

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



**HOSPITAL ADVISORY
COMMITTEE MEETING**

11.00 am, 3 December 2015

**Board Room
Grey Hospital – Corporate Office**

**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 (<i>Chair</i>) Kevin Brown Paula Cutbush Gail Howard Peter Neame Richard Wallace Chris Lim Peter Ballantyne (<i>ex-officio</i>)	Michael Frampton (<i>Programme Director</i>) Gary Coghlan (<i>General Manager, Maori Health</i>) Carolyn Gullery (<i>General Manager, Planning & Funding</i>) Karyn Bousfield (<i>Director of Nursing & Midwifery</i>) Justine White (<i>General Manager, Finance</i>) Kathleen Gavigan (<i>General Manager, Buller</i>) Mark Newsome (<i>General Manager Grey Westland</i>) Kay Jenkins (<i>Governance</i>)

AGENDA

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Thursday 3 December 2015 commencing at 11.00am

ADMINISTRATION

11.00am

Karakia

Apologies

1. **Interest Register**

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

2. **Confirmation of the Minutes of the Previous Meeting**

22 October 2015

3. **Carried Forward/Action Items**

REPORTS/PRESENTATIONS

11.10am

4. **Management Report**

Mark Newsome *11.10am - 11.30am*
General Manager Grey | Westland

5. **Finance Report**

Justine White *11.30am - 11.45am*
General Manager, Finance

6. **Clinical Leaders Report**

Karyn Bousfield *11.45am – 11.55am*
Director of Nursing & Midwifery

7. **Revised Terms of Reference**

Board Secretariat *11.55am – 12.05pm*

8. **General Business**

Sharon Pugh *12.05pm – 12.15pm*
Chair

ESTIMATED FINISH TIME

12.15pm

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 6 November 2015
- 2015 HAC Workplan (Working Document)
- West Coast DHB 2016 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 28 January 2016
Corporate Office, Board Room at Grey Base Hospital.

INTEREST REGISTER

Member	Disclosure of Interests
Sharon Pugh Chair Board Member	<ul style="list-style-type: none"> ▪ New River Bluegums Bed & Breakfast - Shareholder
Kevin Brown Deputy Chair Board Member	<ul style="list-style-type: none"> ▪ Grey District Council – Councillor ▪ West Coast Electric Power Trust - Trustee ▪ Wife works part time at CAMHS ▪ West Coast Diabetes – Patron & Member ▪ West Coast Juvenile Diabetes Association – Trustee ▪ President Greymouth Riverside Lions Club ▪ Justice of the Peace
Paula Cutbush	<ul style="list-style-type: none"> ▪ Owner and stakeholder of Alfresco Eatery and Accommodation ▪ Daughter involved in Green Prescriptions
Gail Howard	<ul style="list-style-type: none"> ▪ Buller Electric Power Trust - Trustee ▪ Energy Trust New Zealand - Director
Chris Lim	<ul style="list-style-type: none"> ▪ No interests to declare
Peter Neame Board Member	<ul style="list-style-type: none"> ▪ Wite Wreath Action Against Suicide - Member
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 ▪ 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 ▪ Kaumatua/Cultural Advisor for Child Youth & Family (Greymouth and Nelson)
Peter Ballantyne Board Chair ex-officio	<ul style="list-style-type: none"> ▪ Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB ▪ Retired Partner, Deloitte ▪ University of Canterbury - Member of Council ▪ Bishop Julius Hall of Residence - Trust Board Member ▪ Spouse, Canterbury DHB employee (Ophthalmology Department) • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board • Brackenridge Estate Limited - Director

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Thursday 22 October 2015, commencing at 11.00am

PRESENT

Kevin Brown (Deputy Chair); Paula Cutbush; Gail Howard; Chris Lim; Peter Neame; Richard Wallace; and Peter Ballantyne (ex-officio).

IN ATTENDANCE

Elinor Stratford

MANAGEMENT SUPPORT

Phil Wheble (Team Leader, Planning & Funding); Karyn Bousfield (Director of Nursing & Midwifery); Hamish Brown (Acting Operations Manager, Hospital Services) Kay Jenkins (Minutes) and Justine White (General Manager Planning & Funding)(via video conference for item 5).

APOLOGIES

An apology was received and accepted from Sharon Pugh

WELCOME

Richard Wallace opened the meeting with the Karakia

1. INTEREST REGISTER

Kevin Brown advised that he is now a Justice of the Peace

There were no interests declared for items on today's agenda.

There were no perceived conflicts of interest.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (25/15)

(Moved: Peter Neame/Seconded: Chris Lim – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 10 September 2015 be confirmed as a true and correct record with the addition of Gail Howard as an attendee.

3. CARRIED FORWARD/ACTION ITEMS

The carried forward/action items were noted.

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

Phil Wheble, Team Leader, Planning & Funding presented this report which was taken as read. He introduced Hamish Brown, Acting Operations Manager, Hospital Services to the Committee.

He highlighted the following notable features:

- The return of the Allen Bryant residents accommodated in Hannan Ward to their home;
- The establishment of a Maternal Care and unborn Wellbeing (MCAUW) team; and
- The establishment of a Maternity Operations Group.

Mr Wheble advised that DNAs show a slight increase in September. The Committee noted that “Text to remind” was off line for 2 weeks of this period but that this is now reconnected. Management continue to focus on the reasons for DNAs.

In regard to other Allen Bryant residents, the Committee noted that there are still some living in other Rest Homes and in the Community. Allen Bryant are hopeful that the rest of their accommodation will be completed by the end of December.

Discussion took place regarding Rest Home audits and the Committee noted that the DHB is working closely with Grainger House and Kowhai Manor to assist in improving their services.

Resolution (26/15)

(Moved: Peter Neame/Seconded: Gail Howard – carried)

- i. That the Committee notes the Management Report.

5. FINANCE REPORT

Justine White, General Manager, Finance, presented the Finance Report for the month ending September 2015 was a deficit of \$0.140m, which was \$0.045m unfavourable against the budgeted deficit of \$0.095m. The year to date position is now \$0.008m favourable.

Ms White advised that treatment related costs are above expected levels for the month however these are not expected to continue to be greater than budget over the full year.

The Committee noted that personnel costs are slightly unfavourable for the month and management are continuing to pursue mechanisms to most efficiently utilise resources to enable effective and appropriate delivery of care.

The Committee also noted that there are favourable variances in interest and depreciation due to the facilities not being as far advanced as planned.

Resolution (27/15)

(Moved: Richard Wallace/Seconded: Kevin Brown – carried)

- i. That the Committee notes the financial result and related matters for the period ended July 2015.

6. CLINICAL LEADERS REPORT

Karyn Bousfield, Director of Nursing & Midwifery presented this report which was provided to the Board at their last meeting. The Committee noted the work being undertaken around the completion of Workforce Action Plans with the Allied Health Plan being developed to align with the Medical and Nursing Plans.

It was also noted that a lot of work is taking place in the Quality & Safety space with Clinicians well engaged.

Discussion took place regarding Workforce Development and moving to flexibility and whether this would affect the number of nurses employed. The Committee noted that this is the point of safe staffing and managing within the current FTE.

Discussion also took place regarding the need for additional training around the new models of care.

Resolution (24/15)

(Moved: Peter Neame/Seconded: Chris Lim – carried)

- i. That the Committee notes the Clinical Leaders Report.

There being no further business the meeting closed at 11.45am.

Confirmed as a true and correct record.

Kevin Brown, Chair

Date

CARRIED FORWARD/ACTION ITEMS

Item No	DATE LAST UPDATED	ACTION	COMMENTARY	STATUS
1	22 October 2015	Did Not Attend (DNAs) An update on progress regarding DNAs to be provided to the Committee.		Updates will be provided at each meeting.

MANAGEMENT REPORT

TO: Chair and Members
Hospital Advisory Committee

SOURCE: General Manager Grey Westland | General Manager Buller

DATE: 3 December 2015

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	--------------------------	--------	-------------------------------------	-------------	--------------------------

1. ORIGIN OF THE REPORT

This is a standing report to the West Coast District Health Board Hospital Advisory Committee. It outlines progress in relation to service delivery across the District Health Board's Provider Arm.

2. RECOMMENDATION

That the Hospital Advisory Committee:

- i. Notes the Management Report.

3. SUMMARY

This report is intended to:

- provide greater insights into the nature and flow of activity in, and through, the secondary care component of the West Coast health system;
- reflect a patient-centric view of services, being the 'patient journey' through the system; and
- provide greater clarity of, and focus on, key metrics.

The report is broken into eight sections: 4.1 - Activity, 4.2 - Workforce Updates, 4.3 - Patient, 4.4 - Health Targets, 4.5 - Quality, 4.6 - Specific Requests [when applicable]. Further changes to graphics and content will occur as well, including the graphic representation of primary care in the acute patient's journey.

The following are the most notable features of the report:

- Announcement of Medical Director roles
- Successful recruitment of Medical staff
- A decrease in DNAs

4. DISCUSSION

4.1 Activity

The following pages will contain graphics summarising patient journeys.

The Committee is asked to note that the Patient Journey diagrams have been removed and are still being reviewed and updated to provide more meaningful information. It is hoped that these revised diagrams will be available by years end. Work on them is progressing.

Volumes

This Provider Arm Report includes base service level agreement additional electives initiative volumes. The volume results below are for the 2015-16 financial year.

Inpatient Volumes

Throughput for the 4-month period to the end of October 2015 show overall case-weighted discharges [CWD] from Greymouth Hospital virtually on track for the year for surgical specialty services; with higher throughputs in medical specialty services, which are anticipated during winter periods.

The split between acute and electives were as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	373.70	347.34	-26.36	-7.0%
Elective	410.92	412.61	1.69	-0.4%
Sub-Total Surgical:	784.62	759.95	-24.67	-3.1%
Medical				
Acute	464.04	600.13	136.09	29.3%
Elective	0	0	0	0%
Sub-Total Medical:	464.04	600.13	136.09	29.3%
TOTALS:	1248.66	1360.08	111.42	8.9%

Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical services was down for the year to date by 567 attendances (-11.9%) from expected volumes overall. Throughput was 12.4% under contracted volume for surgical specialty services, due largely to fewer follow-up appointments; and 11.1% down against contracted volume for medical specialty services.

The split between 1st visit and Subsequent visit during this year to date period were as follows:

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1 st Visit	1125	1077	-48	-4.3%
Sub. Visit	1807	1491	-316	-17.5%
Sub-Total Surgical:	2932	2568	-364	-12.4%
Medical				
1 st Visit	538	403	-135	-25.0%
Sub. Visit	1282	1214	-68	-5.3%
Sub-Total Medical:	1820	1617	-203	-11.1%
TOTALS:	4752	4185	-567	-11.9%

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]
October 2014	1744	1625	119	6.82%
November 2014	1782	1670	112	6.28%
December 2014	1787	1668	119	6.66%
January 2015	1501	1404	97	6.46%
February 2015	1849	1722	127	6.91%
March 2015	1837	1689	148	8.06%
April 2015	1570	1458	112	7.13%
May 2015	1644	1523	121	7.36%
June 2015	1825	1675	150	8.22%
July 2015	1698	1546	152	8.95%
August 2015	1717	1597	120	6.99%
September 2015	1836	1691	145	7.90%
October 2015	1717	1601	116	6.76%
13 month rolling totals	22252	20679	1573	7.07% Average

Pleasingly, October was the lowest DNA rate that we have seen since January. Some technical problems are still being experienced by text to remind, but overall working as intended.

The DNA group continue to work across this space including:

- Refining e-texting and analysing 6 months of data in January
- Continuing to ensure that patient appointment letters are sent well in advance to ensure adequate notice
- Reviewing letters to ensure important information is immediately recognisable
- Continuing to monitor DNA rates and ring patients who do DNA to find out why. When there is enough data to analyse, approximately January, we will review the process and change where necessary
- Continue to improve the data on DNA's collected, such as separating Maori from non-Maori, to understand cultural issues.

4.2 Workforce Update

Nursing

- Grey Base continues to support Reefton and Granger House where possible with Registered Nurses. Secondary services have staff seconded into areas such as District and Kahurangi.
- Hospital Services has 14 FTE less than at the same point last year and resource continues to match activity and throughput. It is a credit to all nursing staff who have worked hard to achieve this.
- Sick leave has increased over the last two weeks, coupled with high occupancy, the casual use and some overtime has been utilised to cover.

- There are six New Graduate nurses starting in February. New Graduates from 2015 have been offered positions within the DHB and most have been employed to the areas of their choice.
- Annual leave balances continue to be managed.
- It is with regret the Trendcare coordinator has resigned. She has done a fantastic job over the past two years. We will be advertising to fill this role.

Medical

- It is with pleasure that we can announce the Medical Directors:
 - Mr Pradu Dayaram, Medical Director Facilities Development
 - Dr Graham Roper, Medical Director Patient Safety and Outcomes
 - Dr Cameron Lacey, Medical Director Medical Council, Legislative Compliance and National Representation
- A medical workforce plan has been developed; bringing various pieces of work into one document that describes activities within each specialty area and plans for the advancement of some transalpine services.
- Work has been done to expand a RHM registrar to better support Mental Health and Geriatrics and we will be recruiting for this position shortly.
- Recruitment for next year is almost complete with one position remaining which is tentatively filled.
- Interviews and offers to RHM specialists are ongoing at present with one commencing work in late November and another commencing in mid-January and another likely mid-June.
- An interview for a General Physician is scheduled.
- Work with CDHB to better support junior doctors is occurring, particularly around accreditation of clinical attachments and training.

Administration

- A report on administration engagement is being prepared for the December EMT meeting.
- Strong focus on supporting transalpine linkages and integration of services, to ensure administration/clerical resources support clinical models of care.

Ward Activity

- Over the last month the hospital actual utilisation has remained similar to the last two months, CCU remained static at 58%. Morice on average sat at 88% and Barclay was 62%. Medical had a number of overflows in Barclay for the month. Paediatrics also experienced an increase.
- When wards have reached capacity, this has been managed with staff moving to areas of need, and quality care continuing to be delivered.
- Kahurangi patient levels remain stable. Hospital Services support Kahurangi to ensure adequate staffing.
- The former Hannan Ward space is again being utilised for Chemotherapy patients.
- ED nursing staffing remains challenging. Advertising for experienced staff continues. We are currently interviewing a previous staff member for a position who has been overseas but will be returning for a fixed term. We have two staff members being trained for ED from the wards.

Maternity Services

- The WCDHB Maternity service is currently advertising for 2 part-time new graduate midwives for 2016, we have had 2 applications already which is positive. We have had interest for another experienced midwife to join the team in the New Year; this will bring the unit up to full staffing.
- Quality activities continue with an audit on reasons for caesarean section in Prima gravida in 2014. Almost all items in the Maternity Quality Safety Group [MQSG] workplan have been completed and the 2016 workplan has been developed.
- Two women in the community have raised funds and donated two Cosy Cots to McBrearty for families of babies that have died. The cots keep the baby cool while the family can spend time with them.
- Education activities continue. There will be a summary of all education conducted this year completed in January. The rollout of the Breastfeeding Talk Cards continues with PHO staff and RNS's.
- The Maternity Quality Safety Co-ordinator position is currently being advertised for a three year term. Significant progress has been made in embedding quality in maternity services, and with the completion of the 2015 workplan we should be at “established” status.

Reefton Health

- *Hospital* – Collaboration between the Hospital and the ARC facility is continuing, and building Reefton Hospital into a cohesive team.
- *Aged Residential Care* – Currently 8 hospital level and 6 rest home level residents and one palliative care patient. Nursing vacancy has been filled.

Allied Health

- The Associate Director of Allied Health has resigned. Arrangements have been made for interim cover. The position has been advertised and closes on 3 December.
- The WCDHB Pharmacy department now has its own page on the WCDHB intranet. Whilst this is still under construction, it will be a great resource for the Pharmacy department's staff and the other departments who access the services they provide, once completed. The pharmacy section can simply be accessed from any WCDHB workstation under “Health Areas and Departments”.
- Allied Health participated in the selection of 2015 Studentships and Scholarships recipients. Students currently completing Allied Health degrees (inc. SLT, Social Work, Physiotherapy and Occupation Therapy) are among the recipients.
- Additional computers are in the process of being installed in the Buller Health Centre for Allied Health staff. This will facilitate access to online resources including those required for patient care and interdisciplinary practice.
- Members of the Occupational Therapy, Physiotherapy and Dietetic teams are working with nursing staff to prevent inpatients getting pressure sores during admission. They are currently in the process of auditing hospital beds to ensure they are fit for purpose.
- CDHB IT team has worked with the WCDHB Medical Technician team to roll out new Holter cardiac monitors and the associated IT system. This system enables results to be provided faster (a reduction of 4 – 5 days) and stored in patient electronic records on Health Connect South. This will allow hospital staff and GPs to access data. Patients have provided positive feedback about the new monitors.

- Allied Health staff will participate in supervision training due to be run in early December. This will assist to increase the number of Allied Health staff who can provide supervision across the District.
- Buller Community Health Centre Radiology department were offering reduced services due to a staff leave requirements (planned and unplanned). Grey Base Hospital Radiology department provided some cover in Buller during this time. They report this arrangement worked well for patients.
- Violence Intervention Programme Strategic Plan is currently being reviewed.
- The CYFs Social worker in Hospital role is currently being reviewed as per the scheduled review of the MOU between the WCDHB, Police and CYFs.
- Amount of referrals from rest homes to physiotherapy has increased. Clinical Manager Physiotherapy is liaising with Planning & Funding to assess how this is best managed.
- Clinical Manager Social Work reports an increase in the number of referrals to his team to assist patients, and their families, to complete Enduring Power of Attorney paperwork. He speculates that this is because of the change in the type of patients presenting to hospital in that patients are presenting with a higher degree of complexity than before.
- Members of Allied Health met with the Chief Executive to showcase some of their achievements over the last 12 months on 17 November.
- Difficulties recruiting to speciality position prevail for Physiotherapy (i.e. Paediatric position). Liaison with colleagues in CDHB is underway as they are about to finalise the recruitment of two similar positions. There may be candidates applying who are suitable for West Coats position.
- Allied Health participated in goal ladder training alongside other staff involved in rolling out the FIRST model across the District. This is another significant step towards rolling out this model.
- Recommendations from the review of the WCDHB Child Protection Services Team have been significantly progressed. A report on outcomes achieved will be issued to key stakeholders including Executive Director of Allied Health, General Manager Grey/Westland and People & Capability Advisor.

Industrial Relations

Negotiations Update:

- West Coast Pharmacy (First Unions) – Options still being considered.
- Public, Mental Health and Community Nurses MECA (PSA) – Awaiting ratification results.
- South Island Clerical Workers MECA (PSA) – Bargaining strategy meeting took place on 30 October. First clerical bargaining is on 9 December.
- West Coast EPMU Support Services SECA – Bargaining strategy has been forwarded to the Ministry of Health for approval.

Recruitment

New Vacancies	14
Total Open Vacancies	31
Total FTE Recruiting	11
Appointed Vacancies	3
Total FTE Appointed	3

- Recruitment remains steady with 14 new roles bringing the total open vacancies to 31.
- There were no applications for the Paediatric Physiotherapist role. We are looking at exploring Paediatric Physiotherapist candidates in Christchurch after a recent recruit there – in the process of re-advertising now.
- An interview for a General Physician took place this week and is progressing to reference stage.
- Two part-time Rural Hospital Medical Specialists have been employed and a third full-time candidate is coming on board.

4.3 Patient





Patient Transfers

- The number of tertiary patient transfers from Greymouth and Buller Hospitals has risen from 33 transfers in July 2015 and 28 transfers in August 2015 to 43 transfers in September 2015. The majority of these September transfers were for orthopaedic, medical, and surgical patients and the principal methods of transportation were via ambulance and pressurised aircraft.
- The main reasons for these transfers in September 2015 were for ‘Specialty Care not available at Grey Base Hospital’ and ‘Special Procedure (not done at Grey)’.
- For patients transferred from Buller to Greymouth the numbers remained steady, with 20 transfers in September 2015. Most transfers were for medical patients. Both helicopters and hospital board cars were the main methods of transportation used to transfer patients to Greymouth Hospital in this period.
- The number of patient transfers from Reefton to Greymouth for September 2015 was 4. These transfers were for mainly medical patients, and the methods of transportation were via ambulance and helicopter.
- All figures provided include those recorded as transferring via private motor vehicle.

4.4 Health Targets

Health Target progress




Quarterly & progress data

Target		Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Target	Current Status	Progress
	Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours ¹	99.4%	99.4%	99.7%	99.7%	95%	✓	The West Coast DHB continues to achieve impressive results against the shorter stays in ED health target , with 99.7% of patients admitted, discharged or transferred from ED within six hours during Quarter 1.
	Improved Access to Elective Surgery West Coast's volume of elective surgery	878 YTD	1,288 YTD	1,721	480 ²	517 YTD	✗	480 elective surgical cases were delivered to Coasters in the year to date September 2015, representing 92.8% of our year-to-date target delivery. It is not anticipated there will be any difficulty in making up this shortfall next quarter.
	Faster Cancer Treatment ³ Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	72.7%	62.5%	50%	50%	85%	✗	Work around the faster cancer treatment health target continues, with 50% of patients (4/8) having received their first cancer treatment or other management within 62 days of being referred. While improvement against this target is a significant priority, small numbers remain challenging. All four non-compliant patients were complex cases with comorbidities.
	Increased Immunisation Eight-month-olds fully immunised	82%	89%	85%	88.4%	95%	✗	While West Coast DHB has not met the increased immunisation health target , we are pleased to have increased coverage by 3%, vaccinating 88.4% of our eligible population in Quarter 1. Just one child was missed this quarter—due to being away on holiday. This means 99%% of the eligible consenting population were immunised.

¹ This report is calculated from both Greymouth and Buller Emergency Departments.

² Coding delays have meant this result is preliminary. More recent results show 487 discharges were complete as at the end of September 2014, reflecting 94.2% of target.

³ This target replaces the Shorter Waits for Cancer Treatment target from Quarter 2 onwards. The new target is that 85% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer.

Target		Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Target	Current Status	Progress
	Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit ⁴	92.8%	97.8%	97.8%	91.1%	95%	✗	During Quarter 1, West Coast DHB staff provided 91.1% of hospitalised smokers with smoking cessation advice and support –missing the target by just eleven smokers. This follows stable performance in previous quarters as well as the first two months of Quarter 1. Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator investigates each missed smoker.
	Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit	78.3%	94%	90.2%	84.5% <i>Prelim</i>	90%	✗	Preliminary performance against the primary care better help for smokers to quit health target shows a decrease in Quarter 1, not meeting the target at 84.5%. This drop was expected following a national definition change, with the target's focus now not only on smokers expected at general practice, but the West Coast population as a whole.
	More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	82.6%	90.3%	91.1%	91% <i>Prelim</i>	90%	✓	Performance against the more heart and diabetes checks health target looks to be been maintained this quarter, once again meeting the target with a preliminary result of 91%.

⁴ Results may vary slightly due to coding timeframes

Elective Services Patient Indicators [ESPI Compliance]

No patients exceeded the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) or First Specialist Assessment to surgical treatment (ESPI 5) as at the end of September 2015. Preliminary results for October indicate no change to compliance status in either ESPI measure.

MoH Elective Services Online

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

DHB Name: West Coast

	2014			2014			2014			2015			2015			2015			2015			2015			2015			2015			2015			2015		
	Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep		
	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 patient referrals within ten working days.	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	17 of 17	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	17 of 18	94.4%	1	18 of 18	100.0%	0	17 of 17	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	0	0.0%	0	6	0.0%	-6	0	0.0%	0	0	0.0%	0	0	0.0%	0	17	2.6%	-17	35	4.7%	-35	0	0.0%	0	1	0.2%	-1	7	1.1%	-7	6	0.9%	-6	0	0.0%	0
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	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	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0
5. Patients given a commitment to treatment but not treated within the required timeframe.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	4	1.8%	-4	7	3.4%	-7	0	0.0%	0	1	0.6%	-1	2	1.2%	-2	2	1.4%	-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	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0
8. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	189	100.0%	0	206	100.0%	0	165	100.0%	0	116	100.0%	0	129	100.0%	0	179	100.0%	0	136	100.0%	0	150	100.0%	0	139	100.0%	0	138	100.0%	0	127	100.0%	0	134	100.0%	0

Data Warehouse Refresh Date: 30/Oct/2015

Report Run Date: 02/Nov/2015

Notes:

- Before July 2013 the required timeframe for an FSA for ESPI 2 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 2 is 5 months and from January 2015 the required timeframe for ESPI 2 is 4 months.
 - Before July 2013 the required timeframe for treatment for ESPI 5 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 5 is 5 months and from January 2015 the required timeframe for ESPI 5 is 4 months.
 - ESPIs that apply from 1 January 2015.
 - ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
 - ESPIs 3 and 8 assess surgical specialties where 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 or equal to 10 patients or less than 0.39%, 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 or equal to 10 patients or 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 or equal to 10 patients or less than 14.99%, and Red if 15% or higher.
 - From 01 July 2015 the ESPI 8 calculation changed from the tools that were used to prioritise patients who exited during the month to the tools used to prioritise patients during the month.
- Please contact the Ministry of Health's Electives team if you have any queries about ESPIs (elective_services@moh.govt.nz).

4.5 Quality

Hospital Services Incidents recorded in Safety1st for the period April-October 2015



West Coast DHB-wide*								
General Event Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Total
Behaviour & Safety	10	6	12	31	26	19	15	119
Blood Product	1		1	1				3
Drain and Tube	1							1
Employee	15	14	9	9	11	10	9	77
Facilities, Building and Property	4	5	4	3	3	4	3	26
Fall	29	24	16	16	28	20	20	153
Infection		2				1		3
Intravascular Access Device				2	1			3
Labs / Specimen	17	11	15	11	14	14	12	94
Medication and IV Fluids	9	8	12	9	16	13	4	71
Provision of Care	11	14	9	15	17	16	14	96
Radiology				1	2		1	4
Restraint Register	1		2	3	2	1		9
Security	2	3	1	5	2	3	2	18
Skin / tissue	4	3		5	1	9	5	27
Total Incidents Apr – Oct	104	90	81	111	123	113	85	707

*The previous report was for Greymouth & Reefton Hospitals only

Trends

There has been a decrease in the total number of reported incidents throughout the month of October across all sites, and for most event types. Behaviour and Safety events form the largest majority of incidents reported in Safety1st, as is the trend South Island-wide. No discernible trend from last month's data.

CLAB (Central line associated bacterium)

As of 23 November 2015 the West Coast DHB has been 1222 days CLAB free!!

WCDHB Maternity Quality Plan

Work on the 2015/16 quality plan was completed ahead of schedule and submitted to the Ministry of Health on 11 November. The plan aims to secure funding and moves WCDHB from an “emerging” phase to “established”. In line with this is the Maternity Quality Facilitator role funded for a period of 3 years at 0.5 FTE.

Safety1st

The system is currently in a “Business as Usual” phase where it is becoming further embedded in general use. The West Coast DHB has not experienced the degree of IT issues that other South Island DHBs have experienced. As we are small and nimble, we are also able to react quickly to any system changes.

The focus moving forward is to improve the KPIs; reduce the turnaround time from event submission to investigation and closure, improve the skills of submitters and managers and to start using the other modules as they are rolled out, e.g. risk register, hazard register, RCA module and a mobile app. Improving KPIs includes group and individual training sessions and the Quality Facilitator is starting to plan for these in 2016. A drop-in session is scheduled in Westport on 24 November.

Incident Review – Buller

The model for IRG used for Grey | Westland is being rolled out in Buller. The Quality Facilitator is providing support to the process until it is established.

Complaints

General Practice, Mental Health service and the Central Booking Unit remain the highest complaint recipients; with staff, services and communication being the three highest identified complaint themes.

Compliments

Reefton have requested a move of their feedback box and a new one for the GP Practice.

Release of Patient Information Project Work

To ensure this area receives a higher profile, the Corporate Solicitor and Patient Safety Officer are providing a one-off training session for Heads of Department and administration staff.

Debrief Survey

In order to ascertain staff understanding of debriefs post serious event, a survey is being conducted in November. The Patient Safety Officer and the Nurse Manager Strategic will evaluate the results of the survey and provide a feedback presentation to staff in the New Year. These results will reveal what the training needs are and identify those who have debrief skills.

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

FINANCE REPORT FOR THE PERIOD ENDED 31 OCTOBER 2015

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Finance

DATE: 3 December 2015

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

The purpose of this paper is to provide a regular monthly report of the financial results of the West Coast District Health Board and other financial related matters.

2. RECOMMENDATION

That the Committee:

- i. notes the financial result and related matters for the periods ended 31 October 2015.

3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of October 2015 was a deficit of \$0.202m, which was \$0.128m unfavourable against the budgeted deficit of \$0.074m. The year to date position is now \$0.197m unfavourable.

The table below provides the breakdown of October's result.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,011	7,015	(4)	x	27,957	28,045	(88)	x
Governance & Administration	78	69	9	√	285	276	9	√
Funds & Internal Eliminations	4,762	4,738	24	√	18,928	18,967	(39)	x
	11,851	11,822	29	√	47,170	47,288	(118)	x
EXPENSES								
Provider								
Personnel	4,924	5,045	121	√	20,246	20,180	(66)	x
Outsourced Services	11	8	(3)	x	21	32	11	√
Clinical Supplies	689	617	(72)	x	2,659	2,468	(191)	x
Infrastructure	1,180	818	(362)	x	4,206	3,263	(943)	x
	6,804	6,488	(316)	x	27,132	25,943	(1,189)	x
Governance & Administration	78	69	(9)	x	285	276	(9)	x
Funds & Internal Eliminations	4,623	4,755	132	√	18,052	19,025	973	√
Total Operating Expenditure	11,505	11,312	(193)	x	45,469	45,244	(225)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	346	510	(164)	x	1,701	2,044	(343)	x
Interest, Depreciation & Capital Charge	548	584	36	√	2,190	2,336	146	√
Net surplus/(deficit)	(202)	(74)	(128)	x	(489)	(292)	(197)	x

4. APPENDICES

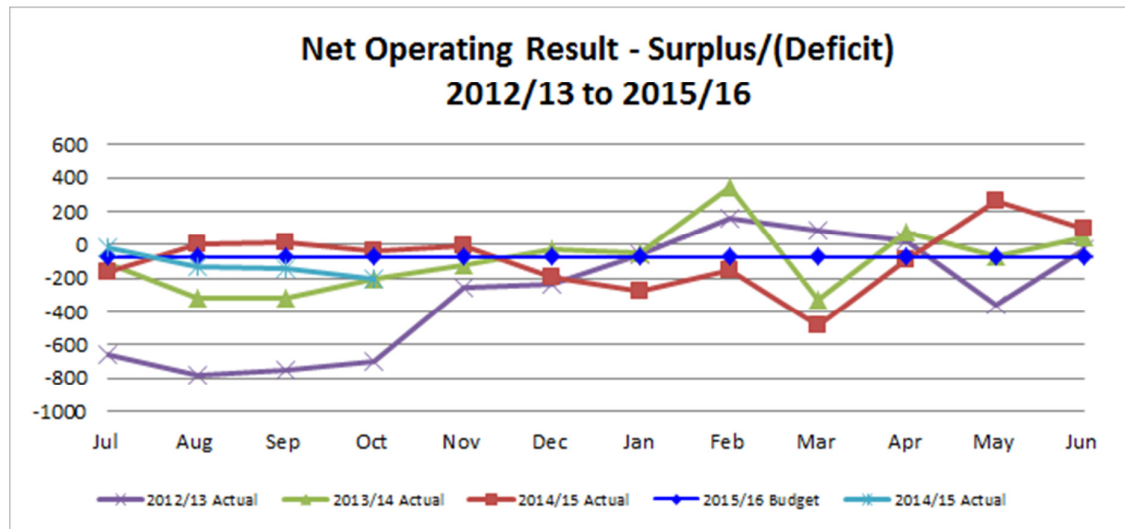
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

Report prepared by:	Justine White, General Manager Finance
Report approved for release by:	David Meates, Chief Executive

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – OCTOBER 2015

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	(140)	(73)	(67)	91%	✗	(489)	(293)	(196)	67%	✗



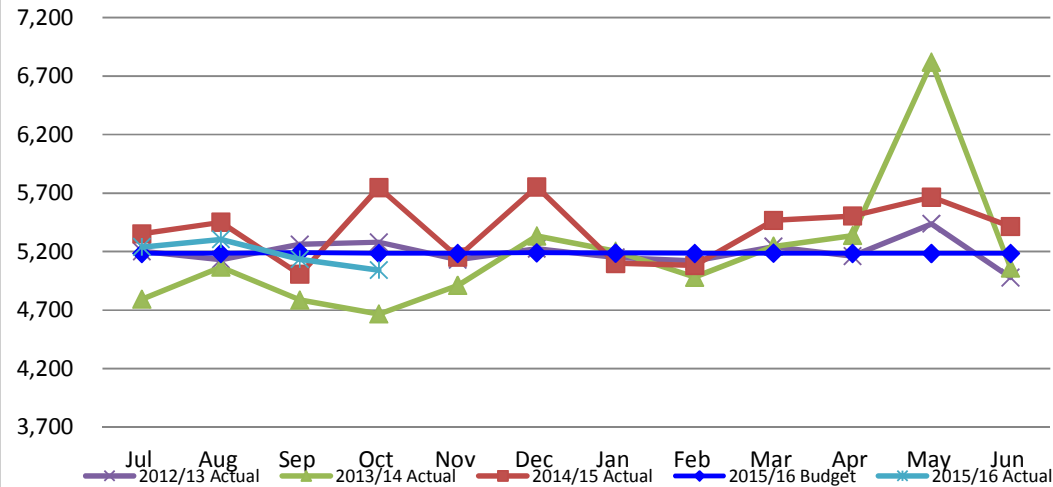
We have submitted an Annual Plan with a planned deficit of \$878k, which reflects the financial results anticipated in the facilities business case, after adjustment for the increased revenue as notified in July 2015. This month's result reflects a significant cost incurred this month in relation to redundancies associated with the closure of the Kynnersley rest home in Buller, although these costs were incurred in October these are expected to be recovered over the balance of the financial year through reduced ongoing costs.

KEY RISKS AND ISSUES

PERSONNEL COSTS (including locum costs)

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Medical	1,295	1,280	(15)	-1%	✗	5,203	5,120	(83)	-2%	✗
Nursing	2,151	2,361	210	9%	✓	8,852	9,452	600	6%	✓
Allied Health	905	800	(105)	-13%	✗	3,686	3,200	(486)	-15%	✗
Support	88	93	5	5%	✓	354	372	18	5%	✓
Management & Admin	603	577	(26)	-5%	✗	2,625	2,308	(317)	-14%	✗
Total	5,042	5,111	69			20,720	20,452	(268)		

**Personnel Costs including locums Trend -
2012/13 to 2015/16**



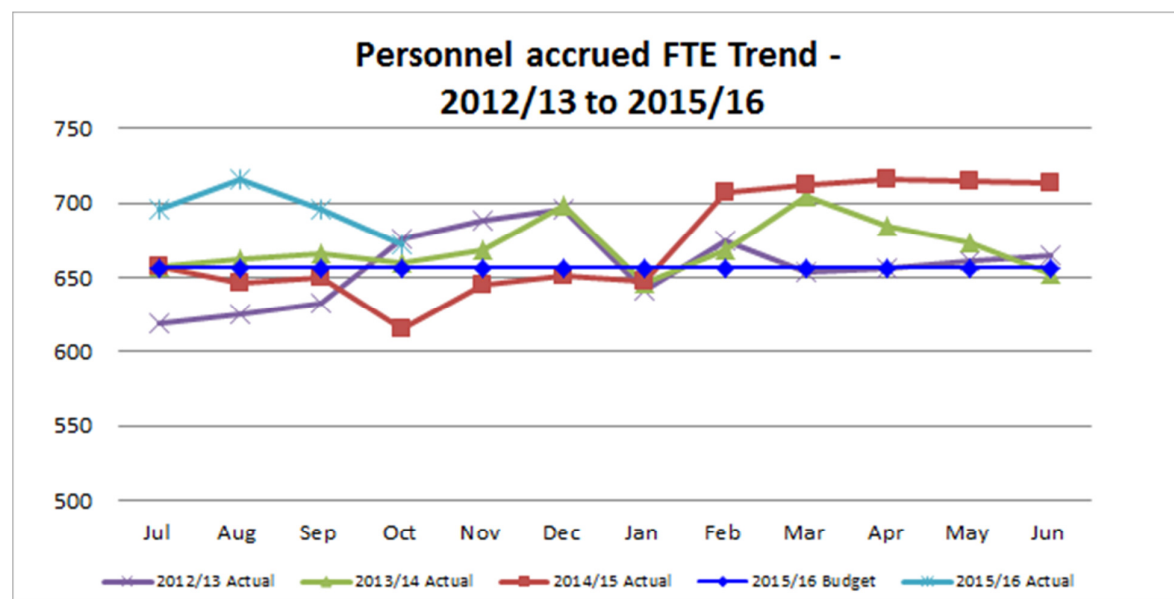
Personnel costs are slightly favourable for the month.

KEY RISKS AND ISSUES

Although better use of stabilised rosters and leave planning has been embedded within the business, this stability is frustrated by unexpected turnover which in turn require more reliance on short term placements, which are more expensive than permanent staff.

PERSONNEL ACCRUED FTE

	Month Actual	Month Budget	Month Variance			YTD Average FTE Actual	YTD Average FTE Budget	YTD Variance		
Medical	39	42	2	5%	✓	40	42	2	5%	✓
Nursing	318	328	10	3%	✓	333	328	(5)	-1%	✗
Allied Health	177	147	(31)	-21%	✗	179	147	(33)	-22%	✗
Support	16	22	6	27%	✓	17	22	5	22%	✓
Management & Admin	121	118	(3)	-3%	✗	126	118	(8)	-7%	✗
Total	672	656	(16)			695	656	(39)		



Accrued FTE is influenced by leave taken throughout the period, the current period results reflects higher use of locums, overtime and agency staff this month.

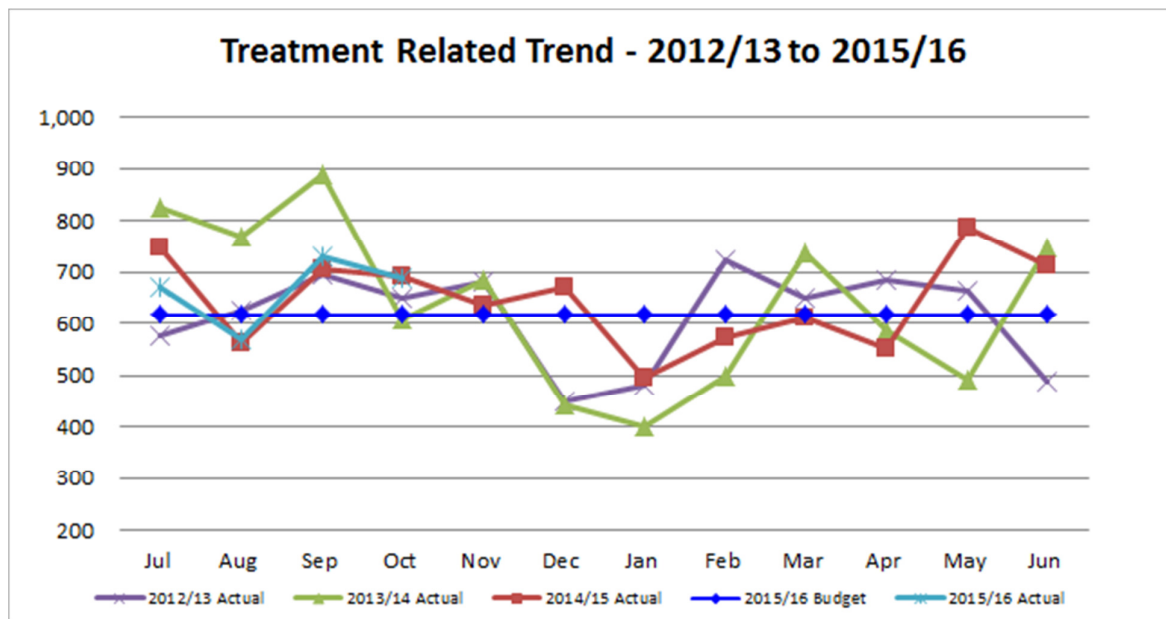
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

KEY RISKS AND ISSUES

The Ministry of Health has a keen focus on ensuring DHBs do not exceed their management and administration staff FTE numbers. There are many ways FTE can be calculated, depending on the purpose. Using Ministry of Health calculations we remain under our overall management and administration staff cap. Expectations from the Ministry of Health are that we should be reducing management and administration FTE each year. This is an area we are monitoring intensively to ensure that we remain under the cap, especially with the anticipated facilities development programme.

TREATMENT RELATED COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Treatment related costs	729	617	(112)	-18%	✗	2,659	2,468	(191)	-8%	✗



Treatment related costs are above expected levels for the month; these categories vary significantly from month to month. It is not expected for these to continue to be greater than budget over the full year.

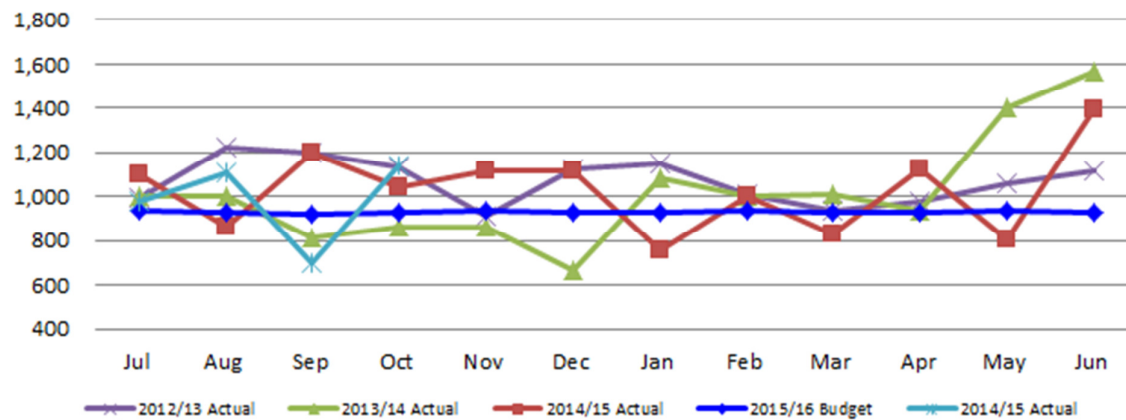
KEY RISKS AND ISSUES

Treatment related costs tend to be managed within predicted levels, despite fluctuations on a month to month basis. We continue to refine contract management practices to generate savings in these areas.

INFRASTRUCTURE AND NON TREATMENT RELATED COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Non Treatment related costs	700	922	222	24%	✓	3,924	3,714	(210)	-6%	✗

**Infrastructure and Non Treatment Related Trend -
2012/13 to 2015/16**



Expenses in this category continue to be closely monitored with savings being made as and where available. This month's result includes a cost of \$229k incurred this month in relation to redundancies associated with the closure of the Kynnersley rest home in Buller, although these costs were incurred in October these are expected to be recovered over the balance of the financial year through reduced ongoing costs.

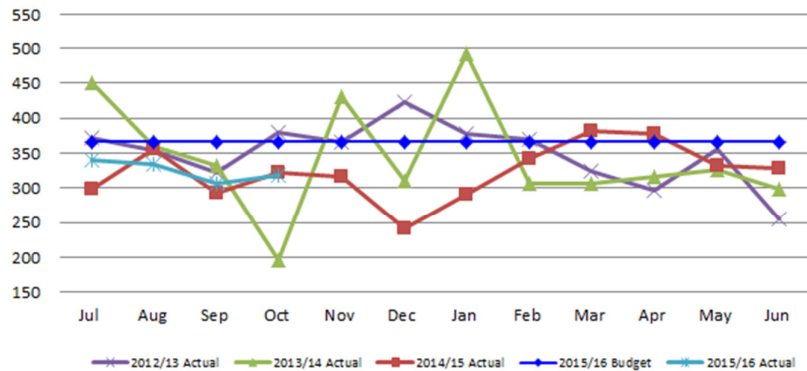
KEY RISKS AND ISSUES

Timing influences this category significantly, however overall we are continuing to monitor to ensure overspend is limited where possible.

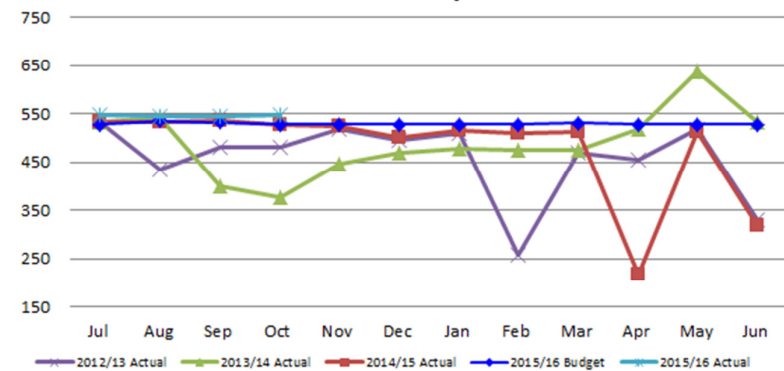
OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Interest Received	34	44	(10)	-23%	✗	121	176	(55)	-31%	✗
Donations	-	-	-	0%	✓	1	-	1	0%	✓
Rental	14	16	(2)	-13%	✗	59	64	(5)	-8%	✗
Other	34	39	(5)	100%	✗	125	156	(31)	-20%	✗
Total Other Revenue	82	99	(17)	-17%	✗	306	396	(90)	-23%	✗
Interest Expense	56	68	12	18%	✓	219	282	63	22%	✓
Depreciation	415	395	(20)	-5%	✗	1,660	1,580	(80)	-5%	✗
Capital Charge Expense	77	66	(11)	-17%	✗	308	264	(44)	-17%	✗
Total Other Costs	548	529	(19)	-4%	✗	2,187	2,126	(61)	-3%	✗

Total Patient Related and Other Revenue



Total Other Expenses



KEY RISKS AND ISSUES

Other revenue for the month is significantly below target due to lower interest received.

FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		Annual Budget \$'000
Equity	12,007	8,722	3,285	38% ✓	9,083
Cash	5,563	9,250	(3,687)	-40% ✗	10,201

KEY RISKS AND ISSUES

The equity and cash position compared to budget reflect the delay in commencing the Grey Base rebuild.

APPENDIX 2: WEST COAST DHB STATEMENT OF COMPREHENSIVE REVENUE & EXPENSE

For period ending
in thousands of New Zealand dollars

31 October 2015

	Monthly Reporting				Year to Date				Full Year 15/16	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	11,421	11,331	90	0.8%	45,381	45,324	57	0.1%	135,973	134,166
Inter DHB Revenue	1	5	(4)	(80.0%)	4	20	(16)	(80.0%)	60	36
Inter District Flows Revenue	111	128	(17)	(13.3%)	486	512	(26)	(5.1%)	1,560	1,497
Patient Related Revenue	236	262	(26)	(9.9%)	994	1,048	(54)	(5.2%)	3,144	3,000
Other Revenue	82	75	7	9.5%	305	303	2	0.8%	1,188	1,162
Total Operating Revenue	11,851	11,801	50	0.4%	47,170	47,207	(37)	(0.1%)	141,925	139,861
Operating Expenditure										
Personnel costs	5,042	5,112	70	1.4%	20,720	20,452	(268)	(1.3%)	61,352	64,688
Outsourced Services	11	8	(3)	(37.5%)	21	32	11	34.4%	96	82
Treatment Related Costs	689	617	(72)	(11.7%)	2,659	2,468	(191)	(7.7%)	7,404	7,736
External Providers	2,939	3,097	158	5.1%	12,044	12,390	346	2.8%	37,190	35,196
Inter District Flows Expense	1,684	1,532	(152)	(9.9%)	6,008	6,127	119	1.9%	18,368	14,789
Outsourced Services - non clinical	0	73	73	100.0%	96	292	196	67.1%	876	325
Infrastructure and Non treatment related costs	1,140	907	(233)	(25.7%)	3,924	3,612	(312)	(8.6%)	11,157	12,350
Total Operating Expenditure	11,505	11,346	(159)	(1.4%)	45,472	45,373	(99)	(0.2%)	136,443	135,166
Result before Interest, Depn & Cap Charge	346	455	(109)	(24.0%)	1,698	1,834	136	7.4%	5,482	4,695
Interest, Depreciation & Capital Charge										
Interest Expense	56	68	12	17.6%	219	282	63	22.3%	828	732
Depreciation	415	395	(20)	(5.1%)	1,660	1,580	(80)	(5.1%)	4,740	4,238
Capital Charge Expenditure	77	66	(11)	(16.7%)	308	264	(44)	(16.7%)	792	772
Total Interest, Depreciation & Capital Charge	548	529	(19)	(3.6%)	2,187	2,126	(61)	(2.9%)	6,360	5,742
Net Surplus/(deficit)	(202)	(74)	(128)	(173.0%)	(489)	(292)	(197)	(67.5%)	(878)	(1,047)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(202)	(74)	(128)	(173.0%)	(489)	(292)	(197)	(67.5%)	(878)	(1,047)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

Statement of financial position

As at

31 October 2015

in thousands of New Zealand dollars

Assets

Non-current assets

Property, plant and equipment

Intangible assets

Work in Progress

Other investments

Total non-current assets

Current assets

Cash and cash equivalents

Patient and restricted funds

Inventories

Debtors and other receivables

Assets classified as held for sale

Total current assets

Total assets

Liabilities

Non-current liabilities

Interest-bearing loans and borrowings

Employee entitlements and benefits

Total non-current liabilities

Current liabilities

Interest-bearing loans and borrowings

Creditors and other payables

Employee entitlements and benefits

Total current liabilities

Total liabilities

Equity

Crown equity

Other reserves

Retained earnings/(losses)

Trust funds

Total equity

Total equity and liabilities

Actual	Budget	Variance	%Variance	Prior Year
26,161	24,841	1,320	5.3%	25,844
848	651	197	30.3%	1,346
1,555	1,568	(13)	(0.8%)	512
567	567	0	0.0%	637
29,131	27,627	1,504	5.4%	28,339
5,563	9,250	(3,687)	(39.9%)	6,775
72	60	12	20.0%	79
991	1,100	(109)	(9.9%)	1,030
12,115	4,218	7,897	187.2%	8,275
136	136	0	0.0%	136
18,877	14,764	4,113	27.9%	16,295
48,008	42,391	5,617	13.2%	44,634
11,195	11,195	0	0.0%	10,695
2,769	2,895	126	4.4%	2,746
13,964	14,090	126	0.9%	13,441
3,250	3,250	0	0.0%	3,750
9,725	7,248	(2,477)	(34.2%)	8,464
8,926	9,081	155	1.7%	9,244
21,901	19,579	(2,322)	(11.9%)	21,458
35,865	33,669	(2,196)	(6.5%)	34,899
71,753	70,693	(1,060)	(1.5%)	70,761
22,082	19,569	(2,513)	(12.8%)	19,569
(81,828)	(81,579)	249	0.3%	(80,463)
0	39	0	0.0%	39
12,007	8,722	(3,285)	(37.7%)	9,906
47,872	42,391	5,481	12.9%	44,805

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

Statement of cash flows

For period ending

31 October 2015

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	12,499	11,757	742	6.3%	46,202	47,031	(829)	(1.8%)
Cash paid to employees	(5,080)	(5,112)	32	0.6%	(21,652)	(20,452)	(1,200)	(5.9%)
Cash paid to suppliers	(2,057)	(1,638)	(419)	(25.6%)	(5,411)	(6,548)	1,137	17.4%
Cash paid to external providers	(2,959)	(3,097)	138	4.5%	(12,166)	(12,390)	224	1.8%
Cash paid to other District Health Boards	(1,664)	(1,532)	(132)	(8.6%)	(5,886)	(6,127)	241	3.9%
<i>Cash generated from operations</i>	739	378	361	95.5%	1,087	1,514	(427)	(28.2%)
Interest paid	(56)	(60)	4	6.7%	(219)	(240)	21	8.8%
Capital charge paid	(26)	(66)	40	60.6%	(257)	(264)	7	2.7%
Net cash flows from operating activities	657	252	405	160.7%	611	1,010	(399)	(39.5%)
Cash flows from investing activities								
Interest received	34	44	(10)	(22.7%)	121	176	(55)	(31.3%)
(Increase) / Decrease in investments	0	0	0		0	0	0	0.0%
Acquisition of property, plant and equipment	(120)	(322)	202	62.7%	(862)	(1,288)	426	(33.1%)
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(86)	(278)	192	(69.1%)	(741)	(1,112)	371	33.4%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0		0	0	0	0.0%
Repayment of equity	0	0	0		86	0	86	
<i>Cash generated from equity transactions</i>	0	0	0		86	0	86	
Borrowings raised								
Repayment of borrowings	26	0	26		(41)	0	(41)	
Payment of finance lease liabilities	0	0	0		0	0	0	
Net cash flows from financing activities	26	0	26		45	0	45	
Net increase in cash and cash equivalents	597	(26)	623	(2396.2%)	(85)	(102)	17	(16.7%)
Cash and cash equivalents at beginning of period	4,966	10,189	(5,223)	(51.3%)	4,966	10,189	(5,223)	(51.3%)
Cash and cash equivalents at end of year	5,563	10,163	(4,600)	(45.3%)	4,881	10,087	(5,206)	(51.6%)

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 3 December 2015

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

Workforce

Work continues on writing Workforce Action Plans for Allied Health and Nursing.

The Calderdale Framework implementation for Allied Health is underway with a project within Occupational Therapy and Physiotherapy. The facilitators have continued to network and work regionally and recently completed their final phase of training by video-conference with the trainers from Queensland.

Recruitment for Nurse Entry to Practice (NETP), Nurse Entry to Specialty Practice (NESP) and Midwifery First Year of Practice (MFYP) has commenced. We will be employing five NETP, one or two NESP and one or two MFYP graduates for 2016. As the year progresses we will continue to review vacancies and bring more graduate nurses on to the NETP programme as we will still have an allocation of up to 11 NETP places from Health Workforce New Zealand (HWNZ). Nurses who will be completing the NETP programme this year are currently indicating their preferred clinical area of practise for ongoing employment.

Applications have been received from a large number of nurses wishing to continue or undertake postgraduate education for 2016. Some nurses are preparing for nurse prescribing and are completing the relevant postgraduate papers to support this, including Primary Care Nurses and Clinical Nurse Specialists (CNS). Other training continues with some courses being delivered locally to enable a larger number of nurses to attend.

A new Clinical Nurse Specialist role has been appointed to, orthopaedic and plastic surgery. This role will provide advanced nursing clinical leadership and expertise for these services, as is already in place for other CNS services on the Coast.

Quality and Safety

The Health and Disability Commission have praised the improvement in our serious and sentinel event investigation; reporting and follow up actions. This demonstrates an enhanced culture of patient safety

and quality improvement across the health system and the great work of our Patient Safety Officer and Quality Improvement Team.

The “Matt Gunter Patient Story” DVD has been released for viewing. We have begun the roll out with the expectation that all staff will watch this important story as told by his mother, Heather. There has been interest from other DHBs in this resource and following the West Coast programme we will work to enable a broader audience as appropriate.

The Quality Accounts are in the final stages of approval, with clinicians across the system contributing to the content.

The recruitment process is underway for a Maternity Quality and Safety Coordinator. The West Coast DHB has completed a self assessment against the Maternity Quality and Safety Programme (MQSP) and we are in the process of writing the plan to support a move from ‘emerging’ to ‘established’. There has been significant progress with the programme, and a MQSP coordinator will enable ongoing embedding of improved quality processes for the maternity service.

Facilities Planning

The next phase is detailed design with the architects working hard on detailed design drawings and due to be on-site re-connecting with the clinical teams in the coming weeks.

Integrated West Coast Health System

Clinical Leaders from all parts of the West Coast system continue to be involved in leading the work of the Alliance and the Clinical Board. The Clinical Board vacancies are currently being filled including consumer roles.

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:

Karyn Bousfield, Director of Nursing & Midwifery
Stella Ward, Executive Director, Allied Health

HOSPITAL ADVISORY COMMITTEE REVISED TERMS OF REFERENCE

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Board Secretariat

DATE: 3 December 2015

Report Status – For:	Decision	<input checked="" type="checkbox"/>	Noting	<input type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	-------------------------------------	--------	--------------------------	-------------	--------------------------

1. ORIGIN OF THE REPORT.

The purpose of this report is to allow the Committee the opportunity to review its current Terms of Reference and to recommend any changes to the Board for formal ratification.

2. RECOMMENDATION

That the Committee:

- i. Reviews the current Terms of Reference and provides feedback; and
- ii. Recommends to the Board that they formally adopt the revised Terms of Reference for the Hospital Advisory Committee.

3. SUMMARY

The current Terms of Reference for the Hospital Advisory Committee were adopted by the Board in 2010.

Attached as Appendix 1 are the draft revised Terms of Reference for the Committee showing the proposed amendments as tracked changes.

These are placed before the Committee to allow it to review the content of its Terms of Reference and provide feedback and a recommendation to the Board for the formal adoption of the revised terms of reference.

4. APPENDICES

Appendix 1: Revised Terms of Reference Hospital Advisory Committee (tracked changes)

Report prepared by: Kay Jenkins, Board Secretariat

TERMS OF REFERENCE – HOSPITAL ADVISORY COMMITTEE

INTRODUCTION

The Hospital Advisory Committee is a Statutory Committee of the Board of the West Coast District Health Board established in terms of Section 36 of the New Zealand Public Health and Disability Act 2000 (the Act). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the West Coast District Health Board. These Terms of Reference will apply from 11 December 2015 to 30 April 2017 at which time they will be reviewed by the newly elected Board of the West Coast District Health Board who will also review the membership of the Committee.

FUNCTIONS

The functions of the Hospital Advisory Committee (as per Schedule 4 of the NZ Health & Disability Act 2000) are to:

- “*monitor the financial and operational performance of the hospital and specialist services of the West Coast District Health Board; and*
- *assess strategic issues relating to the provision of hospital and specialist services by the West Coast District Health Board; 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 District Health Board.

ACCOUNTABILITY

The Hospital Advisory Committee is a Statutory Committee of the Board and as such its members are accountable to the Board and will report regularly to the Board.

- Members of the Hospital Advisory Committee are to carry out an assessment role but are not to be advocates of any one health sector group. They are to act in an impartial and objective evidence based manner for the overall aims of the Committee.
- Legislative requirements for dealing with conflicts of interest will apply to all Hospital Advisory Committee members and members will abide by the West Coast District Health Board’s ~~External Communications~~ Media Policy and ~~Procedure~~ it’s probity and Standing Orders.
- The Committee Chair will ~~annually~~ review the performance of the Hospital Advisory Committee and members during each term of the Board.

LIMITS ON AUTHORITY

The Hospital Advisory Committee must operate in accordance with directions from the Board and, unless the Board delegates decision making power to the Committee, it has no delegated authority except to make recommendations or provide advice to the Board.

- The Hospital Advisory Committee provides advice to the Board by assessing and endorsing recommendations on the reports and material submitted to it.

- Requests by the Hospital Advisory Committee for work to be done by management or external advisors should be made by the Chair and directed to the Chief Executive or their delegate (the Principal Administrative Officer).
- There will be no alternates or proxy voting of Committee members.
- ~~All Hospital Advisory Committee members must comply with the provisions of Schedule 4 of the Act relating in the main to:~~
 - ~~The term of members not exceeding three years~~
 - ~~A conflict of interest statement being required prior to nomination.~~
 - ~~Remuneration~~
 - ~~Resignation, vacation and removal from office.~~

RELATIONSHIPS

The Hospital Advisory Committee is to be cognisant of the work being undertaken by the other Committees of the West Coast District Health Board to ensure a cohesive approach to health and disability planning and delivery and as such will be required to develop relationships with:

- the Board
- other Committees of the West Coast District Health Board.
- ~~The Clinical Board and Senior eClinical s~~Staff of the West Coast District Health Board
- ~~M~~management of the West Coast District Health Board
- ~~Manawhenua ki Te Tai o Poutini~~
- Tatau Pounamu ~~ki Te Tai o Poutini~~ Manawhenua Advisory Group
- the ~~e~~Community of the West Coast
- ~~e~~Consumer ~~g~~Groups

TERM OF MEMBERSHIP

~~These Terms of Reference shall apply until 31 December 2013 at which time they will be reviewed by the newly elected Board of the West Coast District Health Board who will also review the membership of the Committee. An interim review will also be carried out by the Committee in June 2009.~~

The Act states that Statutory Committee members must not be appointed for a term exceeding three years. Although members are eligible for reappointment it is appropriate that membership is reviewed by newly elected Boards to consider the skills-mix of the committee and allow for a diverse and representative cross section of the community to have input into decision making.

MEMBERSHIP OF THE COMMITTEE

The Hospital Advisory Committee will ordinarily comprise a mix of Board members and members selected from the Community up to a maximum of ten members. ~~However t~~The Board may also appoint advisors to the Committee from time to time, for specific periods, to assist the work of that Committee.

- Members of the Hospital Advisory Committee will also be appointed by the Board who will comply with requirements of the Act and provide for Maori representation on the Committee.
- The Board will not appoint to the Hospital Advisory Committee any member who is likely to regularly advise on matters relating to transactions in which that member is specifically interested. All members of the Hospital Advisory Committee must make appropriate disclosures of interest.

- The Chair of the Hospital Advisory Committee will be a member of the Board and will be appointed by the Board, who may also appoint a Deputy Chair of the Committee. If not appointed as members of the Committee, the Chair and Deputy Chair of the Board and Chairs of other Advisory Committees will be ex-officio members of the Hospital Advisory Committee with full speaking and voting rights.
- Board members who are not members of the Committee will receive copies of agendas of all meetings and may attend meetings of the Committee with speaking rights for those meetings that they attend.

The Chair, Deputy Chair and members of the Hospital Advisory Committee shall continue in office for the period specified by the Board or until such time as:

- the Chair, Deputy Chair or member resigns; or
- the Chair, Deputy Chair or member ceases to be a member of the Hospital Advisory Committee in accordance with clause 9 of Schedule 4 of the Act; or
- the Chair, Deputy Chair or member is removed from that office by notice in writing from the Board; or
- The Chair or Deputy Chair ceases to be a member of the Board.

- All Hospital Advisory Committee members must comply with the provisions of Schedule 4 of the Act relating in the main to:

- The appointment term of members.
- A conflict of interest statement being required prior to nomination.
- Remuneration and
- Resignation, vacation and removal from office.

MEETINGS

The Hospital Advisory Committee will meet as determined by the Board or the Committee in accordance with the Act, with the frequency/timing taking into account the times and dates of the other Committee meetings and the Board meetings.

- Subject to the exceptions outlined in the Act, the date and time of the Committee meetings shall be publicly notified and the public are allowed to attend. The agenda, any reports to be considered by the Committee, and the minutes of the Committee will be made available to the public.
- Meetings shall be held in accordance with Schedule 4 of the Act and with the West Coast District Health Board's Standing Orders, adopted by the Board on 19 January 2001 (as amended from time to time).
- In addition to formal meetings the Committee members may be required to attend workshops or forums for briefing and information sharing.

REPORTING FROM MANAGEMENT

Management will provide exception reporting to the Hospital Advisory Committee to allow measurement against the financial and operational performance indicators of the Hospital and Specialist Service of the West Coast District Health Board.

MANAGEMENT SUPPORT

In accordance with best practise and the delineation between governance and management, key support for the Hospital Advisory Committee will be from staff designated from the Chief Executive Officer from time to time who will assist in the preparation of agendas, reports and provision of information to the Committee in liaison with the Chair of the Committee.

- The Hospital Advisory Committee will also be supported by clinical staff ~~(including the Chief Medical Advisor, Director of Nursing and Midwifery and the Executive Director of Allied Health)~~ and by internal secretarial support, community and public health, planning and funding and financial management staff as required, and other staff as required
- The Board may appoint advisors to the Hospital Advisory Committee from time to time, for specific periods, to assist the work of that Committee. The Committee may also, through management, request input from advisors to assist with their work. ~~Such advisors may be sourced internally using internal resources or at management's discretion out-sourced from external consultants in which case the West Coast District Health Board policies on probity and tendering will be followed.~~

REMUNERATION OF COMMITTEE MEMBERS

In accordance with ~~Ministerial direction~~ Cabinet Guidelines, members of the Hospital Advisory Committee will be remunerated for attendance at meetings at the rate of \$250 per meeting up to a maximum of ten meetings, with a total maximum payment per annum ~~(of \$2,500)~~. The Committee Chair will be remunerated for attendance at meetings at the rate of \$312.50 per meeting, again up to a maximum of ten meetings, with a total maximum payment per annum of ~~(\$3,125)~~. Ex officio members are not remunerated.

- These payments are made for attendance at public meetings and do not include workshops.
- Any officer or elected representative of an organisation who attends committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive remuneration.
- The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at Committee meetings whilst being paid by their employer.
- Reasonable attendance expenses (ie reasonable travel-related costs) for Committee members may be paid. Members should adhere to the West Coast District Health Board's travel and reimbursement policies.

Adopted by the West Coast District Health Board – ~~28th July 2014~~ 11 December 2015

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 22 OCTOBER 2015



TO: Chair and Members
West Coast District Health Board

SOURCE: Deputy Chair, Hospital Advisory Committee

DATE: 6 November 2015

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 22 October 2015.

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

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

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

2. RECOMMENDATION

That the Board:

- i. notes the Hospital Advisory Committee Meeting Update – 22 October 2015.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 22 October 2015. 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.

CARRIED FORWARD ITEMS

The carried forward items were noted.

MANAGEMENT REPORT

Phil Wheble, Team Leader, Planning & Funding presented this report. He also introduced Hamish Brown, Acting Operations manager to the Committee.

He highlighted the following notable features:

- The return of the Allen Bryant residents accommodated in Hannan Ward to their home;
- The establishment of a Maternal Care and Unborn Wellbeing (MCAUW) team; and
- The establishment of a Maternity Operations Group

Mr Wheble advised that DNAs show a slight increase in September. The Committee noted that Text to Remind was off line for 2 weeks of this period but is now connected again. Management continue to look at this.

In regard to other Allen Bryant residents the Committee noted that there are still some living in other Rest Homes and in the Community and Allen Bryant are hopeful that the rest of their accommodation will be completed by the end of December.

Discussion took place regarding Rest Home audits and the Committee noted that Planning & Funding are working with Grainger House and Kowhai Manor to assist with the improvement of their services. A temporary Manager is still in place and this continues to be monitored.

The update was noted.

FINANCE REPORT

Justine White, General Manager, Finance, presented the Finance Report for the month ending September 2015. The consolidated West Coast District Health Board financial result for the month of September 2015 was a deficit of \$0.140m, which was \$0.045m unfavourable against the budgeted deficit of \$0.095m. The year to date position is now \$0.008m favourable.

Ms White advised that treatment related costs are above expected levels for the month however these are not expected to continue to be greater than budget over the full year.

The Committee noted that personnel costs are slightly unfavourable for the month and management are continuing to pursue mechanisms to most efficiently utilise resources to enable effective and appropriate delivery of care.

The Committee also noted that there are favourable variances in interest and depreciation due to the facilities not being as far advanced as planned.

The report was noted.

CLINICAL LEADERS UPDATE

Karyn Bousfield, Director of Nursing & Midwifery presented this report which was provided to the Board at their last meeting. The Committee noted the work being undertaken around the completion of Workforce Action Plans with the Allied Health Plan being developed to align with the medical and nursing plans.

A lot of work is also taking place in the Quality and Safety space with Clinicians well engaged.

The report was noted.

GENERAL BUSINESS

Michael Frampton, Programme Director, provided the Committee with an update on the Facilities Development Project. The Committee noted the announcement of Fletchers as the preferred contractor for the pre-construction phase of the new Grey facility.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 22 October 2015.

Report prepared by: Kevin Brown, Deputy Chair, Hospital Advisory Committee

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John Waterwalk Road, Greymouth
on Friday 6 November 2015 commencing at 10.15am

KARAKIA		10.15am
ADMINISTRATION		10.15am
Apologies		
1.	Interest Register	
2.	Confirmation of the Minutes of the Previous Meetings <ul style="list-style-type: none"> 25 September 2015 	
3.	Carried Forward/Action List Items	
REPORTS		10.20am
4.	Chair's Update (Verbal Update)	Peter Ballantyne <i>Chairman</i> 10.20am – 10.30am
5.	Chief Executive's Update	David Meates <i>Chief Executive</i> 10.30am – 10.50am
6.	Clinical Leader's Update	Karyn Bousfield <i>Director of Nursing & Midwifery</i> 10.50am – 11.00am
7.	Wellbeing, Health and Safety Update	Michael Frampton <i>Programme Director</i> 11.00am – 11.10am
8.	Finance Report	Justine White <i>General Manager, Finance</i> 11.10am – 11.20am
9.	2015/16 Annual Plan Update	Phil Wheble <i>Team Leader, Planning & Funding</i> 11.20am – 11.30am
10.	Report from Committee Meetings	
	- CPH&DSAC 22 October 2015	Elinor Stratford <i>Chair, CPH&DSA Committee</i> 11.30pm - 11.40am
	- Hospital Advisory Committee 22 October 2015	Kevin Brown <i>Deputy Chair, Hospital Advisory Committee</i> 11.40am – 11.50am
	- Tatau Pounamu Advisory Group 22 October 2015	Elinor Stratford <i>Board Representative Tatau Pounamu Advisory Group</i> 11.50am – 12noon
11.	Resolution to Exclude the Public	Board Secretariat 12noon
INFORMATION ITEMS		
<ul style="list-style-type: none"> West Coast DHB Complaints Procedure 2015 Meeting Schedule 2016 Meeting Schedule 		
ESTIMATED FINISH TIME		12noon
NEXT MEETING		
Friday 11 December 2015		

2015 HOSPITAL ADVISORY COMMITTEE DRAFT WORKPLAN

	29 January	12 March	23 April	4 June	23 July	10 September	22 October	3 December
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 Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update
PLANNED ITEMS								
PRESENTATIONS	As required	As required	As required	As required	As required	As required	As required	As required
GOVERNANCE AND SECRETARIAT	2015 Work Plan							Revised Terms of Reference
INFORMATION ITEMS:	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 & 2016 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2016 Schedule of Meetings

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2016

DATE	MEETING	TIME	VENUE
Thursday 28 January 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 January 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 January 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 February 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 10 March 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 March 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 March 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 1 April 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 April 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 April 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 April 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 13 May 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 9 June 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 9 June 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 9 June 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 June 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 July 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 July 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 July 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 August 2016	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 8 September 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 8 September 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 September 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 September 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 October 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 October 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 October 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 4 November 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 1 December 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 1 December 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 1 December 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 9 December 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

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