West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 22 March
10.00am

ST JOHN
WATERWALK ROAD
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

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 22 March 2013 commencing at 10.00am

KARAKIA			***10.00am***
ADMINISTRATION			***10.05am***
	Apologies		
1.	**Interest Register** *Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.*		
2.	**Confirmation of the Minutes of the Previous Meeting** ▪ *8 February 2013*		
3.	**Carried Forward/Action List Items** *There are no carried forward/action items*		
REPORTS			***10.15am***
4.	**Chair's Update – Verbal Update**	Dr Paul McCormack *Chairman*	*10.15am – 10.30am*
5.	**Chief Executive's Update**	Michael Frampton *Programme Director*	*10.30am – 10.45am*
6.	**Clinical Leader's Update**	Dr Carol Atmore *Chief Medical Advisor* Karyn Kelly *Director of Nursing and Midwifery* Stella Ward *Executive Director of Allied Health*	*10.45am – 11.00am*
7.	**Finance Report**	Justine White *General Manager, Finance*	*11.00am – 11.15am*
8	**Health Target Report – Quarter 2**	Carolyn Gullery *General Manager, Planning & Funding*	*11.15am – 11.30am*
9	**Report from Committee Meetings**		
	- CPH&DSAC *7 March 2013*	Elinor Stratford *Chairperson, CPH&DSAC Committee*	*11.30am – 11.40pm*
	- Hospital Advisory Committee *7 March 2013*	Sharon Pugh *Chairperson, Hospital Advisory Committee*	*11.40am – 11.50pm*
	- Tatau Pomanau *7 March 2013*	Elinor Stratford *Board Delegate to Tatau Pounamu*	*11.50am – 12 noon*
10	**Resolution to Exclude the Public**	*Board Secretariat*	*12 noon – 12.05pm*

INFORMATION ITEMS

- Confirmed Minutes
  - CPH&DSAC Meeting – 24 January 2013
  - HAC Meeting – 24 January 2013
  - Tatau Pounamu Meeting – 24 January 2013
- Schedule of Correspondence
- 2013 Meeting Schedule

ESTIMATED FINISH TIME *12.05pm*

NEXT MEETING

Friday 10 May 2013 commencing at 10.00am

ATTENDANCE

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS

Paul McCormack (Chair)
Peter Ballantyne (Deputy Chair)
Kevin Brown
Warren Gilbertson
Helen Gillespie
Mary Molloy
Sharon Pugh
Elinor Stratford
Doug Truman
John Vaile
Susan Wallace

Executive Support

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 & Acting GM Primary & Community Services)*
Stella Ward *(Executive Director, Allied Health)*
Justine White *(General Manager, Finance)*
Kay Jenkins (*Minutes)*

KARAKIA

E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o kotahitanga, mo nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend on us at this time so that we may work together in the spirit of oneness on behalf of the people of the West Coast.

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER

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

Member	Disclosure of Interest
Dr Paul McCormack Chair	• General Practitioner Member, Pegasus Health
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 • Member of Council, 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 • Deputy Chair, Grey Business Promotions Association
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 in the Board Room, Corporate Office, Grey Base Hospital, Greymouth
on Friday 8 February 2013 commencing at 10.00am

BOARD MEMBERS

Dr Paul McCormack (Chair); Peter Ballantyne (Deputy Chair); Kevin Brown; Warren Gilbertson; Mary Molloy; Sharon Pugh; Elinor Stratford; Doug Truman; John Vaile; and Susan Wallace.

APOLOGIES

An apology for absence was received and accepted from Helen Gillespie.

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); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

The Chair asked Gary Coghlan to lead the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Dr Paul McCormack advised that he is no longer a Consultant for the Ministry of Health or an Advisor for Mauri Ora Associates.

Declarations of Interest for Items on Today's Agenda
Susan Wallace advised that she is Chair of the Rata Te Awhina Trust which is mentioned in the Chief Executive's Update.

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

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (1/13)
(Moved Doug Truman/seconded Peter Ballantyne - carried):

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 7 December 2012 be confirmed as a true and correct record."

The meeting noted that in regard to the Schedule of Meetings approved at the meeting it is possible that there may be venue changes as the year progresses.

3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.

4. CHAIR'S UPDATE

The Chair commented that it is good to be back and thanked the Deputy Chair, Peter Ballantyne, who had acted as Chair, and the Chief Executive, David Meates, for the good work undertaken while he had been away. He added that he could see how much has taken place and he was able to pass this on to the Minister of Health during recent conversations.

He asked the Deputy Chair, Peter Ballantyne, to update the Board on the South Island Alliance Meeting of 28 January 2013 which he had attended for the Chair.

Mr Ballantyne commented that overall the Alliance is in good health and working well. He advised that one of the main items discussed was the draft South Island Regional Health Services Plan. The CEOs meet in the morning and the Chair's join for the Alliance Board Meeting. The Alliance work streams all appear to be working well. He added that South Island Capital Development remains a challenge with the South Island Regional Capital Committee recommencing meetings. The Board noted that the South Island Shared Services Agency has ceased to exist but will remain as a shell company to be used if required.

Resolution (2/13)
(Moved Elinor Stratford/seconded Kevin Brown - carried)
i. That the Board notes the Chair's Update.

5. CHIEF EXECUTIVE'S UPDATE

The Chief Executive's report was taken as read.

He commented that a lot of work is taking place across the West Coast Health System and it is important for people to realise what an integrated system looks like. He tabled a draft working diagram for the information of Board members.

In regard to the fiscal position the Chief Executive commented that the process currently being undertaken will ensure that the West Coast DHB meets its budgeted target which is very important for the future facilities projects.

He added that there are now 12 transalpine services operating very well and effectively and further opportunities are also being worked on and as part of the infrastructure underpinning the West Coast there are now 196 health pathways live.

The meeting noted the significant disruption over the last few months with the urgent repairs taking place and the great work by the different teams in response to this.

The Chief Executive highlighted the West Coast Redevelopment Partnership Group of which our Chair, Dr Paul McCormack, is a member had its first meeting here on the West Coast with the expectation that by 30 April 2013 there will be a clear Business Plan. He commented that whilst the time line is challenging there are some very important and critical choices to be made.

Discussion took place regarding the midwifery situation and the meeting noted that a lot of work is taking place in this area and it is important to ensure that any model of care is sustainable going forward.

A query was made regarding the advertised positions for General Managers and the Chief Executive advised that applications have closed for both Grey and Buller and interviews will take place shortly. The Board noted the intention of the Chief Executive to be very deliberate in the filling of these positions as they are very complex change roles.

Discussion took place regarding the of number patient complaints being received and the Board noted that this number is staying static and complaints tend to be more service specific.

Discussion also took place regarding the Maori Health Data attached as Appendix 1 with particular emphasis on: the provision of actual numbers; cervical screening resource and smoking cessation.

Resolution (3/13)
(Moved Susan Wallace/seconded John Vaile – carried)
That the Board:
i. notes the Chief Executive's update.

6. CLINICAL LEADERS REPORT

Dr Carol Atmore, Chief Medical Officer, spoke to this report. She commented that there had been a particular focus on Primary Health Care access. Data collected over the past 2 years by the West Coast PHO provided in the report was noted as a positive sign that the work undertaken is coming to fruition.

Dr Atmore also commented that the West Coast has the 2nd lowest acute Length of Stay in the Country and also the lowest acute re-admission rate.

A query was made regarding Emergency Department attendances and it was noted that there is no After Hours GP service so ED is used after hours.

A query was also made as to whether the Alliance Leadership Team work plan is informed by the Executive Management Team and the Chief Executive confirmed that there is one work plan for the West Coast with further detailed planning sitting underneath this.

Resolution (4/13)
(Moved Warren Gilbertson/seconded Elinor Stratford – carried)
That the Board:
i. notes the Clinical Leader's updates.

7. FINANCE REPORT

Justine White, General Manager, Finance, spoke to the Finance Report for November 2012 which was taken as read. She commented that variances are very similar for January 2013 with the monthly result being $126k favourable and year to date $500k unfavourable against budget. The Board noted that the focus is to achieve a $3.6m deficit and work is being undertaken to ensure that processes are robust and that we are invoicing for all services that we are providing.

Both December and January results will be included in the next Board report.

Resolution (5/13)
(Moved Susan Wallace/seconded John Vaile – carried)
That the Board:
i. notes the financial result for the period ended 30 November 2012.

8. WORKING WITHIN AN ALLIANCE FRAMEWORK - PRESENTATION

Carolyn Gullery, General Manager, Planning & Funding, provided a presentation entitled "Working Within an Alliance Framework".

The Board noted that this will eventually change the Board reporting which will come into line with annual planning and a quarterly report on outcomes.

A request was made for table 2 from the presentation to be included in the minutes.

Table 2 VHA transformation observations and lessons learned

1. The government can provide high-quality and efficient patient-centered health care.
2. Rapid and dramatic change is possible in health care, even in large, politically sensitive, financially stressed, publicly administered health care systems.
3. Improved health care quality, better service, and reduced cost can all be achieved at the same time.
4. Articulation of a clear vision of the new future and how things will be different is essential for any major change effort.
5. The vision must be combined with a pragmatic strategic plan that includes concrete goals, defined responsibilities, and performance measures to assess progress toward achieving the goals.
6. Measuring and publicly reporting performance data using standardized performance measures is a powerful lever for change.
7. Performance data must be fed back to those who can make improvement (e.g., frontline caregivers).
8. To improve performance or quality, leaders must show that improvement is an organizational priority and make sure that everyone in the organization knows it.
9. Decentralization of authority must be coupled with a full understanding of mission-critical activities, clear delineation of responsibility and accountability, and monitoring of performance to help prevent things from falling through the cracks.
10. Automated information management is a critical tool for health care transformation and quality improvement; the electronic health record (EHR) is an essential tool today.

Discussion took place regarding Maori representation and consumer input on the Alliance Leadership Team and the Board noted that it is the intention to have both Maori representation and consumer input and that the Board will receive updates from time to time.

The Chair thanked Carolyn for her presentation.

9. SMOKE FREE POSITION STATEMENT

Dr Cheryl Brunton and Karen Hamilton from Community & Public Health presented this Report.

Dr Brunton commented that an extraordinary amount of work has gone into smoking cessation on the West Coast but there is still a lot to do. The Board noted that the government has a target to be smoke free by 2025.

The Board also noted that smoking cessation figures since 1999 have been trending down and we now await the 2013 Census figures for new statistics.

Resolution (6/13)
(Moved Susan Wallace/seconded Sharon Pugh – carried)
That the Board:

i. Endorse the proposed West Coast DHB position statement on Tobacco Control recognising that this paper is also being presented to other South Island DHBs.

10. REPORTS FROM COMMITTEE MEETINGS

a. Elinor Stratford, Chair, Community & Public Health & Disability Support Advisory Committee provided an update from the Committee meeting held on 24 January 2013.

The Board Chair commented regarding the need to formalise Disability Support in our agendas to ensure a focus on disability.

The update was noted

b. Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 24 January 2013. She commented in particular on the work in progress in the Clinical Booking Unit and the 2013 work plan which was received with enthusiasm.

The update was noted.

c. Elinor Stratford, Board Representative to Tatau Pounamu, provided an update from the Tatau Pounamu Advisory Group Meeting held on 24 January 2013.

The update was noted.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (7/13)

(Moved Peter Ballantyne/seconded Susan Wallace– carried)

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, & 7 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.	Deficit Recovery Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

5.	Annual Plan Approach	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Draft South Island Health Services Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Advisory Committee – Public Excluded Updates	For the reasons given in the Committee agendas	

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

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

The Public Excluded section of the meeting adjourned for lunch between 12.45pm & 1.15pm.

The Public Excluded part of the meeting finished at 2.25pm

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Dr Paul McCormack, 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: **22 March 2013**

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.

Its format has been reorganised around the key organisational priorities that drive the board and Executive Management Team's work programmes. Its content has been refocused on reporting recent performance, together with current and upcoming activity.

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

	DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY

A: Reinvigorate the West Coast Alliance

- The DHB Clinical Leaders are working across a range of activities to promote a sustainable West Coast health care service, including the West Coast Alliance.
- The Alliance Leadership Team agreed to focus the work this year on the six work streams, which are clinically led and have dedicated project management and planning and funding resource. They are:
  - Buller Integrated Family Health Services
  - Grey/Westland Integrated Family Health Services
  - Health of Older People
  - Child and Youth Health
  - Pharmacy
  - Public Health – 'Healthy West Coast'
- An Alliance Support Group and Programme Office have been established to support the West Coast Alliance.

B: Build Primary and Community Capacity and Capability

Much work is underway to improve the performance and responsiveness of DHB-owned general practices:

New Improved Recruitment Process

- A Coast-wide primary care recruitment process has been put in place for the recruitment of all upcoming medical vacancies, both short and long term. This process is about ensuring that constrained clinical and financial resources are optimised across all practices. This new process also allows us to anticipate and plan for filling long, medium and short term vacancies, some of which can unexpectedly occur, and provide greater flexibility to the total pool of doctors available Coast-wide.
- The same process also applies to nursing staff. Current vacancies are being experienced in the Buller Health Medical Centre Nursing Team and the roving nurse position in South Westland, and active recruitment processes are underway.
- Work is underway to ensure that reception and administration personnel are also part of this process. Again, the focus is on efficient resource optimisation across all practices, and is intimately linked to improving Coast-wide patient service and consistent practice management and administration.
- As part of this process, roster planning for doctor and nurse cover has been extended for up to three months at a time. This provides ongoing appointment services and assists with the planning and identification of any potential personnel "gaps" ahead of time and better planning for conference, training and annual leave.

Coast Wide Communication – Road Show to Primary Care Staff

- Michael Frampton, Programme Director assisted by Karyn Kelly, Acting General Manager of Primary Care held workshops in all principal primary care clinic sites to inform staff of some current initiatives and changes taking place across the region, such as the new recruitment process in Primary Care, together with an update on developments in secondary and specialist services and in relation to facilities. These sessions provided an opportunity for staff to ask questions about the future direction of primary and secondary care and to learn more about the status and developments within the proposed integrated health care centres. Staff expressed their appreciation for the personalised nature of these updates.

Processes and Policies

- It has been identified that standardised protocols need to be developed and adopted within primary care in order to assist staff in their service delivery efforts. This work is currently underway, with a roll out over the next month. It will involve training and the establishment of key performance expectations for staff.

C: Implement the Maori Health Plan

Quarter 2 Maori Health Results

- The Quarter 2 results were presented to both the Community & Public Health and Disability Support Advisory Committee and the Tatau Pounamu Advisory Group. Both of these groups continue to monitor progress in this area. When the Quarter 3 results are received, it is intended to present these to the Board.

Minister's Visit

- The Minister for Whanau Ora and Associate Minister for Health, Hon Tariana Turia, recently met with local iwi, Poutini Ngai Tahu and health and social services providers and educators at Arahura Marae near Hokitika and at a hui in the St John District Headquarters building in Greymouth.
- At both hui, the Minister spoke with participants about the roll out of Whanau Ora and what the programme is trying to achieve. Participants were free to ask questions, pose opinions and offer their own challenges to the Minister.
- Minister Turia was emphatic that Whanau Ora was a better way of delivering services to, and with, whanau. She said its intention was to get the bureaucracy out of the way and empower families to identify the resources they had within their own whanau and communities to succeed, be healthy and do well. Her challenge to both audiences was how they could help promote the concept that Whanau Ora was about whanau helping themselves and taking responsibility for their own hauora (total wellbeing).
- She suggested there was still some training needed to help Government agencies understand the concept and delivery of Whanau Ora.

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Report

- Work has now commenced on the electrical infrastructure at Grey Base Hospital. This work involves generator testing, and work to remediate switchboards and cabling following the total power failure that occurred in 2012. Testing of the backup power systems in Buller will also be undertaken as part of this work.
- Some further work is underway to complete the urgent building reconfigurations that were recently undertaken as part of the DHB's response to seismic risks on the Grey campus. This includes the availability of medical gases to a small number of rooms in the medical ward. Contingency arrangements are in place in the interim.
- The relocation of community services staff to Nancarrow Street is expected to be completed within the coming weeks. Urgent work to make the property fit-for-purpose has largely been completed, and a resource consent application is now being processed by the Grey District Council.
- Other facilities work is on-hold pending the outcome of the Partnership Group's Detailed Business Case process.

B: Partnership Group Update

- The West Coast Hospital Redevelopment Partnership Group [the Partnership Group], accountable to the Ministers of Health and Finance has been established. The Partnership Group members include Cathy Cooney [Chair], Gloria Johnson [CMO, Counties Manukau DHB], Tim Molloy [Northland Rural GP] and Paul McCormack [as Chair of West Coast DHB].
- The primary purpose of the Partnership Group is to develop a detailed business case for the redevelopment of Grey Base Hospital and Integrated Family Healthcare Centre, and to review the single stage business case for Buller and report on options for the Buller facility by 30 April 2013.
- The work programme of the Partnership Group includes reviewing models of care, reviewing seismic conditions of the DHBs facilities, and confirming the size, location and cost of each new construction. The Partnership Group will also confirm the overall affordability of the project and review procurement options to ensure the redevelopment is delivered in a timely manner.

	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

Hospital Services

- The Emergency Department Health Target continues to be met, with 99.7% of people admitted or discharged within six hours in the YTD 31 January 2013. Our longer-term aim is also being met, with 96.3% of people admitted or discharged within 4 hours.
- West Coast continues to achieve the Cancer Treatment Health Target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- Delivery against the Electives Health Target is ahead of target by 23 cases for the YTD 31 December 2012.
- A plan to achieve orthopaedic targets has been developed. Achieving this is contingent on the scheduled sessions being completed by the Transalpine Orthopaedic Team.
- We remain Elective Service Patient Flow Indicator [ESPI] compliant as of 31 December 2012. However, close monitoring and immediate intervention in some areas remains necessary to achieve this.

Maternity Services

- The ongoing issues with retention and recruitment of midwives continues, alongside our collaborative conversations with Canterbury and Nelson Marlborough DHBs, and the College of Midwives.
- Our most recent round of recruitment had a number of applications. The recruitment team are working creatively to fill these vacancies. In addition, there is some interest over the past few weeks from independent midwives looking at setting up practice.

Relocation Update

- Hannan Ward is now sited in its new location. The move back from the Greenwood Wing at Granger House went smoothly. The ward is being led under a new leadership and management structure until the end of the financial year.
- Morice Ward/Critical Care Unit has experienced issues with the call bell system and oxygen outlets which are both being addressed. Education is underway that will allow the Telehealth unit, based within the paediatric ward, to be utilised for critically ill adult patients, to improve patient outcomes. Further information is provided in the Clinical Leaders Update.
- The surgical service continues with their co-location arrangement, for the benefit of both inpatient and day surgical services. A recent visit by the Clinical Nurse Manager to Burwood has highlighted a number of areas for service improvement. It is anticipated that all team members will have an opportunity to work with the Burwood team, over the coming months.
- The bed numbers in McBrearty Ward have reduced from eight to five, purely as a consequence of constrained space resulting from the urgent seismic-related reconfiguration. A flow chart is being devised to give guidance to McBrearty staff for when it becomes necessary to overflow maternity patients into other services.

New Graduate Nurses

- Eight new nurses began their programme at Grey Base Hospital on 31 January and are currently orientating to their new roles.

Emergency Planning

- The writing of the DHB Health Emergency Plan is underway with a Community & Public Health staff member undertaking the task. He is well supported with a reference group from other South Island DHBs and assistance from MOH.
- Training in the Emergency Management Incident System [EMIS] IT system will be undertaken in March for a number of staff. It is important we are able to use this system which is used by whole of health and Civil Defence, as well as local authorities.

Certification

- Health and Disability Audit NZ conducted a full audit against the Health and Disability Service Standards over 25-28 February. A verbal summation was given at the end of the audit, and written recommendations provided. A full formal report is expected within the next 3-4 weeks. In general, auditors commented that there is good evidence that patient care is of a good standard, and that a heartening amount of work has occurred since the last audit to implement recommendations and process improvements. Auditors have noted that there have been many positive changes in the last 18-24 months. As always, there are still opportunities for improvement.

DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

A: Improve Transport Options for Planned [ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast

- Utilisation of the Red Cross pilot service operating between Buller and Greymouth is well below expectations and a review is now planned. Meanwhile, a commercial service between Westport and Hokitika has begun operating three days a week, and this may provide an alternative transport option.
- The regional process for Patient Ambulance Transport across the whole of the DHB is due to be finalised by the end of April. The intention is to move from the current contractual arrangement to allow the service provider to have a fixed resource and to provide vehicles other than ambulances. It is recognised that this will not be a 'quick fix' as recruitment will be required.

B: Champion the Expanded use of Telemedicine Technology

Telehealth

- Aged care telehealth installation has been completed with the final site, being Westland Medical Centre, installed in March.
- The St John wireless network has been completed with physical install of the unit to be installed in March.
- Work has been completed to identify which units are under utilised, and what opportunities there are to expand the use. This is being led by John Garrett, Paediatrician.

Server Infrastructure Upgrade

- West Coast DHB is upgrading the Citrix and Desktop platform that is currently in use to a more modern and better supported environment that is utilised by Canterbury DHB. Testing has been completed on the new desktop, with 50 of 75 issues being resolved. Three staff within IT are using the desktop as their day to day workstation. The new desktop will start to be rolled out to West Coast DHB staff at the end of March.

INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Implement the Complex Clinical Care Network [CCCN]

- The introduction of the CCCN team provides the opportunity for a range of service improvements, including a review of clients receiving home based support to improve targeting of delivery to client needs, introduction of a new model of care for assessment and delivery of care to those with support needs that seeks to maximise independence, and clear and consistent guidelines for allocation of support and entry to residential care alongside a greater range of options to support people in the community.

- Currently, work on a new restorative homecare model continues to be on track as part of the CCCN project. Dr Michelle Dhanak, geriatrician, continues to lead the Interdisciplinary Team [IDT] meetings across the West Coast. Diane Brockbank, CCCN manager is settling into her role and discussions have started with home based support services and primary care about restorative home based support services and what this means going forward.
- Planning to determine the way forward for Transalpine Gerontology Nursing is now underway. This includes developing an implementation plan to develop the Gerontology Nurse Specialists [GNS] roles and establishing a transalpine interest/peer support group involving Canterbury DHB Gerontology Community Gerontology Nurses [CGN's] and Clinical Nurse Specialists [CNS's].

B: Establish an Integrated Family Health Service [IFHS] in the Buller Community and in the Grey/Westland Community

- Planning is underway to establish a Grey/Westland IFHS workstream and redevelop the Buller IFHS workstreams as part of the recently reinvigorated West Coast Alliance. These workstreams will be clinically led and supported by dedicated project management resources.

BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated result for the year to date ending January 2013 is a deficit of $3,454k which is an unfavourable variance of $521k to budget [$2,933k deficit]. The result for the month of January 2013 is a deficit of $59k which is $131k favourable to budget. Evidence of our efforts to bring financial performance back to the agreed [District Annual Plan] deficit is now apparent.

- 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	104	0	104	374	0	374
Funder Arm	1,223	783	440	6,945	5,731	1,214
Provider Arm	(1,386)	(973)	(413)	(10,773)	(8,664)	(2,109)
Consolidated Result	(59)	(190)	131	(3,454)	(2,933)	(521)

B: Implement Employee Engagement and Performance Management Processes

Health, Safety and Wellness

- Lost time injury frequency and combined injury rates have both trended downwards during the month. A meeting of safe handling trainers will be held during March; all work in this area will be coordinated in partnership with Canterbury DHB. Staff accident reports continue to be placed on the online system. There are currently 5 staff members on return to work plans. Influenza campaign planning has been completed.

Learning and Development

- Wholesale rollout of the new learning and development curriculum calendar has been put on hold for the next 12 months; individual needs will however be addressed on a case-by-case basis. Work on developing customised e-learning modules for the West Coast is continuing in partnership with the Canterbury DHB.

HR Operations

- Numerous ongoing consultation processes on the West Coast associated with changes to models of care are occurring. Work relating to collective bargaining for SMOs, pharmacy, and IT staff is continuing.

Recruitment

- Vacancy rates are running at a consistent level. Nursing recruitment activity continues to be busy. Interviews have been scheduled for the General Management roles for Greymouth/Westland and Buller. Recruitment activity is also proceeding for a number of GP and specialist medical positions.

Organisation Development

- Rollout of the performance management process has been put on hold until the General Manager appointments are made. Work on the priority areas for employee engagement is continuing.

Monthly Statistics

- Headcount remains steady at 1070 employees, or 606 FTE. Sick leave rates are trending downwards with a moving average of 3.2% per annum. Our turnover rate is 1.2% annualised which again is very low.

C: Effective Clinical Information Systems

Clinical Information System Business Case - Mental Health Component

- Due to the Mental Health solution being scoped as a regional solution, there has been involvement sought from other South Island DHB's. The second phase of regional testing has been completed and feedback submitted to Orion. Integration with the Patient Management System has been completed A further workshop was conducted in February to identify any significant missing functionality in the base release for West Coast DHB. There will be a need for further functionally to be added as each DHB comes on board. This is not part of the WCDHB project. Proposed go live for the Mental Health Solution has been moved 15 days to 1 July 2013 to align with reporting periods and time to implement remaining core functionality.

Home Based Care System

- The business case to implement the Caduceus home based care system has been approved and implementation is complete. Pre-go live training was completed at the end of February, with go live delayed to March due to the Concerto project and Christmas leave.

Provation

- At the Clinical Quality Improvement Team meeting, the lack of an endoscopy reporting system was seen as an important quality issue. A business case has been submitted and approved by the capital committee at end of June 2012. Go live training occurred in February, with go live scheduled for 19 March.

Orthopaedic Templating System

- West Coast DHB will be moving to a regional orthopaedic templating system. West Coast DHB has had the solution installed locally for a number of years and Canterbury DHB has recently implemented the same system. Moving to the one system will better streamline information sharing between DHBs. The project has made progress on resolving a number of connectivity issues but new issues have been identified and regular project meetings have been setup with Canterbury DHB to monitor progress. Go live moved to 1st Quarter 2013 however this is likely to be moved again due to technical issues.

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 Canterbury DHB project manager has been assigned. Regular project meetings are occurring with the detailed planning phase nearly completed. A go live date will be confirmed by the end of the month.

Incubator initiatives

- A number of new projects in early planning stages have begun. These are to align systems regionally or between West Coast and Canterbury DHBs. Discussions have begun around implementation/business case preparation of the eSCRV system and ePharmacy system. Planning of website migration to a Canterbury DHB platform and closer ties between IT teams, alignment of West Coast and Canterbury DHB IT infrastructure including network, mail, policies and procedures.

D: Effective two-way Communication and Stakeholder Engagement Activity Supporting Health System Transformation

Key Achievements

- We have recently had agreement with *The News* in Westport to provide a regular monthly column at no cost. The first column should appear in the week beginning 11 March. We are also negotiating with the *Greymouth Evening Star* to provide a similar column.
- Managed communications for Minister Turia's visit, including media liaison and media release and follow-up opportunities for coverage. The Minister was very happy with the

proceedings.

- Prepared presentations for delivery across the West Coast at staff presentations.
- Comprehensive story and image released on the success of Green Prescriptions on the West Coast. It has received good media coverage in the *Greymouth Evening Star*.
- Working with Lorelei Mason from TVNZ on a positive story on paediatrics telemedicine. Dr John Garrett will feature in this story, talking from Christchurch with a family in Westport. This promises to be positive exposure for the Transalpine Paediatric Service.
- Preparation is underway on the next issue of *Report to the Community* which is inserted in to the *West Coast Messenger* and distributed to West Coast residents.
- Working on proactive Transalpine Service specific media stories.
- Proactive media:
  - DHB Q2 Health Target performance
  - Green Prescription story
- Media in response to questions from journalists:
  - Practice Nursing levels at Buller Health Medical Centre
  - Locum GP use on the West Coast
  - Greymouth water quality
  - Bed numbers in maternity ward post seismic relocation
  - Harihari Health Centre service
  - Pertussis
  - Mental Health services available in Westport

Key Issues & Associated Remedies

- 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.
  - *Ask Now* continues to be produced fortnightly and attached to payslips to keep staff informed of changes to 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 organisation.
  - Working with the vaccination team preparing material to support the 2013 flu vaccination programme for healthcare workers

Healthy Environment & Lifestyles	**PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES**

- Primary Care Smokefree Health Target: In Quarter 2, the West Coast result increased 4% to 44%. During this quarter, new activities were implemented that particularly focused on improving the accuracy of data capture, which has been identified as a barrier at practice level. HealthStat is now installed and operating in all practices, and has created new opportunities for more frequent and practice-specific feedback about the ABC health target. The Clinical Audit Tool is not yet in place, but it is hoped that this will be implemented before the end of Quarter 3. Members of the Ministry of Health Tobacco Control Team will be visiting West Coast DHB management and clinical leaders to discuss the Smokefree Health Targets (Primary and Secondary) in March.
- Performance against the Hospitalised Smokers Health Target slipped slightly in Quarter 2

to 89% of hospitalised smokers having received help and advice to quit. [The national target is 95%.] However, smokefree staff are working with Clinical Nurse Managers to review all 'missed' patients to pinpoint and address any gaps in ABC at ward/unit level in order to lift performance the last few percentage points.

- Immunisation coverage increased for both eight-month-olds [84%] and two-year-olds [87%] in Quarter 2, and various activities are underway to further improve coverage through better identification of due or overdue children, timelier referral to Outreach Services, collaboration with other WellChild service providers and timelier general practice enrolment of newborns.
- The CVD Health Target saw a slight dip in progress from the previous quarter, from 60% to 58% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years. However, the actual number of cardiovascular risk assessments delivered during Quarter 2 is greater than the previous quarter. The reason for the dip in the percentage coverage is that the PHO has now reached the point where screening has been occurring for five years, and there is a group of patients who are now due for screening once again. A range of activities are occurring to follow up these and other eligible patients for cardiovascular risk assessment.

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

Shorter Stays in ED: Patients admitted, discharged or transferred from an ED within 6 hours

Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Target	Status
99.4%	99.6%	99.7%	99.7%	95%	✓

Improved Access to Elective Surgery: West Coast's volume of elective surgery

Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Target	Status
1,309	1,751	447 YTD	846 YTD	1,592	✓

Shorter Waits for Cancer Treatment: People needing cancer radiation therapy or chemotherapy having it within four weeks

Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Target	Status
new	*new*	100%	100%	100%	✓

Increased Immunisation: Eight-month-olds fully immunised

Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Target	Status
new	*new*	79%	84%	85%	✗

Better Help for Smokers to Quit: Hospitalised smokers receiving help and advice to quit

Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Target	Status
92%	90%	91%	89%	95%	✗

Better Help for Smokers to Quit: Smokers attending general practice receiving help and advice to quit

Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Target	Status
39%	39%	40%	44%	90%	✗

More Heart and Diabetes Checks: Eligible enrolled adult population having had a CV risk assessment in the last 5 years

Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Target	Status
55%	57%	60%	58%	75%	✗

A detailed commentary of these results is in the Health Targets Report Quarter 2

Report prepared by: David Meates, Chief Executive

CLINICAL LEADERS UPDATE

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

SOURCE: **Clinical Leaders**

DATE: **22 March 2013**

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

Partnership Group process
The clinical leaders are significantly involved in supporting the Partnership Group in their work to produce a Detailed Business Case for the Grey Hospital and Integrated Family Health Centre, as referenced in the Chief Executive's Update.

Leadership, Clinical Governance and Quality
Health and Disability Audit NZ conducted a full audit against the Health & Disability Services Standards (HDSS) over 25-28 February. A verbal summation was given at the end of the audit with a full formal report expected within the next 3-4 weeks. In general they noted that there is good evidence of improvement since the last audit, with many positive changes in the last 18 – 24 months. There are still many opportunities for improvement which will be outlined in their formal report.Of significance to the Board is the acknowledgement of a greater focus on quality systems and operational management. They commented that the incident system is now becoming well established with thorough processes around SAC 1 & 2 incidents and there is evidence of a very good professional development programme and commitment in place.

The Clinical Board planning session identified that as a health system we are making steady progress towards a whole of system approach to patient safety and quality improvement. It is of note that the West Coast DHB has been over 200 days free of Central Line Associated Bacterium (CLAB) and is one of only a few DHBs who have implemented the project throughout all clinical areas where central lines are inserted.

The Clinical Board also agreed to focus on 3 big aims for this calendar year these are:
1. Reducing harm from alcohol – this has huge cost implications to both primary and secondary health services and is part of the Community and Public Health Annual Plan;
2. Falls prevention – one of the areas of focus for the Health & Quality Safety Commission (HQSC) campaign and has a whole of system approach; and
3. Smoking Prevention – already being monitored by the HQSC and Ministry of Health Targets for DHB and the Primary Health Organisation (PHO).

The Alliance Leadership Team (ALT) has had a refresher on the alliance way of working with an education session from Carolyn Gullery. There has also been a review of the membership and workstream activities in preparation for the annual plan. In addition there has been an alliance management support group implemented to ensure the resources for the activities of the workstreams are allocated. This has senior leaders from the DHB, PHO and Rata in its membership. As part of reinvigorating the alliance activities the ALT Chair and Programme Director meet with the PHO Board in February.

Nursing

The Nursing Workstream of the South Island Regional Training Hub, comprising of the South Island Directors of Nursing, is developing a workplan with the first area of focus being the aging nursing workforce. The Directors of Nursing have identified the need to develop a strategy in response to this workforce challenge and the need to be responsive in preparing a plan to ensure a sustainable nursing workforce into the future. Nominations are currently being sought from each DHB to participate in the project. For context, statistics New Zealand tells us that in 1994 the average age of the nursing workforce was 40.2 years and just fewer than 3 percent of active nurses were over 60 years. By 2011 the average age of nurses was 45.6 and nearly 12 percent were over 60 years. In the same timeframe the percentage of nurses aged over 50 years doubled from 20 percent to 41 percent. There is also a National focus on this with a report due to be released soon, commissioned by the Nursing Council of New Zealand.

The South Island Directors of Nursing are preparing an Information Technology (IT) Roadshow for nursing. The purpose of this is to engage nursing in the development and implementation of IT enablers and tools, and to ensure the nursing workforce is aware of the significance of IT in healthcare. The West Coast DHB will be contributing to the information package with a session on Telehealth. It is anticipated this will roll out in October this year.

The co-location of the Critical Care Unit beside Parfitt Ward has facilitated a further roll out of Telehealth in the acute setting. Dr John Garrett presented a teaching session for CCU nurses with the mobile clinical cart, and a subsequent teaching session on nursing the ventilated patient was held with Waitemata. Canterbury CCU and ICU will soon be enabled to link with the Greymouth CCU for direct clinical conversations, inclusive of nurse to nurse consultation. This is a further exciting example of Transalpine innovation.

The Nursing Entry to Practice placements are going well, with new graduate nurses demonstrating a high preparedness for practice. This year sees the new Transalpine programme in place with a greater connection to the new graduate nurses in Canterbury and a more tailored approach with the programme to address individual and service need.

Allied Health Scientific and Technical:

The DHB welcomed 4 new staff last month and also had an "opening" of their relocated and refurbished clinical area with a rebranding of the departments to "Allied Health Therapy Services". This means that the physiotherapy; occupational therapy; social work; dietitians and speech language therapists are all collocated in the one area. This will support better interdisciplinary team work and ultimately improve the care to patients and whanau. It is an important step in planning for the new facilities and models of care.

Allied Health staff are actively engaged in:

- planning for the roll out of the Electronic Referral Management System (ERMS) IS system;
- detailed data collection in preparation for planning Buller services; and
- the implementation of the equipment management system for prioritisation of equipment which aims to speed up the allocation of equipment to eligible patients.

The South Island Regional Training Hub Allied Health Assistant project is underway and will provide access to the qualification to West Coast staff in an "earn as you learn" model.

4. CONCLUSION

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

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

FINANCE REPORT

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

SOURCE: **General Manager, Finance**

DATE: **22 March 2013**

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 January 2013.

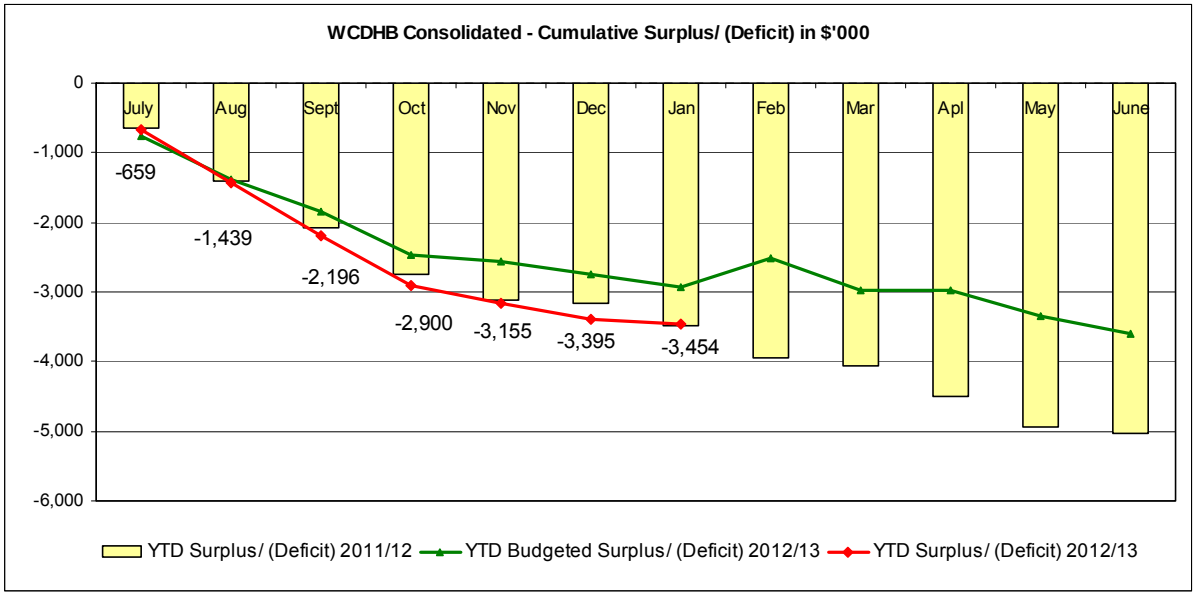
DISCUSSION

Financial Overview for the period ending 31 January 2013

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,280	6,444	(164)	×	43,644	44,547	(903)	×
Governance & Administration	179	183	(4)	×	1,319	1,283	36	√
Funds & Internal Eliminations	5,091	4,780	311	√	33,984	33,462	522	√
	11,550	11,407	143	√	78,947	79,292	(345)	×
EXPENSES								
Provider								
Personnel	4,592	4,807	215	√	32,003	32,507	505	√
Outsourced Services	839	649	(190)	×	6,723	6,142	(581)	×
Clinical Supplies	473	545	72	√	4,094	4,521	427	√
Infrastructure	1,252	905	(347)	×	8,147	6,470	(1,677)	×
	7,156	6,906	(249)	×	50,967	49,641	(1,326)	×
Governance & Administration	75	183	108	√	945	1,283	337	√
Funds & Internal Eliminations	3,868	3,996	128	√	27,039	27,733	694	√
Total Operating Expenditure	11,099	11,086	(13)	×	78,951	78,656	(295)	×
Deficit before Interest, Depn & Cap Charge	(451)	(321)	130	√	4	(636)	(640)	×
Interest, Depreciation & Capital Charge	510	510	(0)	×	3,450	3,569	119	√
Net deficit	**59**	**190**	**131**	√	**3,454**	**2,933**	**(521)**	×

CONSOLIDATED RESULTS

The consolidated result for the year to date ending January 2013 is a deficit of $3,454k which is an unfavourable variance of $521k to budget ($2,933k deficit). The result for the month of January 2013 is a deficit of $59k which is $131k favourable to budget.



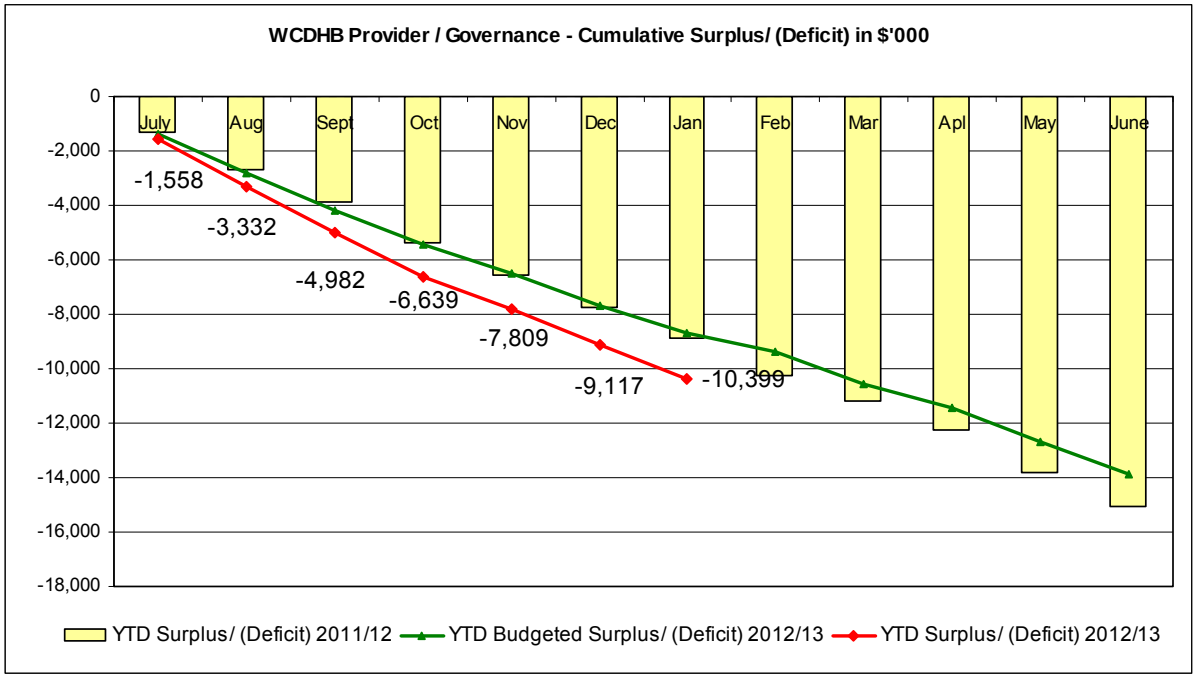
RESULTS FOR EACH ARM

Year to Date to January 2013

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(10,773)	(8,664)	(2,109)	Unfavourable
Funder Arm surplus / (deficit)	6,945	5,731	1,214	Favourable
Governance Arm surplus / (deficit)	374	0	374	Favourable
Consolidated result surplus / (deficit)	**(3,454)**	**(2,933)**	**(521)**	**Unfavourable**

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

PROVIDER ARM



Revenue

Provider Arm

YTD Provider Arm revenue received from external sources is $909k unfavourable to budget. Revenue from Government sources makes up $516k of this variance

- ACC revenue for the month was $32k unfavourable to budget and YTD is $208k unfavourable; $71k of the year to date variance relates to the ACC elective services contract. The balance of the unfavourable variance is mainly spread over radiology, physiotherapy, community services and assessment, treatment and rehabilitation (AT&R) of older persons. Community nursing contracts with ACC changed in September with revenue now billed as a package of care when services are completed instead of on individual visit basis, this will affect the timing of revenue recognition. We are forecasting that annual ACC revenue will continue to be unfavourable to budget for the remainder of the year.
- Revenue for clinical training from Health Workforce New Zealand is $85k unfavourable to budget for the YTD as several programmes had lower trainees last semester; this may change for the first semester in 2013.
- General Practice revenue from the WCPHO and revenue from home based support services continue to be unfavourable to budget YTD. Ministry of Health funding of home based support services is $81k unfavourable to budget YTD (revenue is in line with that received in the later part of last year); we are forecasting that this unfavourable variance will continue. 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 ($160k to date), thus making up part of the unfavourable variance to date for Ministry of Health side contracts.
- Patient and consumer sourced revenue from Primary Care Practices is $118k unfavourable YTD. We are reviewing the billing and revenue collection at our GP practices as well as the services they provide and expect to see an improvement in these areas over the remainder of the year. Sales of audiology aids are unfavourable to budget-this is offset by lower costs.

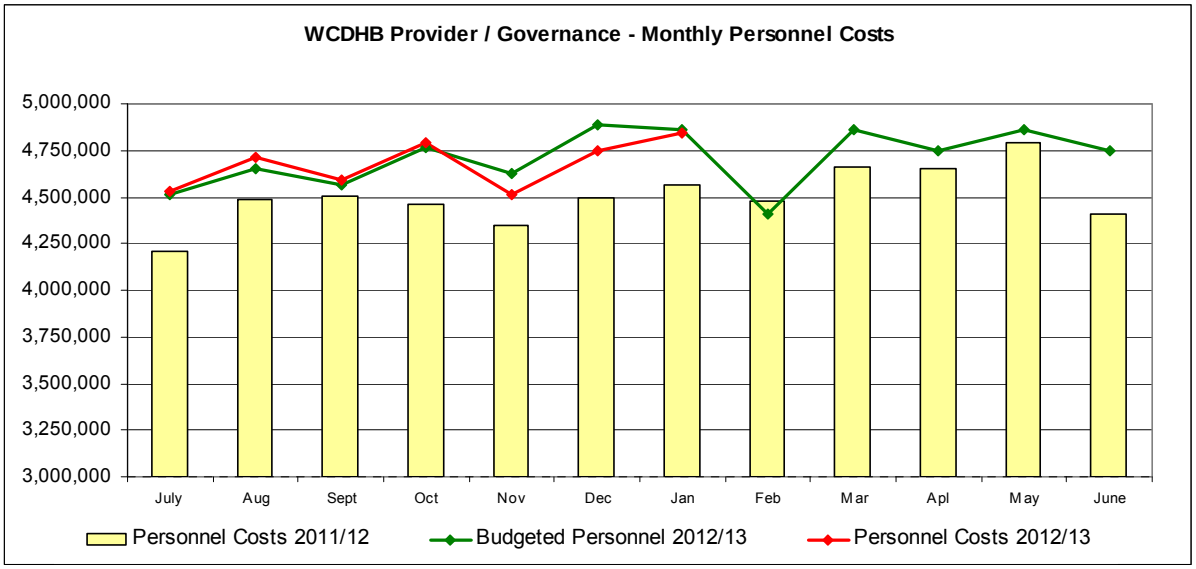
Total other income is $161k unfavourable to YTD budget; this is mainly derived from laundry services revenue which is $118k unfavourable to this year's revenue budget. This unfavourable variance will increase from February as contracts with commercial customers for the provision of laundry services have been assigned to Canterbury Linen Services from 16 February 2013. This will however be offset by reduced operating costs. Interest received by the Provider arm is $36k unfavourable to budget; this is however offset by interest received by the Funder arm which is $74k favourable to budget.

EXPENSES

Personnel costs

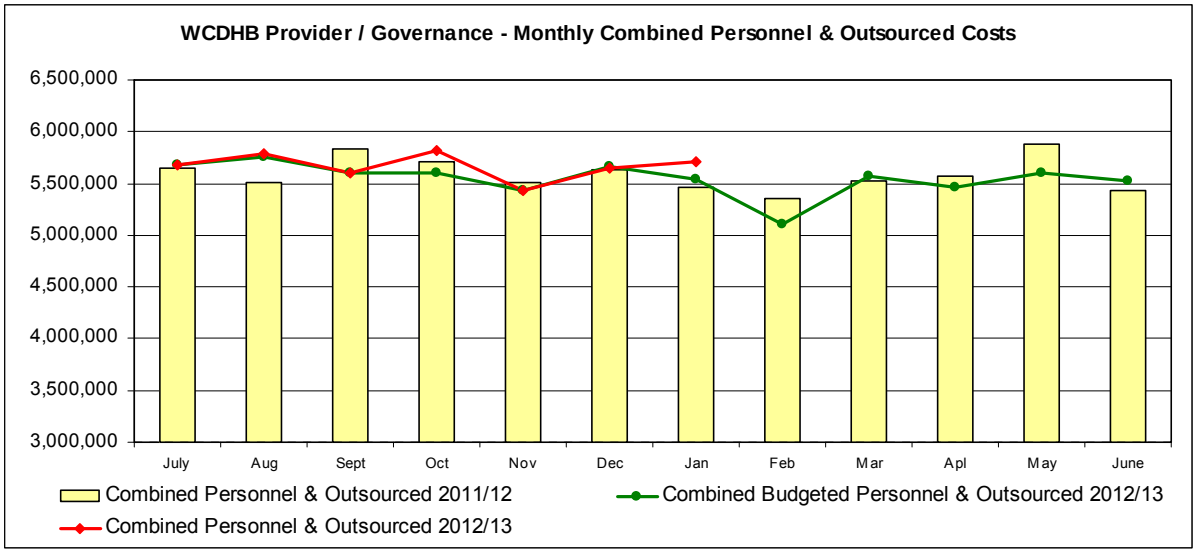
Personnel costs for the YTD is $32,003k, $505k favourable to budget ($32,507k).

- Medical Personnel costs are $283k favourable to budget to date.
  - Senior Medical Officer (SMO) costs are $33k unfavourable to budget.
  - General Practitioner (GP) personnel costs are $348k favourable to budget due to vacancies. YTD overtime is unfavourable as staff provide cover for the vacancies. Outsourced locum costs for GP's are $723k unfavourable to budget (includes all travel, accommodation, fees etc).
- Nursing Personnel costs are unfavourable to budget by $282k 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 $455k favourable to budget.
  - This is due to a number of vacancies within allied services and annual leave taken over the Christmas/New Year period.



Outsourced services costs are $6,723k YTD; $581k unfavourable to budget ($6,142k).

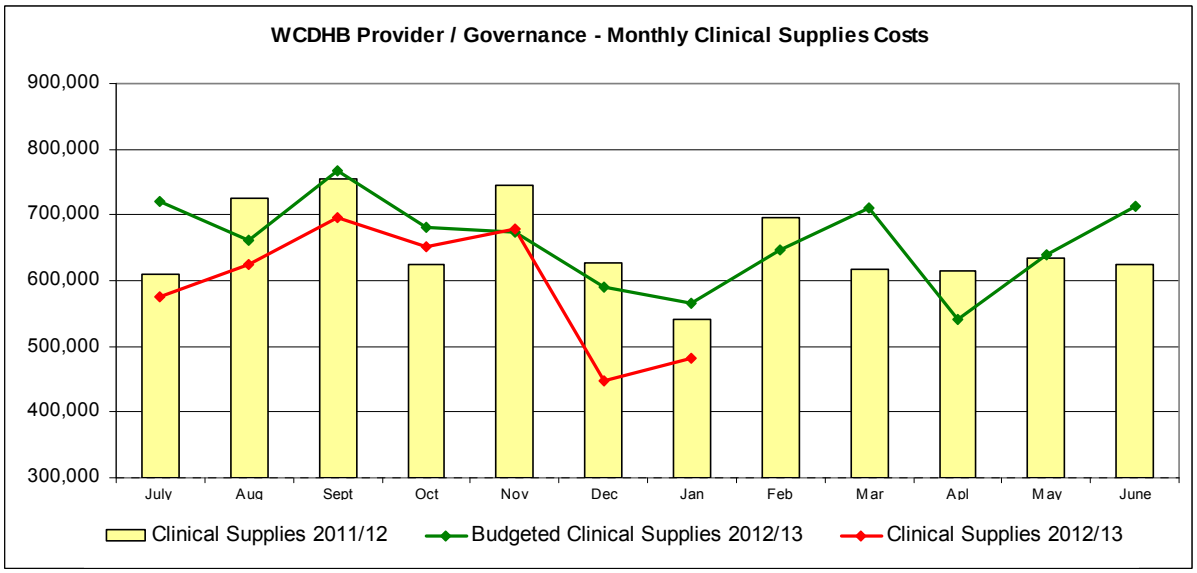
- Outsourced Senior Medical Costs (locums) are $3,830k for the YTD; an unfavourable variance of $407k to budget. SMO locum costs within hospital services are favourable to budget, particularly for orthopaedic services where service changes have been implemented and locum services within primary services are unfavourable to budget due to covering vacancies and leave over the Christmas/New Year period.
- Outsourced clinical services are $146k unfavourable to budget with ophthalmology services the main contributor. Services are being reviewed and costs over the last four months for ophthalmology services have been $62k favourable to budget.



Clinical Supplies

Overall clinical supplies are $427k favourable to budget YTD.

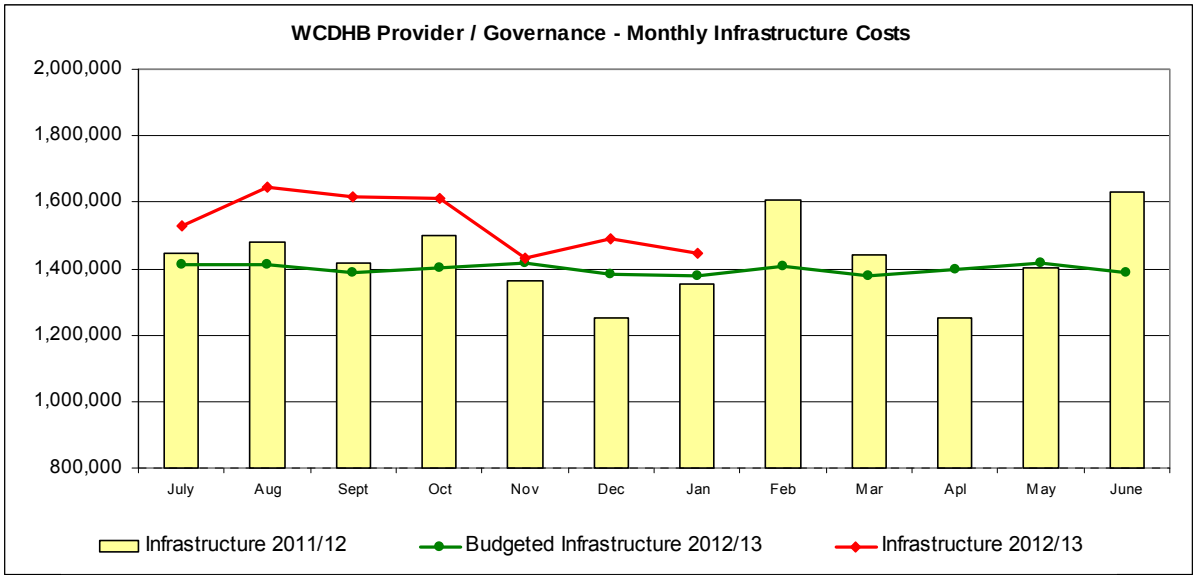
- As reflected in reduced revenue, purchases of audiology aids, implants and prostheses and medical gases are also less than budget. Air ambulance costs are $361k favourable to budget. The budget for air transfers was increased from 2011/12 based on new models of service provision for Orthopaedics and 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. Year to date these costs are significantly lower than they were at this time last year. 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 $8,147k, $1,677k unfavourable to budget. Within this variance are the following specific variances:

- Facilities costs are $414k unfavourable to budget. The cost of insurance premiums on building and plant for the seven months to date is $324k. 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). Insurance costs are forecast to be $556k for the year; $335k unfavourable to budget. Reconfiguration of laundry services has resulted in a cost for gas –for which there was no budget and electricity costs are $39k unfavourable to budget to date (increase in unit costs when the contract was renewed in the last quarter of last year). Rents are $51k unfavourable to date; this includes the cost of relocating Hannan ward patients to Granger House while remedial work was carried out in the hospital. To date the total cost of relocating services, both outside of the hospital and internally (excluding costs recorded in capital work in progress) is $63k.
- Transport costs are $114k unfavourable to budget to date.
  Staff travel costs are $29k unfavourable to budget to date-largely mileage reimbursements to staff and vehicle repairs and registration are $62k unfavourable to budget.
- Hotel services, laundry and cleaning costs are $663k unfavourable to budget.
  Laundry costs are $628k unfavourable to budget due to the closure of the laundry on site, necessitating the outsourcing of laundry processing. This is in addition to the continued insourced costs of laundry, particularly in regard to staff costs. Staff redundancies relating to the closure of the laundry had been fully paid/provided for in January year to date costs – these costs are reported as part of other operating expenses which are $262k unfavourable to budget to date.



FUNDER ARM

Revenue

Total Funder arm revenue year to date is $71,996k, $527k favourable to budget.
Funder revenue from the Ministry of Health is $70,851k, $454k favourable to budget ($70,397k).

- Funding for the HEHA programme was withdrawn after the budget was set ($119k 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.

Expenses

The District Health Board's result for services funded with external providers for the month of January 2013 was $132k (3%) favourable to budget and year to date payments are $695k (2%) favourable to budget.

WEST COAST DISTRICT HEALTH BOARD
FUNDER ARM - PAYMENTS TO EXTERNAL PROVIDERS
as at 31 January 2013

Current Month					Year to Date					2012/13
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance		Annual Budget
$000	$000	$000	%			$000	$000	$000	%	$000
					Primary Care					
25	39	14	36%	✓	Dental-school and adolescent	232	274	42	15% ✓	470
0	3	3	100%	✓	Maternity	0	11	11	100% ✓	20
0	1	1		✓	Pregnancy & Parent	0	5	5	100% ✓	8
0	3	3	100%	✓	Sexual Health	9	20	11	54% ✓	33
3	4	1	22%	✓	General Medical Subsidy	35	27	-8	-30% ✗	46
540	538	-2	0%	✗	Primary Practice Capitation	3,765	3,767	2	0% ✓	6,458
10	12	2	18%	✓	Primary Health Care Strategy	54	84	30	36% ✓	144
79	79	0	0%	✓	Rural Bonus	552	554	2	0% ✓	950
3	6	3	48%	✓	Child and Youth	21	40	19	48% ✓	69
4	1	-3	-327%	✗	Immunisation	23	6	-17	-258% ✗	96
61	46	-15	-32%	✗	Maori Service Development	145	323	178	55% ✓	551
18	9	-9	-97%	✗	Whanua Ora Services	125	64	-61	-95% ✗	110
32	22	-10	-49%	✗	Palliative Care	104	133	29	22% ✓	214
6	17	11	65%	✓	Chronic Disease	52	119	67	56% ✓	204
12	11	-1	-7%	✗	Minor Expenses	83	78	-5	-6% ✗	134
793	**791**	**-2**	**0%**	✗		**5,200**	**5,505**	**305**	**6%** ✓	9,507
					Referred Services					
23	25	2	10%	✓	Laboratory	93	168	75	45% ✓	269
657	747	90	12%	✓	Pharmaceuticals	4,876	4,811	-65	-1% ✗	8,129
680	**773**	**93**	**12%**	✓		**4,969**	**4,979**	**10**	**0%** ✓	8,398
					Secondary Care					
5	22	17	77%	✓	Inpatients	68	155	87	56% ✓	266
106	97	-9	-9%	✗	Travel & Accommodation	777	681	-96	-14% ✗	1,168
1,273	1,269	-4	0%	✗	IDF Payments Personal Health	8,901	8,882	-19	0% ✗	15,226
1,384	**1,388**	**4**	**0%**	✓		**9,746**	**9,718**	**-28**	**0%** ✗	16,660
2,857	**2,952**	**95**	**3%**	✓	**Primary & Secondary Care Total**	**19,915**	**20,202**	**287**	**1%** ✓	**34,565**

				Public Health					
21	16	-5	-30% ✗	Nutrition & Physical Activity	129	113	-16	-14% ✗	194
6	6	0	1% ✓	Public Health Infrastructure	42	43	1	1% ✓	73
49	11	-38	-332% ✗	Tobacco control	84	79	-5	-6% ✗	136
76	**34**	**-42**	**-126%** ✗	**Public Health Total**	**255**	**235**	**-20**	**-9%** ✗	**403**
				Mental Health					
0	2	2	100% ✓	Eating Disorders	23	13	-10	-73% ✗	23
53	64	11	18% ✓	Community MH	373	451	78	17% ✓	773
0	1	1	0% ✓	Mental Health Work force	-4	5	9	182% ✓	8
47	48	1	1% ✓	Day Activity & Rehab	331	335	4	1% ✓	574
-4	14	18	126% ✓	Advocacy Consumer	35	101	66	65% ✓	173
19	5	-14	-251% ✗	Advocacy Family	75	38	-37	-98% ✗	65
0	0	0	✓	Minor Expenses	0	0	0	✓	0
102	124	22	18% ✓	Community Residential Beds	866	871	5	1% ✓	1,493
68	68	0	0% ✗	IDF Payments Mental Health	476	473	-3	0% ✗	811
285	**327**	**42**	**13%** ✓		**2,175**	**2,287**	**112**	**5%** ✓	3,920
				Older Persons Health					
3	3	0	0% ✗	Information and Advisory	20	18	-2	-9% ✗	30
0	0	0	✓	Needs Assessment	0	0	0	✓	0
67	59	-8	-14% ✗	Home Based Support	406	401	-5	-1% ✗	671
13	10	-3	-34% ✗	Caregiver Support	64	69	5	7% ✓	115
173	217	44	20% ✓	Residential Care-Rest Homes	1,328	1,772	444	25% ✓	2,739
-6	-2	4	✓	Residential Care Loans	-36	-14	22	157% ✓	-24
24	26	2	8% ✓	Residential Care-Community	170	182	12	6% ✓	312
349	328	-21	-6% ✗	Residential Care-Hospital	2,490	2,265	-225	-10% ✗	3,828
0	4	4	100% ✓	Ageing in place	4	30	26	87% ✓	50
5	11	6	54% ✓	Environmental Support Mobility	48	76	28	37% ✓	132
8	8	0	1% ✓	Day programmes	61	56	-5	-8% ✗	97
5	13	8	62% ✓	Respite Care	75	90	15	17% ✓	154
119	119	0	0% ✓	IDF Payments-DSS	833	834	1	0% ✓	1,430
760	**796**	**34**	**4%** ✓		**5,463**	**5,779**	**316**	**5%** ✓	9,533
1,045	**1,123**	**75**	**7%** ✓	**Mental Health & OPH Total**	**7,638**	**8,066**	**428**	**5%** ✓	**13,453**
3,978	**4,110**	**132**	**3%** ✓	**Total Expenditure**	**27,808**	**28,503**	**695**	**2%** ✓	**48,421**

Underspend 132 YTD Underspend 695

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

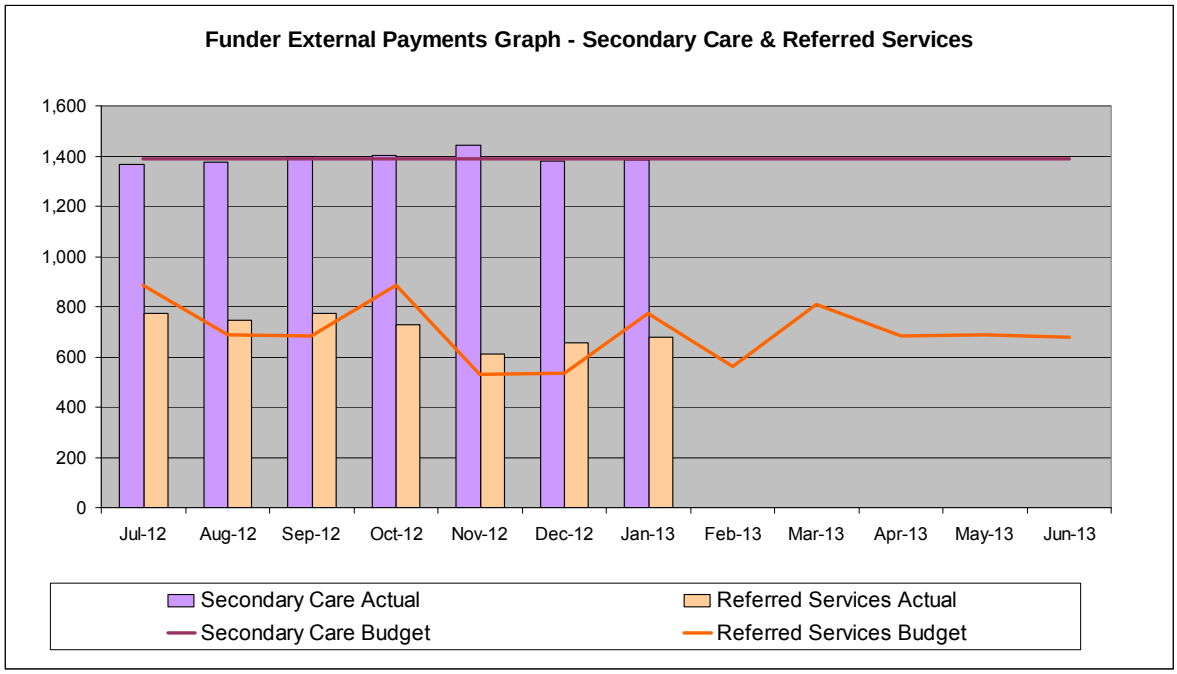
Commentary on year to date variances

Secondary Care

Secondary Care services are $28k unfavourable to budget to date. Travel and accommodation paid under the National Travel Assistance (NTA) scheme is $96k unfavourable to budget to date, which is 9% higher than last YTD –this is an improvement on prior periods with costs recorded in January 16% less than for the same month 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 $87k favourable to budget, however within this, medical patients in community care are $31k 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.

Referred Services

The cost for community pharmaceuticals to date is $4,876k, $65k unfavourable to budget. From January 2013 co-payments for pharmaceuticals increase from $3 to $5, reducing the reimbursable costs paid to community pharmacies. Overall we are forecasting that the cost of community pharmaceuticals will be on budget at year end.
Laboratory services are $75k 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 on budget to date.

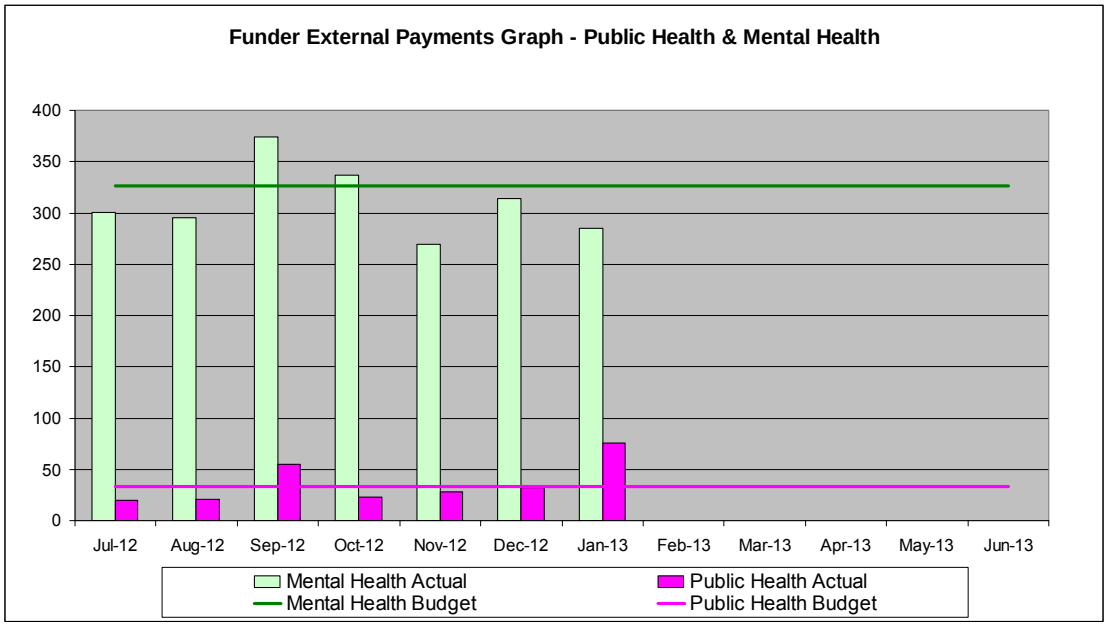


Public Health

Public health services are funded directly by the Ministry of Health, with revenue equivalent to cost. HEHA under spend from prior years is funding some contracts and costs for nutrition and physical activity this year.

Mental Health

Mental health costs are $112k favourable to 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 $5k unfavourable to budget to date. Community mental health services are $78k favourable to budget as services have yet to begin, including services to be funded via Pharmac savings which will not begin until February 2013.

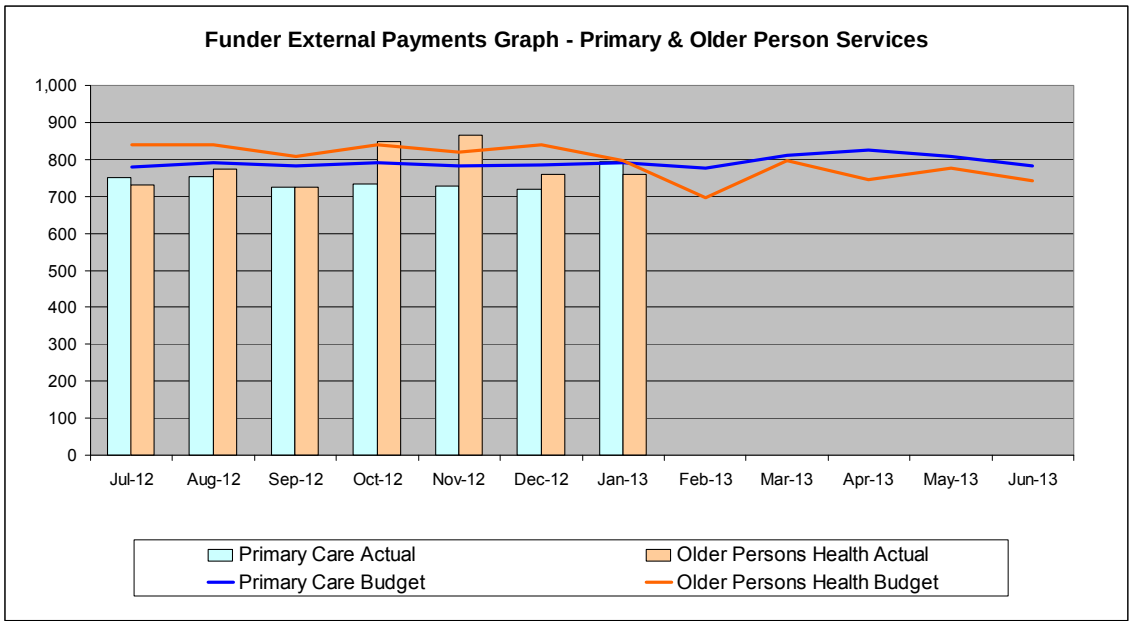


Primary Care

Primary care services are $305k favourable to budget to date. Payments for Maori health services are $117k favourable to budget to date. A new contract with RATA begins 1 January 2013 and costs should be to budget for the remainder of the year if all services are in place. Discretionary costs (chronic conditions and palliative care) are together $96k 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 YTD ($316k or 5%). 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. Residential care in external rest homes (excluding West Coast DHB owned) is $444k favourable to budget and hospital level care is $225k unfavourable to budget; overall these costs are $216k favourable.



STATEMENT OF FINANCIAL POSITION

Cash and cash equivalents

As at 31 January 2013 the Board had $2.4m in cash and cash equivalents; $.17m unfavourable to budget. Closing cash in June 2012 was $1.9m more than budget and capex expenditure to date (excluding seismic related expenditure) has been favourable to budget, but offsetting this cash from operating activities has been unfavourable to budget and $1.06m of seismic related capex expenditure has been incurred. These costs are recorded in a work in progress account under non-current assets.

Non-current assets

Property, plant and equipment including work in progress is $3m lower than budget, reflecting lower cash spent on capital expenditure to date ($1.3m less than budget), seismic related expenditure (not budgeted) of $1.06m and the revaluation and impairment of land and buildings last financial year. Up to $2m of ministry funding has been made available to cover these seismic costs.

4. APPENDICES

Appendix 1: Financial Results for the period ending 31 January 2013

Report prepared by: Justine White, General Manager: Finance

West Coast District Health Board
Statement of comprehensive income
For period ending 31 January 2013

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	11,031	10,804	227	2.1%	10,241	75,362	75,424	(62)	(0.1%)	73,705	129,383	127,209
Inter DHB Revenue	3	10	(7)	(71.0%)	3	24	72	(48)	(66.8%)	26	124	106
Inter District Flows Revenue	138	138	(0)	(0.1%)	0	966	967	(1)	(0.1%)	0	1,657	1,884
Patient Related Revenue	253	305	(52)	(17.0%)	266	1,795	1,979	(184)	(9.3%)	1,697	3,391	3,096
Other Revenue	125	150	(25)	(16.6%)	185	800	850	(50)	(5.9%)	1,101	1,488	1,765
Total Operating Revenue	11,550	11,407	143	1.3%	10,695	78,947	79,292	(345)	(0.4%)	76,529	136,044	134,060
Operating Expenditure												
Employee benefit costs	4,631	4,859	228	4.7%	4,568	32,318	32,869	551	1.7%	30,930	56,499	54,036
Outsourced Clinical Services	768	570	(198)	(34.8%)	816	6,140	5,587	(553)	(9.9%)	7,610	8,638	12,243
Treatment Related Costs	482	565	83	14.7%	540	4,157	4,658	501	10.8%	4,627	7,911	7,488
External Providers	2,518	2,652	134	5.1%	2,341	17,599	18,315	716	3.9%	17,161	30,952	29,503
Inter District Flows Expense	1,460	1,456	(4)	(0.3%)	1,302	10,210	10,189	(21)	(0.2%)	9,087	17,467	17,504
Outsourced Services - non clinical	95	115	20	17.6%	86	794	807	13	1.6%	635	1,388	854
Infrastructure Costs and Non Clinical Supplies	1,145	871	(274)	(31.5%)	804	7,733	6,231	(1,502)	(24.1%)	6,402	10,669	11,354
Total Operating Expenditure	11,099	11,087	(12)	(0.1%)	10,457	78,951	78,656	(295)	(0.4%)	76,452	133,524	132,982
Result before Interest, Depn & Cap Charge	451	320	131	(40.9%)	238	(4)	636	(640)	100.6%	77	2,519	1,078
Interest, Depreciation & Capital Charge												
Interest Expense	55	61	6	10.2%	62	383	429	46	10.7%	430	735	732
Depreciation	387	388	1	0.3%	405	2,593	2,718	125	4.6%	2,797	4,661	4,757
Capital Charge Expenditure	68	60	(8)	(12.9%)	83	474	422	(52)	(12.4%)	324	723	613
Total Interest, Depreciation & Capital Charge	510	510	(0)	(0.0%)	550	3,450	3,569	119	3.3%	3,551	6,119	6,102
Net Surplus/(deficit)	(59)	(190)	131	68.9%	(312)	(3,454)	(2,933)	(521)	(17.8%)	(3,474)	(3,600)	(5,024)
Other comprehensive income												
Gain/(losses) on revaluation of property												(1,741)
Total comprehensive income	(59)	(190)	131	68.9%	(312)	(3,454)	(2,933)	(521)	(17.8%)	(3,474)	(3,600)	(6,765)

West Coast District Health Board
Statement of financial position
as at 31 January 2013

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	27,747	31,387	(3,640)	(11.6%)	31,657
Intangible assets	885	1,744	(859)	(49.3%)	854
Work in Progress	2,119	700	1,419	202.7%	807
Other investments	2	2	0	0.00%	2
Total non-current assets	30,753	33,833	(3,080)	(9.1%)	33,320
Current assets					
Cash and cash equivalents	2,425	2,595	(170)	(6.5%)	4,557
Patient and restricted funds	57	56	1	1.8%	56
Inventories	1,048	831	217	26.1%	880
Debtors and other receivables	4,101	4,451	(350)	(7.9%)	4,187
Assets classified as held for sale	136	136	0	0.00%	136
Total current assets	7,767	8,069	(302)	(3.7%)	9,816
Total assets	**38,520**	**41,902**	**(3,382)**	(12.8%)	**43,136**
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	12,195	12,195	0	0.00%	11,195
Employee entitlements and benefits	3,326	3,304	22	0.7%	3,041
Total non-current liabilities	15,521	15,499	22	0.1%	14,236
Current liabilities					
Interest-bearing loans and borrowings	250	250	0	0.00%	1,500
Creditors and other payables	7,968	9,074	(1,106)	(12.2%)	9,367
Employee entitlements and benefits	8,039	8,162	(123)	(1.5%)	8,255
Total current liabilities	16,257	17,486	(1,229)	(7.0%)	19,122
Total liabilities	31,778	32,985	(1,207)	(3.7%)	33,358
Equity					
Crown equity	66,197	66,185	12	0.0%	61,753
Other reserves	19,569	21,310	(1,741)	(8.2%)	21,310
Retained earnings/(losses)	(79,063)	(78,617)	(446)	0.6%	(73,324)
Trust funds	39	39	0	0.00%	39
Total equity	6,742	8,917	(2,175)	(24.4%)	9,778
Total equity and liabilities	**38,520**	**41,902**	**(3,382)**	**(8.1%)**	**43,136**

West Coast District Health Board
Statement of cash flows
For period ending 31 January 2013

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					2012/13	2011/12
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	Actual
Cash flows from operating activities												
Cash receipts from Ministry of Health, patients and other revenue	11,983	11,385	598	5.2%	10,474	79,893	79,090	803	1.0%	78,028	135,739	133,962
Cash paid to employees	(4,189)	(4,859)	670	(13.8%)	(4,344)	(32,136)	(32,869)	733	(2.2%)	(31,087)	(56,498)	(53,657)
Cash paid to suppliers	(3,614)	(2,121)	(1,493)	70.4%	(2,736)	(20,896)	(17,343)	(3,553)	20.5%	(19,882)	(28,672)	(32,438)
Cash paid to external providers	(2,656)	(2,652)	(4)	0.2%	(2,341)	(18,565)	(18,315)	(250)	1.4%	(17,134)	(30,953)	(29,548)
Cash paid to other District Health Boards	(1,322)	(1,456)	134	(9.2%)	(1,459)	(9,244)	(10,189)	945	(9.3%)	(10,186)	(17,467)	(17,481)
Cash generated from operations	202	298	(96)	(32.3%)	(406)	(948)	375	(1,323)	(353.1%)	(261)	2,148	838
Interest paid	0	(61)	61	(100.0%)	(56)	(326)	(429)	103	(24.0%)	(56)	(735)	(735)
Capital charge paid	0	(0)	0	(1)	259	(406)	(362)	(44)	0	(339)	(723)	(712)
Net cash flows from operating activities	202	237	(35)	(14.8%)	(203)	(1,680)	(416)	(1,264)	303.9%	(656)	690	(609)
Cash flows from investing activities												
Interest received	(10)	22	(32)	(146.2%)	24	153	152	1	0.9%	197	260	319
(Increase) / Decrease in investments	0	0	0		0	0	0	0		3,500	0	3,500
Acquisition of property, plant and equipment	(844)	(140)	(704)	502.9%	(44)	(2,904)	(2,720)	(184)	6.8%	(1,820)	(3,745)	(2,665)
Acquisition of intangible assets	(31)	0	(31)	#DIV/0!	0	(542)	(1,005)	463	(46.1%)	(11)	(1,405)	(265)
Net cash flows from investing activities	(885)	(118)	(767)	647.9%	(20)	(3,293)	(3,573)	280	(7.8%)	1,866	(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	(683)	119	(802)	(675.6%)	(223)	(4,973)	(3,989)	(984)	24.7%	1,210	(918)	4,476
Cash and cash equivalents at beginning of period	3,108	2,476	632	25.5%	4,039	7,398	6,584	814	12.4%	2,922	6,584	2,922
Cash and cash equivalents at end of year	2,425	2,594	(169)	(6.5%)	3,816	2,425	2,594	(169)	(6.5%)	4,132	5,666	7,398

West Coast District Health Board

Provider Operating Statement for period ending 31 January 2013

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	5,256	5,250	6	0.1%	5,125	36,759	36,753	6	0.0%	36,719	63,005	62,872
Ministry of Health side contracts	127	168	(41)	(24.3%)	115	788	1,077	(289)	(26.8%)	1,051	1,862	1,824
Other Goverment	543	579	(36)	(6.3%)	445	3,723	3,950	(227)	(5.8%)	3,690	6,841	6,483
InterProvider Revenue (Other DHBs)	3	10	(7)	(71.0%)	3	24	72	(48)	(66.8%)	26	124	106
Patient and consumer sourced	253	305	(52)	(17.0%)	266	1,795	1,979	(184)	(9.3%)	1,697	3,396	3,096
Other income	98	131	(33)	(25.0%)	163	555	716	(161)	(22.4%)	946	1,258	1,424
Total income	**6,280**	**6,444**	**(164)**	(2.5%)	**6,117**	**43,644**	**44,547**	**(903)**	(2.0%)	**44,129**	**76,486**	**75,805**
Expenditure												
Employee benefit costs												
Medical Personnel	1,034	1,157	123	10.6%	859	7,319	7,602	283	3.7%	5,898	13,316	10,673
Nursing Personnel	2,100	2,076	(24)	(1.2%)	2,137	14,338	14,056	(282)	(2.0%)	14,253	24,086	24,654
Allied Health Personnel	771	833	61	7.4%	738	5,186	5,640	455	8.1%	5,127	9,647	8,956
Support Personnel	168	158	(10)	(6.3%)	185	1,259	1,205	(54)	(4.5%)	1,266	1,988	2,163
Management/Administration Personnel	518	584	66	11.2%	563	3,901	4,004	103	2.6%	3,755	6,842	6,488
	4,592	**4,807**	**215**	**4.5%**	**4,482**	**32,003**	**32,507**	**505**	**1.6%**	**30,299**	**55,878**	**52,934**
Outsourced Services												
Contracted Locum Services	524	260	(264)	(101.2%)	556	3,830	3,423	(407)	(11.9%)	5,104	4,931	8,202
Outsourced Clinical Services	244	309	65	21.1%	260	2,310	2,164	(146)	(6.7%)	2,506	3,710	4,041
Outsourced Services - non clinical	71	79	8	10.5%	48	583	554	(29)	(5.2%)	362	952	521
	839	**649**	**(190)**	**(29.3%)**	**864**	**6,723**	**6,142**	**(581)**	**(9.5%)**	**7,972**	**9,593**	**12,764**
Treatment Related Costs												
Disposables, Diagnostic & Other Clinical Supplies	89	104	15	14.4%	115	758	790	32	4.1%	880	1,323	1,388
Instruments & Equipment	105	110	5	4.9%	141	1,042	1,014	(28)	(2.8%)	1,064	1,733	1,613
Patient Appliances	25	29	4	13.8%	33	178	211	33	15.6%	197	354	347
Implants and Prostheses	24	44	20	45.5%	37	349	461	112	24.3%	564	817	877
Pharmaceuticals	181	151	(30)	(19.9%)	147	1,249	1,167	(82)	(7.0%)	1,073	1,923	2,033
Other Clinical & Client Costs	49	107	58	54.2%	67	518	878	360	41.0%	849	1,525	1,294
	473	**545**	**72**	**13.3%**	**540**	**4,094**	**4,521**	**427**	**9.4%**	**4,627**	**7,675**	**7,552**
Infrastructure Costs and Non Clinical Supplies												
Hotel Services, Laundry & Cleaning	391	307	(84)	(27.4%)	307	2,816	2,153	(663)	(30.8%)	2,140	3,671	3,773
Facilities	249	192	(57)	(29.5%)	178	1,884	1,470	(414)	(28.2%)	1,524	2,554	2,554
Transport	79	71	(8)	(11.8%)	62	609	495	(114)	(23.1%)	614	850	1,034
IT Systems & Telecommunications	112	128	16	12.4%	118	909	884	(25)	(2.8%)	774	1,527	1,375
Professional Fees & Expenses	25	18	(7)	(40.8%)	29	325	124	(201)	(161.6%)	229	209	557
Other Operating Expenses	286	79	(207)	(261.3%)	66	834	572	(262)	(45.8%)	678	969	1,245
Internal allocation to Governanance Arm	110	110	0	0.2%	110	770	771	1	0.2%	770	1,322	1,320
	1,252	**905**	**(347)**	**(38.4%)**	**870**	**8,147**	**6,470**	**(1,677)**	**(25.9%)**	**6,729**	**11,102**	**11,858**
Total Operating Expenditure	**7,156**	**6,906**	**(249)**	**(3.6%)**	**6,756**	**50,967**	**49,641**	**(1,326)**	**(2.7%)**	**49,627**	**84,248**	**85,108**
Deficit before Interest, Depn & Cap Charge	**(876)**	**(463)**	**413**	**(89.2%)**	**(639)**	**(7,323)**	**(5,093)**	**2,229**	**(43.8%)**	**(5,498)**	**(7,762)**	**(9,303)**
Interest, Depreciation & Capital Charge												
Interest Expense	55	61	6	10.2%	62	383	429	46	10.7%	430	735	732
Depreciation	387	388	1	0.3%	405	2,593	2,718	125	4.6%	2,797	4,661	4757
Capital Charge Expenditure	68	60	(8)	(12.9%)	83	474	422	(52)	(12.4%)	324	723	613
Total Interest, Depreciation & Capital Charge	**510**	**510**	**(0)**	**(0.0%)**	**550**	**3,450**	**3,569**	**119**	**3.3%**	**3,551**	**6,119**	**6,102**
Net deficit	**(1,386)**	**(973)**	**413**	**(42.5%)**	**(1,189)**	**(10,773)**	**(8,664)**	**2,109**	**(24.3%)**	**(9,049)**	**(13,881)**	**(15,405)**

West Coast District Health Board
Funder Operating Statement for the period ending 31 January 2013

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)	9,014	8,742	271	3.1%	8,410	61,476	61,192	284	0.5%	59,739	104,900	102,999
PBF Vote Health-Mental Health Ring fence	1,157	1,157	0	0,00	1,157	8,099	8,099	0	0,00	8,099	13,884	13,884
MOH-funding side contracts	190	158	32	20.2%	114	1,276	1,106	170	15.4%	1,126	1,896	2,018
Inter District Flow's	138	138	(0)	(0.1%)	157	966	967	(1)	(0.1%)	1,099	1,657	1,884
Other income	27	15	12	80.0%	22	179	105	74	70.5%	115	180	232
Total income	**10,526**	**10,210**	**316**	**3.1%**	**9,860**	**71,996**	**71,469**	**527**	**0.7%**	**70,178**	**122,518**	**121,017**
Expenditure												
Personal Health	6,440	6,557	117	1.8%	6,295	45,230	45,439	209	0.5%	45,323	77,829	77,472
Mental Health	1,133	1,170	37	3.1%	1,138	8,110	8,189	79	1.0%	7,948	14,039	13,790
Disability Support	1,468	1,501	33	2.2%	1,424	10,456	10,721	265	2.5%	10,061	18,004	17,342
Public Health	104	64	(40)	(62.9%)	26	432	447	15	3.3%	441	765	748
Maori Health	89	66	(23)	(35.3%)	42	340	460	120	26.1%	293	787	527
Governance	69	69	(0)	(0.1%)	98	483	482	(1)	(0.1%)	686	827	1,176
Total expenses	**9,303**	**9,427**	**124**	**1.3%**	**9,023**	**65,051**	**65,738**	**687**	**1.0%**	**64,752**	**112,252**	**111,055**
Net Surplus	**1,223**	**783**	**440**	**56.2%**	**837**	**6,945**	**5,731**	**1,214**	**21.2%**	**5,426**	**10,266**	**9,962**

West Coast District Health Board

Governance Operating Statement for the period ending 31 January 2013

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	483	482	1	0.1%	686	827	1,176
Other income	0	4	(4)	(100.0%)	0	66	29	37	126.3%	40	50	109
Internal allocation from Provider Arm	110	110	(0)	(0.2%)	110	770	771	(1)	(0.2%)	770	1,322	1,320
Total income	**179**	**183**	**(4)**	**(2.3%)**	**208**	**1,319**	**1,283**	**36**	**2.8%**	**1,496**	**2,199**	**2,605**
Expenditure												
Employee benefit costs	39	52	12	23.9%	86	315	362	46	12.8%	631	620	1,102
Outsourced services	24	36	12	33.2%	38	211	251	40	16.1%	273	431	333
Other operating expenses	19	70	51	73.0%	25	290	493	203	41.2%	277	845	461
Democracy	(7)	25	32	127.7%	19	129	177	48	27.0%	166	303	291
Total expenses	75	183	108	58.9%	168	945	1,283	337	26.3%	1,347	2,199	2,187
Net Surplus / (Deficit)	**104**	**0**	**104**		**40**	**374**	**0**	**374**		**149**	**0**	**418**

HEALTH TARGET REPORT – QUARTER 2

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

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

SOURCE: **General Manager, Planning & Funding**

DATE: **22 March 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to present the Board with the West Coast DHB's progress against the national Health Targets for Quarter 2 (October – December 2012). The attached report (Appendix 1) provides a detailed account of the results and the work underway with regard to delivering each Health Target.

DHB performance against the Health Targets is published each quarter in newspapers and online on the Ministry and DHB websites. The published Quarter 2 Health Target league table is attached as Appendix 2.

This report has also been presented to the Community & Public Health & Disability Support Advisory Committee.

2. RECOMMENDATION

That the Board:

i. notes the West Coast's performance against the Health Targets.

3. SUMMARY

In Quarter 2, the West Coast has:

- Achieved the *ED Health Target*, with 99.7% of people admitted or discharged within six hours.
- Achieved 103% of the year-to-date *Electives Health Target*, delivering 846 elective surgical discharges.
- Achieved the *Faster Cancer Treatment Health Target*, with 100% of patients ready for radiation therapy or chemotherapy beginning treatment within 4 weeks of their specialist assessment.
- Increased performance against the *Immunisation Health Target*, with 84% of all eight-month-olds fully immunised (the national target is 85%), and surpassed the target for Māori, achieving 100%.

Health Target performance has been weaker in the following areas:

- Performance against the *Hospitalised Smokers Health Target* slipped slightly to 89% of hospitalised smokers having received help and advice to quit. (The target is 95%) During the quarter, the ABC intervention has been disrupted as wards move to temporary locations while urgent earthquake strengthening is carried out. However, a broad range of activities are underway to lift performance the last few percentage points. In particular, the Smokefree Services Coordinator is working with Clinical Nurse Managers to review all 'missed' patients to pinpoint and address any gaps in ABC at ward/unit level.

- General practices' performance against the *Primary Care Smokers Health Target* continues to increase steadily, with 44% of smokers attending primary care receiving help and advice to quit. Data capture continues to be a key challenge towards achieving the 90% target, and new activities were implemented during the quarter that particularly focus on improving data capture and accuracy.
- There was a slight dip in progress against the *Heart Checks Health Target* from the previous quarter, from 60% to 58% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last 5 years. This is because the PHO has now reached the point where screening has been occurring for 5 years, and there is a group of patients who are now due for re-screening. A range of activities are occurring to follow up these and other eligible patients and provide CVD risk assessments.

4. APPENDICES

Appendix 1:	Health Target Report – Quarter 2
Appendix 2:	Ministry Health Target League Table – Quarter 2

Report prepared by:	Katia De Lu, Accountability Coordinator, Planning and Funding
Report approved for release by:	Carolyn Gullery, General Manager, Planning & Funding

National Health Targets

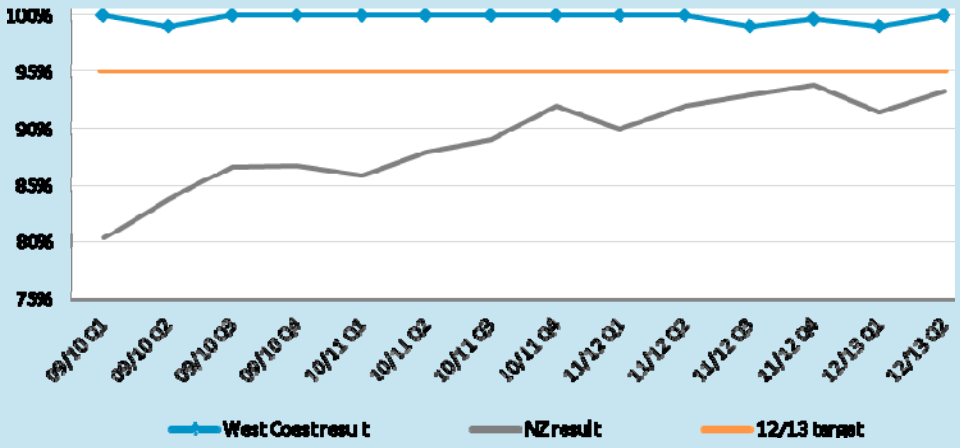
Quarter 2 2012/13 Performance Summary

Target	Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Target	Status	Pg
Shorter Stays in ED: Patients admitted, discharged or transferred from an ED within 6 hours	99.4%	99.6%	99.7%	99.7%	95%	✓	2
Improved Access to Elective Surgery: West Coast's volume of elective surgery	1,309	1,751	447 YTD	846 YTD	1,592	✓	2
Shorter Waits for Cancer Treatment: People needing cancer radiation therapy or chemotherapy having it within four weeks	*new*	*new*	100%	100%	100%	✓	3
Increased Immunisation: Eight-month-olds fully immunised	*new*	*new*	79%	84%	85%	✗	4
Better Help for Smokers to Quit: Hospitalised smokers receiving help and advice to quit	92%	90%	91%	89%	95%	✗	5
Better Help for Smokers to Quit: Smokers attending general practice receiving help and advice to quit	39%	39%	40%	44%	90%	✗	7
More Heart and Diabetes Checks: Eligible enrolled adult population having had a CV risk assessment in the last 5 years	55%	57%	60%	58%	75%	✗	9

Shorter Stays in Emergency Departments

Target: *95% of patients are to be admitted, discharged or transferred from an ED within 6 hours* ✓

Figure 1: Percentage of patients who were admitted, discharged or transferred from ED within six hours

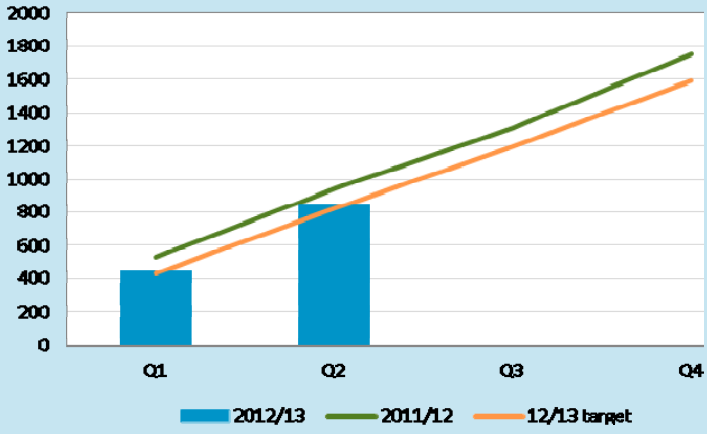


The West Coast continues to achieve impressive results against the ED Health Target, with **99.7%** of patient events admitted, discharged or transferred from ED within 6 hours.

Improved Access to Elective Surgery

Target: *West Coast's volume of elective surgery is to be 1,590 in 2012/13* ✓

Figure 2: Elective surgical discharges delivered by the West Coast DHB[1]



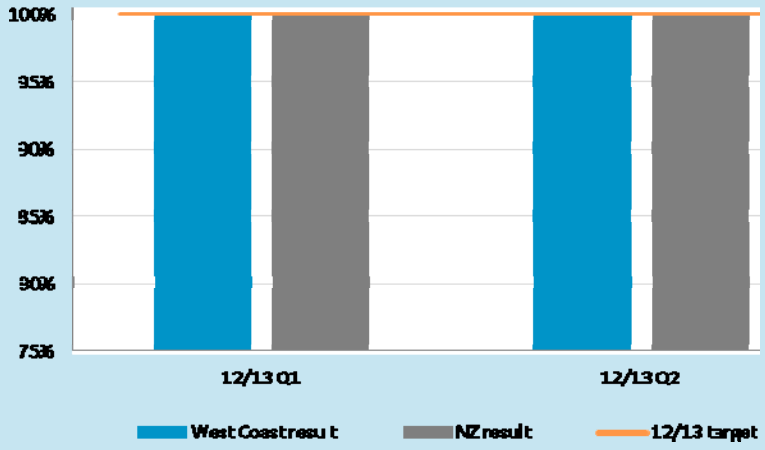
[1] *Excludes cardiology and dental procedures. Progress is graphed cumulatively.*

For the six months year-to-date December, **846** elective surgical discharges have been delivered, representing **103%** of our target delivery (23 discharges over target).

Shorter Waits for Cancer Treatment

Target: *100% of people needing radiation or chemotherapy are to have it within four weeks* ✓

Figure 3: Percentage of West Coasters needing radiation or chemotherapy treatment who received it within four weeks[2]



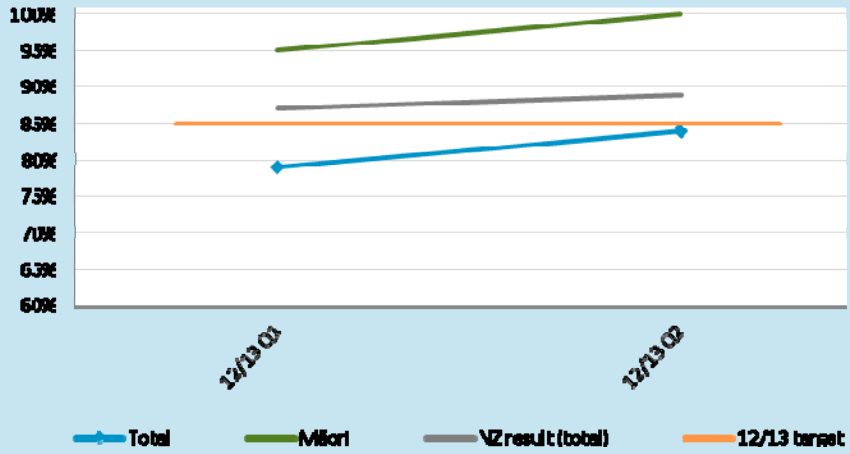
In Quarter 2, **100%** of patients met the 4 week target for both radiation therapy and chemotherapy.

[2] *The wait time is defined as the time between the first specialist assessment and the start of treatment. The measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay. The measure reflects groups A, B and C. Group D patients have planned treatment (either as part of a trial or because of given protocols) and are therefore not included.*

Increased Immunisation

Target: *85% of eight-month-olds are to be fully immunised*

Figure 4: Percentage of West Coast eight-month-olds who were fully immunised



Eight-month-old immunisation coverage is tracking well towards the target, with **84%** of all eight-month-olds fully immunised in Quarter 2 2012/13 – an increase of 5% from the previous quarter.

The coverage for Māori eight-month-olds was exceptional in Quarter 2, with all Māori eight-month-olds fully immunised – an increase of 5% from Quarter 1.

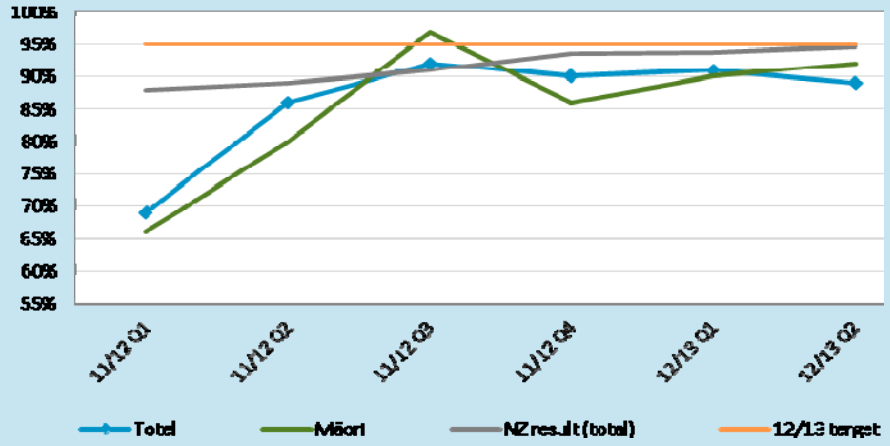
During Quarter 2, one child could not be located because there was no address. If this child had been located and immunised, the West Coast would have reached the national target of 85%. The issue of not having an address for a child will be raised with maternity services as a reminder to ensure that all newborn details are recorded.

With the support of the PHO and practices, the National Immunisation Register (NIR) Administrator is working closely with a key person in every practice to identify children who have not been enrolled with a practice, and to notify the practices to follow up on children who are due or overdue for an immunisation and ensure timely referral to Outreach Immunisation Services when required. All practices will now be using a suggested process timeline for their guidance to ensure timely immunisation for children by eight months of age.

Better Help for Smokers to Quit: Hospital

Target: *95% of hospitalised smokers are to receive help and advice to quit*

Figure 5: Percentage of smokers in West Coast DHB hospitals who were offered advice and help to quit smoking



During Quarter 2, West Coast DHB staff provided **89%** of hospitalised smokers with smoking cessation advice and support. While it is disappointing to have fallen 2% in the overall result compared to last quarter, it is positive to see an increase in the result for Māori to 92%.

During the last quarter, Grey Base Hospital has been in a state of upheaval, with the movement of wards into temporary locations while urgent earthquake strengthening is carried out. We cannot quantify the exact impact this has had on the result; however, the ABC intervention has had to compete with these disruptions. It is in these situations that we know a straightforward and consistent data capturing process, such as our 'Pink Sticker' system, is particularly important.

Smokefree staff and the DHB as a whole continue to work towards achieving the Health Target of 95%.

Data Capture

Feedback regarding the 'Pink Sticker' system to capture ABC is that it is a simple and straightforward process. Regular communication with clinical coders enables discussion of any issues regarding the capture of ABC data and identification of any areas/wards of concern that may need addressing by the Smokefree staff.

There is an issue around multiple admissions for one hospital event. MoH coding guidelines stipulate that when patients are transferred between major service groups (e.g. internal transfer from surgical ward to rehab ward), these count as separate 'admissions' and therefore require separate ABC interventions. Staff are struggling to understand the necessity for ABC to be repeated in these cases – particularly as we use a high-visibility sticker to record the ABC in the patient notes, making it clear that an ABC has already been completed in the previous ward. Other DHBs are also experiencing this issue, and we are working with the Ministry to identify solutions. As part of this work, we will conduct a retrospective audit to identify the numbers of 'missed' ABCs through internal transfers over the last quarter and the impact of this identified barrier for staff. In the meantime, the Smokefree Services Coordinator has reminded senior nurses of the requirement and offered to explain it to staff in key areas (e.g. surgical and recovery wards).

Clinical Leadership

Engagement, role modelling and support from our Clinical Nurse Managers are critical to target achievement. A meeting was held with senior management in mid-October following September's poor result. Following on from this, the Smokefree Services Coordinator spoke at a Senior Nurses' meeting and has been working with Clinical Nurse Managers (CNMs) to support them to provide leadership to their staff around the target.

This includes working with coders to pick up files where ABC has not been delivered to a patient who smokes and providing this information back to the CNMs. This work began in December and will continue over the coming quarter. The Smokefree Services Coordinator will work with the CNMs to identify patterns (e.g. a particular staff member or shift) in order to pinpoint gaps in the ABC at ward/unit level and address these issues to improve the next month's results. This will be helpful in reaching the 95% target, as due to the relatively small numbers involved (fewer than 100 smokers discharged per month), a single 'missed' ABC contributes to more than 1% off the target.

Training, Resources and Promotion

Quarter 2 has seen work with hospital senior management to improve the uptake of the Smokefree mandatory training. Although feedback from staff is that the ABC process is simple and straightforward, the training gives the important background of why this is a Health Target and the role both the individual and the organisation can play in significantly improving the health of the West Coast community through ABC. A number of staff experience a significant delay between commencing clinical duties and attending Smokefree training, so an ABC handout is currently being developed for distribution at the staff Orientation.

Promotion continues through internal monthly reports circulated DHB-wide, posters in all areas and regular communication with clinical Smokefree champions about support, training opportunities and updates.

In Quarter 3, a success story of the ABC intervention will be included in the DHB newsletter to keep up visibility of the intervention and provide positive feedback to staff. Regular reminders will be circulated via the DHB intranet and newsletters of cessation support available for our staff interested in quitting, which in turn may make them more comfortable in having the conversation with their patients.

Just as important will be having the Smokefree Services Coordinator visible on the wards and ward handovers so that staff can ask questions about the intervention/having the conversation, particularly for new staff.

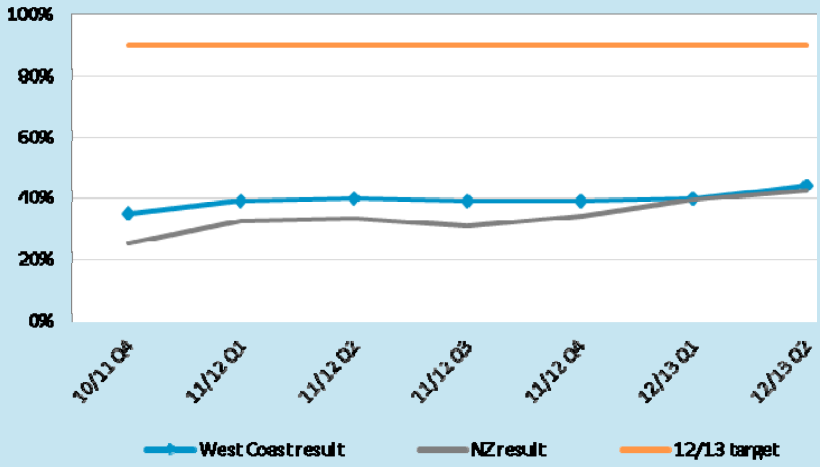
A get-together for the ward champions in February will provide an opportunity to discuss as a group how they feel the ABC intervention is working in their area, as well as to thank them for the important role they play.

It should be noted that most clinical areas in the DHB achieve 100% coverage, with only three wards prone to 'missing' more than one patient per month. One of these is the Critical Care Unit (CCU), whose patients can be transferred acutely to Canterbury for intensive treatment, sometimes in circumstances that do not allow for the ABC intervention to be carried out. The Smokefree Services Coordinator is working with CCU to ensure the right support is in place to carry out and code ABC in every possible case, and to collect data for transfers of unconscious/acutely ill patients to quantify the impact of such cases on the target.

Better Help for Smokers to Quit: Primary Care

Target: *90% of smokers attending primary care are to receive help and advice to quit*

Figure 6: Percentage of smokers expected to attend primary care who were offered advice and help to quit smoking[3]



West Coast general practices have reported giving 1,876 smokers brief advice and help to quit in the year to 31 December 2012. This figure is an increase of 223 patients compared to the last quarter. The quit activity during this quarter represents **44%** of current smokers expected to be seen in general practice during this period receiving advice and help to quit – an increase of 4% from the previous quarter.

During this quarter, all West Coast practices have continued to improve their 'smoking status recorded.' Only two practices did not increase their 'brief advice' result; however, these two practices did make the largest increases in 'smoking status recorded.' This individual feedback has been flagged to the practices.

The PHO Clinical Manager continues to champion the ABC initiative in primary care through work with the Smokefree Services Coordinator and Smokefree Manager, regular promotion of ABC coding to clinicians and the provision of practice-specific results to Quality Improvement (QI) teams.

Data Capture

Data capture continues to be a key challenge towards achieving the 90% target. During Quarter 2, new activities were implemented that particularly focus on improving data capture and accuracy:

- HealthStat is now installed and operating in all the practices, and has created new opportunities for more frequent and practice-specific feedback about the ABC target. Continued support will be provided to practices around the use of the HealthStat tool, and it is hoped that the Clinical Audit tool will also be introduced during the next quarter, which will enable clinicians to identify more easily patients with no smoking status coded and to plan for this data capture as part of their QI process.
- The PHO has employed two suitably trained people to support practice teams to improve the Brief Advice coding and to link patients to cessation via their own practice's Coast Quit provider (or other available cessation service). It is hoped that this will close the gap between A's and B's while other activities take

[3] *Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).*

time to implement. Work commenced with two practices this quarter, resulting in a boost in ABC coding, and will continue to roll out in Quarter 3. A third practice has commenced a 'pink sticker' documentation process for ABC and reports that this seems to be working well.

Other means of supporting data capture and accuracy include:

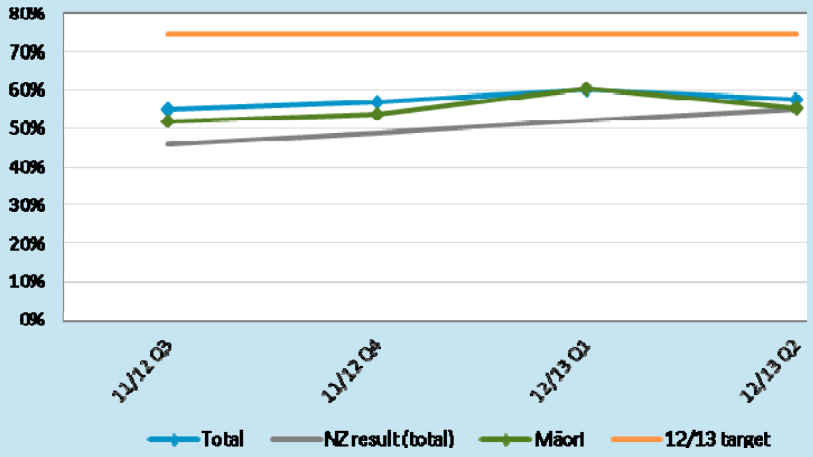
- 'Smoking assessment' advanced forms in MedTech, which support and remind staff to capture the correct data and prompt 'brief advice' if required.
- Ongoing practice support for MedTech READ and ZCPI coding in relation to PPP smoking indicators (including 1:1 support to clinicians);
- Automatic READ coding attached to the "Smoking Cessation" enrolment form in Medtech;
- Standardised READ coding processes for smoking across all practice teams;
- Use of Karo data management system to monitor incorrect READ coding; and
- Practice Karo reports that identify the individual high-needs patient who have no coding for smoking status. Practices have added 'alerts' to these patients.

The PHO will also be commencing coding and data entry training as part of orientation for all new practice staff and updates for identified current staff.

More Heart and Diabetes Checks

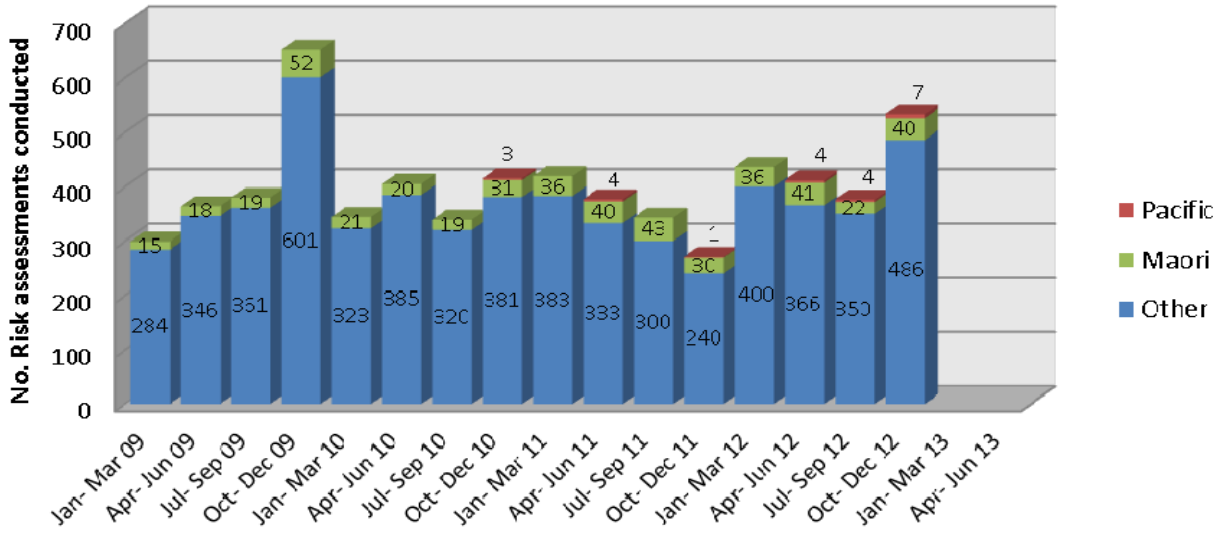
Target: *75% of the eligible enrolled population are to have had a CV risk assessment in the last 5 years*

Figure 7: Percentage of the eligible enrolled West Coast population having had a CVD risk assessment in the last 5 years [4]



Data for the period to 31 December 2012 has shown a slight dip in progress from the previous quarter (from 60% to **58%**). However, as Figure 8 shows, the actual number of cardiovascular risk assessments delivered during the quarter is greater than the previous quarter.

Figure 8: Number of cardiovascular risk assessments conducted each quarter



The reason for the dip in the percentage coverage is that the PHO has now reached the point where screening has been occurring for 5 years, and there is a group of patients who are now due for screening once again.

[4] *Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).*

Activities to follow up these and other eligible patients for cardiovascular risk assessment (CVRA) include:

- Ongoing support from clinical manager to practice nurses/teams to identify eligible patients for screening;
- Practice teams actively inviting people to nurse-led clinics to have their CVRA;
- Collaborative planning in preparation for February 2013 Heart Month, which will concentrate on encouraging West Coasters to get their CVRA;
- Installation of Healthstat: a Quality Improvement (QI) tool that enables monitoring of practice performance for cardiovascular indicators in relation to the PPP for practice QI teams;
- The DHB Cardiac Nurse Specialist completing CVRAs for DHB staff who haven't had reviews;
- Concentration on the high-need population who haven't been screened (practices receive quarterly reports on high-need patients who aren't screened); and
- Planning to occur with Rata Te Awhina nurse around processes and support for practice teams for Māori who are not engaging with invites for screening.

Patient focus remains paramount; in endeavouring to meet the target, we must also ensure quality care, follow-up and active support for patients in the various tiers of the long-term conditions management programme in line with best practice to ensure the best outcomes for our patients.

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE - 7 MARCH 2013

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

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

DATE: **22 March 2013**

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 8 March 2013 Following confirmation of the minutes of that meeting at the 2 May 2013 meeting, confirmed minutes of the 7 March 2013 meeting will be provided to the Board at its 10 May 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 – 7 March 2013.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

- **Maori Health Activity Report**

  The Committee noted the Maori Health Activity Report including the positive results around cervical screening.

  The General Manager, Maori Health provided the Committee with an update on Minister, Tariana Turia's visit to the West Coast on Tuesday 5 March. He commented that well over 100 people had attended various Hui held on the day.

- **Planning & Funding Update**

  The General Manager, Planning & Funding, presented this report. She commented on the issues around the DHBs ability to get a stable Primary Care workforce which would allow relationships to develop between GPs and their patients. Discussion took place regarding locum use, recruitment and also the ability to secure the services of long term GPs who have an interest in permanent employment on the West Coast.

  The Committee discussed Home Based Support and noted that the Aged Residential Care on the West Coast, on a per capita basis, is almost twice that of the rest of the South Island. This is partly due to home based support not being sufficiently targeted to support people to stay in their own homes. They noted that work will commence right away on a person by person basis to reassess the need for home support currently being provided to ensure this is actually being provided to the right people.

- **Community & Public Health Update**

  The Committee noted the trial of a fruit and vegetable co-op which had taken place in November/December 2012. This trial is currently being assessed.

  In noting the Community & Public Health quarterly report to the Ministry of Health, which was included in their information papers, the Committee noted that feedback from the Ministry of Health had been positive and Community & Public Health were on track to meet their targets.

- **BSMC & ALT Update**

  In presenting this report the General Manager, Planning & Funding commented that this report demonstrates part of the thinking around how the Alliance Report will look moving into the future. She added that the next Annual Plan process will make it even clearer where this all sits in the overall process. Discussion took place regarding membership of the Alliance Leadership Team and the Committee noted that whilst the areas of representation have been agreed, individual membership is yet to be determined.

- **Health Targets**

  The Committee discussed the Health Targets and some concern was expressed regarding some of these not being achievable on the West Coast. The General Manager, Planning & Funding commented that the way we manage this is that we develop our work plans to ensure we maintain good quality services for the West Coast Community. The Committee noted that this year in particular the Annual Plan guidelines are extraordinarily detailed.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 7 March 2013.

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

To be held in the Board Room at Corporate Office, Grey Base Hospital, High Street, Greymouth
Thursday 7 March 2013 commencing at 9.00am

ADMINISTRATION			**9.00am**
	Karakia		
	Apologies		
1.	**Interest Register** *Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.*		
2.	**Confirmation of the Minutes of the Previous Meeting & Matters Arising** *24 January 2013*		
3.	**Carried Forward/ Action Items**		
REPORTS/PRESENTATIONS			**9.10am**
4.	**Maori Health Activity Report**	Gary Coghlan *General Manager, Maori Health*	*9.10am - 9.30am*
5.	**Planning & Funding Update**	Carolyn Gullery *General Manager, Planning & Funding*	*9.30am - 9.50am*
6.	**Community and Public Health Update**	Jem Pupich *Team Leader, Community and Public Health*	*9.50am -10.10am*
7.	**Better Sooner More Convenient (BSMC) and ALT Report**	Carolyn Gullery *General Manager, Planning & Funding*	*10.10am - 10.30am*
8.	**Health Targets**	Carolyn Gullery *General Manager, Planning & Funding*	*10.30am - 10.45am*
9.	**General Business**	Elinor Stratford *Chair*	*10.45am - 10.50am*
ESTIMATED FINISH TIME			**10.50am**

INFORMATION ITEMS

- **Board Agenda – 8 February 2013**
- **Chair's Report to last Board meeting**
- **West Coast CPHAC/DSAC Workplan 2013**
- **West Coast DHB 2013 Meeting Schedule**
- **Community & Public Health 6 Monthly Report to Ministry of Health**

NEXT MEETING

Date of Next Meeting: 2 May 2013

Corporate Office, Board Room at Grey Base Hospital.

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 7 MARCH 2013

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

SOURCE: **Chair, Hospital Advisory Committee**

DATE: **22 March 2013**

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 7 March 2013. Following confirmation of the minutes of that meeting at the 2 May 2013 HAC meeting, full minutes of the 7 March 2013 meeting will be provided to the Board at its 10 May 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 – 7 March 2013.

3. SUMMARY

Detailed below is a summary of the HAC meeting held on 7 March 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:

- **Relocation.**
  Relocation of the Hannan and Morice wards has been completed.
  Medical Administration relocations are substantially completed with a slight delay for a few staff around resource consent regarding the use of the Nancarrow Street property for Community Services.

- **Orthopaedics**
  There are a number of challenges to be worked through as the orthopaedic transalpine service is brought to life. The West Coast delivers more Orthopaedic operations per capita than anywhere

else in the country and we are looking at many alternatives in this area.. Management highlighted that there may still be some negative press in this area as they work through the issues.

- **Recruitment**
  The focus continues on recruitment and the DHB has received several enquiries in respect to generalist hospital positions. The process for the appointment of the General Manager positions is nearing conclusion.

- **Targets**
  These were lower than expected for January and this was partly due to the ward relocations.

  Discussion took place regarding the over-delivery of Elective Services and the Committee noted that this also indicated there were more complex electives undertaken.

- **ESPIs**
  The ESPI indicators for December were discussed and it was noted that management are proactively managing these.

- **Community Services**
  The Committee noted the move to orient Community Services staff to a more community-based focus.

- **Maternity Services**
  The Committee discussed staffing issues around maternity services and note that a national review of maternity services is underway.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 7 March 2013.

Report prepared by: Sharon Pugh, 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 7 March 2013 commencing at 11.00am

ADMINISTRATION			11.00am
	Karakia		
1.	**Interests Register** *Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.*		
2.	**Confirmation of the Minutes of the Previous Meeting & Matters Arising** *24 January 2013*		
3.	**Carried Forward/ Action Items**		

REPORTS/PRESENTATIONS			11.15am
4.	**Management Report**	Garth Bateup *General Manager, Hospital Services*	*11.15am - 11.45am*
5.	**Finance Report**	Justine White *General Manager, Finance*	*11.45am – 12.05pm*
6.	**Clinical Leaders Report**	Dr Carol Atmore *Chief Medical Officer* Karyn Kelly *(Director of Nursing & Midwifery & Acting GM Primary & Community Services)*	*12.05pm – 12.20pm*
7	**Resolution to Exclude the Public**	Board Secretariat	*12.20pm - 12.25pm*

ESTIMATED FINISH TIME	12.25pm

INFORMATION ITEMS

- **Chair's Report to last Board Meeting**
- **Board Agenda – 8 February 2013**
- **Committee Terms of Appointment**
- **2013 Committee Work Plan**
- **West Coast DHB 2013 Meeting Schedule**

NEXT MEETING

Date of Next Meeting 2 May 2013

Corporate Office, Board Room at Grey Base Hospital.

TATAU POUNAMU ADVISORY GROUP MEETING UPDATE – 7 MARCH 2013

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

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

DATE: **22 March 2013**

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 7 March 2013. Following confirmation of the minutes of that meeting at the 2 May 2013 Tatau Pounamu Advisory Group meeting, full minutes of the 7 March 2013 meeting will be provided to the Board at its 22 March 2013 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 – 7 March 2013.

3. SUMMARY

Detailed below is a summary of the Tatau Pounamu Advisory Group meeting on 7 March 2013. 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:

- **Maori Health Report**
  An updated report was tabled. Tatau Pounamu noted the good work being undertaken with Maori Health Plan targets. Cervical screening has improved but is still a concern and the group asked that all members who work within the health arena take the opportunity to promote cervical screening where possible.

- **Minister Tariana Turia Visit – Tuesday 5 March 2013**
  The Minister's visit was received well by all attendees.

- **Whare Whakaruruhau Procedure**
  It was agreed that the Whanau facility suggestions of change will be supplied to Runanga to provide feedback. This provides an opportunity for improvement of the procedure.

- **Draft Maori Health Plan**
  The first draft of the Maori Health Plan was presented to Tatau Pounamu.for them to provide feedback.

4. APPENDICES

Appendix 1: Agenda – Tatau Pounamu Advisory Group Meeting – 7 March 2013

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

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 7 March 2013 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** 24 January 2013		
3.	**Carried Forward/Action List Items**		
REPORTS			**3.45 pm**
4.	**Chair's Update - Oral Report**	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	
7.	**Policies and Procedure Review** • **Use of Whanau/Family Facility**	Gary Coghlan, General Manager Maori Health	
8.	**Draft Maori Health Plan 2013-2014** ***(Draft of the Maori Health Plan 2013-14 to be supplied to Tatau Pounamu members prior to the meeting)***	Gary Coghlan, General Manager Maori Health	

INFORMATION ITEMS

- Tatau Pounamu meeting schedule for 2013
- West Coast DHB Smokefree Position Statement Paper
- Appendix 1 - West Coast DHB Smokefree Position Paper

NEXT MEETING

- Thursday 2 May 2013

RESOLUTION TO EXCLUDE THE PUBLIC

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

SOURCE: **Board Secretariat**

DATE: **22 March 2013**

Report Status – For: **Decision** ☑ **Noting** ☐ **Information** ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 8 February 2013	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.	Deficit Recovery Plan	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)
5.	Draft Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Draft Public Health Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	Urgent Capital Works – MoH Funding	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	HBL Shares	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Advisory Committee – Public Excluded Updates	For the reasons given in the Committee agendas	

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

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

MINUTES

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

MINUTES OF THE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE held in the Board Room, Corporate Office, Grey Base Hospital on Thursday, 24 January 2013 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); Kevin Brown (Deputy Chair); Lynette Beirne; Marie Mahuika-Forsyth; Jenny McGill; Mary Molloy; Robyn Moore; John Vaile; and Peter Ballantyne (ex-officio)

APOLOGIES

Apologies for absence were received and accepted from John Ayling; Dr Cheryl Brunton; and Dr Paul McCormack (ex-officio).

EXECUTIVE SUPPORT

Carolyn Gullery, (General Manager, Planning & Funding); Gary Coghlan (General Manager, Maori Health); Michael Frampton (Programme Director); and Kay Jenkins (Minutes).

WELCOME

The Chair welcomed everyone and asked Gary Coghlan, General Manager, Maori Health to lead the Karakia.

1. INTEREST REGISTER

There were no additions or alterations to the Interest Register.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (1/13)
(Moved: Kevin Brown; Seconded: Robyn Moore - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 22 November 2012 be confirmed as a true and correct record"

3. CARRIED FORWARD/ACTION ITEMS

The Committee noted that a presentation by the Director of Allied Health would be scheduled on the work plan for a later meeting.

4. HEALTH TARGET Q1 REPORT

Carolyn Gullery, General Manager, Planning & Funding spoke to this report.

The Committee noted from the Q1 Health Target Report that the pattern on the West Coast is relatively consistent and that good progress is being made on immunisations. It was also noted that in regard to Heart and Diabetes Checks, whilst the target has not yet been reached the West Coast is one of the best performers in this area. Discussion took place regarding advice to smokers

attending general practice and the Committee noted that there is work taking place nationally to improve the recording in this area.

The report was noted.

5. PLANNING & FUNDING UPDATE

- Carolyn Gullery, General Manager, Planning & Funding presented the Planning & Funding Update which highlighted the key achievements and issues facing the DHB. The Committee noted the following points from the report:
  - The West Coast continues to achieve the Cancer Treatment Health Target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks;
  - The latest available finalised data for the period to October 2012 shows delivery against the Electives Health Target is ahead of target by 9 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 December 2012. The longer-term aim for this measure is also being met, with 96% of people admitted or discharged within 4 hours.
  - The new Gateway Assessment Service, linking the West Coast DHB, Child Youth and Family (CYFS), and Ministry of Education for the provision of care to vulnerable children and young people, has now commenced.
  - The B4 School Checks result is lower than we would like and there are plans in place to improve this.
  - The WCDHB has received notice that the Warm Up West Coast programme has had to discontinue due to increasing financial constraints on the project partners. Arrangements have been made, through Healthy West Coast, for the final homes that have applied to the programme and met eligibility requirements, to be insulated in the New Year. 300 homes will be insulated under the project of the planned 500. Discussions regarding alternative options for a continued home insulation project on the West Coast are underway.
  - InterRAI training for West Coast ARC providers will commence in the week of 4 March 2013.
  - West Coast DHB is actively promoting the uptake and use of the volunteer Red Cross transportation option for Buller patients, and the 3-month trial period for the service has been extended into February 2013 to give the pilot every possible opportunity to become established and self-sustaining if demand proves its need.

Carolyn Gullery advised the Committee that the DHB is working hard in the home care area to address the challenge of more appropriate funding which would also address better training and continued up skilling of the workforce. Discussion took place regarding the roll out of this into Rural areas.

The Committee noted that there is work taking place at how St John are funded and this will take into account the Transalpine model of care. The time frame for this is April at this stage

The report was noted

6. WORKING WITHIN AN ALLIANCE FRAMEWORK - PRESENTATION

Carolyn Gullery provided the meeting with a presentation "Working Within an Alliance Framework". This presentation will also be provided to the Board at their 8 February 2013 meeting.

7. 2013 DRAFT WORK PLAN

The Committee endorsed the draft 2013 Work Plan and noted that this is a working document which will continue to be updated.

8. SMOKE FREE POSITION STATEMENT

Derek Benfield & Karen Hamilton, Community & Public Health presented this Smokefree Position Statement developed collaboratively by the South Island Public Health Units which represents the South Island DHBs working together to support the South Island to be a place where Smokefree lifestyles are the norm and harm from and exposure to tobacco smoke is minimised.

Discussion took place regarding medications and cessation programmes available and also around assistance available for mental health patients to stop smoking.

It was suggested and agreed that this paper be provided to the Tatau Pounamu Advisory Group as an information paper once it was endorsed by the Board.

Resolution (2/13)
(moved Lynette Beirne/seconded Kevin Brown – carried)
That the Committee recommend to the Board that they support the adoption of the smoke free position statement with the proviso that it is supported by other South Island DHBs

9. GENERAL BUSINESS

- The Chair raised for discussion an e-mail sent by John Ayling in regard to the implications of the "Expert Advisory Group on Solutions to Child Poverty" for which a report was published last year.

  The General Manager, Planning & Funding advised the Committee that the Canterbury DHB wrote a submission on this report at the time and this will be circulated to Committee members via e-mail. She commented that a number of the recommendations in the report are already being implemented and as part of the Annual Planning process a number of other recommendations will also be picked up. The full report can be found at:
  http://www.occ.org.nz/publications/child_poverty

INFORMATION ITEMS

- Chair's report to last Board meeting
- Board Agenda 7 December 2012
- West Coast DHB 2013 Meeting Schedule 2013

There being no further business the meeting concluded at 10.35am.

Confirmed as a true and correct record:

_____ _____

Elinor Stratford Date
Chair

MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING held in the Board Room, Grey Base Hospital, Corporate Office, on Thursday 24 January 2013, commencing at 11.00am

PRESENT
Sharon Pugh (Chair); Paula Cutbush; Karen Hamilton; Gail Howard; Doug Truman; Richard Wallace; and Peter Ballantyne (ex-officio).

MANAGEMENT SUPPORT
Garth Bateup (General Manager, Hospital Services); Gary Coghlan (General Manager, Maori Health); Michael Frampton (Programme Director); David Green (Acting General Manager, Finance); Carolyn Gullery (General Manager, Planning & Funding); Kay Jenkins (Minutes).

IN ATTENDANCE
Item 6 - Michele Coghlan, Nurse Manager, Clinical Services.

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

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

1. INTEREST REGISTER

Karen Hamilton advised that she was an owner of the building that Community Services have relocated to on the corner of High St & Marlborough St.

Sharon Pugh advised that she is Deputy Chair of the BPA not DPA as noted in the Interest Register.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (1/13)
(Moved: Doug Truman/Seconded: Karen Hamilton – carried)

"That the minutes of the meeting of the Hospital Advisory Committee held on 22 November 2012 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION ITEMS

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

1 Transportation Home following Discharge – the Committee noted that Transport from Greymouth to Westport will be evaluated in March.

2. Patient Ambulance Transport – The Committee noted that a Regional process is running around this and it is hoped that this will be finalised by the end of April. The intention is to move from the current contractual arrangement to allow the service provider to have a fixed resource and also provide vehicles other then ambulances. The Committee further noted that this will not be a "quick fix" as recruitment will be involved.

3. Updated Work Plan – This is an item for discussion later in the meeting.

4. Exit Interviews – The next report is due in June 2013 but may be provided earlier.

The Committee noted the carried forward items.

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

The General Manager, Hospital & Specialist Services spoke to the Management Report, which was taken as read.

Discussion by the Committee related to:

- Relocation due to Seismic Issues – the relocation of Morice & McBrearty Wards & day surgery has taken place. Other relocations are also taking place in the next 2 weeks.

- Locum & Medical Personnel Costs – these are still slightly below budget in the hospital.

- Recruitment – An offer has been accepted by an Anaesthetist. This means there will now be 2 commencing. There is a continuing focus on recruitment of a General Surgeon and Hospital Generalist. Discussion took place regarding the future of the "New Coasters" organisation and the Committee agreed that it is important that new staff are welcomed appropriately.

- Maternity Care – the General Manager advised that there is an independent midwife commencing shortly and confirmed that Maternity care is available to all women. Discussion took place regarding whether there is an optimum number of midwives desired and the Committee noted that some work is planned to gain a better understanding of the resourcing needs in this area.

- Complaints Process – a question was asked regarding complaints and the General Manager outlined the complaints process.

- Health Targets – The Committee noted that there would again be a focus on the Better Help for Smokers to Quit target.

- Orthopaedics - The Canterbury DHB GP Liaison Medical Officer has commenced triaging the Orthopaedic Referrals and it is planned to commence the Musculoskeletal Clinics early in 2013. Three additional Canterbury Orthopaedic Surgeons have joined the Canterbury DHB Orthopaedic rotation to the West Coast to allow the new model of care to be managed appropriately.

- Outpatient Cancellations – a query was made regarding outpatient cancellations and the Committee noted that for this period these cancellations were mainly due to adverse weather which prevents clinicians getting to the area.

- Central Booking Unit - Planning & Funding continue to work with the Central Booking Unit to improve the systems and processes. Work has commenced to address a number of process improvements and risks identified in the Ministry of Health's Elective Services Report.

- Adverse Weather Events - Weather patterns in late December/early January caused transport issues, particularly in South Westland. Transport of clinical supplies, laundry and personnel over the bridge washout were by helicopter. Communications were maintained via the St John communication network.

- Transfers to Tertiary Centres – a request was made for more some details regarding "Special Care not Available at Grey Base Hospital" on page 10 of the report.

- Seismic Testing in Buller – The Committee noted that one detailed Engineering Report had been completed at this stage and we are awaiting finalisation of this report.

- CAMHS Building – Programme Director, Michael Frampton, advised the Committee that the Detailed Engineering Report on this building had just been received which stated that the building was not earthquake prone. The building is however and earthquake risk but this means that there is no immediate need to vacate staff from the building. This report is still to be peer reviewed.

- Production Plan Update – The General Manager advised that there will be a more detailed update at the next meeting.

- Laundry – A query was made regarding Commercial customers of the laundry service and the Programme Director provided details of the process undertaken for Commercial customers. In response to a query regarding the equipment he commented that no decisions have been made in this regard.

The report was noted.

5. FINANCE REPORT

David Green, Acting General Manger, Finance, spoke to the finance report for the month of November 2012. The report was taken read and he commented that some of the major points of the report had already been discussed. He highlighted the key issues around the laundry and insurance premiums. He added that the overall result for the month of December is similar to November and the Committee noted that processes are in place to manage personnel costs.

Resolution (2/13)

(Moved: Richard Wallace/Seconded: Paula Cutbush – carried)
That the Committee notes the financial report for the period ending 30 November 2012.

6. CLINICAL LEADERS REPORT

Michele Coghlan, spoke to the Clinical Leaders Report which was taken as read.

A query was made regarding roster re-engineering and Michele provided the Committee with some background regarding this.

Discussion took place regarding the visit of Mr Ian Civil, Trauma Surgeon and Clinical Lead of the National major Trauma Clinical Network in December. The Committee noted that Mr Civil was able to reassure staff that is entirely appropriate not have some specialists on duty 24/7 and to provide advice via telephone and video services.

Resolution (3/13)
(Moved: Sharon Pugh/Seconded: Gail Howard – carried)
That the Committee notes the Clinical Advisor's Report.

7. 2013 DRAFT WORK PLAN

Michael Frampton, Programme Director, presented the draft Work Plan for the Committee for 2013. He commented that this lines up with the DHB priorities set by EMT. This work plan will be updated and included in the information items at each meeting for the information of the Committee.

8. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (3/13)

(Moved: Peter Ballantyne/Seconded: Doug Truman – carried)

That the Committee:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely item 1 and the information items contained in the report.

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	**GROUND(S) FOR THE PASSING OF THIS RESOLUTION**	**REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)**
1.	Programme Director - 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)

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";

The committee moved into Public Excluded at 12.45pm and returned to the Public meeting at 1.00pm.

There being no further business the meeting closed at 1.00pm

Confirmed as a true and correct record.

_____ _____

Sharon Pugh Date
Chair

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING held in the Board Room Corporate Office, Grey Base Hospital, on Thursday 24 January 2013 held at Corporate Office at 3.31pm

PRESENT: Ben Hutana (Chair), Te Rūnanga O Ngāti Waewae
Wayne Secker, Maori Community
Elinor Stratford, West Coast DHB Representative on Tatau Pounamu
Marie Mahuika-Forsyth, Te Rūnanga O Makaawhio
Richard Wallace, Te Rūnanga O Makaawhio

IN ATTENDANCE: Gary Coghlan, General Manager Māori Health, West Coast DHB
Peter Ballantyne, Acting Board Chair, West Coast DHB
Carolyn Gullery, General Manager Planning & Funding, Canterbury/West Coast DHBs
Claire Robertson, HEHA and Smoke free Services Manager, West Coast DHB

MINUTE TAKER: George Atfield, Administrator Maori Health

APOLOGIES: Francois Tumahai, Te Rūnanga O Ngāti Waewae
Sharon Marsh, Maori Community Westport

WELCOME

The Chair welcomed everyone to the meeting and said the opening karakia. Carolyn Gullery, GM Planning and Funding, Canterbury DHB and West Coast DHB was welcomed to the meeting.

1. AGENDA / APOLOGIES

Apologies were received from Francois Tumahai and Sharon Marsh.

Motion: THAT the apologies are accepted.

Moved: Elinor Stratford Seconded: Wayne Secker

2. DISCLOSURES OF INTEREST

No amendments required.

Motion: THAT Disclosures of Interest were a true and accurate record.

Moved: Wayne Secker **Second:** Elinor Stratford

3. MINUTES OF THE LAST MEETING - THURSDAY 24 JANUARY 2013

Motion: THAT the Minutes of Thursday 24 January 2013 they were accepted as a true and accurate record.

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

4. MATTERS ARISING

4.1 DHB Maori plan and Annual Plan - Work is underway for the first draft of the Maori Health Plan with this draft due 15th March to the Ministry of Health.

4.2 Tatau Pounamu Distribution - Ongoing

4.3 PHO - The Committee were advised that Committee members Richard Wallace and Francois Tumahai are on the PHO Board. The committee were advised that the PHO develop quarterly reports and Richard Wallace advised he will ensure that Tatau Pounamu are on the distribution list.

4.4 Chairs Report – Supply Feedback from other Committees - Elinor followed up as requested and advised that Tatau Pounamu is not a statutory committee of the Board which means that board reports that can be supplied to Tatau Pounamu are limited to public included information only. Therefore any Tatau Pounamu committee members who are also members of other committees can include an update of public information to Tatau Pounamu. It was agreed that if there is any items of interest a one page bullet points report that is currently provided to the Board can be included in the Information only section or alternatively a verbal update can be provided.

5. CHAIRS UPDATE

The Chair commented that this year he would like the Committee to look at relevant policies and procedures with a view to having some input from Tatau Pounamu in relation to some DHB appointments and Whare Whakaruruhau.

He also commented that much information had been gathered in relation to Maori health planning and services to Maori he suggested that a short workshop be held to enable discussions to take place regarding the relevance of this information to the West Coast. The General Manager, Maori Health will provide information which will be circulated prior to the workshop.

Action: Chair & General Manager Maori Health

The Chair advised that he has reviewed the Terms of reference for Tatau Pounamu and would like to bring to the committee's attention clause 4.1.3 members of Tai Poutini Runanga. It makes reference that nominating bodies should pay an elected representative on Tatau Pounamu if they do not reside in Te Tai o Poutini to get to and from their home to the meeting venue. The Chair wanted members to be mindful of our budget and to think about mileage.

An update was provided on Rata Te Awhina. The new Executive Officer has settled in and is doing well but she has some challenges, she is working on new approaches for the organisation. The two positions at Westport have closed, the Maori Health Navigator and the Kaupapa Maori nurse position. Interviews are soon to take place for the Maori Health Navigator. The Kaupapa Maori Nurse position will unfortunately need to be re-advertised. These positions are employees of Rata and will be working within the Better, sooner, more convenient healthcare system. A question was raised the two positions whether this is new funding from the DHB. The committee were advised that Rata is funding these positions within existing budgets.

6. GENERAL MANAGER MAORI HEALTH REPORT

The GM Maori Health report covers Maori Health indicators for the past 5 years and the progress to date. Robson Lumukana was acknowledged for his good work he has collated and supplied.

The GM Maori Health discussed the health indictors and provided a verbal update as to the interpreted data.

Immunisation

There has been a steady increase since 2008/2009 due to Outreach programmes, private practices, and the PHO. All staff have done a great job.

Carolyn Gullery left the meeting at 4.16pm

PHO enrolment

There is a strong improvement with a good increase from 2005-2006. The statistics show that Maori are accessing services more. Within the statistics it is unclear whether people move away from the region whether they remove their enrolment from the region.

Oral Health

There is a big improvement of carries free for over 4 year period. The dental service has worked hard to raise awareness and encourage preschool enrolments and this is reflected in the increase in pre school enrolments. The carries free definition includes the teeth that are decayed, missing or filled. Any individual child that may have one or more of the carries listed. Statistics show that there was an average of 3.10 in 2007 to 1.88 in 2011 which means an improvement; these statistics reflect fewer children now have carries. This overall reduction is a result of proactive initiatives, such as mobile caravans, projects targeting Maori, Plunket have handed out toothpaste/brushes and a regular service in schools.

Breastfeeding

The 6 week breastfeeding is just under the target of 81% at 75%. Work continues with the Maori provider and other groups, such as the PHO, Plunket, Well Child and Rata.

The 6 months breastfeeding target is slightly under target but still remains positive.

Lactation

Mothers accessing lactation consultancy for Maori is very low but it is anticipated that Maori mothers would utilise the services of Rata rather than the DHBs lactation consultants.

Long term conditions enrolment

According to the PHO annual report Maori currently make up 6.2% for 2011/12 and the population of 45+ years is only 5.3%. This is an area that as a team needs to be focussed on as this is the prime age group for long term conditions. With the appointment of Kaupapa Maori nurses it is hoped that statistics will improve by having more Maori enrolled in the longer term conditions programme.

It is also expected that Diabetes trends will benefit with the appointment of Kaupapa Maori nurses to assist with managing diabetes.

A cervical screening update document was tabled and read. There is an increase in a short period of time, this can be due to both data collection improvement and a concerted effort to improve statistics but we are still off the national target. Strategies to address these statistics are underway and Rata Te Awhina are also undertaking a more proactive role. The Committee were advised that Whare Oranga pai have a register with 48 Wahine Maori on it and it would be worth the various services including the DHB and Whare Oranga Pai working closely to address cervical screening rates for Maori women.

A committee member said that this discussion was great. This committee has reinforced its value by this discussion and identifying steps to improve and consider opportunities to improve a service.

Peter Ballantyne left the meeting at 4.44 pm

People hospitalised

There is a lot of work being done by a number of groups with regards to smoking cessation but as there is a high incidence of Maori smoking so more work needs to occur. Some committee members felt that health promotion needs to occur at the beginning, with the GP as this is where the largest audience is for reinforcing the message for not smoking.

7. HEHA SMOKEFREE SERVICES UPDATE

A committee member asked the question about the contestable funding for HEHA querying whether this the funding that was going to be available for community or whether it is different funding? The General Manager contacted the HEHA Manager to join the meeting to clarify.

Claire joined the meeting at 5.05pm

The HEHA Manager joined the meeting and briefed the committee about the Ministry of Health proposal as outlined within the HEHA report. She explained that the funding was directed at bigger projects $30k+ and not targeting small Community projects. The contestable funding is targeted at a regionalised approach rather than the smaller community approach and has very specific requirements. The timeframe for submitting proposals is a tight deadline and currently there is a core group of four people South Island wide working on submitting a proposal, with Wayne Turp representing the West Coast and Canterbury. An idea for a proposal is to review a mothers pregnancy care -for example mothers gaining unnecessary weight whilst pregnant is recognised as a risk factor for obesity in mother and baby, as well as perhaps looking at implementing a child obesity risk predicting tool. This is discussed at a higher Management level and therefore the HEHA Manager could not elaborate on progress.

Further clarification was sought whether the anticipated contestable funding for Whare Oranga pai is available, for nutrition / physical activity? They were advised that essentially this is now the direction the Minister has made this funding available.

8. WHARE WHAKARURUHAU POLICY

The committee were advised that the General Manager of Maori Health received correspondence from Te Runanga of Makaawhio advising that they have received concerns about the use of the Whanau Facility and would like this item to be discussed at Tatau Pounamu. The letter was timely as the Whanau facility procedure is due for renewal in January 2013. Te Ruananga O Makaawhio was advised that this item had been placed on the agenda.

He advised the group of some possible suggestions for improvement for their consideration e.g. review the Steering Group membership, include Marae style type of accommodation in all wording within all documentation, review the cost as the current price does not cover depreciation, cleaning costs etc. Other feedback received was look at greater Maori involvement and some improvement in the written documentation was required.

As the meeting time had at this stage become limited, it was decided that the Minute Secretary would send out the suggestions and ideas from each committee member would be forwarded back to the Minute Secretary. This item will be deferred to the next Tatau Pounamu meeting on 7 March 2013.

There being no further business the meeting closed at 5.42pm.

BOARD AND CHAIR'S CORRESPONDENCE FOR 22 MARCH 2013 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
7 Feb 2013	Richmond	Chairman	Merger – Wellink Trust and Richmond New Zealand
12 Feb 2013	Australia/NZ School of Government	Chairman	Advice of Workshop
5 March 2013	Ministry of Health	CEO (cc Chairman)	Q2 Health Target Results

WEST COAST DHB – 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	Board Room, Corporate Office
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	Board Room, Corporate Office

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