

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



**HOSPITAL ADVISORY
COMMITTEE MEETING**

22 August 2013

**AGENDA
AND
MEETING PAPERS**

**ALL INFORMATION CONTAINED IN THESE COMMITTEE
PAPERS IS SUBJECT TO CHANGE**

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.

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 (<i>Programme Director & Acting General Manager, Hospital Services</i>) Dr Carol Atmore (<i>Chief Medical Officer</i>) Gary Coghlan (<i>General Manager, Maori Health</i>) Carolyn Gullery (<i>GM, Planning & Funding</i>) Karyn Kelly (<i>Director of Nursing & Midwifery & Acting GM Primary & Community Services</i>) Justine White (<i>General Manager, Finance</i>) Kathleen Gavigan (<i>General Manager, Buller</i>) Ralph La Salle (<i>Acting Operations Manager</i>) Kay Jenkins (<i>Governance</i>)

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital
High Street, Greymouth
Thursday 22 August 2013 commencing at 11.00am

ADMINISTRATION

11.00am

Karakia

1. **Interest Register**

Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.

2. **Confirmation of the Minutes of the Previous Meeting & Matters Arising**

11 July 2013

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS

11.10am

4. **Management Report**

Ralph la Salle

11.10am - 11.30am

Acting Operations Manager, Hospital Services

5. **Finance Report**

Justine White

11.30am - 11.45am

General Manager, Finance

6. **Clinical Leaders Report**

Karyn Kelly

11.45am – 12noon

Director of Nursing & Midwifery

7. **General Business**

12noon

ESTIMATED FINISH TIME

12.20pm

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 02 August 2013
- West Coast DHB 2013 Meeting Schedule
- 2013 Workplan
- Clinical Board Presentation

NEXT MEETING

Date of Next Meeting: 10 October 2013

Corporate Office, Board Room at Grey Base Hospital.

INTEREST REGISTER

Member	Disclosure of Interests
CHAIR - HAC Sharon Pugh Board Member	<ul style="list-style-type: none"> • Shareholder, New River Bluegums Bed & Breakfast • Deputy Chair, Greymouth Business & Promotions Association
Doug Truman Deputy Chair HAC Board Member	<ul style="list-style-type: none"> • Deputy Mayor, Grey District Council • Director Truman Ltd • Owner/Operator Paper Plus, Greymouth
Richard Wallace	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Chair of Coal Town Trust • Trustee on the Buller Electric Power Trust • Director of Energy Trust New Zealand
Paula Cutbush	<ul style="list-style-type: none"> • Owner and stakeholder of Alfresco Eatery and Accommodation
Karen Hamilton	<ul style="list-style-type: none"> • 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

<p>Dr Paul McCormack ex-officio BOARD CHAIR</p>	<ul style="list-style-type: none"> • General Practitioner Member, Pegasus Health
<p>Peter Ballantyne ex-officio BOARD DEPUTY CHAIR</p>	<ul style="list-style-type: none"> • 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

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Thursday 11 July 2013, commencing at 11.00am

PRESENT

Doug Truman (Deputy Chair); Paula Cutbush; Richard Wallace; Dr Paul McCormack (ex-officio); and Peter Ballantyne (ex-officio)

MANAGEMENT SUPPORT

Michael Frampton (Programme Director & Acting General Manager, Greymouth & Westland); Ralph La Salle (Acting Operations Manager, Hospital Services); and Kay Jenkins (Minutes)

IN ATTENDANCE

Item 5 – David Green, Acting General Manager, Finance

Item 6 – Michele Coghlan

WELCOME

The meeting opened with the Karakia.

APOLOGIES

Apologies for absence were received and accepted from Sharon Pugh, Karen Hamilton & Gail Howard.

1. INTEREST REGISTER

There were no additions or alterations to the interest register or conflicts of interest declared

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (13/13)

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

That the minutes of the meeting of the Hospital Advisory Committee held on 6 June 2013 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

Michael Frampton advised the meeting that a meeting had been held between South Island DHBs and St John and that St John will now be providing a proposal to the next meeting which is likely to see an agreement with St John to provide scheduled transport efficiently.

The Committee noted the carried forward items.

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

Michael Frampton, Programme Director and Acting General Manager, Greymouth & Westland

and Ralph La Salle, Acting Operations Manager, spoke to the Management Report, which was taken as read.

Mr Frampton drew the Committees attention to the ESPI compliance as at 30 June 2013 which was a very significant achievement for the DHB. He advised that the elective target had also been met but there is still further coding to be done in this area.

The Committee noted some pleasing traction in stabilising orthopaedic services after almost 12 months since the introduction of the new model of care.

Discussion took place regarding agreements with Heads of Departments and Clinical Leaders and the Clinical Booking Unit and how this will lead to good decision making processes.

The Committee continues to take an interest in the recruitment processes taking place and management continue to highlight any areas which the Committee need to be aware of.

Resolution (14/13)

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

That the Hospital Advisory Committee notes the Management Report.

5. FINANCE REPORT

David Green, Acting General Manager, Finance, spoke to the Finance Report for the month of May 2013. The report was taken as read.

The Committee noted that essentially we are seeing a continuation of previous results and that the year end result is where we expected it to be.

The Committee congratulated management on this achievement.

Resolution (14/13)

(Moved: Peter Ballantyne/Seconded: Paul McCormack – carried)

That the Committee notes the financial report for the period ending 31 May 2013.

6. CLINICAL LEADERS REPORT

Michele Coghlan, presented the Clinical Leaders Report which was taken as read. The report contained updates on:

- The Partnership Group
- Future Workforce Development
- Model of Care Development
- Quality & Safety and
- Allied Health

In addition Michele provided the Committee with an update of the Model of Care development. The Committee noted that District Nursing teams have been under pressure as the Complex Clinical Care Network has taken traction with a lot more weekend activity and ensuring that the needs of the community are being met in a more timely manner,

The Committee discussed telemedicine on the West Coast and the intention to look for

opportunities to extending this and noted that there are currently 26 units in use across the West Coast.

There being no further business the meeting closed at 12.05pm.

Confirmed as a true and correct record.

Doug Truman, Deputy Chair
Chair

Date

DRAFT

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.	Updates will be provided as progress is made
2	24 May 2012	Exit Interviews	Provide an update on any trends (either positive or negative) emerging from exit interviews.	An update will be provided at the next meeting.

TO: Chair and Members
Hospital Advisory Committee

SOURCE: General Manager, Hospital Services

DATE: 22 August 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

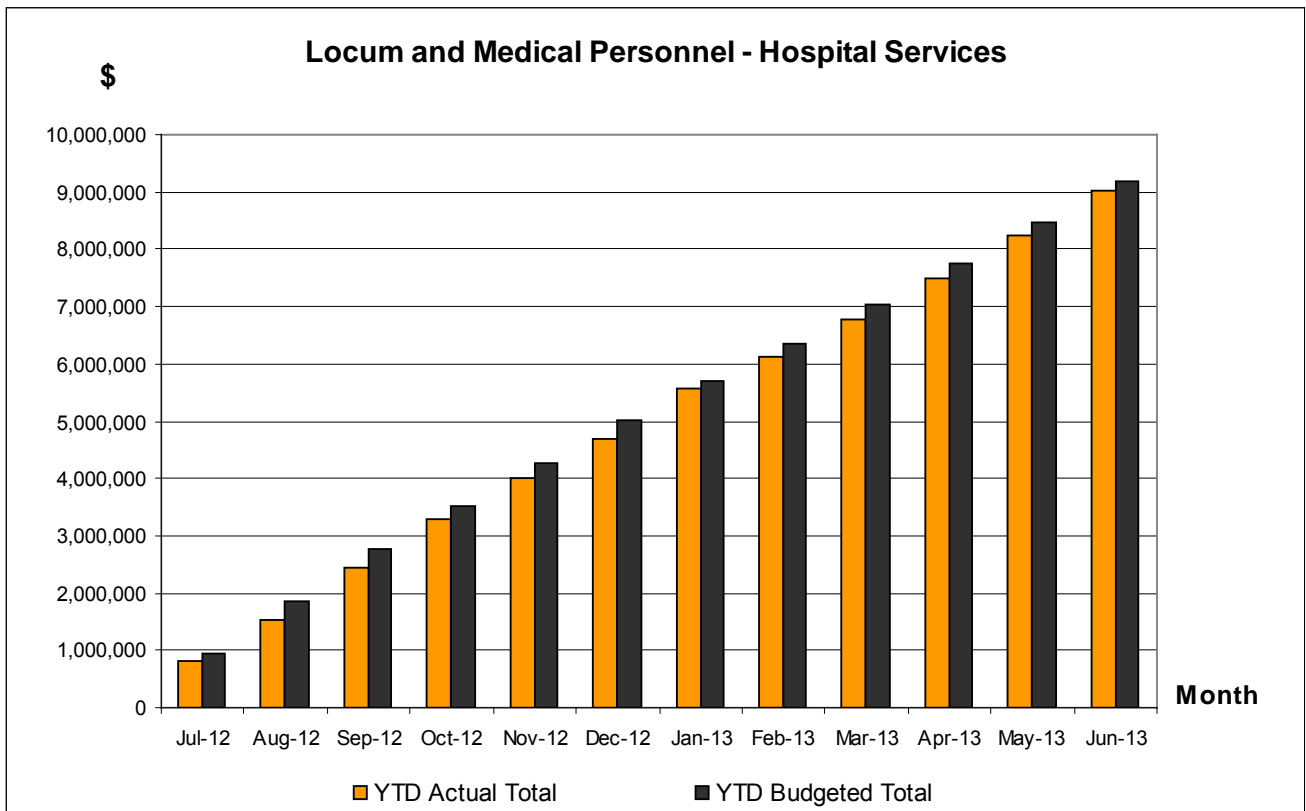
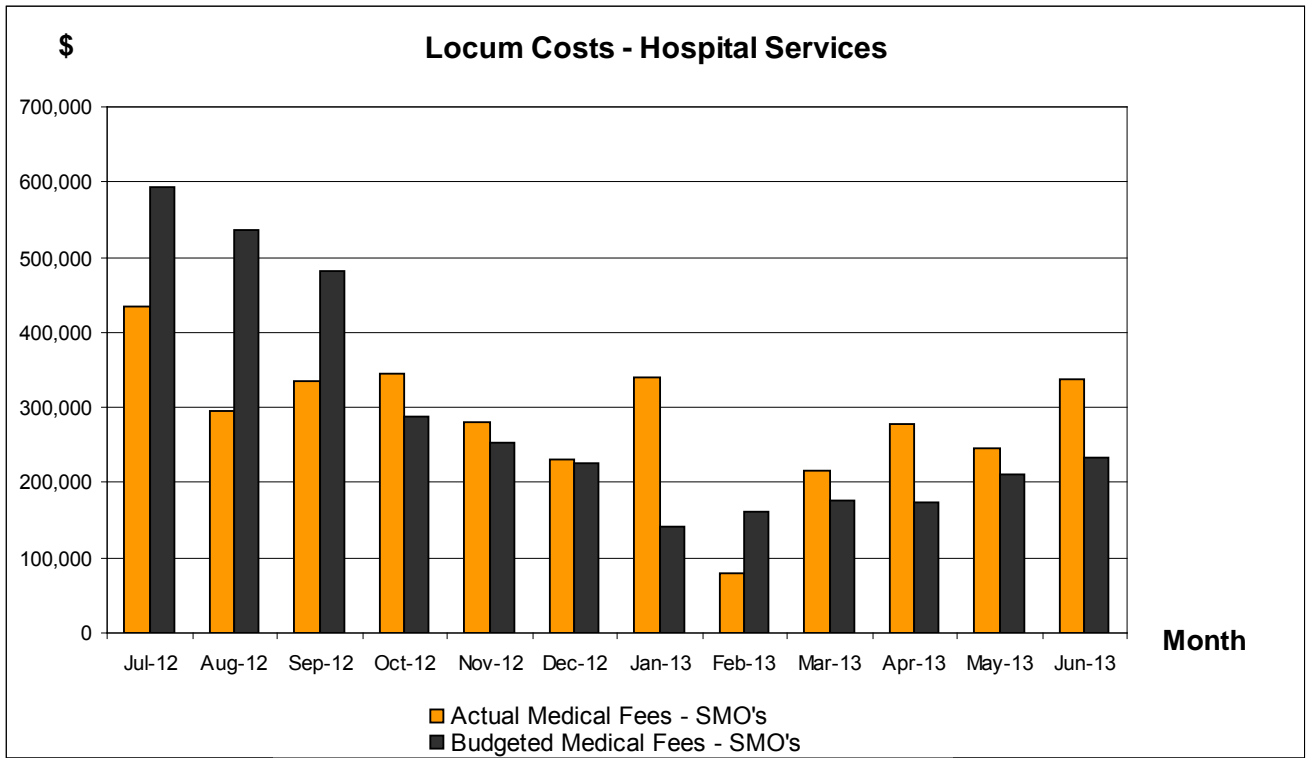
3. SUMMARY

- WCDHB achieved one year without a CLAB (Central line Associated Bacterium) incident
- WCDHB achieved 1,686 elective discharges in 2012/13 and final ESPI reports note achievement to green status for both ESPI 2 and 5 (no one waiting for longer than 150 days)
- Nine vacancies filled during the period
- DHB-specific health targets are being met

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, Pediatrics, Anesthetics and some 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–May 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



4.2 Recruitment Vacancies

Monthly Summary – July 2013

New Vacancies	4
Total Open Vacancies	31
Total FTE Recruiting	36.95
Appointed Vacancies	9
Total FTE Appointed	8.1

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	<p>Emergency Department Attendances</p> <p>% of Patients Under 6 Hours</p> <p>For Period: 01 July – 31 July 2013</p> <table> <tr> <td>Over 6 Hours</td> <td>2</td> <td>0.170%</td> </tr> <tr> <td>Under 6 Hours</td> <td>1167</td> <td>99.830%</td> </tr> <tr> <td>Total Attendances:</td> <td>1169</td> <td></td> </tr> </table> <p><i>This report is calculated from Arrived time to Departed time. It combines the 3 Emergency Departments – Grey, Buller and Reefton.</i></p>	Over 6 Hours	2	0.170%	Under 6 Hours	1167	99.830%	Total Attendances:	1169	
Over 6 Hours	2	0.170%										
Under 6 Hours	1167	99.830%										
Total Attendances:	1169											
Improved Access to Elective Services		1592 elective surgical discharges	As at 30 June, WCDHB achieved and surpassed this target by 94 cases. In all, WCDHB delivered 1686 elective procedures against the health target									
Shorter Waits for Cancer Treatment	Everyone needing radiation & chemotherapy treatment will have this within four weeks	100% started within four weeks	100% of patients ready for radiotherapy and chemotherapy began treatment within 4 weeks in the 2012/13 year									
Better Help for Smokers to Quit	90% of hospitalised smokers are provided with advice and help to quit.	95% for 2011-2012	ABC Implementation: Excellent Smokefree ABC result for June with 95% of all people offered advice or support to quit. The rate for Maori was 98%									

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 30 June 2013, overall case-weighted (CWD) inpatient delivery was 13% beneath contracted volume for surgical specialty services and 6% over for medical specialty services.

The split between acute and electives were as follows:

CASE WEIGHTS (CWD)	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	1,094.55	899.91	-194.64	-18%
Elective	1,355.81	1,243.65	-112.16	-8%
Sub-Total Surgical:	2,450.36	2,143.56	-306.80	-13%
Medical				
Acute	1,317.79	1,397.53	79.74	6%
Elective	1.60	2.61	1.01	63%
Sub-Total Medical:	1,319.39	1,400.14	80.75	6%
TOTALS:	3,770	3,544	-226	-6%

*The under-production in surgical specialty services is across most specialties.

Outpatient Volumes

As at 30 June 2013, outpatient delivery was 12% under contracted volume for surgical specialty services and 1% under contracted volume for medical specialty services.

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

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1 st Visit	3,901	3,524	-377	-10%
Sub. Visit	6,718	5,850	-868	-13%
Sub-Total Surgical:	10,619	9,374	-1,245	-12%
Medical				
1 st Visit	1,592	1,440	-152	10%
Sub. Visit	3,685	3,781	96	7%
Sub-Total Medical:	5,277	5,221	-56	1%
TOTALS:	15,896	14,595	-1,301	-8%

*The under-production in surgical specialty services in particular with orthopaedic subsequent visits.

4.5 Industrial Relations

- ASMS representing Senior Medical Officers have ratified and implementation of the agreement has commenced.
- APEX representing IT workers continue in negotiations.
- FIRST representing Pharmacy Workers continue in negotiations
- Initiation of bargaining received from the RDA representing Resident medical Officers

4.6 Elective Services Patient Indicators [ESPI Compliance]

- West Coast DHB met the Elective Services Performance Indicator (ESPI) targets that no-one waited more than 5 months for an outpatient First Specialist Assessment nor for elective surgery, by the end of June 2013.

MoH Elective Services Online

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

DHB Name: West Coast

	2012			2012			2012			2012			2012			2012			2013			2013			2013			2013			2013					
	Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun		
	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.	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	17 of 18	94.4%	1			
2. Patients waiting longer than six months for their first specialist assessment (FSA).	12	1.1%	-12	28	21%	-28	1	0.7%	-1	4	0.4%	-4	18	1.3%	-18	0	0.0%	0	1	0.7%	-1	17	1.8%	-17	28	22%	-28	64	1.0%	-64	0	0.0%	0			
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (ATT).	12	0.7%	-12	0	0.0%	-0	9	0.6%	-9	0	0.0%	-0	11	0.7%	-11	13	0.8%	-13	0	0.0%	-0	8	0.6%	-8	0	0.0%	-0	0	0.0%	-0	0	0.0%	-0			
4. Patients given a commitment to treatment but not treated within six months.	4	1.1%	-4	4	11%	-4	0	0.0%	0	2	0.5%	-2	2	0.6%	-2	1	0.3%	-1	3	0.8%	-3	1	0.3%	-1	0	0.0%	0	9	2.0%	-9	7	2.5%	-7			
5. Patients in active waiting who have not received a clinical assessment within that six months.	0	0.0%	0	0	0.0%	0	0	0.0%	0	3	20.0%	-3	0	0.0%	0	2	13.3%	-2	1	6.7%	-1	3	20.0%	-3	3	20.0%	-3	4	50.0%	-4	0	0.0%	0			
6. The proportion of patients treated who were prioritised using nationally accepted processes or tools.	104	99.0%	0	128	100.0%	0	0	100.0%	0	128	99.0%	0	152	100.0%	0	152	100.0%	0	152	100.0%	0	152	100.0%	0	152	100.0%	0	152	100.0%	0	152	100.0%	0			

Data Warehouse Refresh Date: 07/Aug/2013

Report Run Date: 07/Aug/2013

Notes:

- ESPIs that apply from 1 July 2012.
 - ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
 - ESPIs 3 and 6 assess surgical specialties whereas patients are prioritised using nationally recognised tools.
 - Medical specialties are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
 - ESPI 1 and 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
 - ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.20%, and Red if 0.4% or higher.
 - 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.
 - 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.
 - 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 Elective Services team if you have any queries about ESPIs (elective_services@moh.govt.nz).

4.7 Patient Transfers

- Patients transferred from / to tertiary centres dropped from 28 in June to 25 in July 2013. The principal reason for the transfers (40%) was in relation to the need for specialty care not available at Grey Hospital and 22% for special procedures which are not performed at Grey Hospital
- Six transfers were made from Buller to Grey Hospital because the service required was not available at Buller. Data is not available on transfers from Buller to Grey for the July period at the time of writing.
- Only three transfers were made from Reefton to Grey for the June period. These were all made because of the severity of the illness.

4.8 Outpatient Clinics

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)
July 2012	2098	1891	187	8.91%
August 2012	1855	1628	142	7.65%
September 2012	2017	1827	152	7.54%
October 2012	1913	1696	151	7.89%
November 2012	1935	1703	130	6.72%
December 2012	1561	1382	126	8.07%
January 2013	1849	1679	149	8.06%
February 2013	1839	1685	154	8.37%
March 2013	1752	1582	170	9.70%
April 2013	1670	1532	138	8.26%
May 2013	1953	1788	165	8.45%
June 2013	1386	1273	113	8.15%
July 2013	1990	1822	168	8.44%
13 month rolling totals	23818	21488	1945	8.17% Average

4.9 Nursing Update

Please refer to the Clinical Leaders report.

4.10 Hospital Services Improvement Programme

Central Booking Unit Service Design

The Team from the CBU has made changes to their office space to make room for the RMO Coordinator and two recently appointed Booking Clerks that have joined the CBU Team. The hard work of the Team was completed over a weekend with great results. The two new Booking Clerks are well underway with the required training which will take a number of weeks to complete.

The Team will be meeting Friday 16 August to process map the Ophthalmology service.

4.11 Quality Report

Incidents & Complaints

35 incidents were recorded in June, 10 of which related to missing or incorrect information on the National Immunisation Register (NIR) form. Only 10 were recorded in July, all of a minor nature.

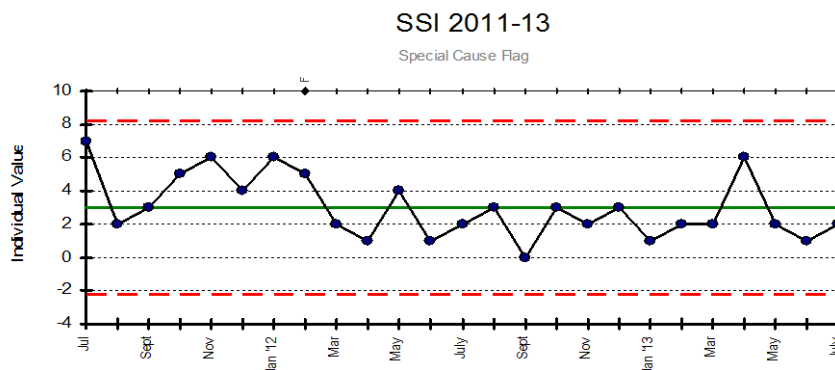
Falls Prevention Coalition

The third meeting of this group was held on 15 July. Of particular interest was information on falls occurring across the West Coast and the project running in the Nelson region – “Herald Falls”. “Herald Falls” presents opportunities for intervention that could prevent serious injury if caught at the earliest opportunity. Evidence suggests that people may fall 6-12 times in the community before the fall that causes a fractured neck of femur or other injury requiring hospitalisation.

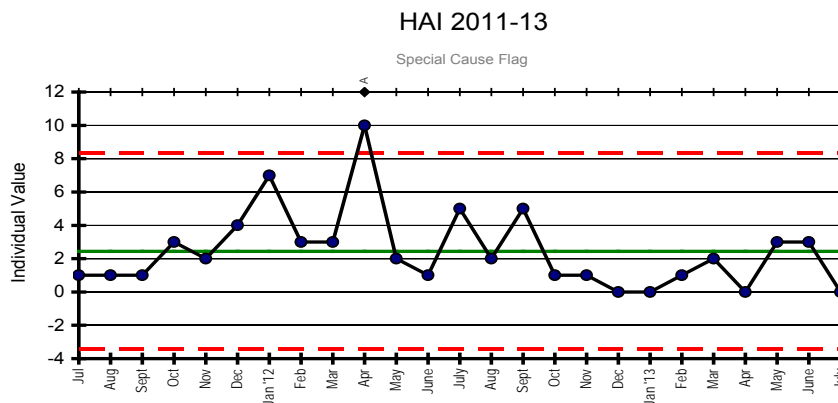
CLAB (Central line associated bacterium)

377 Days CLAB free as at 5th August 2013 - a significant achievement reaching one year!

Surgical Site Infections – Hospital services is performing within control limits



Hospital Acquired Infections – Hospital services is performing within control limits



4.12 Workforce

The Allied Health leadership framework process continues with meetings held with Allied Health therapy staff over the last few weeks.

Two medical technicians have begun training toward a Certificate of Physiological Measurement and have passed their first practical exams. This is a rigorous course involving time spent in Christchurch cardiology services plus self study. Further practical exams await at the end of August with their final theory exams in November.

4.13 Emergency Planning

Significant CIMS (Coordinated Incident Management System) training will be undertaken in August. CIMS is the system used by all emergency services for all kinds of incidents, e.g. infectious outbreaks, infrastructure failure, natural disasters etc.

Work on the revised West Coast DHB Health Emergency Plan is now in draft form and ready to go to a reference group for review.

Report prepared by: Hospital Services

Report approved for release by: Ralph La Salle, Acting GM Hospital Services

FINANCE REPORT

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Finance

DATE: 22 August 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 30 June 2013.

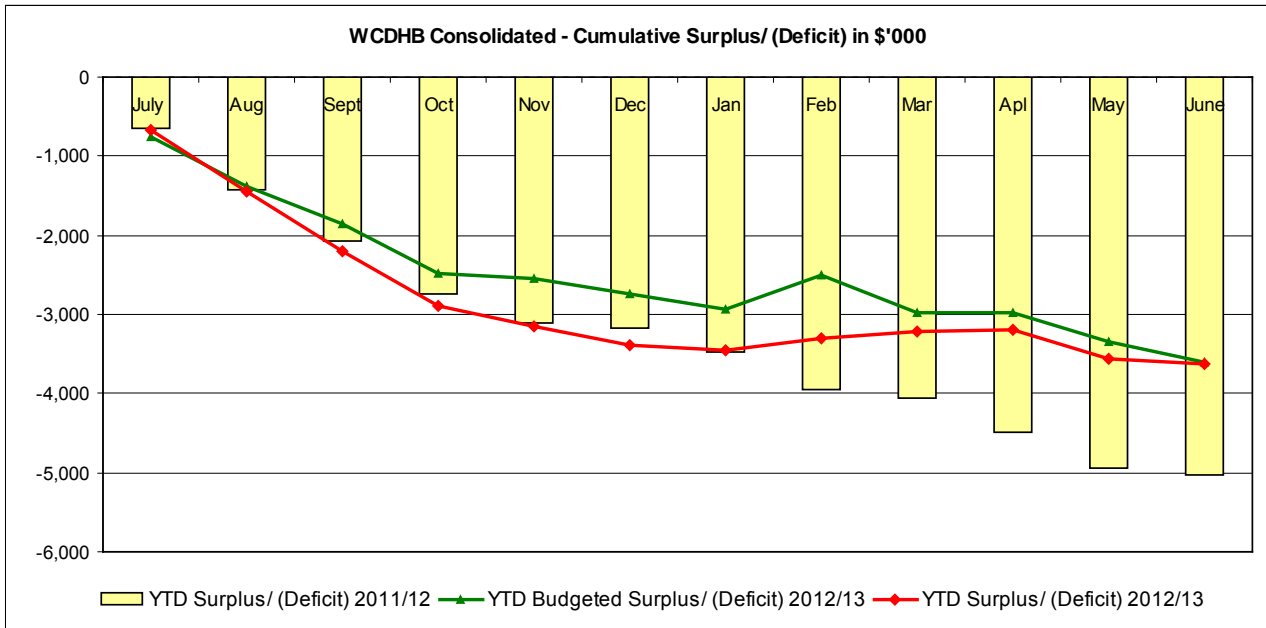
DISCUSSION

Financial Overview for the period ending 30 June 2013

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	5,998	6,337	(339)	x	74,476	76,486	(2,010)	x
Governance & Administration	179	183	(4)	x	2,214	2,199	15	√
Funds & Internal Eliminations	4,883	4,781	101	√	58,198	57,359	840	√
	11,060	11,301	(242)	x	134,888	136,044	(1,156)	x
EXPENSES								
Provider								
Personnel	4,645	4,704	59	√	55,025	55,878	854	√
Outsourced Services	826	731	(95)	x	10,196	9,593	(603)	x
Clinical Supplies	481	691	211	√	7,279	7,675	396	√
Infrastructure	1,235	898	(337)	x	13,657	11,087	(2,570)	x
	7,187	7,024	(163)	x	86,157	84,233	(1,923)	x
Governance & Administration	99	183	84	√	1,529	2,199	670	√
Funds & Internal Eliminations	3,511	3,843	333	√	45,337	47,092	1,754	√
Total Operating Expenditure	10,796	11,051	254	√	133,024	133,525	501	√
Surplus / (Deficit) before Interest, Depn & Cap Charge	263	250	13	√	1,866	2,519	(653)	x
Interest, Depreciation & Capital Charge	328	511	183	√	5,480	6,119	639	√
Net surplus/(deficit)	(65)	(261)	196	√	(3,616)	(3,600)	(16)	x

CONSOLIDATED RESULTS

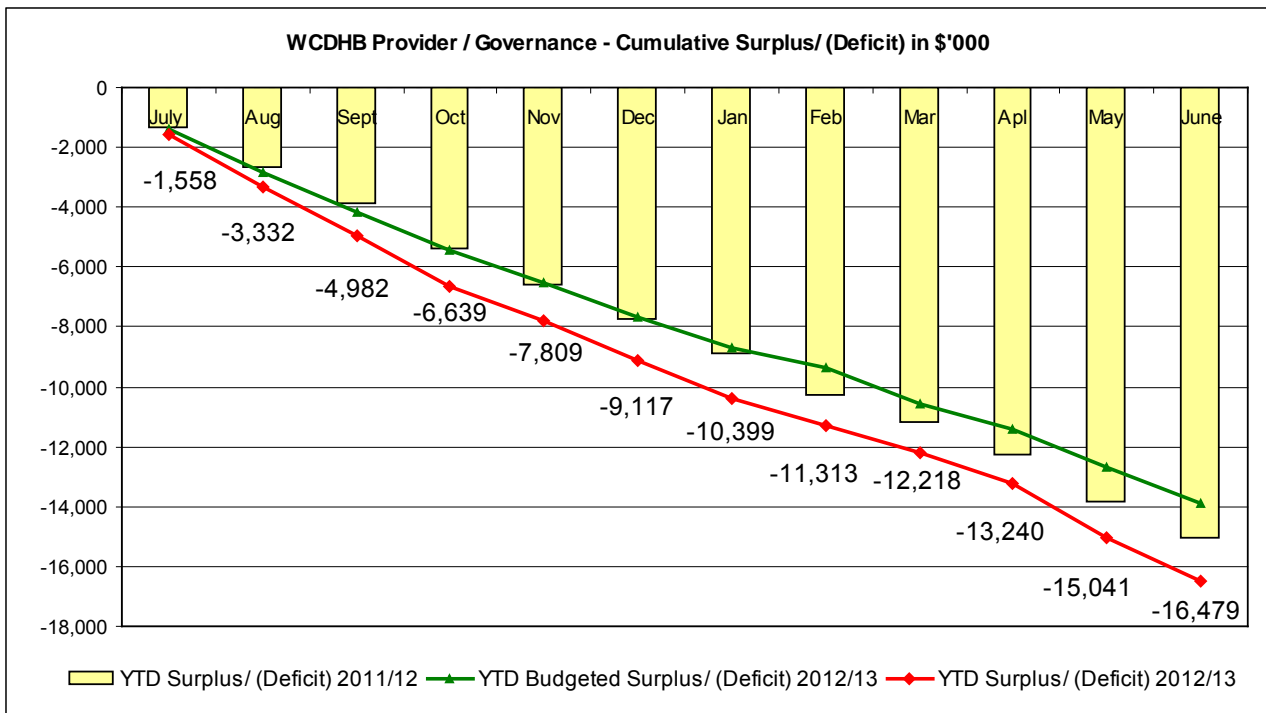
The consolidated result for the year to date ending June 2013 is a deficit of \$3,616k which is an unfavourable variance of \$16k to budget (\$3,600k deficit). The result for the month of June 2013 is a deficit of \$65k which is \$194k favourable to budget.



Result for each Arm – June 2013	Actual \$000	Budget \$000	Variance \$000	Comment
Provider Arm surplus / (deficit)	(17,162)	(13,866)	(3,296)	Unfavourable
Funder Arm surplus / (deficit)	12,861	10,266	2,595	Favourable
Governance Arm surplus / (deficit)	685	0	685	Favourable
Consolidated result surplus / (deficit)	(3,616)	(3,600)	(16)	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 \$1,988k unfavourable to budget. Revenue from Government sources makes up \$1,211k of this variance.

- ACC revenue for the year is \$404k unfavourable to budget; \$199k of the year 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 an individual visit basis, this will affect the timing of revenue recognition. To date this revenue is unfavourable to budget. 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 \$135k unfavourable to annual budget as several programmes had lower or no trainees last semester. Costs for training are also reduced and favourable to annual budget.
- Revenue from home based support services is \$147k unfavourable to annual budget. Monthly revenue has been in line with the revenue received over the latter months of 2012/13 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, 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 \$205k unfavourable for the year. Although unfavourable, revenue is in line with last years revenue. Sales of audiology aids are unfavourable to budget - this is partially offset by lower costs.

Total other income is \$498k unfavourable to annual budget; this is mainly derived from laundry services revenue which is \$362k unfavourable as we no longer supply linen to commercial customers. Interest received by the Provider arm is \$68k unfavourable to budget; this is offset by interest received by the Funder arm which is \$99k favourable to budget.

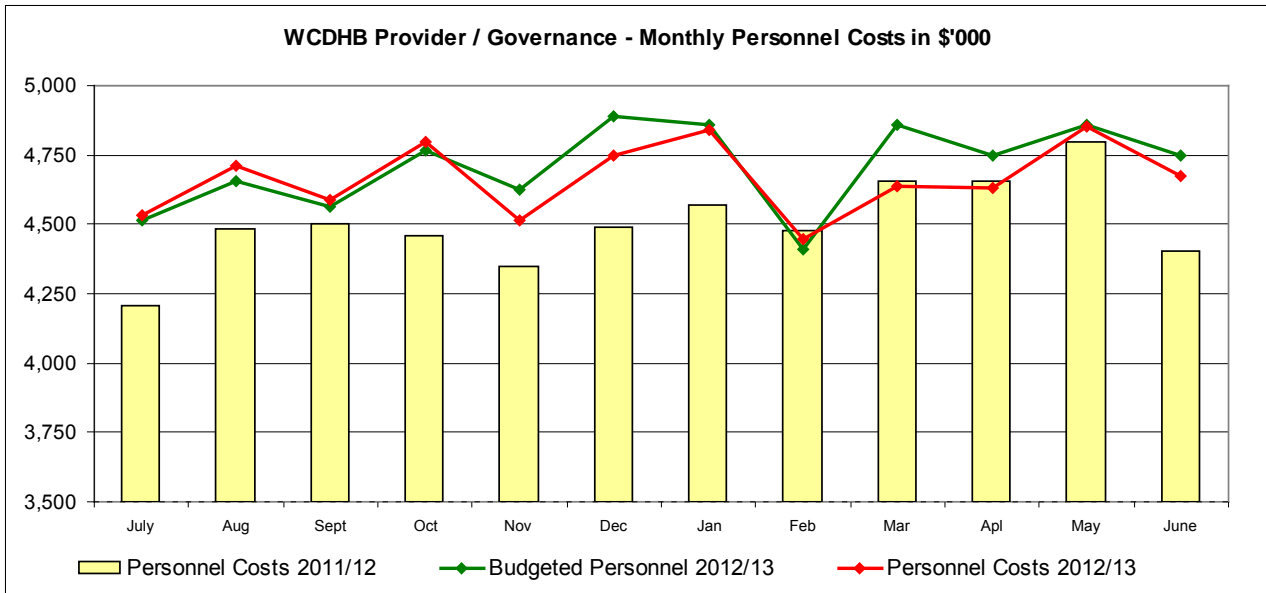
EXPENSES

Personnel costs

Personnel cost for the year is \$55,025k, \$854k favourable to budget (\$55,878k).

- Medical Personnel costs are \$524k favourable to budget to date.
 - Salary costs for Senior Medical Officer (SMO) are \$101k favourable to budget. Resident Medical Officer (RMO) costs are \$221k favourable to budget; this is offset by outsourced locum costs for RMO's which are \$118k unfavourable to budget.
 - General Practitioner (GP) personnel costs are \$757k favourable to budget due to vacancies. Outsourced locum costs for GP's are \$1,513k unfavourable to budget (includes all travel, accommodation, fees etc).
- Nursing Personnel costs are unfavourable to budget by \$903k to date.
 - Costs for caregivers and enrolled nurses working in residential care are unfavourable to budget to date; 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 to budget to date.
- Allied Health Personnel costs are \$837k favourable to budget.

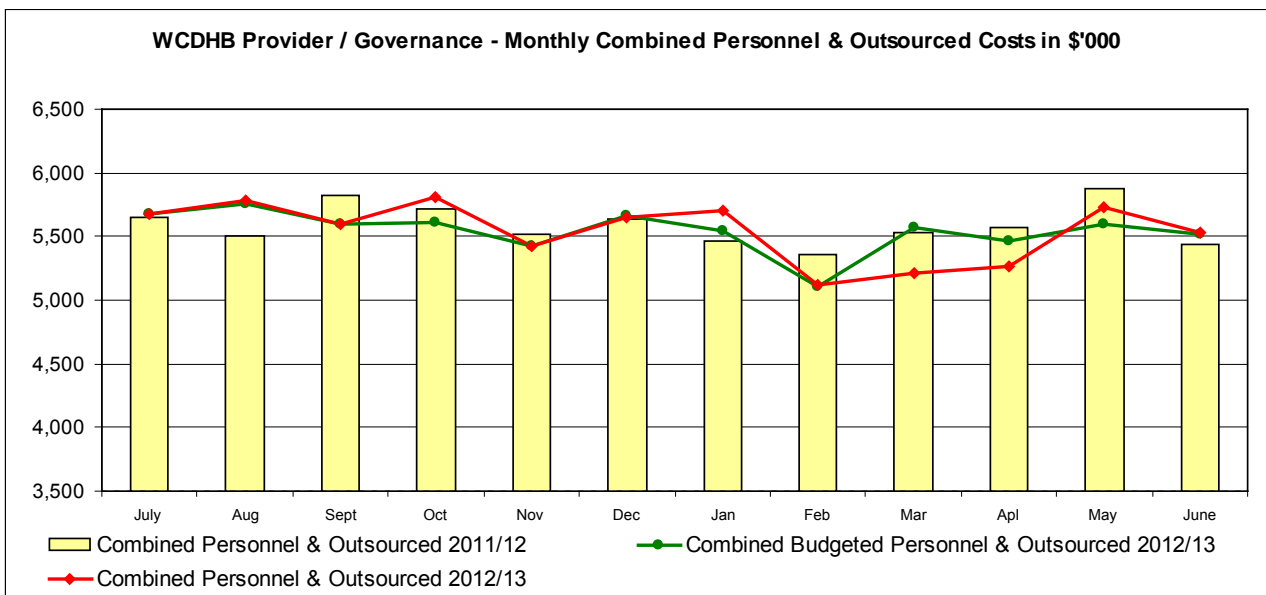
- This is due to a number of vacancies within allied services.



Outsourced Services Costs

Overall are \$9,370k YTD; \$508k unfavourable to budget (\$8,862k).

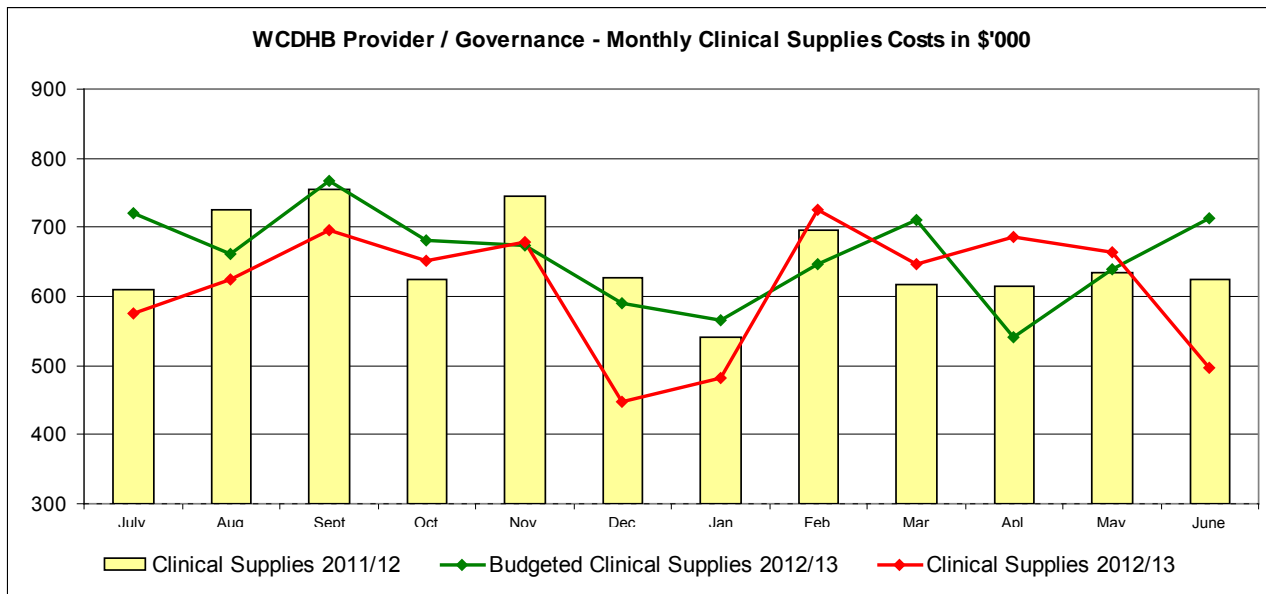
- Outsourced Senior Medical Costs (locums) are \$5,681k for the YTD; an unfavourable variance of \$1,093k to budget. SMO locum costs within hospital services are favourable to budget, particularly for orthopaedic services where service changes have been implemented and locum services within primary services are unfavourable to budget due to covering vacancies and leave.
- Outsourced clinical services are \$741k favourable to budget. We have been working towards an agreement with CDHB for the services that they perform which has resulted in some adjustments to costs to date. Although costs for Ophthalmology services are unfavourable to budget YTD, this variance has reduced over the last seven months with costs over this period \$135k favourable to budget.



Clinical Supplies

Overall treatment related costs are \$396k favourable to annual budget.

- As reflected in reduced revenue, purchases of audiology aids, implants and prostheses and medical gases are also less than budget. Air ambulance costs are \$395k 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.

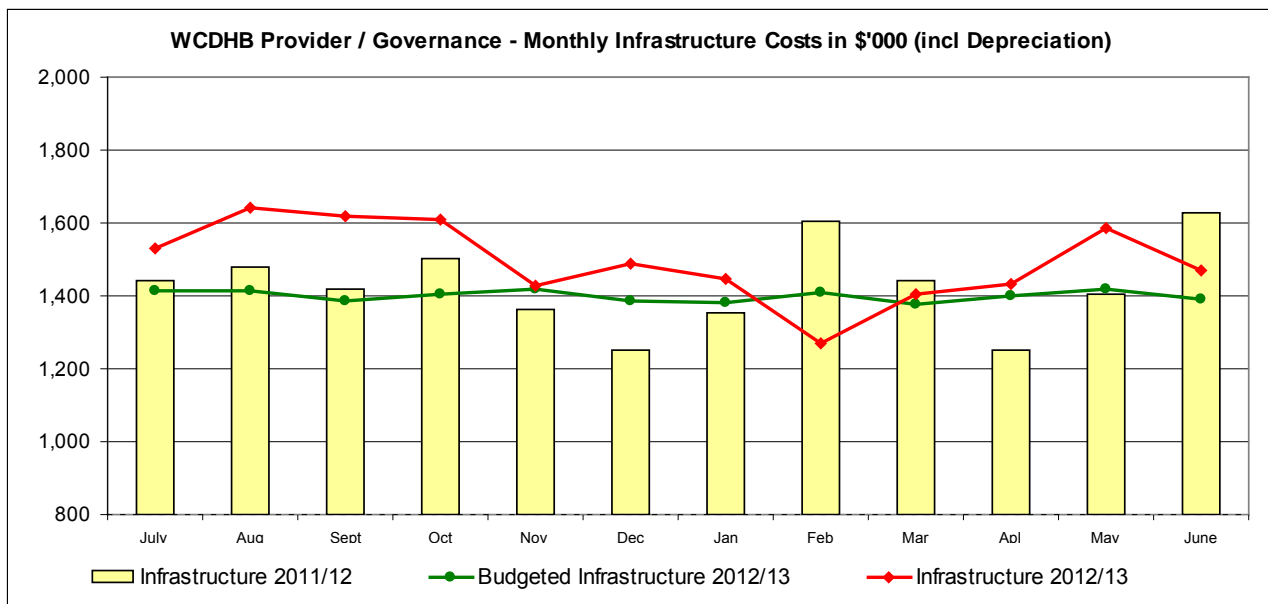


Infrastructure and non clinical Cost

Overall infrastructure and non clinical cost for the Provider arm are \$13,657k, \$2,570k unfavourable to budget. Within this variance are the following specific variances:

- Facilities costs are \$688k unfavourable to budget. The cost of insurance premiums on building and plant is \$556k. Insurance premiums are 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). Reconfiguration of laundry services resulted in a YTD cost for gas (for which there was no budget) and electricity costs are \$85k unfavourable to budget to date (increase in unit costs when the contract was renewed in the last quarter of last year). Rents are \$67k 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 \$106k.
- Transport costs are \$160k unfavourable to annual budget. Staff travel costs are \$56k unfavourable to budget to date (mileage reimbursements to staff). Vehicle repairs and registration are \$78k unfavourable to budget. Lease costs are \$9k unfavourable to budget with additional costs incurred for vehicles retained past the lease expiry date as the purchase of these vehicles was delayed; current lease costs are now favourable to budget. Fuel costs are \$14k unfavourable.
- Hotel services, laundry and cleaning costs are \$920k unfavourable to budget.

Outsourced laundry costs are \$872k unfavourable to annual budget 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 as laundry staff were made redundant in January and savings in laundry supplies.



4. APPENDICES

Appendix 1: Financial Results for the period ending 30 June 2013

Report prepared by: Justine White, General Manager: Finance

West Coast District Health Board
 Provider Operating Statement for period ending
 in thousands of New Zealand dollars

30 June 2013

	Monthly Reporting				Year to Date				Full Year	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	2011/12
Income										
Internal revenue-Funder to Provider	5,137	5,250	(113)	(2.2%)	62,755	63,005	(250)	(0.4%)	63,005	62,872
Ministry of Health side contracts	98	143	(45)	(31.4%)	1,359	1,862	(503)	(27.0%)	1,862	1,824
Other Government	502	579	(77)	(13.3%)	6,469	6,841	(372)	(5.4%)	6,841	6,483
InterProvider Revenue (Other DHBs)	0	10	(10)	(100.0%)	36	124	(88)	(71.0%)	124	106
Patient and consumer sourced	218	273	(55)	(20.1%)	3,113	3,396	(283)	(8.3%)	3,396	3,096
Other income	43	82	(39)	(47.3%)	744	1,258	(514)	(40.9%)	1,258	1,424
Total income	5,998	6,337	(340)	(5.4%)	74,476	76,486	(2,010)	(2.6%)	76,486	75,805
Expenditure										
Employee benefit costs										
Medical Personnel	1,257	1,117	(140)	(12.5%)	12,792	13,316	524	3.9%	13,316	10,673
Nursing Personnel	2,121	2,024	(97)	(4.8%)	24,989	24,086	(903)	(3.7%)	24,086	24,654
Allied Health Personnel	636	826	190	23.0%	8,810	9,647	837	8.7%	9,647	8,956
Support Personnel	121	167	46	27.5%	1,885	1,988	103	5.2%	1,988	2,163
Management/Administration Personnel	510	570	60	10.6%	6,550	6,842	292	4.3%	6,842	6,488
	4,645	4,704	59	1.2%	55,025	55,878	854	1.5%	55,878	52,934
Outsourced Services										
Contracted Locum Services	518	343	(175)	(50.8%)	6,199	4,931	(1,268)	(25.7%)	4,931	8,202
Outsourced Clinical Services	262	309	47	15.3%	2,922	3,710	788	21.3%	3,710	4,041
Outsourced Services - non clinical	46	79	33	42.0%	1,075	952	(123)	(12.9%)	952	521
	826	731	(95)	(13.0%)	10,196	9,593	(603)	(6.3%)	9,593	12,764
Treatment Related Costs										
Disposables, Diagnostic & Other Clinical Supplies	116	115	(1)	(0.9%)	1,393	1,323	(70)	(5.3%)	1,323	1,388
Instruments & Equipment	107	155	48	31.2%	1,759	1,733	(26)	(1.5%)	1,733	1,613
Patient Appliances	26	31	5	16.1%	311	354	43	12.2%	354	347
Implants and Prostheses	11	70	59	84.3%	563	817	254	31.0%	817	877
Pharmaceuticals	120	173	53	30.8%	2,112	1,923	(189)	(9.8%)	1,923	2,033
Other Clinical & Client Costs	101	147	46	31.3%	1,141	1,525	384	25.2%	1,525	1,294
	481	691	211	30.5%	7,279	7,675	396	5.2%	7,675	7,552
Infrastructure Costs and Non Clinical Supplies										
Hotel Services, Laundry & Cleaning	355	302	(53)	(17.6%)	4,591	3,671	(920)	(25.1%)	3,671	3,773
Facilities	314	207	(107)	(51.5%)	3,242	2,554	(688)	(26.9%)	2,554	2,554
Transport	99	73	(26)	(36.2%)	1,010	850	(160)	(18.8%)	850	1,034
IT Systems & Telecommunications	134	127	(7)	(5.6%)	1,593	1,527	(66)	(4.3%)	1,527	1,375
Professional Fees & Expenses	89	14	(75)	(547.3%)	600	209	(391)	(187.1%)	209	557
Other Operating Expenses	134	65	(69)	(105.6%)	1,301	954	(347)	(36.4%)	954	1,245
Internal allocation to Governance Arm	110	110	0	0.2%	1,320	1,322	2	0.2%	1,322	1,320
	1,235	898	(337)	(37.6%)	13,657	11,087	(2,570)	(23.2%)	11,087	11,858
Total Operating Expenditure	7,187	7,024	(163)	(2.3%)	86,157	84,233	(1,923)	(2.3%)	84,233	85,108
Deficit before Interest, Depn & Cap Charge	(1,189)	(687)	501	(73.0%)	(11,681)	(7,747)	3,934	(50.8%)	(7,747)	(9,303)
Interest, Depreciation & Capital Charge										
Interest Expense	53	61	8	13.5%	650	735	86	11.6%	735	732
Depreciation	344	389	45	11.6%	4,154	4,661	507	10.9%	4,661	4,757
Capital Charge Expenditure	(69)	60	129	214.5%	677	723	46	6.4%	723	613
Total Interest, Depreciation & Capital Charge	328	511	183	35.8%	5,481	6,119	638	10.4%	6,119	6,102
Net surplus/(deficit)	(1,517)	(1,198)	319	(26.6%)	(17,162)	(13,866)	3,296	(23.8%)	(13,866)	(15,405)

CLINICAL LEADERS UPDATE



TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 22 August 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This report is provided to the Hospital Advisory Committee as a regular update.

2. RECOMMENDATION

That the Committee:

- i. notes the Clinical Leaders Update

3. DISCUSSION

Work is continuing on expanding the range of transalpine health services, with West Coast and Canterbury clinicians being involved in planning and implementing service improvements. The Clinical leaders continue to be heavily involved in the activities of the Alliance Leadership team and the Clinical Board.

The Chief Medical Officer attended the recent Royal New Zealand College of General Practitioners Conference, where the conference theme was 'Generalism: the heart of health care'. She presented papers on the role of generalism in provincial New Zealand, and the integration of the West Coast's primary care based Long Term Conditions Management programmes with the Complex Care Clinical Network's workplan.

The Director of Nursing & Midwifery is working with the South Island Nurse Executive team to organise The South Island Nursing Information Technology Symposium to be held on 29 October. A comprehensive programme is being developed with the purpose of increasing nursing engagement in this important aspect of health care and support systems. The West Coast will be presenting on the use of Telehealth, with a particular focus on nursing, roles, impact on care and improved patient outcomes.

The Executive Director of Allied Health as a member of the HQSC Campaign Advisory Group attended the joint meeting with the HQSC Board members in July. The discussion focused on how we measure the success of the "Open for Better Care" Campaign areas; the improvement methodologies and the role of consumers in the activities of the campaign.

Future Workforce Development

The Nursing Workstream of the South Island Regional Training Hub (SIRTH) continue their work on the Sustainable Nursing Workforce project. The group met recently in Christchurch and Carolyn Reed Chief Executive of the NZ Nursing Council, presented to the group on the most recent nursing workforce data and future projections for the supply of nurses. In the South Island we know that 67.5% of the nursing workforce is aged 45 or above—this equates to 8151 nurses, with 4000 of these nurses aged 55 or over. The group is seeking to find new ways of working to encourage the "third age

nurse” to remain active in the workplace. This work includes a review of rostering practice and the development of alternate roles within the workplace. The West Coast is actively involved in this project, with representation on the Workstream.

The South Island Allied Health Assistant project is progressing well and the West Coast will be one of the lead sites for the Rehab Assistant qualification.

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 11 JULY 2013



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

SOURCE: Chair, Hospital Advisory Committee

DATE: 2 August 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 11 July 2013. Following confirmation of the minutes of that meeting at the 22 August 2013 HAC meeting, full minutes of the 11 July 2013 meeting will be provided to the Board at its 13 September 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 – 11 July 2013.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 11 July 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:

▪ **MANAGEMENT REPORT**

Michael Frampton, Acting General Manager, Hospital Services and Ralph La Salle, Acting Operations Manager, presented this report. Mr Frampton drew the Committees attention to the ESPI compliance as at 30 June 2013 which was a very significant achievement for the DHB. He advised that the elective target had also been met but there is still further coding to be done in this area.

The Committee noted some pleasing traction in stabilising orthopaedic services after almost 12 months since the introduction of the new model of care.

Discussion took place regarding agreements with Heads of Departments and Clinical Leaders and the Clinical Booking Unit and how this will lead to good decision making processes.

The Committee continues to take an interest in the recruitment processes taking place, and management continue to highlight any areas which the Committee need to be aware of.

▪ **FINANCE REPORT**

The Committee noted that essentially we are seeing a continuation of previous results and that the year end result is where we expected it to be.

They congratulated management on this achievement.

▪ **CLINICAL LEADERS UPDATE**

This report contained updates on:

- The Partnership Group
- Future Workforce Development
- Model of Care Development
- Quality & Safety and
- Allied Health

▪ **TELEMEDICINE**

The Committee discussed telemedicine on the West Coast and the intention to look for opportunities to extending this. There are currently 26 units in use across the West Coast.

4. **APPENDICES**

Appendix 1: Agenda - Hospital Advisory Committee – 11 July 2013.

Report prepared by: Doug Truman, Deputy Chair, Hospital Advisory Committee

AGENDA

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING

To be held in the Board Room at Corporate Office, Grey Base Hospital,
High Street, Greymouth

Thursday 11 July 2013 commencing at 11.00am

ADMINISTRATION

11.00am

Karakia

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**

6 June 2013

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS

11.10am

4. **Management Report**

Ralph La Salle *11.10am - 11.30am*

Acting Operations Manager, Hospital Services

5. **Finance Report**

Justine White *11.30am - 11.45am*

General Manager, Finance

6. **Clinical Leaders Report**

Karyn Kelly *11.45am – 12noon*

Director of Nursing & Midwifery

7. **General Business**

12noon

ESTIMATED FINISH TIME

12.20pm

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 28 June 2013
- West Coast DHB 2013 Meeting Schedule
- 2013 Workplan

NEXT MEETING

Date of Next Meeting: 22 August 2013

Corporate Office, Board Room at Grey Base Hospital.

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
Friday 2 August 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**
 - 28 June 2013
3. **Carried Forward/Action List Items**

REPORTS **10.15am**

- | | | | |
|-----|--|---|--------------------------|
| 4. | Chair's Update – Verbal | Dr Paul McCormack
<i>Chairman</i> | <i>10.15am – 10.25am</i> |
| 5. | Chief Executive's Update | Michael Frampton
<i>Programme Director</i> | <i>10.25am – 10.40am</i> |
| 6. | Clinical Leader's Report | Dr Carol Atmore
<i>Chief Medical Officer</i>
Karyn Kelly
<i>Director of Nursing and Midwifery</i>
Stella Ward
<i>Executive Director, Allied Health</i> | <i>10.40am – 10.50am</i> |
| 7. | Finance Report | Justine White
<i>General Manager, Finance</i> | <i>10.50am – 11.00am</i> |
| 8. | Presentation & Meeting with Chair of Clinical Board | Stella Ward
<i>Chair, Clinical Board</i> | <i>11.00am – 11.30am</i> |
| 9. | Report from Committee Meetings | Elinor Stratford
<i>Chairperson, CPH&DSAC Committee</i> | <i>11.30am – 11.40am</i> |
| | - CPH&DSAC
<i>6 June 2013</i> | | |
| | - Hospital Advisory Committee
<i>6 June 2013</i> | Sharon Pugh
<i>Chairperson, Hospital Advisory Committee</i> | <i>11.40am – 11.50am</i> |
| | - Tatau Pomanau
<i>6 June 2013</i> | Elinor Stratford
<i>Board Delegate to Tatau Pounamu</i> | <i>11.50am – 12noon</i> |
| 10. | Resolution to Exclude the Public | <i>Board Secretariat</i> | <i>12noon</i> |

INFORMATION ITEMS

- Confirmed Minutes
 - CPH&DSAC Meeting – 6 June 2013
 - HAC Meeting – 6 June 2013
 - Tatau Pounamu Meeting – 6 June 2013
- 2013 Meeting Schedule

ESTIMATED FINISH TIME

12noon

NEXT MEETING

Friday 13 September 2013 commencing at 10.00am

DRAFT

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.

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	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	Hospital Services Management Report Finance Report	Hospital Services Management Report Finance Report	Hospital Services Management Report Finance Report	Hospital Services Management Report Finance Report	Hospital Services Management Report Finance Report	Hospital Services Management Report Finance Report
PLANNED ITEMS	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update Patient Safety & Quality Report	
PRESENTATIONS	As required	As required	Allied Health Presentation	Model of Care Implementation	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	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings



West Coast Health System Clinical Board

Chair update to Board August 2013

Stella Ward

Safe Sustainable Responsive Health Care



Scope: Great standards of care, clinical leadership

The functions will include:

- promoting the primary aim of the West Coast Health System to **improve the health of the community**
- ensure accurate and appropriate clinical data is captured and available to clinicians for decision making
- encouraging and supporting **best practice and innovation** by ensuring appropriate systems for professional development, support and training for the health workforce
- Promote an improved **focus on patient** and population health outcomes
- Promote **robust quality improvement systems**



THE WEST COAST HEALTH SYSTEM

- supporting you to be well



Objectives

Across all areas of WCDHB responsibility:

1. an improved focus on patient and population health outcomes
2. robust quality improvement systems
3. a culture of innovation and best practice
4. a skilled and well-supported health workforce
5. A collaborative relationship with Canterbury Clinical Board

Accountable to the Chief Executive



THE WEST COAST HEALTH SYSTEM

- supporting you to be well



Membership

- Anne Tacon
- Janette Anderson
- Barbara Smith
- Jem Pupich
- Carol Atmore
- Jenny Woods
- Charlotte Berry
- Karyn Kelly
- Frances Stapleton
- Pradu Dayaram
- Graham Provis
- Robyn Moore
- Greville Wood
- Rachelle Hunt



Key Areas of Focus

- Reducing harm from alcohol
- Falls prevention
- Smoking prevention
- Quality Accounts
- HQSC programme
- Consumer involvement



Agenda

- Patient story
- CE update
- Reporting committee
- Risk reports
- WCDHB Quality & Patient Safety Programme Activities
- South Island Quality Alliance update
- Special topic – e.g. Service Reviews

 **THE WEST COAST HEALTH SYSTEM**
- supporting you to be well 



Changing how we do things

Systems Thinking
NOT individual blame

Process Thinking
NOT just skill, technique or experience

Team Thinking
NOT about having the "best" individual

Continuous Improvement
NOT accepting 'that's just how it is'


 **THE WEST COAST HEALTH SYSTEM**
- supporting you to be well 

Role of the consumers on the clinical board

Transport

Visiting hours

Communication


-West Coast-
EMERGENCY & HEALTH SERVICES
TE PDARI HADORA A ROHE O TAI POUTINI

Patient Centred Care

What Do Patients and Families Bring?

- Their knowledge of their illness
 - Parents of a child
 - The chronically ill adult
- The actual experience of care
 - Failures in handoffs, slips, harm
 - What works for them and what doesn't
- Another set of eyes, brain, voice
 - Checking the chemo, calling the rapid response team
 - Writing in the record, participating in rounds
 - This doesn't look right
- A passion to achieve the same goals we want
 - It's about them



Key Learning: For All of Us

- We don't know what happens daily in our hospitals and clinics
- We don't know what patients and family members want and need – we don't see through their eyes
- Patients, families and staff have many common goals and can achieve dramatic improvements working together
- These are patients, going through extraordinary ordeals
- Errors don't erode trust. The way we act can
- Patients want to give back, be involved, contribute to success. They are vested

What are we trying to achieve?

A health care system that ensures every patient consistently receives evidence-based, effective care every time he or she needs it.

That is.....reliable care

“Reliability means keeping a promise” (Don Berwick)