West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

HOSPITAL ADVISORY COMMITTEE MEETING

2 May 2013

AGENDA
AND
MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

ATTENDANCE & PURPOSE

The functions of the Hospital Advisory Committee, 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
- to assess strategic issues relating to the provision of hospital and specialist services by the West Coast DHB; and
- to 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."

HOSPITAL ADVISORY COMMITTEE MEMBERS	EXECUTIVE SUPPORT
Sharon Pugh (Chair) Paula Cutbush Karen Hamilton Gail Howard Doug Truman Richard Wallace Dr Paul McCormack (ex-officio) Peter Ballantyne (ex-officio)	Michael Frampton (*Programme Director)* Dr Carol Atmore (*Chief Medical Officer)* Garth Bateup *(Acting GM, Hospital Services)* Gary Coghlan *(General Manager, Maori Health)* Carolyn Gullery *(GM, Planning & Funding)* Karyn Kelly *(Director of Nursing & Midwifery & Acting GM Primary & Community Services)* Justine White *(General Manager, Finance)* Kay Jenkins (*Governance)*

AGENDA

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Thursday 2 May 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** *7 March 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	**Allied Health Presentation**	Stella Ward *Executive Director, Allied Health*	*12.20pm – 12.45pm*

ESTIMATED FINISH TIME	12.25pm

INFORMATION ITEMS

- **Chair's Report to last Board Meeting**
- **Board Agenda – 22 March 2013**
- **2013 Committee Work Plan**
- **West Coast DHB 2013 Meeting Schedule**

NEXT MEETING

Date of Next Meeting 6 June 2013

Corporate Office, Board Room at Grey Base Hospital.

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.

INTEREST REGISTER

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

Member	Disclosure of Interests
CHAIR - HAC Sharon Pugh **Board Member**	• Shareholder, New River Bluegums Bed & Breakfast • Deputy Chair, Greymouth Business & Promotions Association
Doug Truman **Board Member**	• Deputy Mayor, Grey District Council • Director Truman Ltd • Owner/Operator Paper Plus, Greymouth
Richard Wallace	• Upoko, Te Runanga o Makawhio • Negotiator for Te Rau Kokiri • Trustee Kati Mahaki ki Makawhio Limited • Honorary Member of Maori Women's Welfare League • Wife is employed by West Coast District Health Board • Trustee West Coast Primary Health Organisation • Member of Tatau Pounamu • Kaumatua Health Promotion Forum New Zealand • Kaumatua for West Coast DHB Mental Health Service (employed part-time) • Daughter is a Board Member of both the West Coast DHB and Canterbury DHB • Kaumatua o te Runanga o Aotearoa NZNO • Te Runanga o Aotearoa NZNO • Member of the National Asthma Foundation Maori Reference Group
Gail Howard	• Chair of Coal Town Trust • Trustee on the Buller Electric Power Trust • Director of Energy Trust New Zealand
Paula Cutbush	• Owner and stakeholder of Alfresco Eatery and Accommodation
Karen Hamilton	• Grey District Councillor • Employed by Community & Public Health (a division of Canterbury District Health Board) • Coordinator / Member of Alcohol Action West Coast • Member - Alcohol Action New Zealand • Member of West Coast Tobacco Free Coalition • Member CCS Disability Action (Canterbury / West Coast) • Member Cystic Fibrosis Association (Canterbury Branch) • Director – Future Knowledge Limited (this company owns a property that is leased by Richmond New Zealand Trust and another property that is leased by Presbyterian Support. They also own the building where some of Community Services have relocated to.) • Shareholder – Bright Side Investments Limited

Dr Paul McCormack ex-officio **BOARD CHAIR**	• General Practitioner Member, Pegasus Health
Peter Ballantyne ex-officio **BOARD 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

MINUTES – HOSPITAL ADVISORY COMMITTEE

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Thursday 7 March 2013, commencing at 11.00am

PRESENT

Sharon Pugh (Chair); Paula Cutbush; Gail Howard; Doug Truman; Richard Wallace; Dr Paul McCormack (ex-officio); and Peter Ballantyne (ex-officio).

MANAGEMENT SUPPORT

Garth Bateup (General Manager, Hospital Services); Michael Frampton (Programme Director); Kay Jenkins (Minutes); Justine White (General Manager, Finance) – for Item 5.

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 Karen Hamilton.

1. INTEREST REGISTER

Karen Hamilton had advised in writing that the wording regarding her interest in the property on the corner of High Street & Marlborough Street was incorrectly worded.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (4/13)
(Moved: Doug Truman/Seconded: Richard Wallace – carried)

"That the minutes of the meeting of the Hospital Advisory Committee held on 24 January 2013 be confirmed as a true and correct record with the following amendments: page 2 Recruitment ""winding up" to be replaced with the word "future" and page 2 Outpatient cancellations to read: "… and the Committee noted that "for this period these cancellations were mainly due to …..".

3. CARRIED FORWARD/ACTION ITEMS

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

1 Transportation Home Following Discharge – it was agreed that this action point should now be deleted.

2. Patient Ambulance Transport – work is being undertaken regionally around this.

3. Exit Interviews – The next report is due in June 2013.

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**
  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.

- **Patient Transfers**
  Management agreed to look at the reporting of patient transfers to give a clearer picture of the situation.

- **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.

- **Quality Reporting**
  The Committee noted the General Manager's comment that overall quality control is being managed and that incident reporting is quite robust.

The report was noted.

5. FINANCE REPORT

Justine White, General Manger, Finance, spoke to the finance report for the month of January 2013. The report was taken as read and she commented that we are now starting to see an improvement come through in terms of the monthly results. The Committee noted that the

January results included the remainder of the Laundry redundancies.

Discussion took place regarding the financial situation in General Practice and the Committee noted that the systematic issues are being worked through but it is early days yet with still a lot to be undertaken.

The Committee also noted that work is being undertaken in regard to the billing of non-eligible patients. It was confirmed that there are systems available to do this and management is currently addressing how these systems are being used.

Resolution (5/13)

(Moved: Peter Ballantyne/Seconded: Richard Wallace – carried)
That the Committee notes the financial report for the period ending 31 January 2013.

6. CLINICAL LEADERS REPORT

The Clinical Leaders Report was taken as read.

The Committee noted that there would be a presentation from the Director of Allied Health at the next meeting.

The report was noted

6a GENERAL BUSINESS

The Chair advised the Committee that the Partnership Group was progressing with the Business Case which is due to be completed by the end of April 2013.

7. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (6/13)
(Moved: Richard Wallace/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.	Minutes	For the reasons set out in the previous agenda.	

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 12.34pm and returned to the Public meeting at 12.35pm.

There being no further business the meeting closed at 12.35pm

Confirmed as a true and correct record.

_____ _____

Sharon Pugh
Chair

Date

CARRIED FORWARD/ACTION ITEMS

Item No	DATE RAISED	ACTION	COMMENTARY	STATUS
1	24 May 2012	**Patient Ambulance Transport** Provide update on the South Island project around patient ambulance transport	A Regional process is being undertaken around this.	Update to be provided to June 2013 meeting by GM Planning & Funding.
2	24 May 2012	**Exit Interviews**	Provide a regular reporting on any trends (either positive or negative) emerging from exit interviews.	Next Report due at end of June so will come to July 2013 meeting.

MANAGEMENT REPORT

TO: **Chair and Members**
Hospital Advisory Committee

SOURCE: **General Manager, Hospital Services**

DATE: **2 May 2013**

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

1. ORIGIN OF THE REPORT

This is a standing report to the West Coast DHB Hospital Advisory Committee outlining progress on service delivery in the DHB Provider Arm.

2. RECOMMENDATION

That the Hospital Advisory Committee:

i. Notes the Management Report

3. SUMMARY

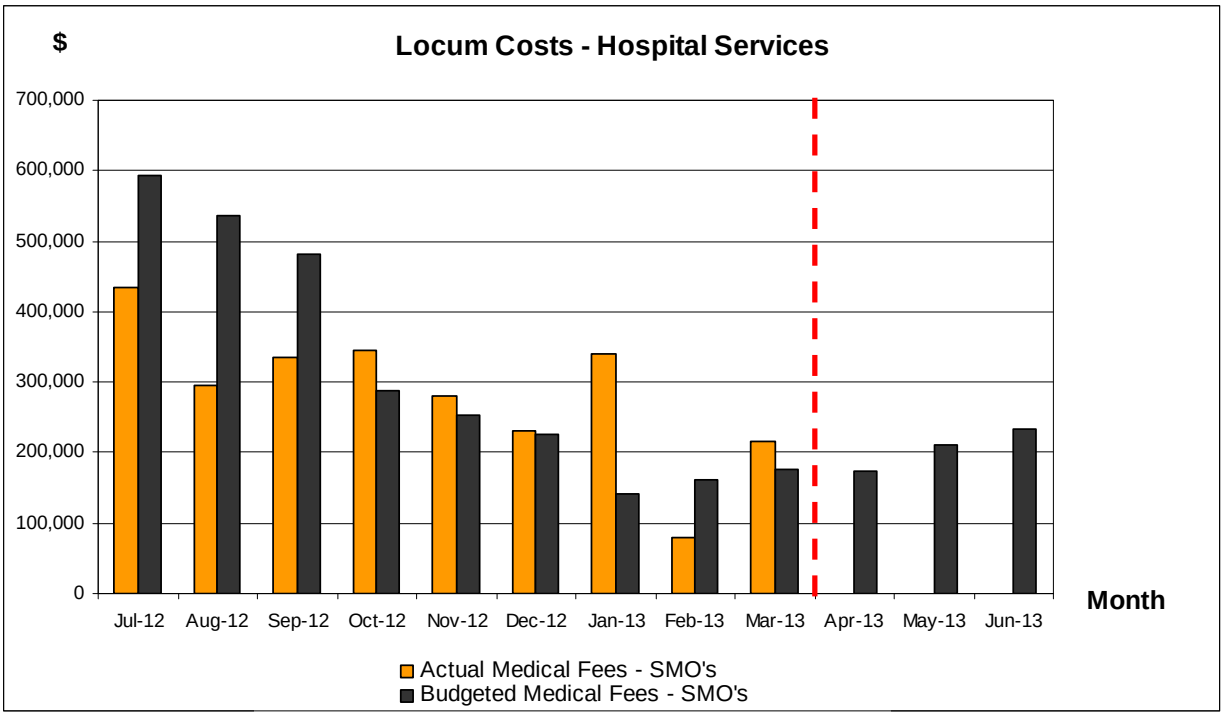
- Medical Administration relocations are substantially completed. The move in date for the remaining Community Services staff into the Nancarrow Street property is 1 May 2013.

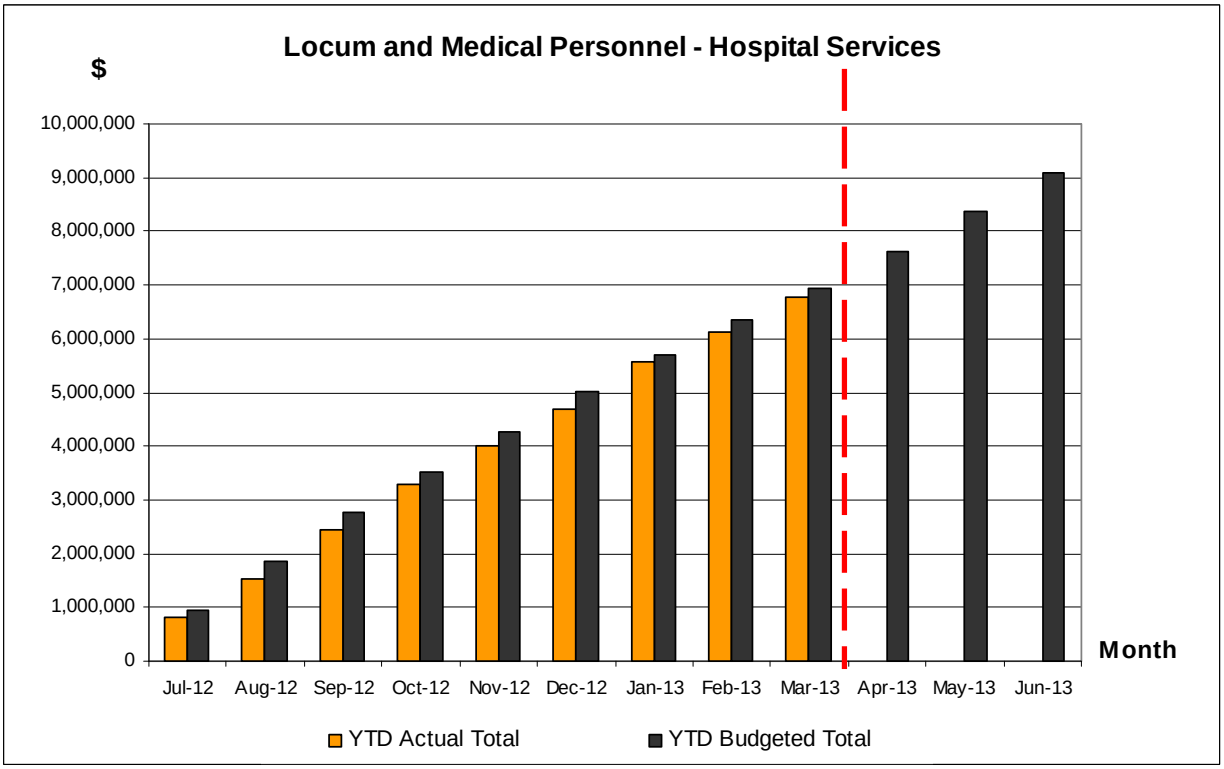
- Production Plan is close to targets except in Orthopaedics, ENT, Urology and Dental. Overall the DHB will achieve the 1592 elective discharges target. Recovery plan is being developed.

4. DISCUSSION

4.1 Medical Personnel

- Both graphs are Hospital Services only
- Hospital Services is in this connection defined as: General Surgery, Orthopedics, A&E, General Medicine, O&G, Paediatrics, Anaesthetics and Visiting Clinics
- The figures only include SMO's personnel and SMO related locum costs
- The SMO locum costs include travel, accommodation, Agency Fees and other locum costs
- July 2012 –March 2013 figures are based on actual spend
- The graph showing Locum and Medical Personnel costs are accumulated figures
- The graph showing only the locum costs are showing the monthly spend


$
Locum Costs - Hospital Services
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
Jun-13
Month
Actual Medical Fees - SMO's
Budgeted Medical Fees - SMO's


Locum and Medical Personnel - Hospital Services
$
10,000,000
9,000,000
8,000,000
7,000,000
6,000,000
5,000,000
4,000,000
3,000,000
2,000,000
1,000,000
0
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
Jun-13
Month
YTD Actual Total
YTD Budgeted Total

4.2 Recruitment Vacancies

Monthly Summary

New Vacancies:	6	**Total Open Vacancies**	25	**Total FTE Recruiting:**	26	**Appointed Vacancies**	10	**Total FTE Appointed**	6.2

Corporate & Support Services

Date Received	Vacancy Name	Approved	FTE	H/C	Work Type	Division/Practice	Status	Stage & Comments
8/11/2012	General Manager – Buller	Y	1	1	Perm, FT	Buller		Offered –appointment made
8/11/2012	General Manager – Grey & Westland	Y	1	1	Perm, FT	Greymouth		Search process ongoing
8/04/2013	Receptionist	Y	1	1	Perm, FT&PT	Greymouth		Part time placement made – referencing candidate for Full time
	Total CSS Recruiting:		**3**	**3**				

Appointments:

Date Received	Vacancy	FTE	H/C	Work Type	Division/Practice	Start Date	Appointee Comments (incl. Agency details and fee if applicable)	Int/Ext
8/4/2013	Receptionist	0.5	1	Perm PT	Greymouth	8/04/2013		Ext
16/01/2013	Booking Clerk	1	1	1	Fixed, FT	TBC		Int
Total CSS Hires:		**1.5**	**2**					

Medical

Date Received	Vacancy Name	Approved	FTE	H/C	Work Type	Division/Practice	Status	Stage & Comments
1/5/2011	O&G	Y	1	1	Permanent	Grey Hospital		**Re-Advertising:** Advertisement now running – 1 x applicant via agency looking at a 12 month fixed term position – agency will not budge from 18% agency fees – have advised agency that we will review our direct applicants in the first instance. Have received through one direct applicant which has been forwarded through for their review.
14/08/2012	Clinical Leader	Y	1	1	Permanent	Buller Health		**Advertising**: Continue to advertise on both CDHB & WCDHB websites – no applicants
1/5/2011	GP	Y	2	2	Perm/FT/Locum	Buller		**Advertising –** 4 x potential applicants all via agencies – Informal chats with two of them and will talk to the other two early next week. Two candidates are looking for 24 months.

1/5/2011	GP	Y	1	1	Perm/FT/Locum	RAGP		**Advertising**: Received through a CV from a GP whose family live in Reefton and who is looking to work on the West Coast. Awaiting response from this candidate.
6/5/2012	GP	Y	1	1	Perm/FT/Locum	Hokitika		
7/5/2012	GP	Y	1	1	Perm/FT/Locum	South Westland		
17/8/2012	Hospital Generalist	Y	3	3	Permanent	Greymouth		**Advertising**: Received through one direct applicant and CV – he cannot start until Jan 2014. Have one applicant via an agency and it has been sent through to ED for clinical team to review CV.
21/9/2012	General Surgeon	Y	1	1	Permanent	Greymouth		**Re-Advertising:** Now advertising Received through two direct applicants one who has been pre-screened and we are awaiting feedback; Second CV was only sent through today for their review but applicant is 65 years of age so it would have to be a fixed term placement. He has however worked at Grey Base previously. Have received a few CVs through agencies - have advised agencies that we will review our direct applicants in the first instance.
28/3/2013	Anaesthetist	Y	1	1				**New role –** awaiting confirmation via approval process before commencing recruit
Total Medical Recruiting to:			**12**	**12**				

Total Months Appointments:

Date Received	Vacancy	FTE	H/C	Work Type	Division/Practice	Start Date	Appointee Comments (incl. Agency details and fee if applicable)	Int/Ext
								Ext
Total Medical Hires:		**0**	**0**					

Nursing

Date Received	Vacancy Name	Approved	FTE	H/C	Work Type	Division/Practice	Status	Stage & Comments
07/01/13	Midwives - generic	Y	?	?	Perm/fixed term/casual	West Coast DHB		**Advertising:** Advertising continues
07/01/13	Clinical Midwife Manager	Y	1	1	Permanent	Grey Hospital		**Re-Advertising** Advertising extended no applicants received – no closing date
15/01/13	CNS Cancer Coordinator	Y	1	1	Permanent	Grey Hospital		**Ref Checking:** One candidate interviewed, ref checking in progress.
18/2/13	Rural Nurse Specialist Roving	Y	0.8	1	Permanent	South Westland/Franz Josef		**Ref Checking:** Interviews held 22 March, ref checking in progress
	Registered Nurse	Y	1	1	Permanent	Kynnersley		**Advertising Closed:** Large number of applicants received currently being reviewed
4/3/13	CNC Ortho	Y	1.0	1	Permanent	Greymouth		**Advertising closed**: Closing 27 March 2013

18/3/13	Registered Nurse	Y	1.0	1	Permanent	Buller		**Advertising:** Closing 5 April
18/3/13	Enrolled Nurse	Y	1.0	1	Permanent	Buller		**Advertising:** Closing 5 April
18/3/13	Caregiver	Y	0.7	1	Permanent	Buller		**Advertising:** Closing 5 April
		Total Nursing Recruiting:	**7.5**	**8**				

Total Months Appointments:

Date Received	Vacancy	FTE	H/C	Work Type	Division/Practice	Start Date	Appointee Comments (incl. Agency details and fee if applicable)	Int/Ext
30/10/12	Registered Nurse	1	1	Perm	Manaakitanga IPU	2/4/13	External Applicant	E
7/1/13	Midwives	0	1	Casual	Maternity	25/3/13	External Applicant	E
28/1/13	Registered Nurse – Casual	0	1	Casual	Grey Hospital	April 2013	External Applicant	Ext
11/2/13	Practice Nurses	0.8	2	Permanent	Buller Health	April 2014	1x External Applicant 1x Internal currently Fixed Term	Ext Int
	Total Nursing Hires:	**1.8**	**5**					

Allied Health, Scientific & Technical

Date Received	Vacancy Name	Approved	FTE	H/C	Work Type	Division/Practice	Status	Stage & Comments
1/5/2012	Dental Therapist		1	1	Permanent	Greymouth		**Re-advertising**
24/4/2012	Senior Dietitian		1	1	Permanent	Greymouth		**Under review**
8/3/13	Medical Technician	Y	0.5	1	Permanent	Greymouth		**Advertising closed:** 23 March Screening candidates
18/3/13	Social Worker	Y	1	1	Permanent	Buller		**Advertising closes:** 25 March
		Total AHST Recruiting:	**3.5**	**4**				

Total Months Appointments:

Date Received	Vacancy	FTE	H/C	Work Type	Division/Practice	Start Date	Appointee Comments (incl. Agency details and fee if applicable)	Int/Ext
15/2/13	Physiotherapist	0.3	1	Fixed Term	Buller	18 Mar 13		Ext
29/1/13	Pharmacy Assistant	0.6	1	Perm	Greymouth	25 Mar 13		
11/2/13	AOD Practitioner	1	1	Perm	Greymouth	17/4/13	External Applicant	Ext
29/1/13	Social Worker	1	1	Perm	Greymouth	TBA	External Applicant	
	Total AHST Hires:	**2.9**	**4**					

4.3 District Health Board Specific Targets

National Health Target		West Coast DHB Target	
Shorter Stays in Emergency Departments	95% of patients will be admitted, discharged, or transferred from an Emergency Department within six hours	>95% across all triage categories	**Emergency Department Attendances** **For Period: 1 January – 31 March 2013** Over 6 Hours 3 0.00% Under 6 Hours 1,323 1.00% **Total Attendances: 1,326** *This report is calculated from Arrived time to Departed time. It combines the 3 Emergency Departments – Grey, Buller and Reefton.*
			Quarterly Data **Period: 1 January to 31 March 2013** **ED - Buller** Over 6 Hours 1 .14% Under 6 Hours 714 99.86 **ED - Greymouth** Over 6 Hours 6 .21% Under 6 Hours 2,875 99.79% **ED - Reefton** Under 6 Hours 143 100.00% **Total Attendances 3,739** *This report is calculated from Arrived time to Departed time.*
Improved Access o Elective Services	129,000 elective surgical discharges delivered nationwide in 2010/11	1592 elective surgical discharges	YTD progress is one discharge short of target for the period through 28 Feb 2013 with 1,054 discharges out of the required 1,592 completed
Shorter Waits for Cancer Treatment	Everyone needing radiation & chemotherapy treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010.	100% started within four weeks	Achieved 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks
Better Help for Smokers to Quit	90% of hospitalised smokers are provided with advice and help to quit. Introduce similar target for primary care from July 2010 through the Primary Health Organisation Performance Programme.	95% for 2011-2012	**ABC Implementation:** Q3 results show and improvement of 2% from the previous quarter to 91%. Work continues on identifying patients not receiving the intervention when in hospital and closing the gap to the 95% target

Initiatives

- The Before School Checks (B4SC) achieved 1% more than target for Q3, 2012/13 for the target population

4.4 Case Weights

This Provider Arm Report includes base service level agreement additional electives initiative volumes. This report is on a straight yearly volume divided over 12 months basis.

Inpatient Volumes

As at 31 March 2013 overall case-weighted (CWD) inpatient delivery was -15% under contracted volume for surgical specialty services (1,555.54 actual vs. 1,837.77 contracted) and over 4% for medical specialty services (1031.21 actual vs. 989.54 contracted).

The split between acute and electives were as follows:

CASE WEIGHTS (CWD)	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	820.91	670.83	-150.08	-18%
Elective	1016.86	884.71	-132.15	-13%
Sub-Total Surgical:	1837.77	1555.54	-282.23	-15%
Medical				
Acute	988.34	1030.27	41.93	4%
Elective	1.20	0.94	-0.26	-.22%
Sub-Total Medical:	989.54	1031.21	41.67	4%
TOTALS:	2827	2587	-241	-9%

*The under-production in surgical specialty services is across most specialties.
*The over-production in medical specialty services is driven largely by General Medicine.

Outpatient Volumes

As at 31 March 2013 overall case-weighted (CWD) outpatient delivery was -7% under contracted volume for surgical specialty services (7127 actual vs. 7964 contracted) and -1% down for medical specialty services (3923 actual vs. 3958 contracted).

The split between 1st Visit and Subsequent Visit were as follows:

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1st Visit	2926	2698	-228	-8%
Subsequent Visit	5039	4429	-610	-12%
Sub-Total Surgical:	7964	7127	-837	-11%
Medical				
1st Visit	1194	1087	-107	-9%
Subsequent Visit	2764	2836	72	3%
Sub-Total Medical:	3958	3923	-35	-1%
TOTALS:	11,922	11,050	-872	-7%

*Under-production again in surgical specialty services, in particular with general surgery, orthopaedics, endocrinology, respiratory and general medicine. Services with higher throughput include Ear Nose and Throat surgery, gynaecology, ophthalmology, diabetes, and paediatric medicine.

4.5 Industrial Relations

- ASMS representing senior doctors continue in negotiations
- APEX representing IT workers continue in negotiations
- FIRST representing Pharmacy Workers continue in negotiations

- An SMO engagement day was held recently on 12 April 2013, co-hosted by David Meates and Ian Powell, the Executive Director of the Association of Salaried Medical Specialists (ASMS). Agenda items included: the direction of travel of the West Coast Health System, and the importance of clinical engagement during times of change.

4.6 ESPI Compliance

The WCHB was non-compliant at the end of February 2013 in ESPI 2 with 15 orthopaedic cases and two plastic surgery First Specialist Assessments (FSA) over the 180 day target. It is likely that WCDHB will be non-complaint in March and April due to Orthopaedics and a recovery plan is being worked to in orthopaedics to ensure compliance is regained by May to avoid financial penalty.

The WCDHB was compliant to ESPI 5 at the end of February 2013.

4.6 Elective Services Patient Indicator

MoH Elective Services Online

Summary of Patient Flow Indicator (ESPI) results for each DHB

DHB Name: West Coast

	2012 Mar			2012 Apr			2012 May			2012 Jun			2012 Jul			2012 Aug			2012 Sep			2012 Oct			2012 Nov			2012 Dec			2013 Jan			2013 Feb		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	16 of 16	100.0%	0	16 of 16	100.0%	0	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1
2. Patients waiting longer than six months for their first specialist assessment (FSA).	50	0.8%	0	80	1.1%	0	29	0.5%	0	0	0.0%	0	12	1.1%	-12	26	2.1%	-26	1	0.1%	-1	4	0.4%	-4	15	1.3%	-15	9	0.8%	9	1	0.1%	-1	17	1.8%	-17
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	1	0.0%	0	6	0.5%	0	6	0.0%	0	12	0.7%	-12	12	0.7%	-12	8	0.5%	-8	13	0.8%	-13	11	0.7%	-11	13	0.8%	-13	10	0.6%	-10	5	0.3%	-5
5.Patients given a commitment to treatment but not treated within six months.	41	2.1%	0	34	1.8%	0	16	0.8%	0	0	0.0%	0	4	1.1%	-4	4	1.1%	-4	0	0.0%	0	2	0.5%	-2	2	0.6%	-2	0	0.0%	0	2	0.6%	-2	0	0.0%	0
6. Patients in active review who have not received a clinical assessment within the last six months.	0	X	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	3	20.0%	-3	8	46.2%	-8	0	0.0%	0	2	13.3%	-2	1	0.1%	-1
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	169	100.0%	0	158	100.0%	0	171	100.0%	0	150	100.0%	0	104	100.0%	0	138	100.0%	0	151	100.0%	0	129	100.0%	0	152	100.0%	0	88	100.0%	0	83	100.0%	0	117	100.0%	0

Data Warehouse Refresh Date: 30/Mar/2013

Report Run Date: 31/Mar/2013

Notes:
1. ESPIs that apply from 1 July 2012.
2. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
3. ESPIs 3 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools.
4. Medical specialties are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
5. ESPI 1 and 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
6. ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.39%, and Red if 0.4% or higher.
7. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
8. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.99%, and Red if 1% or higher.
9. ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than 14.99%, and Red if 15% or higher.

Please contact the Ministry of Health's Electives team if you have any queries about ESPIs (elective_services@moh.govt.nz).

Page 1 of 1

4.7 Patient Transfers

Transfers to Tertiary Centres (February 2013 – March 2013)

Reasons for Patient Transfers	February 2013	March 2013
Service not available at Grey Base	2	-
Service not available at Grey Base – at time	-	-
Severity of illness	5	7
Special Procedure (not done at Grey Base)	8	3
Specialist Care Not available (at Grey Base)	16	19
Specialist Care Not available (at Buller)	3	-
Service Not available (at Buller)	4	4
Specialist Care Required Urgently	5	11
Other Staffing Issue	-	-
Post Operative Complication	3	2
Other reason for transfer	-	-
Total No. of Categories (reasons*) for month	**46**	**46**
Total No. of Patients Transferred for month	**36**	**31**

***NB:** *Please note that some patients will fall into two categories, e.g. a mother in premature labour fits into "service not available at Grey Base" and "specialist care not available at Grey Base."*

Reasons for Patient Transfers	Explanation
Service not available at Grey Base	This service is never offered at Grey Base Hospital e.g. Magnetic Resonance Imaging MRI.
Service not available at Grey Base – at time	Service temporarily not available e.g. a CT Cologram can not be done without a Radiologist.
Severity of Illness	Patient too ill to stay at Grey Base, requires tertiary level care.
Special Procedure (not done at Grey Base)	Procedure never done at Grey Base Hospital e.g. cardiology.
Specialist Care not available at Grey Base	Never have this type of specialist on staff e.g. Neurologist; or the required level of specialist care is unavailable at Grey Base Hospital at the time.
Specialist Care required urgently	Patient requires urgent transfer e.g. cardiac evaluation.
Other staffing issue	Staffing issue other than specialist availability e.g. recently surgeons could not operate on a patient that might have required a ventilator as there was no one available to operate the ventilator. Normally the ventilator would have been available, the patient would have had the operation and there would have been someone to operate the ventilator for 24 hours prior to transferring the patient.
Post Operative Complication	Complication arising out of surgery that requires tertiary level specialist care.
Other Reason for Transfer	Reasons falling outside of the above categories: e.g. Christchurch patient admitted, once stable wants to be transferred back to Christchurch.

Definitions:

Specialist – Expert clinician
Service – equipment, resources and operators

Patient Transfers from Buller to Grey Base Hospital (February 2013 – March 2013)

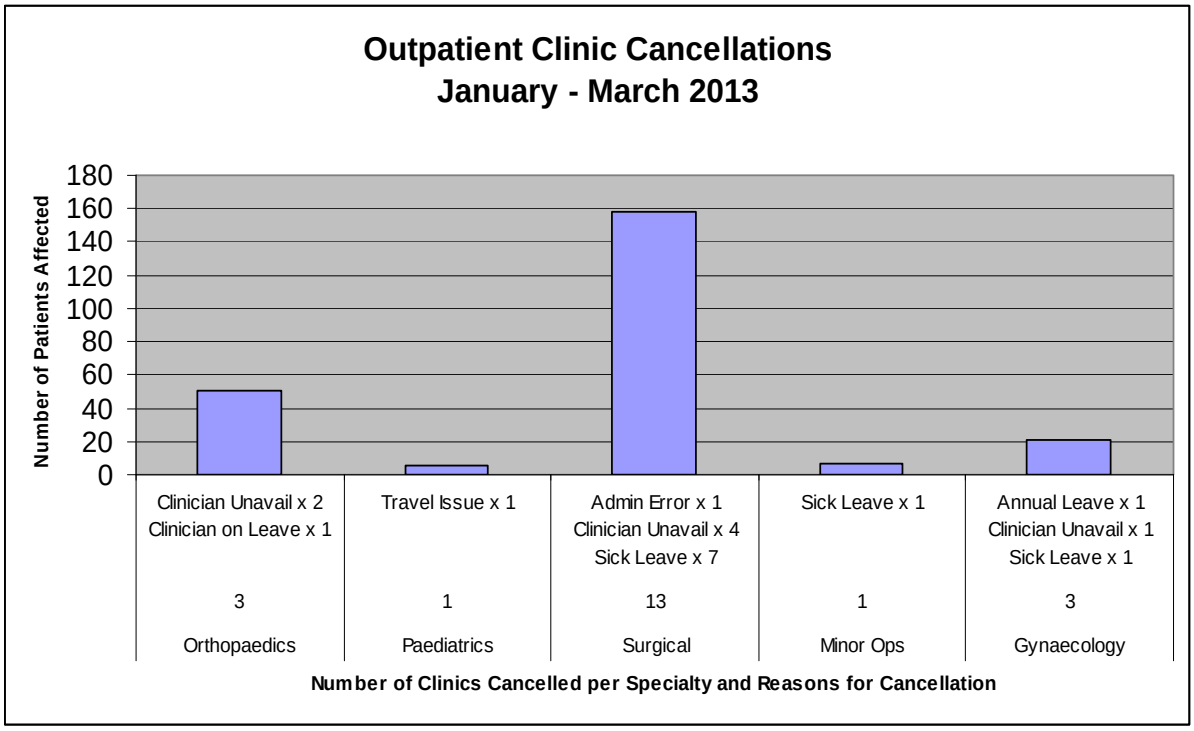
Reasons for Patient Transfers	December 2012	January 2013
Service not available at Buller	6	10
Specialist care not available at Buller	1	4
Specialist care required urgently	8	4
Other staffing issue	-	-
Post Operative complication	-	-
Other reason for transfer	-	-
Severity of illness	-	-
Total No. of Categories (reasons*) for month	**15**	**18**
Total No. of Patients Transferred for month	**9**	**13**

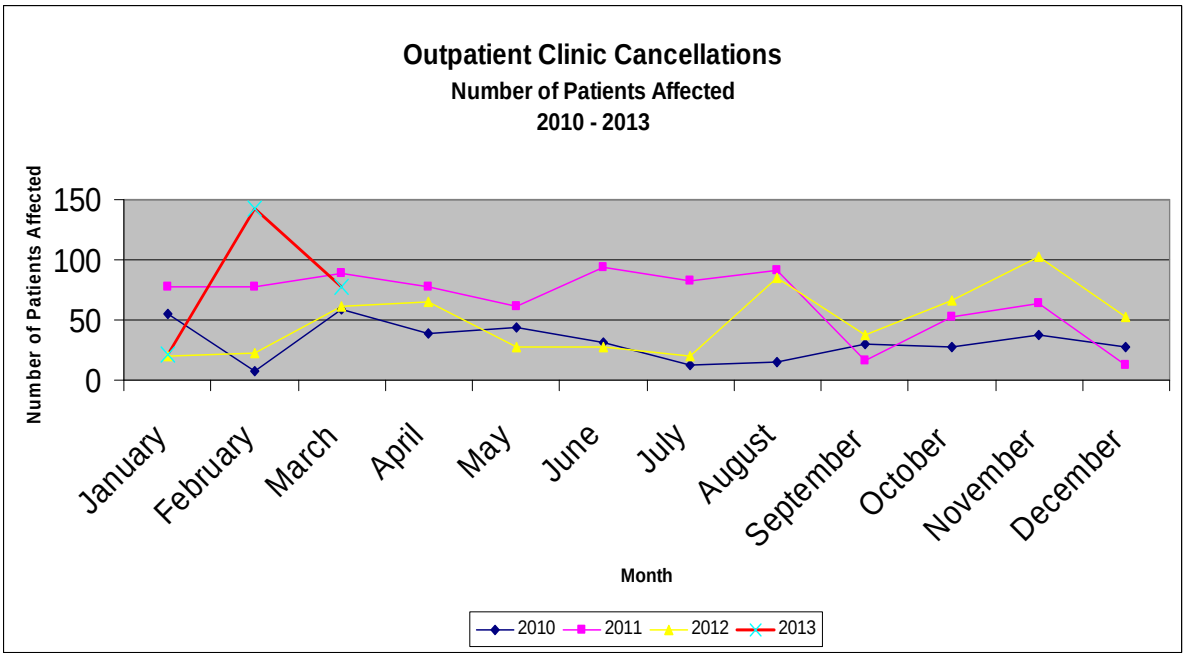
Patient Transfers from Reefton to Grey Base Hospital (February 2013 – Marc 2013)

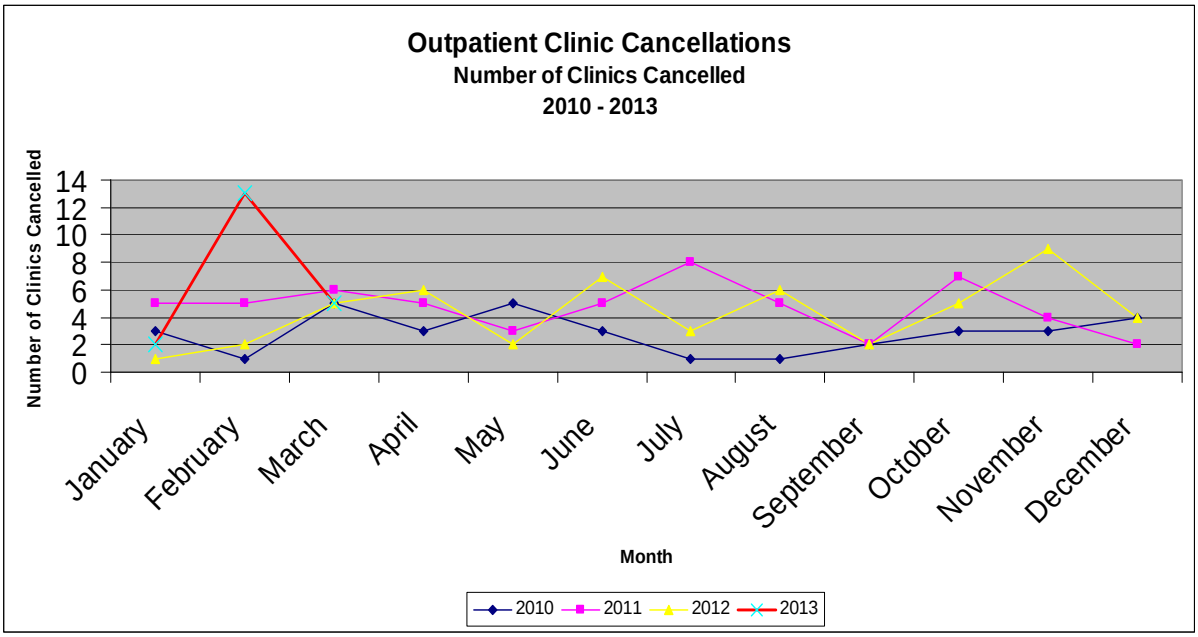
Reasons for Patient Transfers	December 2012	January 2013
Service not available at Reefton	-	-
Specialist care not available at Reefton	-	-
Specialist care required urgently	-	-
Other staffing issue	-	-
Post Operative complication	-	-
Special Procedure	-	-
Other reason for transfer	-	1
Severity of illness	1	1
Total No. of Categories (reasons*) for month	**1**	**2**
Total No. of Patients Transferred for month	**1**	**2**

4.8 Outpatient Clinic Cancellations

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend (DNA)	Percentage of patients did not attend (DNA)	Number of patients affected by clinic cancellations (rebooked)	Percentage of patients affected by clinic cancellations
March 2012	1974	1752	161	8.16%	61	3.09%
April 2012	1972	1728	179	9.08%	65	3.30%
May 2012	2290	2047	215	9.39%	28	1.22%
June 2011	1668	1511	130	7.79%	27	1.62%
July 2012	2098	1891	187	8.91%	20	0.95%
August 2012	1855	1628	142	7.65%	85	4.58%
September 2012	2017	1827	152	7.54%	38	1.88%
October 2012	1913	1696	151	7.89%	66	3.45%
November 2012	1935	1703	130	6.72%	102	5.27%
December 2012	1561	1382	126	8.07%	53	3.40%
January 2013	1849	1679	149	8.06%	21	1.14%
February 2013	1839	1685	154	8.37%	142	7.72%
March 2013	1752	1582	170	9.70%	78	4.45%
13 month rolling totals	**24723**	**22111**	**2046**	**8.28% Average**	**786**	**3.18% Average**


Outpatient Clinic Cancellations
January - March 2013
Number of Patients Affected
180
160
140
120
100
80
60
40
20
0
Clinician Unavail x 2
Clinician on Leave x 1
3
Orthopaedics
Travel Issue x 1
1
Paediatrics
Admin Error x 1
Clinician Unavail x 4
Sick Leave x 7
13
Surgical
Sick Leave x 1
1
Minor Ops
Annual Leave x 1
Clinician Unavail x 1
Sick Leave x 1
3
Gynaecology
Number of Clinics Cancelled per Specialty and Reasons for Cancellation


Outpatient Clinic Cancellations
Number of Patients Affected
2010 - 2013
Number of Patients Affected
150
100
50
0
January
February
March
April
May
June
July
August
September
October
November
December
Month
2010
2011
2012
2013



4.9 Community Services

Historically the Hospital Advisory Committee (HAC) has received detailed reports from Primary and Community services. Into the future these reports will presented to the Community and Public Health Advisory Committee and Disability Support Advisory Committee (CPHAC). HAC will however, continue to receive reports that focus on integration of services between primary, community and hospital services whereby there is an impact on secondary services.

Community

Nancarrow Street

As part of the response to the seismic reports on the Grey Base Hospital building, there has been urgent reconfiguration of services. Some staff and services are to be moved to a DHB owned house in Nancarrow Street on 1 May 2013. This process has required considerable work to obtain resource consent for the change of use of this property to enable us to provide non clinical serves out of this house. The disability access toilet will be installed prior to 1 May as will the plumbing and building that need completing. Concurrently IT will be working to ensure a smooth transition.

Cancer Nurse Coordinator.

This new Ministry of Health funded position has been appointed and the role will commence on 6 May working in the Oncology Nurse Specialist team at the Corner House (previously known as the Kip McGrath centre).

Home Based Support Services:

The new computer programme that has been long awaited is now up and running. There has been an incredible amount of work entering the details of clients and staff to make it work. They include 590 long term care clients, 105 short term clients and 12 ACC clients. The service employs 120 home Based support workers.

Carelink

The Complex Clinical Care Network has been established to connect services for patients with complex needs on the West Coast. This service encourages older people to remain independent at home with community supports wrapped around them. The Complex Clinical Care Network Team is lead by a Transalpine Community Geriatrician and has seen two new West Coast based clinical nurse specialist roles introduced. It is an ongoing process to build a comprehensive and

multidisciplinary service that is more responsive and more flexible in meeting the needs of the community.

Family Violence
The Violence Intervention Programme (VIP) draft Strategic plan 2013-2015 is ready to be sent out for feedback**.** The VIP steering group has enabled working groups to develop specific areas of work which include Whanau Ora, Maternal care MDT, Elder abuse & neglect. The National Child Protection Alert System (NCPAS) Accreditation work is underway.

The MoH has set a target screening rate of 50% in six designated services and these areas are audited quarterly for Family Violence screening:

Results: Sexual health – 80%
Emergency Dept – 26%
Maternity – 32%
Child health – not complete
AoD and Mental Health

Work is taking place in these areas to enable accurate recording and reporting of screening rates.

4.10 Nursing Update

Maternity services
The ongoing issues with retention and recruitment of midwives continues, alongside our collaborative conversation with Canterbury and Nelson Marlborough DHBs.

The recruitment team are working very creatively to fill these vacancies and the two short term locum midwives have been recruited. An application has been received for the Clinical Midwife Manager role, after several months of advertising. Owing to ongoing staffing issues, it has been decided to discontinue recruiting for a midwife in their first year of practice, to reduce pressure on the team.

The maternity service is currently under review.

Relocation update
Issues with Morice Ward/ CCU call bell system and oxygen outlets have been addressed. The surgical service continues with their co-location arrangement, for the benefit of both inpatient and day surgical services. Team members have begun working at Burwood Hospital over the coming months.

The reduced bed numbers in McBrearty Ward continue to be an issue, that staff are working with creatively and 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
The eight new nurses who began their programme in January are making a valuable contribution to the workforce at Grey Hospital.

Quarterly MOH Reports
The following quarterly targets were achieved, which is an improvement on the last quarter:
- BOS 3 Elective and arranged inpatient length of stay
- BOS 7 Elective and arranged day surgery admission
- BOS 8 Acute readmissions to hospital
- PP22 Acute readmissions to hospital (75+)

Quality

A recent audit was completed for the Health Quality and Safety Commission on the use of the World Health Organisation surgical safety checklist in our theatres and the use of a falls risk assessment tool. The findings showed that most patients had all components completed on the surgical safety checklist but to address this, additional education has been given to staff and information put up on the website for staff to access. The findings for the falls risk assessment showed that only approximately half of audited patients had a risk assessment completed and then the outcomes translated into actions within a nursing care plan. This is an area for development and will be addressed urgently by the new working group that has been established to work across the West Coast to prevent and address falls.

4.11 Hospital Services Improvement Programme

Central Booking Unit Service Redesign

The Central Booking Unit Manager continues to work closely with the Electives Services Manager – Planning and Funding, to improve the systems and processes within the CBU. The Electives Services Manager, has taken the lead on a number of pieces of work that have been identified as priorities within the Central Booking Unit Service Design Programme.

Both clinical and non-clinical staff have participated in these actions.

Did Not Attend (DNA) Policy

A group met on Wednesday 10 April and endorsed an existing policy with minor changes made. It is planned that this policy, once updated, will be approved by the Executive Management Team and be in place by the end of May 2013.

13/14 Contracting Review

A group met on Thursday 11 April and reviewed the current agreements and contracts for the 2013/14 year.

Theatre Utilisation

A group met on Friday 12 April 2013 to discuss and get an understanding of the new Theatre Utilisation Reports and the definitions. The Reports show the beginning of a trend of improvements in a number of key areas that booking staff are working on to improve.

4.12 Quality Report

Incidents & Complaints

Incidents and Complaints occurring in Hospital Services are monitored by the Clinical Quality Improvement Team who receive detailed reports monthly. Future reporting to this Committee will include trend information on these and any significant changes in service delivery resulting from recommendations made.

Falls "Enthusiasts" – Preventing Falls within the West Coast DHB

The first meeting of "Falls Enthusiasts" convened by the Quality and Patient Safety Manager was held 16th April 2013. As a key focus of the HQSC, falls are an area that is being targeted by the WCDHB. Key areas identified for focus include:

- Data & Reporting
- Promotion
- Prevention
- Risk Assessment

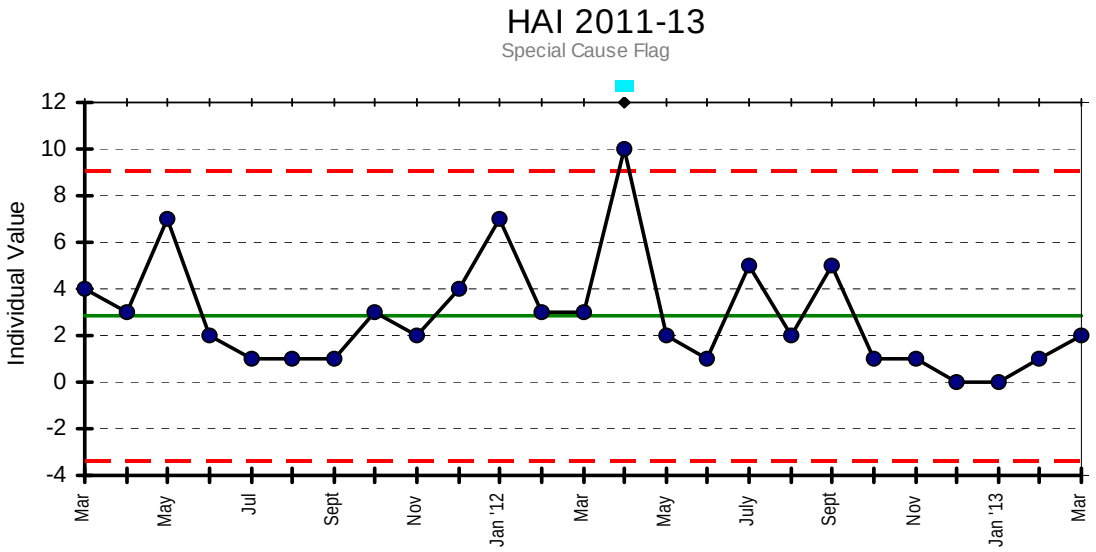
Hospital Acquired Infections

February

- 1 x UTI Hannan Ward

March

- 2 x Urology (1 x Urinary Tract & 1 x Blood Stream Infection



Surgical Site Infections

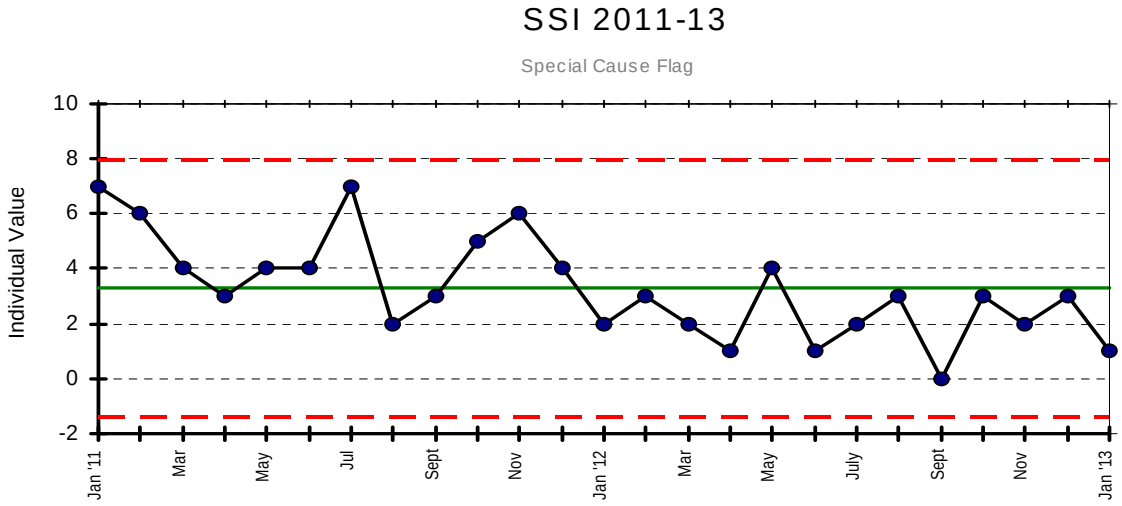
All SSIs are reported to and discussed at Morbidity and Mortality Review meetings.

February 2013

- 1 General Surgery & 1 Plastics

March 2013

- 1 General Surgery & 1 Plastics



CLAB (Central line associated bacterium)

The West Coast DHB reported a CLAB on 17th July 2012. No further CLABs since this date have been reported. Maintaining 100% compliance with the maintenance bundle has been hampered by documentation not being completed accurately; although the lines are clinically compliant; if the documentation is not completed correctly we are not be classified as 100% complaint.

272 Days CLAB free

As of 15th March 2013 the West Coast DHB has been 273 days CLAB free!!
It must be remembered that the WCDHB is one of only a few DHBs that have rolled out CLAB to all areas where central lines are inserted; other DHBs, due to their size, have staged the roll out of the CLAB initiative to clinical areas.

CLAB – Improving the maintenance bundle compliance

This is our area of focus. As reported above, the WCDHB does not perform well is in completing the documentation required to maintain 100% compliance with the maintenance bundle. The Project Leader and Quality Co-ordinator have some ideas about how to improve our compliance rate and plan to meet shortly to put these in place.

Current Projects

PRIMARY SECONDARY ELECTRONIC INTERFACE

This group continues to meet to fine tune the interaction between primary and secondary health providers. Recent improvements:

- *Identification of "lost" discharge summaries.* One of the local GP practices queried the lack of discharge summaries at the commencement of Health Connect South for three of their patients. Working with IT staff it was identified that when the switch to Health Connect South there was a period of time when this practice did not receive any discharge summaries from the WCDHB. Excellent detective work on the part of the IT staff found that this problem was far bigger than initially thought with some 200 patients' summaries being "lost." IT staff have rectified the problem and have now provided that practice with copies of all discharge summaries for their patients.

- *Label Printers purchased for each WCDHB practice.* These are to be used for labelling specimens and are barcoded, thus reducing potential for error.

- *National Immunisation Register.* Immunisation rates for the West Coast may be artificially lower than reality as there was a problem identified with the GP practices being able to "message through" their immunisation information to the national database. Short term the NIR Outreach Co-ordinator has been provided with training and access to "Manage My Health" so she can check on the immunisation status of WC children. She can update the national register now without having to request this information from the individual practices. Long term there are some training issues that require resolution and investigation into why some records will "message through" to the NIR and some won't.

PATIENT REGISTRATION DETAILS

The pilot that has been running in OPD / ED is now complete and this project has been very successful. Staff appear to be happy to continue to do this work, although they will be surveyed to look at identifying further areas of improvement.

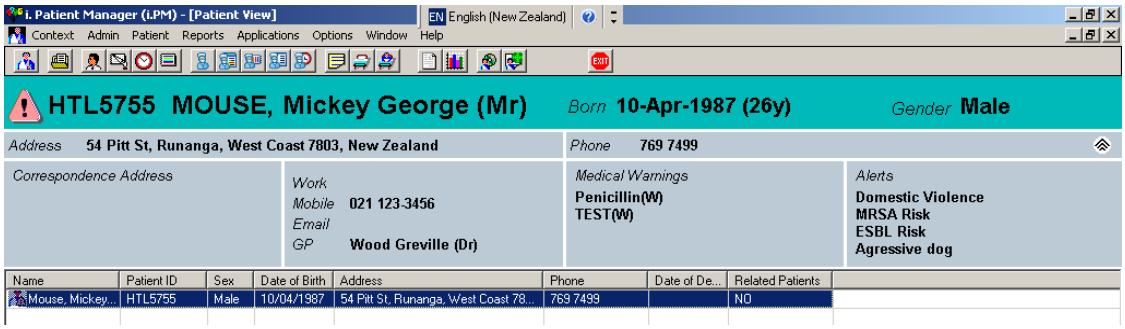
The project came about after it was identified that lost results/contact with patients was a real risk to patient safety at a Primary Secondary Electronic Interface Group (PSEIG) meeting. The group agreed that if patient details were updated in ED/OPD we would potentially capture around 90% of the patients entering our system.

PSEIG members met with and piggy backed on the work already done by an Excelr8 group. The aim was to update patient details at the source, in real time by verbally asking patients if their contact information had changed since their last visit thus ensuring we had the most up to date contact information for patients.

Staff in OPD / ED have embraced this project and have done a fantastic job of taking this work forward. Patients presenting to the OPD / ED have their core information verbally checked by staff instead of a patient registration form being printed, handed to them to complete and then information being updated later. If patients are admitted, then they will have a patient registration form printed as the other information on the form becomes more important at this stage i.e. next of kin, religion, smoking status, etc,.

An added bonus of the project has been the addition of a patient banner which now appears in IPM when a patient NHI is entered. This banner shows core details and can be collapsed or expanded by the user. OPD / ED staff commented at the commencement of the project that to check patient details they had to move between different screens of information and this was slowing them down. After discussing the problem with IT staff, they quickly solved the problem by the addition of this patient banner, making verbally checking / amending core contact details with patients more efficient. An article was written for the CE Update about this project.

The patient banner is shown below:



GLOBAL TRIGGER TOOLS

The Global Trigger Tool (GTT) is a methodology developed by the Institute for Healthcare Improvement (IHI) in 2003 to identify adverse events using medical record reviews. The focus is on harm rather than error. Focusing on actual patient harm, whether or not it was caused by a medical error and whether or not it was preventable targets the system rather than the individuals and allows the analysis of "unintended consequences" from a patient perspective.

The HQSC has put out a practical implementation guide for NZ DHBs and hosted a workshop and information session on Friday 19th April in Auckland. The Quality Coordinator, Hospital Services and a General Practitioner attended this workshop and are developing a paper exploring implementation of Global Trigger Tools locally.

4.13 Staffing

Allied health staffing is looking good at 98% fully staffed.

There will be a RUFUS paediatric dietitian commencing this week as part of a collaboration with CDHB.

Allied Health had a planning day recently run by Stella Ward, Executive Director of Allied Health with a good turn out

4.14 Emergency Planning

Planning is underway with other DHBs in the South Island for the South Island CDEM Group Exercise - Exercise Te Ripahapa, to be held on May 29th.

John Coleman, South Island Emergency Planning Coordinator (PHO) from SIAPO has been on the West Coast helping with preparation for this.

Report prepared by:	Garth Bateup, General Manager Hospital Services Karyn Kelly, Acting General Manager Primary Services

FINANCE REPORT

TO: **Chair and Members**
Hospital Advisory Committee

SOURCE: **Finance**

DATE: **2 May 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 Provider Arm of the West Coast District Health Board.

2. RECOMMENDATION

That the Hospital Advisory Committee notes the Financial Report for the period ending 31 March 2013.

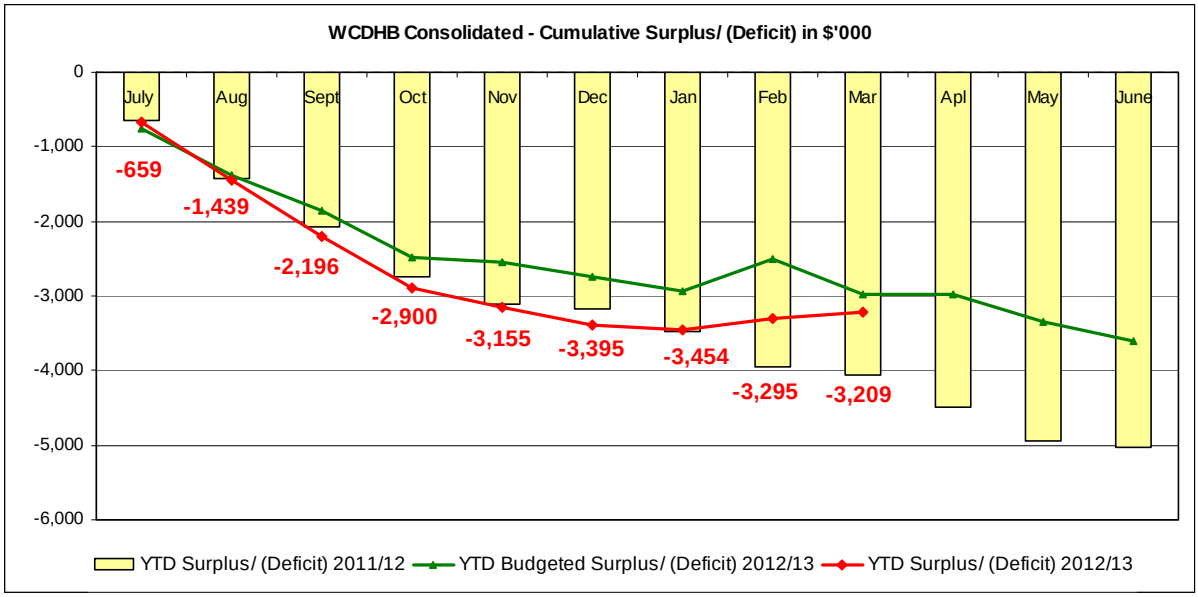
3. DISCUSSION

Financial Overview for the period ending 31 March 2013

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,290	6,391	(101)	×	56,060	57,350	(1,290)	×
Governance & Administration	179	183	(4)	×	1,677	1,649	28	√
Funds & Internal Eliminations	4,817	4,780	37	√	43,613	43,024	589	√
	11,286	11,354	(68)	×	101,350	102,023	(673)	×
EXPENSES								
Provider								
Personnel	4,588	4,807	220	√	40,991	41,674	683	√
Outsourced Services	542	673	131	√	7,904	7,480	(424)	×
Clinical Supplies	576	693	117	√	5,457	5,842	385	√
Infrastructure	1,069	909	(160)	×	10,232	8,313	(1,920)	×
	6,775	7,083	308	√	64,584	63,308	(1,276)	×
Governance & Administration	130	183	53	√	1,192	1,649	458	√
Funds & Internal Eliminations	3,826	4,053	227	√	34,605	35,458	853	√
Total Operating Expenditure	10,731	11,319	589	√	100,381	100,416	35	√
Surplus / (Deficit) before Interest, Depn & Cap Charge	555	35	521	×	969	1,607	(638)	√
Interest, Depreciation & Capital Charge	469	510	41	√	4,178	4,588	410	√
Net surplus / (deficit)	**86**	**(476)**	**562**	×	**(3,209)**	**(2,981)**	**(228)**	√

CONSOLIDATED RESULTS

The consolidated result for the year to date ending March 2013 is a deficit of $3,209k which is an unfavourable variance of $228k to budget ($2,981k deficit). The result for the month of March 2013 is a surplus of $86k which is $562k favourable to budget.



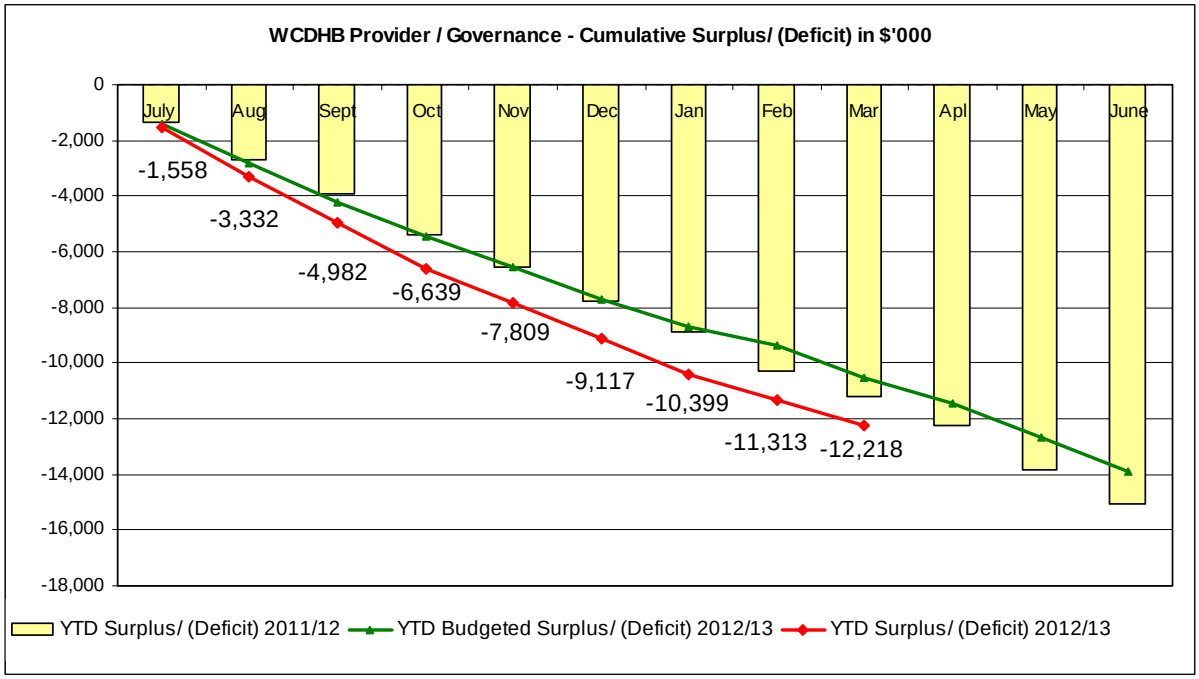
RESULTS FOR EACH ARM

Year to Date to March 2013

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	$'000	$'000	$'000	$'000	$'000	$'000
Governance Arm	49	0	49	485	0	485
Funder Arm	991	726	265	9,008	7,566	1,442
Provider Arm	(954)	(1,202)	248	(12,702)	(10,547)	(2,155)
Consolidated Result	86	(476)	562	(3,209)	(2,981)	(228)

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

PROVIDER ARM



Provider Arm

YTD Provider Arm revenue received from external sources is $1,252k unfavourable to budget. Revenue from Government sources makes up $716k of this variance.

- ACC revenue for the month was $10k unfavourable to budget and YTD is $313k unfavourable; $145k 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 $102k unfavourable to budget for the YTD as several programmes had lower or no trainees last semester. Costs for training are also reduced and are favourable to budget YTD.

- Revenue from home based support services continues the unfavourable trend, (currently $107k unfavourable to budget YTD), and we forecast that this unfavourable variance will continue for the remainder of this financial year. 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 ($206k 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 $170k unfavourable YTD, although revenue is in line with last years revenue. Sales of audiology aids are unfavourable to budget - this is offset by lower costs.

Total other income is $329k unfavourable YTD; laundry services revenue comprises $243k of this variance. This unfavourable variance has increased from February as we no longer supply linen to commercial customers, and will continue for the remainder of this financial year. Interest received by the Provider arm is $49k unfavourable to budget; this is however offset by interest received by the Funder arm which is $93k favourable to budget.

EXPENSES

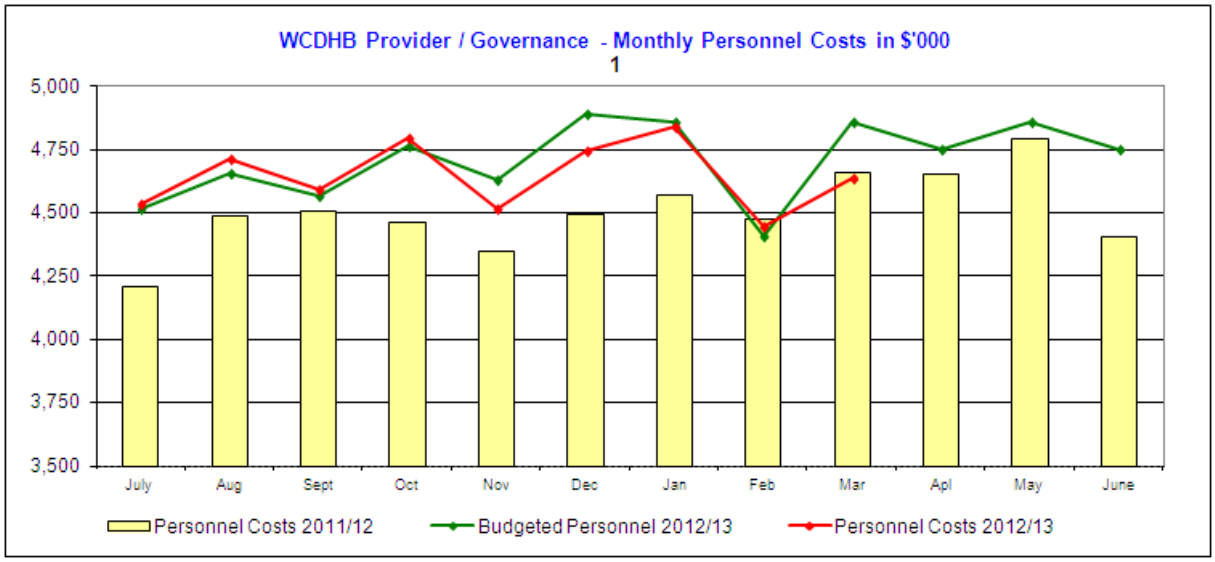
Personnel costs

YTD personnel costs are $40,991k, $683k favourable to budget.

- Medical personnel costs are $376k favourable to budget YTD.
  - Senior Medical Officer (SMO) costs are $19k unfavourable to budget. Resident Medical Officer (RMO) costs are $134k favourable to budget; this is offset by outsourced locum costs for RMO's which are $126k unfavourable to budget.
  - General Practitioner (GP) personnel costs are $570k favourable to budget due to vacancies, although overtime is unfavourable as existing staff provide cover for the vacancies. Outsourced locum costs for GP's are $1,181k unfavourable to budget (including all travel, accommodation, fees etc).

- Nursing personnel costs are unfavourable to budget by $504k to date.
  - Costs for Caregivers and enrolled nurses working in residential care are unfavourable to YTD; these are partially offset by increased revenue from subsidies (internal revenue from the Funder arm) and resident's contributions. District nursing costs are also unfavourable YTD.

- Allied Health Personnel costs are $603k favourable to budget.
  - This is due to a number of vacancies within allied services.

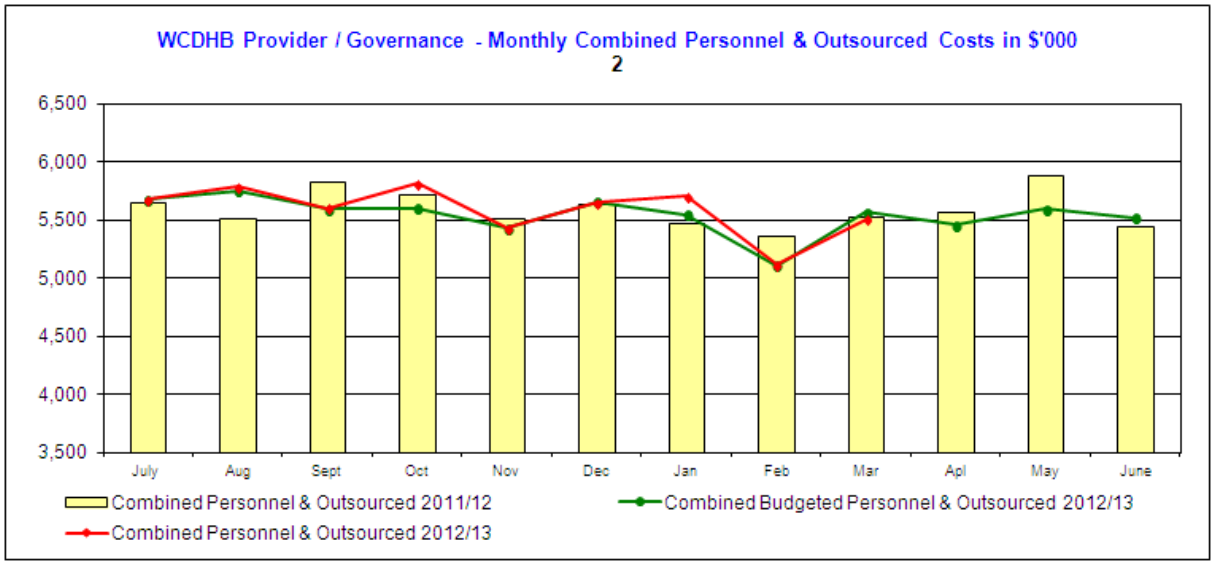


Outsourced services costs are $7,904k YTD; $424k unfavourable to budget ($7,480k).

- Outsourced Senior Medical Costs (locums) are $4,701k YTD; $718k unfavourable 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.

- Outsourced clinical services are $336k unfavourable to budget YTD, with ophthalmology services the main contributor. Services are being reviewed and costs over the last six months for ophthalmology services have been $63k favourable to budget.

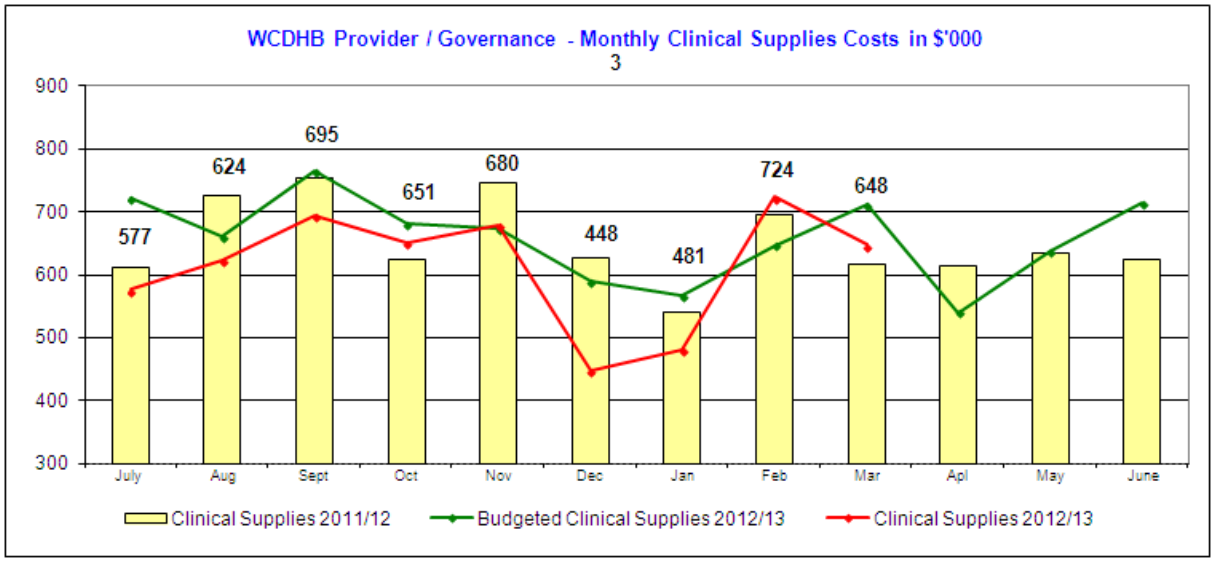
We have been working towards an agreement with Canterbury District Health Board for services they provide to WCDHB; some adjustments have been processed in March and this process will be completed before the end of the financial year.



Clinical Supplies

Overall, clinical supplies are $385k 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 $364k 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.



Infrastructure and non clinical Cost

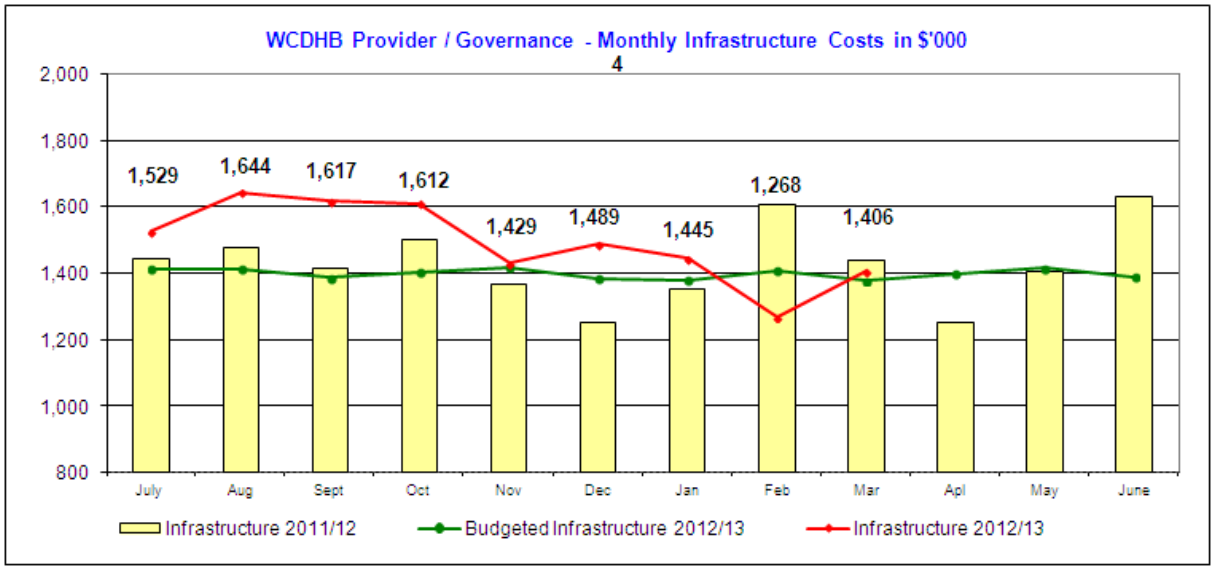
Overall, infrastructure and non clinical costs for the Provider arm are $10,232k YTD, $1,920k unfavourable to budget. Within this variance are the following specific variances:

- Facilities costs are $513k unfavourable to budget. The cost of insurance premiums on building and plant for the nine months to date is $417k. 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 $54k unfavourable YTD (due to an increase in unit cost when the contract was renewed in the last quarter of last year). Rents are $50k 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 $96k.

- Transport costs are $116k unfavourable to budget to date.
  Staff travel costs are $13k unfavourable YTD - largely mileage reimbursements to staff – this variance has improved in recent months. Vehicle repairs and registration are $69k unfavourable to budget. Lease costs are $12k unfavourable to budget with additional costs incurred for vehicles retained past the lease expiry date as the purchase of these vehicles was delayed, and fuel costs are $13k unfavourable.

- Hotel services, laundry and cleaning costs are $782k unfavourable to budget.
  Outsourced laundry costs are $751k unfavourable to budget YTD due to the closure of the laundry on site, now necessitating that all laundry processing is outsourced. This cost is now offset by savings in personnel costs due to a lower laundry workforce since January.

  Other operating expenses include the costs of staff made redundant to date ($425k).



4. APPENDICES

Appendix 1: Provider Operating Statement – 31 March 2013

Report prepared by: David Green, Acting General Manager: Finance

West Coast District Health Board

Provider Operating Statement for period ending 31 March 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	2011/12
Income										
Internal revenue-Funder to Provider	5,236	5,250	(14)	(0.3%)	47,215	47,254	(39)	(0.1%)	63,005	62,872
Ministry of Health side contracts	139	143	(4)	(2.7%)	1,002	1,363	(361)	(26.5%)	1,862	1,824
Other Goverment	613	579	34	5.8%	4,817	5,109	(292)	(5.7%)	6,841	6,483
InterProvider Revenue (Other DHBs)	3	10	(7)	(71.0%)	30	93	(63)	(67.7%)	124	106
Patient and consumer sourced	267	284	(17)	(6.0%)	2,355	2,562	(207)	(8.1%)	3,396	3,096
Other income	32	124	(92)	(74.1%)	641	970	(329)	(33.9%)	1,258	1,424
Total income	**6,290**	**6,391**	**(101)**	(1.6%)	**56,060**	**57,350**	**(1,290)**	(2.2%)	**76,486**	**75,805**
Expenditure										
Employee benefit costs										
Medical Personnel	1,049	1,194	145	12.1%	9,523	9,899	376	3.8%	13,316	10,673
Nursing Personnel	2,139	2,041	(98)	(4.8%)	18,455	17,951	(504)	(2.8%)	24,086	24,654
Allied Health Personnel	742	822	80	9.8%	6,600	7,202	603	8.4%	9,647	8,956
Support Personnel	123	158	35	22.4%	1,486	1,505	19	1.2%	1,988	2,163
Management/Administration Personnel	536	593	57	9.6%	4,927	5,117	190	3.7%	6,842	6,488
	4,588	**4,807**	**220**	**4.6%**	**40,991**	**41,674**	**683**	**1.6%**	**55,878**	**52,934**
Outsourced Services										
Contracted Locum Services	517	284	(233)	(81.8%)	4,701	3,983	(718)	(18.0%)	4,931	8,202
Outsourced Clinical Services	(50)	309	359	116.2%	2,447	2,783	336	12.1%	3,710	4,041
Outsourced Services - non clinical	75	79	4	5.5%	756	714	(42)	(5.9%)	952	521
	542	**673**	**131**	**19.5%**	**7,904**	**7,480**	**(424)**	**(5.7%)**	**9,593**	**12,764**
Treatment Related Costs										
Disposables, Diagnostic & Other Clinical Supplies	128	114	(14)	(12.3%)	1,021	1,008	(13)	(1.3%)	1,323	1,388
Instruments & Equipment	75	165	90	54.7%	1,343	1,325	(18)	(1.4%)	1,733	1,613
Patient Appliances	21	30	9	30.0%	218	268	50	18.7%	354	347
Implants and Prostheses	60	83	23	27.7%	446	620	174	28.1%	817	877
Pharmaceuticals	167	180	13	7.2%	1,621	1,484	(137)	(9.2%)	1,923	2,033
Other Clinical & Client Costs	125	121	(4)	(3.3%)	808	1,137	329	28.9%	1,525	1,294
	576	**693**	**117**	**16.9%**	**5,457**	**5,842**	**385**	**6.6%**	**7,675**	**7,552**
Infrastructure Costs and Non Clinical Supplies										
Hotel Services, Laundry & Cleaning	351	304	(47)	(15.5%)	3,542	2,760	(782)	(28.3%)	3,671	3,773
Facilities	205	198	(7)	(3.4%)	2,405	1,892	(513)	(27.1%)	2,554	2,554
Transport	89	71	(18)	(25.9%)	752	636	(116)	(18.2%)	850	1,034
IT Systems & Telecommunications	143	129	(14)	(10.9%)	1,186	1,142	(44)	(3.8%)	1,527	1,375
Professional Fees & Expenses	19	18	(1)	(7.0%)	404	160	(244)	(152.9%)	209	557
Other Operating Expenses	152	79	(73)	(92.0%)	953	731	(223)	(30.5%)	969	1,245
Internal allocation to Governanance Arm	110	110	0	0.2%	990	992	1	0.2%	1,322	1,320
	1,069	**909**	**(160)**	**(17.6%)**	**10,232**	**8,313**	**(1,920)**	**(23.1%)**	**11,102**	**11,858**
Total Operating Expenditure	**6,775**	**7,083**	**308**	**4.3%**	**64,584**	**63,308**	**(1,276)**	**(2.0%)**	**84,248**	**85,108**
Deficit before Interest, Depn & Cap Charge	**(485)**	**(692)**	**(207)**	**29.9%**	**(8,524)**	**(5,959)**	**2,565**	**(43.0%)**	**(7,762)**	**(9,303)**
Interest, Depreciation & Capital Charge										
Interest Expense	55	61	6	10.2%	488	551	63	11.5%	735	732
Depreciation	346	388	42	10.9%	3,080	3,495	415	11.9%	4,661	4757
Capital Charge Expenditure	68	60	(8)	(12.9%)	610	542	(68)	(12.5%)	723	613
Total Interest, Depreciation & Capital Charge	**469**	**510**	**41**	**8.0%**	**4,178**	**4,589**	**411**	**8.9%**	**6,119**	**6,102**
Net deficit	**(954)**	**(1,202)**	**(248)**	**20.6%**	**(12,702)**	**(10,547)**	**2,155**	**(20.4%)**	**(13,881)**	**(15,405)**

CLINICAL LEADERS UPDATE

TO: **Chair and Members**
Hospital Advisory Committee

SOURCE: **Clinical Leaders**

DATE: **2 May 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

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.

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

2013 HOSPITAL ADVISORY COMMITTEE WORKPLAN

	24 January	7 March	2 May	6 June	11 July	22 August	10 October	28 November	2014
STANDING ITEMS	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	
STANDARD REPORTS	Hospital Services Management Report	Hospital Services Management Report Finance Report	Hospital Services Management Report Finance Report P & F Report	Hospital Services Management Report Finance Report	Hospital Services Management Report Finance Report P & F Report	Hospital Services Management Report Finance Report	Hospital Services Management Report Finance Report	Hospital Services Management Report Finance Report P & F Report	
PLANNED ITEMS	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update H&SS Update Report/ and presentation- Budget 2010/11	Clinical Advisor Update Patient Safety & Quality Report	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update Patient Safety & Quality Report	
PRESENTATIONS	As required	As required	Allied Health Presentation	As required	As required	As required	As required	As required	
GOVERNANCE AND SECRETARIAT	2013 Work Plan							2014 Meeting Dates	
INFORMATION ITEMS:	Latest Board Agenda Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	

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.