and capex expenditure to date has been favourable to budget.

Non-current assets

Property, plant and equipment including work in progress is $1.9m lower than budget, reflecting lower cash spent on capital expenditure to date ($1.8m less than budget). Capex expenditure depends on the timing of capital projects; to date several major projects have yet to commence including the electrical upgrade and purchases of IT and clinical equipment.

4. APPENDICES

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

Report prepared by: Justine White, General Manager: Finance

West Coast District Health Board
Statement of comprehensive income
For period ending 31 October 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	10,914	10,786	128	1.2%	10,454	42,971	43,088	(117)	(0.3%)	42,149	129,383	127,209
Inter DHB Revenue	14	10	4	35.5%	(6)	14	41	(27)	(66.1%)	17	124	106
Inter District Flows Revenue	138	138	(0)	(0.1%)	0	552	552	(0)	(0.1%)	0	1,657	1,884
Patient Related Revenue	276	280	(4)	(1.4%)	245	1,034	1,103	(69)	(6.3%)	964	3,391	3,096
Other Revenue	104	118	(14)	(11.7%)	148	394	426	(32)	(7.6%)	525	1,488	1,765
Total Operating Revenue	11,446	11,332	114	1.0%	10,841	44,965	45,212	(247)	(0.5%)	43,655	136,044	134,060
Operating Expenditure												
Employee benefit costs	4,794	4,763	(31)	(0.7%)	4,362	18,557	18,494	(63)	(0.3%)	17,560	56,499	54,036
Outsourced Clinical Services	839	725	(114)	(15.8%)	1,153	3,843	3,679	(164)	(4.4%)	4,661	8,638	12,243
Treatment Related Costs	651	681	30	4.4%	625	2,547	2,829	282	10.0%	2,715	7,911	7,488
External Providers	2,611	2,810	199	7.1%	2,373	10,203	10,786	583	5.4%	9,936	30,952	29,503
Inter District Flows Expense	1,462	1,456	(6)	(0.4%)	1,302	5,828	5,822	(6)	(0.1%)	5,208	17,467	17,504
Outsourced Services - non clinical	180	115	(65)	(56.2%)	97	409	461	52	11.3%	371	1,388	854
Infrastructure Costs and Non Clinical Supplies	1,132	894	(238)	(26.7%)	1,065	4,551	3,578	(973)	(27.2%)	3,829	10,669	11,354
Total Operating Expenditure	11,669	11,443	(226)	(2.0%)	10,977	45,938	45,649	(289)	(0.6%)	44,280	133,524	132,982
Result before Interest, Depn & Cap Charge	(223)	(111)	(112)	(100.8%)	(136)	(973)	(438)	(536)	(122.3%)	(625)	2,519	1,078
Interest, Depreciation & Capital Charge												
Interest Expense	54	61	7	11.8%	62	219	245	26	10.6%	246	735	732
Depreciation	367	388	21	5.5%	383	1,468	1,553	85	5.5%	1,508	4,661	4,757
Capital Charge Expenditure	60	60	0	0.4%	90	240	241	1	0.4%	360	723	613
Total Interest, Depreciation & Capital Charge	481	510	29	5.7%	535	1,927	2,039	112	5.5%	2,114	6,119	6,102
Net Surplus/(deficit)	(704)	(621)	(83)	(13.4%)	(671)	(2,900)	(2,477)	(423)	(17.1%)	(2,739)	(3,600)	(5,024)
Other comprehensive income												
Gain/(losses) on revaluation of property												(1,741)
Total comprehensive income	(704)	(621)	(83)	(13.4%)	(671)	(2,900)	(2,477)	(423)	(17.1%)	(2,739)	(3,600)	(6,765)

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

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	30,566	32,012	(1,446)	(4.5%)	31,657
Intangible assets	844	1,089	(245)	(22.5%)	854
Work in Progress	782	1,050	(268)	(25.5%)	807
Other investments	2	2	0	0.00%	2
Total non-current assets	32,194	34,153	(1,959)	(5.7%)	33,320
Current assets					
Cash and cash equivalents	4,218	2,910	1,308	44.9%	4,557
Patient and restricted funds	56	56	0	0.00%	56
Inventories	1,040	831	209	25.2%	880
Debtors and other receivables	4,726	4,453	273	6.1%	4,187
Assets classified as held for sale	136	136	0	0.00%	136
Total current assets	10,176	8,386	1,790	21.3%	9,816
Total assets	**42,370**	**42,539**	**(169)**	15.6%	**43,136**
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	12,195	12,195	0	0.00%	11,195
Employee entitlements and benefits	3,241	3,304	(63)	(1.9%)	3,041
Total non-current liabilities	15,436	15,499	(63)	(0.4%)	14,236
Current liabilities					
Interest-bearing loans and borrowings	250	250	0	0.00%	1,500
Creditors and other payables	9,005	9,255	(250)	(2.7%)	9,367
Employee entitlements and benefits	7,893	8,162	(269)	(3.3%)	8,255
Total current liabilities	17,148	17,667	(519)	(2.9%)	19,122
Total liabilities	32,584	33,166	(582)	(1.8%)	33,358
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)	(78,509)	(78,161)	(348)	0.4%	(73,324)
Trust funds	39	39	0	0.00%	39
Total equity	9,786	9,373	413	4.4%	9,778
Total equity and liabilities	**42,370**	**42,539**	**(169)**	**(0.4%)**	**43,136**

West Coast District Health Board
Statement of cash flows
For period ending 31 October 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	12,023	11,310	713	6.3%	11,962	45,009	45,075	(66)	(0.1%)	44,491	135,739	133,962
Cash paid to employees	(5,268)	(4,763)	(505)	10.6%	(4,266)	(18,828)	(18,494)	(334)	1.8%	(17,360)	(56,498)	(53,657)
Cash paid to suppliers	(3,204)	(2,415)	(789)	32.7%	(2,669)	(12,174)	(10,607)	(1,567)	14.8%	(11,733)	(28,672)	(32,438)
Cash paid to external providers	(2,749)	(2,810)	61	(2.2%)	(2,373)	(10,755)	(10,786)	31	(0.3%)	(9,936)	(30,953)	(29,548)
Cash paid to other District Health Boards	(1,324)	(1,456)	132	(9.0%)	(1,459)	(5,276)	(5,822)	546	(9.4%)	(5,836)	(17,467)	(17,481)
Cash generated from operations	(522)	(133)	(389)	292.7%	1195	(2,024)	(634)	(1,390)	219.0%	(374)	2,148	838
Interest paid	(186)	(61)	(125)	203.7%	(192)	(186)	(245)	59	(24.1%)	(192)	(735)	(735)
Capital charge paid	0	(0)	0	(1)	0	0	(1)	1	(1)	(99)	(723)	(712)
Net cash flows from operating activities	(708)	(194)	(514)	264.2%	1003	(2,210)	(880)	(1,330)	151.0%	(665)	690	(609)
Cash flows from investing activities												
Interest received	26	22	4	20.0%	29	113	87	26	30.4%	84	260	319
(Increase) / Decrease in investments	0	0	0		0	0	0	0		3,500	0	3,500
Acquisition of property, plant and equipment	(322)	(370)	48	(13.0%)	(249)	(976)	(2,180)	1,204	(55.2%)	(1,273)	(3,745)	(2,665)
Acquisition of intangible assets	(70)	(200)	130	(65.0%)	0	(107)	(700)	593	(84.7%)	(11)	(1,405)	(265)
Net cash flows from investing activities	(366)	(548)	182	(33.3%)	(220)	(970)	(2,793)	1,823	(65.3%)	2,300	(4,890)	889
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	(1,074)	(743)	(331)	44.6%	783	(3,180)	(3,674)	494	(13.4%)	1,635	(918)	4,476
Cash and cash equivalents at beginning of period	5,292	3,653	1639	44.9%	3,774	7,398	6,584	814	12.4%	2,922	6,584	2,922
Cash and cash equivalents at end of year	4,218	2,910	1,308	45.0%	4,557	4,218	2,910	1,308	45.0%	4,557	5,666	7,398

West Coast District Health Board

Provider Operating Statement for period ending 31 October 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	5,247	5,250	(3)	(0.1%)	5,209	20,999	21,002	(3)	(0.0%)	21,252	63,005	62,872
Ministry of Health side contracts	146	170	(24)	(14.0%)	182	481	623	(142)	(22.8%)	652	1,862	1,824
Other Goverment	589	559	30	5.3%	472	2,107	2,238	(131)	(5.9%)	2,111	6,841	6,483
InterProvider Revenue (Other DHBs)	14	10	4	35.5%	(6)	14	41	(27)	(66.1%)	17	124	106
Patient and consumer sourced	276	280	(4)	(1.4%)	245	1,034	1,103	(69)	(6.3%)	964	3,396	3,096
Other income	70	99	(29)	(29.1%)	133	275	350	(75)	(21.4%)	458	1,258	1,424
Total income	**6,342**	**6,369**	**(27)**	(0.4%)	**6,235**	**24,910**	**25,357**	**(447)**	(1.8%)	**25,454**	**76,486**	**75,805**
Expenditure												
Employee benefit costs												
Medical Personnel	1,090	1,126	36	3.2%	920	4,216	4,159	(57)	(1.4%)	3,425	13,316	10,673
Nursing Personnel	2,167	2,013	(153)	(7.6%)	1,945	8,184	7,939	(245)	(3.1%)	7,917	24,086	24,654
Allied Health Personnel	771	811	40	4.9%	713	2,980	3,190	210	6.6%	2,977	9,647	8,956
Support Personnel	181	177	(4)	(2.4%)	168	743	726	(17)	(2.4%)	689	1,988	2,163
Management/Administration Personnel	561	584	24	4.0%	531	2,245	2,274	29	1.3%	2,190	6,842	6,488
	4,769	**4,712**	**(58)**	**(1.2%)**	**4,277**	**18,367**	**18,287**	**(80)**	**(0.4%)**	**17,198**	**55,878**	**52,934**
Outsourced Services												
Contracted Locum Services	595	415	(180)	(43.2%)	784	2,275	2,443	168	6.9%	3,091	4,931	8,202
Outsourced Clinical Services	244	309	65	21.1%	369	1,568	1,237	(331)	(26.8%)	1,570	3,710	4,041
Outsourced Services - non clinical	138	79	(59)	(73.9%)	58	269	316	47	15.0%	213	952	521
	977	**804**	**(173)**	**(21.5%)**	**1,211**	**4,112**	**3,997**	**(115)**	**(2.9%)**	**4,874**	**9,593**	**12,764**
Treatment Related Costs												
Disposables, Diagnostic & Other Clinical Supplies	97	111	14	12.6%	115	450	472	22	4.7%	467	1,323	1,388
Instruments & Equipment	183	153	(30)	(19.3%)	119	641	643	2	0.3%	609	1,733	1,613
Patient Appliances	28	29	1	3.4%	14	96	124	28	22.6%	101	354	347
Implants and Prostheses	41	76	35	46.1%	83	250	299	49	16.4%	408	817	877
Pharmaceuticals	204	157	(47)	(29.9%)	171	727	709	(18)	(2.5%)	627	1,923	2,033
Other Clinical & Client Costs	89	135	46	34.1%	123	347	504	157	31.2%	503	1,525	1,294
	642	**661**	**19**	**2.9%**	**625**	**2,511**	**2,751**	**240**	**8.7%**	**2,715**	**7,675**	**7,552**
Infrastructure Costs and Non Clinical Supplies												
Hotel Services, Laundry & Cleaning	407	320	(87)	(27.2%)	300	1,603	1,231	(372)	(30.3%)	1,220	3,671	3,773
Facilities	284	208	(76)	(36.4%)	262	1,144	869	(275)	(31.6%)	949	2,554	2,554
Transport	89	71	(18)	(25.9%)	85	378	283	(95)	(33.7%)	381	850	1,034
IT Systems & Telecommunications	128	122	(6)	(5.0%)	116	527	486	(41)	(8.5%)	448	1,527	1,375
Professional Fees & Expenses	44	18	(26)	(147.9%)	41	203	71	(132)	(185.9%)	128	209	557
Other Operating Expenses	129	79	(50)	(62.9%)	181	459	335	(124)	(37.2%)	442	969	1,245
Internal allocation to Governanance Arm	110	110	0	0.2%	110	440	441	1	0.2%	440	1,322	1,320
	1,191	**928**	**(263)**	**(28.4%)**	**1,095**	**4,754**	**3,714**	**(1,040)**	**(28.0%)**	**4,008**	**11,102**	**11,858**
Total Operating Expenditure	**7,579**	**7,105**	**(475)**	**(6.7%)**	**7,208**	**29,744**	**28,749**	**(995)**	**(3.5%)**	**28,795**	**84,248**	**85,108**
Deficit before Interest, Depn & Cap Charge	**(1,237)**	**(736)**	**501**	**(68.1%)**	**(973)**	**(4,834)**	**(3,392)**	**1,443**	**(42.5%)**	**(3,341)**	**(7,762)**	**(9,303)**
Interest, Depreciation & Capital Charge												
Interest Expense	54	61	7	11.8%	62	219	245	26	10.6%	246	735	732
Depreciation	367	388	21	5.5%	383	1,468	1,553	85	5.5%	1,508	4,661	4757
Capital Charge Expenditure	60	60	0	0.4%	90	240	241	1	0.4%	360	723	613
Total Interest, Depreciation & Capital Charge	**481**	**510**	**29**	**5.7%**	**535**	**1,927**	**2,039**	**112**	**5.5%**	**2,114**	**6,119**	**6,102**
Net deficit	**(1,718)**	**(1,246)**	**472**	**(37.9%)**	**(1,508)**	**(6,761)**	**(5,432)**	**1,329**	**(24.5%)**	**(5,455)**	**(13,881)**	**(15,405)**

West Coast District Health Board
Funder Operating Statement for the period ending 31 October 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)	8,810	8,742	67	0.8%	8,403	34,962	34,968	(6)	(0.0%)	34,098	104,900	102,999
PBF Vote Health-Mental Health Ring fence	1,157	1,157	0	0,00	1,157	4,628	4,628	0	0,00	4,628	13,884	13,884
MOH-funding side contracts	212	158	54	34.2%	240	793	632	161	25.5%	660	1,896	2,018
Inter District Flow's	138	138	(0)	(0.1%)	157	552	552	(0)	(0.1%)	628	1,657	1,884
Other income	25	15	10	66.7%	15	110	60	50	83.3%	58	180	232
Total income	**10,342**	**10,210**	**132**	**1.3%**	**9,972**	**41,045**	**40,839**	**206**	**0.5%**	**40,072**	**122,518**	**121,017**
Expenditure												
Personal Health	6,494	6,671	177	2.7%	6,365	26,011	26,262	251	1.0%	26,143	77,829	77,472
Mental Health	1,186	1,170	(16)	(1.4%)	1,148	4,698	4,679	(19)	(0.4%)	4,572	14,039	13,790
Disability Support	1,554	1,545	(9)	(0.6%)	1,453	5,934	6,149	215	3.5%	5,781	18,004	17,342
Public Health	44	64	20	31.1%	33	220	255	35	13.9%	361	765	748
Maori Health	42	66	24	36.1%	42	167	263	96	36.5%	167	787	527
Governance	69	69	(0)	(0.1%)	98	276	276	(0)	(0.1%)	392	827	1,176
Total expenses	**9,389**	**9,585**	**196**	**2.0%**	**9,139**	**37,306**	**37,885**	**579**	**1.5%**	**37,416**	**112,252**	**111,055**
Net Surplus	**953**	**625**	**328**	**52.5%**	**833**	**3,739**	**2,955**	**784**	**26.5%**	**2,656**	**10,266**	**9,962**

West Coast District Health Board
Governance Operating Statement for the period ending 31 October 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	276	276	0	0.1%	392	827	1,176
Other income	9	4	5	116.0%	0	9	17	(8)	(46.0%)	9	50	109
Internal allocation from Provider Arm	110	110	(0)	(0.2%)	110	440	441	(1)	(0.2%)	440	1,322	1,320
Total income	**188**	**183**	**5**	**2.6%**	**208**	**725**	**733**	**(8)**	**(1.1%)**	**841**	**2,199**	**2,605**
Expenditure												
Employee benefit costs	25	52	27	51.6%	85	190	207	17	8.1%	362	620	1,102
Outsourced services	42	36	(6)	(16.9%)	39	140	144	4	2.6%	158	431	333
Other operating expenses	41	70	29	41.8%	48	177	282	105	37.2%	160	845	461
Democracy	19	25	6	24.8%	32	96	101	5	5.0%	101	303	291
Total expenses	127	183	56	30.7%	204	603	733	130	17.7%	781	2,199	2,187
Net Surplus / (Deficit)	**61**	**0**	**61**		**4**	**122**	**0**	**122**		**60**	**0**	**418**

BETTER SOONER MORE CONVENIENT AND ALLIANCE LEADERSHIP TEAM REPORT (ALT)

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

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

SOURCE: **Dr Carol Atmore, Chief Medical Officer**
Stella Ward, Allied Health

DATE: **7 December 2012**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress made on the Implementation of Better Sooner More Convenient.

2. RECOMMENDATION

That the Board

i. notes the Better Sooner More Convenient (BSMC) and Alliance Leadership Team (ALT) Report

3. SUMMARY

PP2 BSMC – WCDHB DELIVERING ON MINISTRY EXPECTATIONS

Year Three deliverables

Ministry requirement: *Quarterly reports outlining progress against the key deliverables in the jointly agreed Year Three Implementation Plans, including resolution plans for any areas of slippage against deliverables.*

Progress during quarter 1 2012-13, for the three BSMC workstreams (Health of Older People, Buller IFHC and Grey IFHS) is outlined from section 1.

Flexible Funding Pool

Ministry requirement: *Quarterly reports on the operation and expenditure of the Flexible Funding Pool, including how pool funding has been jointly prioritised to deliver services.*

The Flexible Funding Pool funds are combined with other revenue to deliver a range of PHO programmes, including the Long Term Conditions Management programme and Smoking Cessation. Information on the expenditure of the Flexible Funding Pool is provided in section 4.

Free afterhours care for children under six

Ministry requirement: *In quarter one, confirm 60% coverage level for free afterhours for children under the age of six as of July 2012. Report progress against increasing this service coverage level to 75% by June 2013. Identification of and progress against the activities to ensure free afterhours services to children under six years of age.*

100% of West Coast children under six now have access to free afterhours care.

Alliancing & clinical leadership

Ministry requirement: *Description of how all necessary clinicians and managers (primary/community and secondary) will be involved ongoing in the process of development, delivery and review.*

The Alliance Leadership Team (ALT) oversees the implementation of the BSMC Business Case and reviews and directs the prioritisation of work within the three workstreams. The membership of ALT is predominantly clinical, to ensure clinically-led service development and implementation, within a 'best for patient, best for system' framework.

The following three workstreams (led by clinicians, with predominantly clinical membership) are in place:

- Health of Older People
- Buller Integrated Family Health Centre
- Grey Integrated Family Health Service

Other groups fulfil the functions of workstreams in the areas of:

- Pharmacy
- Public Health – Healthy West Coast Governance Group

The West Coast Health System Clinical Board has been established to oversee and enhance the provision of care across the whole West Coast health system by ensuring safe, sustainable health services. The Clinical Board is responsible for leading clinical governance in the health services provided or funded by the WCDHB.

The development of the Transalpine Health Service is improving the consistency and efficiency of services on the West Coast, and increased collaboration with CDHB across both management and clinical functions is a key direction for the WCDHB. A transalpine model of care is being developed and includes explicit links between clinicians and departments which can support comprehensive services delivered on the West Coast and ensure, where possible, the West Coast community will have services delivered closer to home.

Community pharmacy

Ministry requirement: *Activities to integrate community pharmacy.*

A pharmacy group has been developed with representation from all community pharmacies and the hospital pharmacy to develop pharmacy services for the future West Coast health system. During this quarter a priority for this group was discussing the implementation of the proposed Pharmacist 2GP Liaison project, which would see a pharmacist presence in primary practice on a regular basis.

Hospital and community pharmacies continue to work in an integrated manner through activities such as shared intern roles and the compressed pharmacy role. The compressed pharmacy role ensures there is no reliance on locum cover required within pharmacy and therefore decreases the cost to the health system (both for the DHB and for the community pharmacies).

Nursing services

Ministry requirement: *Activities to expand and integrate nursing services.*

Current activity is focused on the development of coordination roles that will sit within Buller IFHC, Grey IFHS and general practice. These roles include:

- Nurse Practitioner roles in general practice to improve access to the primary healthcare team.
- Introduction of the Rural Nurse Specialist role into the Buller IFHC to improve coordinated care and access to primary health.
- Recruitment of a Kaupapa Maori nurse and a Kaiarataki Maori Health Navigator. These roles will be employed by the Maori Health Provider and integrated into the Buller IFHC.

- Gerontology Nurse roles have been appointed to work within the Complex Clinical Care Network. 1.5FTE Gerontology Nurse Specialists have been appointed and work is under way to appoint a gerontology nurse practitioner.

Other Nursing activity focussed on integrating nursing services includes:

- Continued focus on practice based interdisciplinary team meetings with community nursing services aligned to practices.
- Development of the Cancer Nurse Coordination role and planning to further improve liaison and integration of cancer services across the system, inclusive of primary practices and within the hospital.
- Devolution of community based nursing services into the community, closer alignment with IFHCs and moving to a community based service with an in-reach hospital component.

Health needs analysis

Ministry requirement: *Evidence of health needs analysis of population by localities.*

With the closer working relationship with CDHB (including the formal merge of the Planning & Funding teams), the WCDHB plans to adopt some of the analytical tools currently being used and developed at CDHB for health needs analysis and risk analysis.

Improved outcomes

Ministry requirement: *Identification of targeted areas/patient groups for improved outcomes as a result of enhanced primary and community service delivery (with a focus on managing long-term conditions) including:*

a. *Identification of and achievement against targets for the number of people that are expected to be appropriately managed in primary/community setting instead of secondary care*

At the end of this quarter 2292 patients were enrolled in the Long Term Conditions Management programme, out of the WCPHO's approximately 31,300 enrolled patients. This means that 7.3% of the enrolled population is engaged in a structured programme of care for their long term condition(s).

b. *Identification of and achievement against targets for growth reduction in ED attendance, acute inpatient admissions and bed days*

Acute Inpatient admissions

- The WCDHB acute length of stay is currently the second lowest in the country at 3.47 (standardised), compared to the national average of 3.98 (at 30 June 2012).

Acute Readmissions:

- The WCDHB acute readmission rate is the lowest in the country at 7.76 (standardised) compared to the national average of 10.21.

Reduction in ED attendance:

- The current rates for ED are not indicating a decline in attendance rate as planned. To mitigate this the WCDHB is undertaking the following:
    - West Coast DHB is currently working on increasing the GP and rural nurse workforce across Grey (especially GP recruitment). Securing this workforce is critical to help reduce Triage 5 presentations at ED.
    - West Coast DHB is currently working on increasing the GP and rural nurse workforce across Reefton and Buller (especially GPs and Rural Nurse Specialists into Buller Medical Practice). Securing this workforce is critical to help reducing Triage 5 presentations at the Buller Health and Reefton A&M services. In addition, with no GP on site at present, Reefton General Practice is receiving GP support from the Greymouth-based Rural Academic General Practice (RAGP) for the Reefton practice nurses. This includes daily

video-conferencing with the Reefton nurses and weekly visiting clinics from RAGP doctors to Reefton. Where these are not possible, RAGP are holding slots at the Greymouth clinic for Reefton patients to attend for consults.

c. *Identification of and achievement against a target for the prevention of readmissions for the 75+ population (and any other target populations)*

The WCDHB acute readmission rate result to 30 June 2012 was 13.35 (standardised) compared to the national average of 14.54.

Section 1 outlines the Health of Older People workstream's progress, including the establishment of the Complex Clinical Care Network (CCCN), which aims to ensure older people in the West Coast community are supported to stay well in their own homes.

Infrastructure

Ministry requirement: *Identification of and activities (with timeline) to ensure infrastructure and revenue streams appropriate to support the identified change in activities and service delivery model. Progress against the above infrastructure and revenue stream milestones.*

Supporting infrastructure includes the continued development of West Coast-specific Health Pathways and adoption of the appropriate CDHB pathways. The Flexible Funding Pool (section 4) also supports service delivery.

New facility development is proposed for both the Buller IFHC and the Grey IFHS. The business cases are currently with the Capital Investment Committees. The recent seismic testing results for Grey Base Hospital require there to be a review of the BSMC Business Case/Implementation plan with respect to facilities in particular.

Discussions and planning are underway to implement a three-month transport service between Greymouth and Westport. The service will primarily be for outpatients attending specialist clinics. Red Cross has volunteered to provide a free service to patients, which will be commencing late October. During the initial trial period the service will look to run at least one day per week. WCDHB has undertaken to coordinate clinic appointments to best fit patients from Buller into times that will link in with this service where possible and assist with coordinating patients who may benefit from this service. The trial is intended to be flexible to maximise use of the mini-bus, which has been hired for the three month trial period. It is hoped that over time this service may be extended to additional days per week as volunteer driver capacities and patient uptake of the service are developed.

SECTION 1: HEALTH OF OLDER PEOPLE WORKSTREAM PROGRESS Q1 2012-13

Reconvened Health of Older People Workstream: Progress has been made on the establishment of the Complex Clinical Care Network (CCCN), with new project leaders appointed. A revised Work Plan, Terms of Reference and CCCN Governance Group were approved by the West Coast ALT October 4th 2012.

Establishment of IDT: IDT membership has been established and is comprised of geriatrician-led community health providers including; geriatrician, allied health, clinical assessors, dementia outreach, GP, Practice Nurses, home based support Rural Nurses, District Nurses, health navigator and disease specific Clinical Nurse Specialists on an 'as needed' basis.

Workforce Roles: A joint WCDHB/CDHB geriatrician has been appointed at 0.2FTE. 1.5FTE Gerontology Nurse Specialists have been appointed and work is under way to recruit a gerontology nurse practitioner. 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 24th October.

SECTION 2: BULLER INTEGRATED HEALTH CENTRE PROGRESS Q1 2012-13

The Buller Integrated Health Centre workstream continues to implement a range of key tasks as part of the implementation plan.

O'Conor Home: Installing Medtech and network infrastructure will begin in next quarter as part of the Health of Older People workstream.

IT Implementation: Increasing the capacity at the IT department is recognised as a current constraint to implementing the full Medtech development project. Pegasus Health has been contracted to undertake a series of primary care IT updates and reviews and supply helpdesk functions. This capacity should allow the WCDHB to be fully current with Medtech. An opportunity for Manage My Health to be developed with a pharmacy LTC registration view is being explored. This would reduce time delays and administrative burden for pharmacy and practices.

Quality, Incident and Clinical Governance: Local Buller Quality and Incident group established. Local Maori Community representative engaged. This group will form the basis of the clinical governance group.

Workforce Capacity: Our processes around managing the shortfall days continue to be refined. Foote ward nursing, through the union, had a meeting with management to express their concerns. Additional resourcing like on-call nursing is being considered. The GP team has developed a transition plan for clinical leadership when Paul Copper (GP) leaves. This will require management to engage differently to ensure the best use of the limited GP resource. Recruitment is underway for the clinical leader, and we are exploring advertorials based on urban based rural practitioners, similar to what two of our GPs do currently.

New Workforce Roles: Recruitment continues with interviews for RNs underway. Filling the nurse practitioner role is identified as a risk area. Senior nursing is attending upcoming NP conference to promote the role. GP recruitment continues. Mental Health is working actively with the PHO to explore combining some resourcing to reduce duplication and to work as one service.

Change Management: Work is underway to move the afterhours clinic with a planned start in mid-November. Aligning the administration teams has been delayed due to resourcing levels. The elevation of the GM Buller within the WCDHB structure is seen as positive by the Implementation Team. Changes in the Buller Implementation Team are a risk to continuity. Plans are in place for the recruitment of a new general manager for the district to be in place in early 2013.

Capital Process: Business case is with the CIC for a single stage approval.

Work Plan: The previous work plan and priorities remain focused on key areas. Ensuring adequate resourcing with competing priorities remains an issue for the team. Further information will be available once there is clarity over the respective business cases for facility development.

1. Change management areas
    a. Moving A/Hs to outpatients
    b. Moving to a single Admin team
2. IT implementation
    a. Moving to electronic record in Foote ward
    b. Business case to initiate contract with Medtech and phase one
3. Change of workforce for models of care
    a. Hire Nurse practitioner
    b. Hire Rural Nurse Specialists
    c. New District Nursing roles
    d. Recruit GPs and clinical leader

SECTION 3: GREY INTEGRATED HEALTH SERVICE PROGRESS Q1 2012-13

Seismic Reports: During this quarter the WCDHB has received unfavourable seismic reports around parts of the Grey Campus. A steering group of clinicians has been established to lead the identification and evaluation of options for service reconfiguration / relocation, given these seismic challenges. It was crucial that the plans moving forward were focused on the patient and were consistent with the new Grey Base Hospital and IFHS development.

Capital Investment Committee: Preparation took place this quarter for the Capital Investment Committee presentation regarding the Grey IFHS and the Regional Hospital Business Case that was held 18th October. The CIC approved urgent capital to strengthen and refit buildings to support immediate service reconfiguration and relocation as well as addressing the electrical systems upgrade.

Autonomous Clinical Unit: Agreement for the establishment of the ACU was given by the Board and the Terms of Reference approved. The WCDHB is in the process of establishing this as a governance group to provide future guidance to primary health service delivery.

SECTION 4: FLEXIBLE FUNDING POOL

Note: The Flexible Funding Pool funds are combined with other revenue to deliver a range of PHO programmes

Profit & Loss
West Coast Primary Health Organisation
All Departments
1 July 2012 to 30 September 2012

	Clinical Services	Keeping People Healthy	Total
Income			
8201 Services to Increase Access (SIA) revenue	52,669	-	52,669
8203 Care Plus (C+) revenue	164,012	-	164,012
8401 Health Promotion (HP) revenue	3,250	55,132	58,382
8841 Sundry income	15,795	278	16,073
Total Income	235,726	55,410	291,137
Less Cost of Services	130,472	15,374	145,846
Less Operating Expenses	105,254	40,036	145,290
Variance	-	-	-

Report prepared by: Claire Robertson, Planning and Funding

Report Approved for release by: Carol Atmore, Chief Medical Officer
Stella Ward, Executive Director, Allied Health

SCHEDULE OF MEETINGS - 2013

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

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

SOURCE: **Board Secretariat**

DATE: **7 December 2012**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to seek the Board's confirmation and approval to a schedule of meetings for the Board and its Committees, both statutory and non-statutory, for the 2013 calendar year as required by the NZ Health and Public Disability Act 2000.

2. RECOMMENDATION

That the Board:

i. Adopts the attached schedule of meetings for 2013 (Appendix 1);
ii. Delegates authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require.

3. SUMMARY

The date for Committee and Board meetings are to a large extent determined by the reporting cycle required to produce information for the Quality, Finance, Audit and Risk (QFARC) and the Hospital Advisory Committee (HAC) in particular. The suggested meeting dates for 2013 in Appendix 1 are based on the current cycle of meetings as adopted by the Board for last year.

Background

If a DHB does not adopt an annual schedule of meetings then, in terms of the New Zealand Public Health and Disability Act 2000 (the Act) and in accordance with Standing Orders (Clause 1.14.1), members are instead required to be given written notice of the time and place of the meeting, not less than ten working days before each meeting.

The adoption of a meeting schedule allows for orderly planning for the forthcoming year for the Board, Committees and staff. The proposed schedule also serves as advice to members that the meetings set out on the schedule are to be held.

2013 Meeting Schedule

The proposed monthly meeting cycle will apply to meetings of the Board, the Hospital Advisory Committee, the Quality, Finance, Audit and Risk Committee, the Community and Public Health and Disability Support Advisory Committee and the Tatau Pounamu Advisory Group.

In situations where additional meetings of the Board and its Committees are required, these will, in terms of the Act, be treated as special meetings. Notice of these meetings will be given to members in each case prior to the meeting. In addition, where workshops are required, which are not part of the regular meeting cycle, notice of these will also be given to members prior to the workshop.

On rare occasions it may be necessary to alter the date, time or venue of a meeting or to cancel a meeting. It is recommended that the authority to do this be delegated to the Chief Executive in consultation with the Chair of the Board or the Committee Chairperson.

The proposed meeting schedule takes account of public holidays with meetings rescheduled as appropriate to avoid clashes.

Meetings of the Board and its Statutory Committees will be publicly notified in accordance with Section 16 of Schedule 3 of the New Zealand Health and Disability Act 2000.

The proposed 2013 meeting schedule has been circulated to Committee members and the final schedule will be provided to all Committee meetings for the information of members.

4. APPENDICES

Appendix 1:	2013 Proposed Schedule of Meetings

Report Prepared by: Board Secretariat

APPENDIX 1

DRAFT

WEST COAST DHB – PROPOSED MEETING SCHEDULE FOR 2013

DATE	MEETING	TIME	VENUE
Thursday 24 January 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 24 January 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 24 January 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 24 January 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 8 February 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 7 March 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 7 March 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 7 March 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 7 March 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 22 March 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 2 May 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 2 May 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 2 May 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 2 May 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 10 May 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 6 June 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 6 June 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 6 June 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 6 June 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 28 June 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 11 July 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 11 July 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 11 July 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 11 July 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 2 August 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 22 August 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 22 August 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 22 August 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 22 August 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 13 September 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 10 October 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 October 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 October 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 10 October 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 25 October 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 28 November 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 November 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 November 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 28 November 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 13 December 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth

The above dates and venues are subject to change. Any changes will be publicly notified.

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE – 22 NOVEMBER 2012

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

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

DATE: **7 December 2012**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 22 November 2012. Following confirmation of the minutes of that meeting at the 28 January 2013 meeting, full minutes of the 22 November 2012 meeting will be provided to the Board at its 8 February 2013 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 – 22 November 2012.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

- Anthony Cook, Chief Executive, West Coast PHO, presented the Pho Quarterly Report. Discussion in particular took place around:
  - Workforce and rural support and Professional Development - a "Weekend Away Conference" for all West Coast GP's and nurses was held on 17/18 November with a focus on the interface between public and primary health care in relation to the management of adverse lifestyle behaviours and chronic care management.
  - The desire by practices to have more access to Allied Health facilities in Primary Care settings which was one of the drivers of Better Sooner More Convenient. The difficulty in recruiting allied health staff was noted.
  - Charging by practices for services such as writing prescriptions.
  - Waiting times for getting appointments with GP's and the difficulty around how data around access is measured

- The Planning & Funding Update highlighted the key achievements and issues facing the DHB. An upcoming point of interest was that the Mental Health Service is running a stakeholder meeting later in November to identify the opportunities for change to increase access, responsiveness and flexibility of the wider mental health system, including primary care, NGO's, SMHS and related sectors.

- Dr Carol Atmore presented the Clinical Leaders Update and commented that the Clinical Board had met for the 3rd time and they are now starting to come together as a group. She also commented on the recent Quality conference held in Auckland and the focus on better patient experiences and better health outcomes for communities at a lower cost. She also commented on the Serious and Sentinel Events report which focussed on hospitals and the Health & Safety Quality Commission are keen to extend this to primary care settings.

- Dr Atmore also presented the Better Sooner More Convenient and Alliance Leadership Team Update. The meeting noted that the process of establishing practice management for DHB primary practice is underway.

  The next meeting of the Alliance Leadership Team will be held in December with a focus on next year's work plan and membership.

  A pharmacy group has been developed with representation from all community pharmacies and the hospital pharmacy to develop pharmacy services for the future West Coast health system.

- Gary Couglan, General Manager, Maori Health provided a verbal update on Maori Health initiatives and provided information around how better input is provided into the Maori Health Plan. Discussion took place regarding the monitoring of the Maori Health Plan and also the need for more alignment between primary and secondary care.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 22 November 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 22 November 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** ▪ *11 October 2012*		
3.	**Carried Forward/ Action Items**		
REPORTS/PRESENTATIONS			**9.10am**
4.	**Primary Health Organisation** ▪ **Quarterly Report**	Anthony Cooke *Chief Executive, West Coast PHO*	*9.10am - 9.30am*
5.	**Planning & Funding Update**	Carolyn Gullery *General Manager, Planning & Funding*	*9.30am - 9.45am*
6.	**Clinical Leaders Update** *As provided to the Board 19 October 2012*	Clinical Leaders *West Coast DHB*	*9.45am - 10.00am*
7.	**Finance Report**	Justine White *General Manager, Finance*	*10.00am - 10.20am*
8.	**Better Sooner More Convenient and Alliance Leadership Team Report**	Carolyn Gullery *General Manager, Planning & Funding*	*10.20am - 10.35am*
9.	**General Business** **Maori Health Initiative – verbal Update**	Gary Goghlan *General Manager, Maori Health*	*10.35am - 10.45am*
ESTIMATED FINISH TIME			**10.50am**

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Community and Public Health and Disability Support Advisory Committee Terms of Appointment**
- **West Coast DHB Draft 2013 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: 2013 – Draft Schedule attached, not yet confirmed

Corporate Office, Board Room at Grey Base Hospital.

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 22 NOVEMBER 2012

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

SOURCE: **Chair, Hospital Advisory Committee**

DATE: **7 December 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 22 November 2012. Following confirmation of the minutes of that meeting at the 24 January 2013 HAC meeting, full minutes of the 22 November 2012 meeting will be provided to the Board at its 8 February 2013 meeting.

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

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

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

2. RECOMMENDATION

That the Board:

i. notes the Hospital Advisory Committee Meeting Update – 22 November 2012.

3. SUMMARY

Detailed below is a summary of the HAC meeting held on 22 November 2012. Minutes of the meeting will be available once confirmed by the next HAC meeting on 24 January 2013. Papers presented to the Committee meeting are available on the West Coast DHB website. A copy of the agenda for this meeting is attached as Appendix 1.

ADVICE TO THE BOARD

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

- **Financial Position**: The financial position is a collective challenge and a comprehensive re-forecasting exercise across the organisation, both in primary and secondary services will shortly take place. This will also determine the choices and opportunities available for us to deliver on our Annual Plan commitments. Management have advised that the current trajectory for financials is not acceptable and a re-forecast and review is necessary.

  There are also currently a number of pressures outside our core business such as facilities (seismic issues), uncertainty over insurance increases yet to still be confirmed from insurer's, and

the outsourcing of laundry while still incurring the existing laundry operational costs.

- **Seismic Issues & Relocation**: Seismic issues are widespread around the DHB sector and the West Coast is very advanced in looking at these issues. There have been some huge costs related to Engineering reports and there are still some broader facility questions to be dealt with. Planning to relocate several services continues with the priority to ensure that patient and staff disruption is mitigated as much as is possible.

- **Central Booking Unit Processes**: A team involving clinical leaders from all specialities will b e embarking in detailed work on the CBU over the next few weeks. Some key indicators have been developed however, a comprehensive workplan with milestones and key deliverables needs to be completed so that progress can be monitored. This should also have positive implications on outpatient clinic cancellations. .

- **Community Services**: The DHB & PHO are working together to improve recall screening, smoking cessation and immunisation rates. Systems are being reviewed and improvements introduced to support the clinical teams.

- **DHB Owned GP Services**: this continues to be one of the top priorities – in terms of the business model and recruitment / retaining GP's.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 22 November 2012.

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

AGENDA - PUBLIC

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, High Street, Greymouth
Thursday 22 November 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 • 11 October 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 • 11 October 2012	
	Finish Time	**1.00pm**
	NEXT MEETING • To be confirmed	

TATAU POUNAMU ADVISORY GROUP MEETING UPDATE – 22 NOVEMBER 2012

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

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

DATE: **7 December 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 22 November 2012. Following confirmation of the minutes of that meeting at the 24 January 2013 Tatau Pounamu Advisory Group meeting, full minutes of the 22 November 2012 meeting will be provided to the Board at its 8 February 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 – 22 November 2012.

3. SUMMARY

Detailed below is a summary of the Tatau Pounamu Advisory Group meeting on 22 November 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:

- **Kaizen Workshop** – The Workshop held 7 & 8 November went well. This workshop provided an opportunity for a number of clinicians to look at the pathway of a Maori patient. The next steps will be to test and then incorporate the modifications into the patient journey, and include the modifications/actions into the annual planning process.

- **Minister Tariana Turia West Coast Visit** – The visit scheduled for Tuesday 30 October was unfortunately cancelled due to aircraft mechanical difficulties. A tentative date was set for Monday 10 December but is now to be postponed until 2013 as the Waka Ama Festival is scheduled to be held the same day at Kaniere.

- **Maori Health Plan Update** - Tatau Pounamu queried the low numbers of Maori woman accessing cervical screening services and request that a report on strategies to remedy this is provided. The target for 2012/2013 is 75% increasing to 80% by December 2014.

  It is important that these low numbers are investigated and that the West Coast DHB commits to improving numbers in the near future.

- **School Dental Services Quality Plan** – Jenny Woods tabled the School Dental Services Quality Plan and spoke to her report. The report was well received. She advised some highlights to acknowledge for 2011 were Achievements for the end of calendar 2011 were:
  - preschool enrolments target for 2011 was 75% as at the end of September 80.7% was achieved
  - % of Maori preschoolers enrolled was 72.5%
  - at the end of the 2011 calendar year we achieved and exceeded our DAP target for the % of all 5 year olds caries free (target 55%) by 6% which was an increase of 9% over 2010
  - the % of Maori 5 year old's has improved from 38% in 2010 to 47% in 2011 and increase of 9%

-

4. APPENDICES

Appendix 1: Agenda – Tatau Pounamu Advisory Group Meeting – 22 November 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 22 November 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** 11 October 2012	
3.	**Carried Forward/Action List Items**	
	REPORTS	
4.	**Chair's Update - Oral Report** - Correspondence List	Ben Hutana, Chair
5.	**GM Maori Health Report**	Gary Coghlan, General Manager Maori Health
6.	**HEHA Smokefree Report**	Claire Robertson, HEHA and Smokefree Service Development Manager
8.	**Progress report Maori Health Plan**	Gary Coghlan, General Manager Maori Health

Information Items

Tatau Pounamu meeting schedule for 2012

ESTIMATED FINISH TIME

NEXT MEETING

2013 Draft Meeting Schedule – To be approved by the Board December 2012

RESOLUTION TO EXCLUDE THE PUBLIC

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

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

SOURCE: **Board Secretariat**

DATE: **7 December 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 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 19 October 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.	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".

Report Prepared by: Board Secretariat

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)*
Michael Frampton (*Programme Director)*
Dr Carol Atmore (*Chief Medical Officer)*
Garth Bateup *(Acting General Manager, Hospital Services)*
Gary Coghlan *(General Manager, Maori Health)*
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
Te Poari Hauora a Rohe o Tai Poutini

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
Friday 7 December 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** ▪ *19 October 2012*		
3.	**Carried Forward/Action List Items** *- There are no carried forward 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 – 10.55am*
7.	**Finance Report**	Justine White *General Manager, Finance*	*10.55am – 11.05am*
8	**Better Sooner More Convenient & Alliance Leadership Team Update**	Dr Carol Atmore *Chief Medical Officer*	*11.05am – 11.15am*
9	**Schedule of Meetings for 2013**	Michael Frampton *Programme Manager*	*11.15am - 11.25am*
10	**Report from Committee Meetings**		
	- CPHAC&DSAC *- 22 November 2012*	Elinor Stratford *Chairperson, CPH&DSAC Committee*	*11.25am – 11.35am*
	- Hospital Advisory Committee *- 22 November 2012*	Warren Gilbertson *Chairperson, Hospital Advisory Committee*	*11.35am – 11.45am*
	- Tatau Pounamu *- 22 November 2012*	Elinor Stratford *Board Representative on Tatau Pounamu*	*11.45am – 11.55am*

11 **Resolution to Exclude the Public** *Board Secretariat* *11.55am –12noon*

INFORMATION ITEMS

- Confirmed Minutes
  - CPHAC&DSAC Meeting – 11 October 2012
  - HAC Meeting – 11 October 2012
  - Tatau Pounamu Meeting – 11 October 2012
- Schedule of Correspondence

ESTIMATED FINISH TIME **12noon**

NEXT MEETING

Friday 8 February commencing at 10.00am

MINUTES

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

MINUTES OF THE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE held in the Board Room, Corporate Office, Grey Base Hospital on Thursday, 11 October 2012 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); Kevin Brown (Deputy Chair); John Ayling; Lynette Beirne, Dr Cheryl Brunton; Marie Mahuika-Forsyth; Jenny McGill; Mary Molloy; John Vaile; and Peter Ballantyne (ex-officio)

APOLOGIES

Apologies for absence were received and accepted from Robyn Moore and Dr Paul McCormack (ex-officio).

EXECUTIVE SUPPORT

Carolyn Gullery (General Manager, Planning & Funding – via video conference); Greg Hamilton (Team Leader, Planning & Funding – via video conference); Gary Coghlan (General Manager, Maori Health); Michael Freeman (Programme Manager); Karyn Kelly (Director of Nursing & Midwifery); Colin Weeks (Chief Financial Officer); Peter McIntosh (Research and Planning Officer Planning & Funding); Brian Jamieson (Communications Officer); and Kay Jenkins (Minutes).

WELCOME

The Chair welcomed everyone and introduced new Committee member Jenny McGill whose appointment to the committee was approved at the last Board meeting. She asked Gary Coghlan, General Manager, Maori Health to lead the Karakia.

Carolyn Gullery, General Manager, introduced herself and provided the Committee with an outline of her role. She commented that unfortunately she had to leave at 9.30am and Greg Hamilton, Team Leader, Planning & Funding would be attending in her place.

1. INTEREST REGISTER

Jenny McGill's interests provided verbally and the Committee noted that these will be included in the interest register for the next meeting.

Marie Mahuika-Forsyth advised that she is no longer the promoter for Healthy Eating Healthy Action. This is to be removed from the Interest Register.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (/12)
(Moved: JohnVaile; Seconded: John Ayling - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 23 August 2012 be confirmed as a true and correct record"

MATTERS ARISING FROM THE MINUTES

The Chair advised that in future this item will be called "Carried Forward/Action Items"
The previous carried forward items were discussed and most had been reported back at either the August meeting or this meeting.

There are two items are to be carried forward for the next meeting:

1. the Human Rights Commission report "caring counts" - 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 meeting will also contain information regarding national work undertaken in this regard.

2. the Disability paper presented to the Canterbury DHB CPH&DSAC Committee.

3. CHAIR'S REPORT

The Chair advised that unfortunately a previous month's report had been circulated with the meeting papers and a later one was tabled. She also advised that in future this report would be included in the papers as an information item.

4. ORGANISATIONAL LEADERSHIP REPORT

Carolyn Gullery, General Manager, Planning & Funding spoke to this report. The report was taken as read.

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 New 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.

A point was raised regarding reference to an internal audit on page 10 of the report as no previous reference had been made to this. The Acting Board Chair undertook to raise this in the Quality, Finance, Audit & Risk Committee meeting to ensure this is being addressed.

Discussion took place regarding the amount of people in rest homes and how this compares nationally. The Committee noted that we are aiming to reduce the amount of people cared for in rest homes by supporting them in their own home. The point was made that it is a challenge to find care givers in rural areas and therefore sometimes difficult to care for people in their own homes in rural areas.

The report was noted

5. CLINICAL LEADERSHIP REPORT

Karen Kelly presented the Clinical Leadership Report which was taken as read.

Discussion took place regarding rural nursing in Westland and the Committee noted that the DHB is in the process of recruiting 2 rural nurse specialists for the South Westland area.

Carolyn Gullery left the meeting and Greg Hamilton joined the meeting.

A point was raised regarding the reconciliation of this report and the purpose of this Committee and also the opportunity within the profiles of the current changes anticipated for the Coast. The Board Acting Chair commented that he has asked the CEO to address this at the Board meeting

6. FINANCE REPORT

Colin Weeks, Chief Financial Officer, spoke to this report which was taken as read.

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

The Chair thanked Colin for his contribution to the CPH&DSAC Committee during the time he has been with the DHB and wished him all the best for the future.

The Committee noted the report.

7. BETTER SOONER MORE CONVENIENT AND ALLIANCE LEADERSHIP TEAM UPDATE

Greg Hamilton, Team Leader, Planning & Funding spoke to this Update. He commented that this report is partly driven by a report required by the Minister on Health on Better Sooner More Convenient which basically presents what has been delivered through the programme.

A Committee member requested that where we state that 3,600 (under "Services are Delivered Closer to Home") more patients were being seen by specialists, could we say "appropriate specialists"

The comment was also made that it is important for the DHB to ensure the provision of services in the right place (this is in the context of travel for patients). The Committee noted that we still provide services as close to home as possible and that telehealth is often used.

The Acting Board Chair commented that he had met with the Minister of Health and Director General regarding Better Sooner More Convenient and following this meeting the Minister had phoned to say he was impressed with what is taking place on the West Coast

The Committee noted the update

8. GENERAL BUSINESS

- The Chair asked that a vote of thanks to Wayne Turp, Colin Weeks & Hecta Williams be formally noted in the minutes for their contribution to this Committee while employed by the West Coast DHB.

- Discussion took place regarding Cancer Care nurses and Karyn Kelly provided the Committee with an update in this regard.

- The Committee noted that the Regional Stroke Conference is being held on the West Coast this coming weekend.

- Gary Coghlan, General Manager, Maori Health, provided a brief update regarding what is taking place around Maori Health. A presentation will be provided to the next meeting. The Committee noted that Tariana Turia would be visiting Greymouth on 30 October 2012.

- Michael Frampton, Programme Director, provided an update regarding some transition arrangements which will be coming into effect. He advised that Kayrn Kelly would be acting in the position f Manager Primary & Community Care from Monday 15 October.

- Anthony Cooke, Chief Executive, West Coast PHO, attended the meeting to speak to the PHO Quarterly Report which was deferred from the last meeting. Anthony tabled some supplementary financial information to that already provided. He advised that the year-end financial result for the PHO was a deficit of $50K after a transfer from reserves of $300K. He added that the PHO will be trying to maintain $500K - $600K in the bank although this financial year the budget is to spend more than revenue and use more of the reserves.

  Committee members took the opportunity to raise questions from the report and the following matters were discussed:
  - Weight loss service
  - Health Promotion Coordinator
  - Transalpine approach
  - MoU with Rural Canterbury PHO
  - Workforce - Recruitment and Retention
  - Capacity n Primary Care, including waiting time for GP appointments
  - Minister's Health Targets

  The Committee noted the report.

INFORMATION ITEMS

- Terms of Appointment
- Meeting Schedule
- Terms of Reference
- Quality & Patient Safety Update
- South Island Alliance Update

There being no further business the meeting concluded at 10.50am.

Confirmed as a true and correct record:

_____ _____

Elinor Stratford Date
Chair

MINUTES – HOSPITAL ADVISORY COMMITTEE

MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Thursday 11October 2012, commencing at 11.00am

PRESENT
Warren Gilbertson (Chair); Sharon Pugh (Deputy Chair); Paula Cutbush; Gail Howard; Doug Truman; Richard Wallace; and Peter Ballantyne (ex-officio)

MANAGEMENT SUPPORT
Garth Bateup (General Manager, Hospital Services); Michael Frampton (Programme Director); Karyn Kelly (Director of Nursing & Midwifery); Brian Jamieson (Communications Officer); Colin Weeks (Chief Financial Manager); Justine White (General Manager, Finance); Kay Jenkins (Minutes).

WELCOME
The Chair welcomed everyone to the meeting and asked Richard Wallace to open the meeting with a Karakia.

APOLOGIES
Apologies for absence were received and accepted from Paul McCormack and Karen Hamilton.

1. INTEREST REGISTER

There were no other conflicts of interest reported from individual members or perceived conflicts for other members.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

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

"That the minutes of the meeting of the Hospital Advisory Committee held on 23 August 2012 be confirmed as a true and correct record."

Chair's Report to Board
The Chair provided an update back to the Committee from the last Board meeting and commented in particular on seismic issues, insurance costs and the share for care initiative now being "opt off".

3. CARRIED FORWARD/ACTION ITEMS

The General Manager, Hospital Services provided an update on the carried forward items.

In regard to transportation the Committee 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. A question was raised regarding the route of the shuttle and management undertook to follow this up and report back at the next meeting.

The Committee noted that the exit interview reporting is six monthly not three monthly as stated in the carried forward items.

In addition the General Manager, Hospital Services advised that the Performance Management Process is to be deferred until the New Year due to the change in management structures and will be led by the General Manager, Human Resources.

The Committee noted the carried forward items.

4. HOSPITAL ADVISORY COMMMITTEE WORKPLAN

There was no discussion on the work plan.

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

The General Manager, Hospital & Specialist Services spoke to the Management Report.

Discussion by the committee related to:

- 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 utilising 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;

Michael Frampton, Programme Director, provided the Committee with an update regarding facilities and the seismic challenges facing the DHB. The Committee noted that clinical teams have approached this in a positive way and a small group is being formed to work on the process around moving those who have to exit their buildings.

Karyn Kelly, Director of Nursing & Midwifery provided an explanation of the items listed under the Quality Projects.

Resolution
(Moved: Warren Gilbertson/Seconded: Gail Howard – carried)
That the Committee notes the report.

6. FINANCE REPORT

Colin Weeks, Chief Financial Officer, spoke to this report. He commented that the overall consolidated position for year-end is a 3.6M deficit. He added that within this there are areas such as insurance where we will not meet the budgeted figure and this will put pressure on other areas.

Justine White, General Manager Finance, advised that it is intended to use an 18 month rolling forecast for the financials.

Resolution
(Moved: Sharon Pugh/Seconded: Peter Ballantyne – carried)
That the Committee received the financial report for the period ending 31 August 2012.

7. CLINICAL LEADERS REPORT

Karyn Kelly, Director of Nursing & Midwifery spoke to the Clinical Leaders Report which was taken as read. The Committee noted that management is looking at how this will report in the future.

Discussion took place regarding the recruitment of a Maori nurse in Buller. The Committee noted that this process is in progress.

Resolution
(Moved: Sharon Pugh/Seconded: Gail Howard – carried)
That the Committee notes the report.

The Committee noted that there were no public excluded items.

GENERAL BUSINESS

The Chair asked that thanks to Hecta Williams and Colin Weeks for their contribution to the operation of this committee be formally noted.

There being no further business the meeting closed at 12.30pm

Confirmed as a true and correct record.

_____ _____

Warren Gilbertson Date
Chairman

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY GROUP MEETING HELD ON THURSDAY 11 OCTOBER 2012 AT CORPORATE BOARDROOM WEST COAST DHB

PRESENT	Ben Hutana (Chair)	Te Rūnanga O Ngati Waewae (late)
	Marie Mahuika-Forsyth	Te Rūnanga O Makaawhio
	Francois Tumahai	Te Rūnanga O Ngāti Waewae
	Sharon Marsh	Nga Maata Waka O Kawatiri
	Wayne Secker	Nga Maata Waka O Māwhera
	Richard Wallace	Te Rūnanga O Makaawhio (late)
	Elinor Stratford	West Coast District Health Board Representative on Tatau Pounamu
IN ATTENDANCE	Gary Coghlan	General Manager Māori Health, West Coast DHB
	Peter Ballantyne	Acting Board Chair West Coast DHB
	Greg Hamilton	Team Leader, Service, Transition & Analysis, Canterbury DHB (joined via video conference)
MINUTE TAKER	Kylie Parkin	Administration Support
APOLOGIES:	Hecta Williams	West Coast DHB
	Claire Robertson	HEHA and Smokefree Services Manager

WELCOME

Wayne Secker said the Karakia and Marie Mahuika-Forsyth welcomed everyone to the meeting.

1. AGENDA / APOLOGIES

Apologies were received from Hecta Williams, West Coast DHB and Claire Robertson, HEHA and Smokefree Services Manager.

Motion: THAT the apologies are accepted.

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

2. DISCLOSURES OF INTERESTS

No amendments required.

3. MINUTES OF THE LAST MEETING – 23 AUGUST 2012

Motion

THAT the Minutes of the Tatau Pounamu Manawhenua Advisory Group meeting held 23 AUGUST 2012 be adopted as a true and accurate record.

Moved: Marie Mahuika-Forsyth Seconded: Francois Tumahai

Carried.

4. MATTERS ARISING FROM THE LAST MEETING

IFHS Business Case and Grey Facility Business Case Update
Listed as Agenda Item 5
Update to the Minister listed as an update.

The Chair of the WCDHB gave an update on the Integrated Family Health Care Centre business case for the Grey and Buller districts.

The Grey Case has been updated to include options to cover the seismic situation. The meeting between the Capital Investment Committee and West Coast DHB went well.

Update on Rata Te Awhina
The General Manager Maori Health advised that Rata Te Awhina is progressing well. A letter of offer has been accepted by Rata regarding the two positions and in Buller the recruitment process will be commencing soon.

Lorraine Eade, Project Specialist, Planning and Funding Canterbury DHB is now responsible for the contracting aspects for Rata Te Awhina Trust. She will be working closely with West Coast DHB, General Manager Maori Health throughout the transition phase.

The recruitment for the Rata General Manager and Tumu, the Office Manager positions have been advertised. It is anticipated that by the time of the next Tatau Pounamu meeting these positions may well be filled.

5. CHAIRS UPDATE / CORRESPONDENCE

The Chair was not available for an update.

There was no correspondence received.

6. MAORI HEALTH REPORT TO TATAU POUNAMU

Gary Coghlan, General Manager Maori Health
This report was taken as read and the following items were discussed in more detail.

Kaizen Workshop 7- 8 November
Committee members will have received an invite for the Kaizen workshop. A number of clinicians and health professionals have also been invited. This is a much needed opportunity

to discuss Maori health and provides an opportunity for strong clinical and Maori input into future service delivery models. This workshop is timely given the changes occurring with the health sector and the Maori health and social services Provider. The workshop will be clinically led and be specifically focussed on the patient's pathway.

Whanau Ora
MOH is very interested on DHBs focusing on Whanau Ora, specifically around the Te Puni Kokiri led initiative – Waka Ora Programme of Action. Waka Ora is led through He Oranga Pounamu for Te Wai Pounamu/South Island. DHB's are expected to produce reports about how they are supporting that.

Marie Mahuika-Forsyth requested to receive a copy of the Annual Plan.

Action: Minute Secretary

Kia Ora Hauora
The General Manager Maori Health updated the committee on the progress of Kia ora Hauora, the background and the progress to date. He did raise a concern about how effectively it has been working for the West Coast previously. However, the good news is that there are 50 Maori now registered with Kia ora Hauora. This is a result of a more concerted effort recently occurring on the West Coast.

Suggestion was made that a meeting be held with the Principal and Grey High School in light of the changes currently underway with the new Whare. It was also suggested that it would be of benefit meeting with Inangahua College and other area schools.

The committee were advised that the area schools were invited to the Career Roadshows in held Greymouth.

Minister's Visit
The committee were briefed on the Ministers visit set for the 30 October 2012 and apologies were received.

7. HEHA SMOKEFREE SERVICES UPDATE

The General Manager Maori Health updated the committee. This report was taken as read.

8. GENERAL BUSINESS

DHB Maori Plans and Annual Plans
There was discussion regarding the Minster of Health asking DHBs to ensure that there is no differential when setting targets for Maori health outcome and others. DHBs are to make sure that targets set for Maori are now the same as non-Maori. The General Manager Maori Health felt this was well supported nationally by GMs Maori Health.

A committee member enquired what is the 2 year bi-annual physical activity and nutrition plan that is currently being developed. The General Maori Health to provide update at the next meeting

Action: General Manager Maori Health

Tatau Pounamu Distribution
The General Manager Maori Health was advised that the Chair of Makaawhio had not received Tatau Pounamu papers. To be addressed.

Operational Issue
A committee member raised an operational issue for discussion. They were advised that this was not the correct forum for discussion and were invited to discuss with the General Manager Maori Health after the meeting.

PHO Reporting
Discussion was held about the PHO Quarterly reporting against their PHO Maori Health Plan. A report is provided to the Board and it was queried whether their Maori Health Plan is up to date or in line with West Coast DHBs Maori Health Plan.

It was discussed that a standing invitation should be sent to the PHO to attend the Tatau Pounamu meetings to discuss progress against their Maori Health targets and plan.

Motion

THAT the Tatau Pounamu Committee request they receive PHO quarterly reports.
THAT the PHO are invited to attend Tatau Pounamu meetings.

Moved: Marie Mahuika-Forsyth **Seconded: Ben Hutana**

7. 2013 MEETING SCHEDULE

This is to be put on matters arising for the next meeting.

There being no further items for discussion the committee moved into the Tatau Pounamu Annual Work Plan discussion.

Meeting finished at 5.20 pm

Signed _____ **Date** _____

BOARD AND CHAIR'S CORRESPONDENCE FOR 7 DECEMBER 2012 BOARD MEETING

OUTWARDS AND INWARDS CORRESPONDENCE

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

Date Letter Received	Sender	Addressee	Details
2/11/2012	Deloitte	Chair	Deloitte South Island Index
9/11/2012	Family Planning	Chair	Annual Report