

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

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**BOARD MEETING**

**Friday 7 September 2012  
10.15am**

**ST JOHN  
WATERWALK ROAD  
GREYMOUTH**

ALL INFORMATION CONTAINED IN THESE MEETING  
PAPERS IS SUBJECT TO CHANGE

**WEST COAST DISTRICT HEALTH BOARD MEMBERS**

Paul McCormack (Chair - on Leave of Absence)  
Peter Ballantyne (Acting Chair)  
Kevin Brown  
Warren Gilbertson  
Helen Gillespie  
Mary Molloy  
Sharon Pugh  
Elinor Stratford  
Doug Truman  
John Vaile  
Susan Wallace

**Executive Support**

David Meates (*Chief Executive*)  
Hecta Williams (*General Manager*)  
Dr Carol Atmore (*Chief Medical Officer*)  
Garth Bateup (*Acting General Manager, Hospital Services*)  
Gary Coghlan (*General Manager, Maori Health*)  
Michael Frampton (*Programme Director*)  
Brian Jamieson (*Communication Officer*)  
Karyn Kelly (*Director of Nursing & Midwifery*)  
Wayne Turp (*General Manager, Planning and Funding*)  
Stella Ward (*Executive Director, Allied Health*)  
Colin Weeks (*Chief Financial Officer*)  
Kay Jenkins (*Minutes*)

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**To be held at St John, Waterwalk Road, Greymouth**  
**Friday 7 September 2012 commencing at 10.15am**

<b>KARAKIA</b>		<b>10.15am</b>
<b>ADMINISTRATION</b>		<b>10.20am</b>
Apologies		
1.	<b>Interest Register</b> <i>Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.</i>	
2.	<b>Confirmation of the Minutes of the Previous Meeting</b> ▪ 20 July 2012	
3.	<b>Carried Forward/Action List Items</b>	
<b>REPORTS</b>		<b>10.30am</b>
4.	<b>Acting Chair's Update – Verbal Report</b> Peter Ballantyne <i>Acting Chairman</i>	<i>10.30am – 10.45am</i>
5.	<b>Chief Executive's Update</b> David Meates <i>Chief Executive</i>	<i>10.45am – 11.00am</i>
6.	<b>Clinical Leaders Report</b> Dr Carol Atmore <i>Chief Medical Officer</i> Karyn Kelly <i>Director of Nursing and Midwifery</i> Stella Ward <i>Executive Director of Allied Health</i>	<i>11.00am – 11.15am</i>
7.	<b>Finance Report</b> Colin Weeks <i>Chief Financial Officer</i>	<i>11.15am – 11.30am</i>
8.	<b>Alliance Leadership Team Key Messages</b> Dr Carol Atmore <i>Chief Medical Officer</i> Wayne Turp <i>General Manager, Planning &amp; Funding</i>	<i>11.30am – 11.40am</i>
9.	<b>Report from Committee Meetings</b> - CPHAC&DSAC <i>- 23 August 2012</i> Elinor Stratford <i>Chairperson, CPH&amp;DSAC Committee</i> - Hospital Advisory Committee <i>- 23 August 2012</i> Warren Gilbertson <i>Chairperson, Hospital Advisory Committee</i> - Tatau Pounamu <i>- 23 August 2012</i> Gary Coghlan <i>General Manager, Maori Health</i>	<i>11.40am – 11.50am</i>  <i>11.50am – 12noon</i>  <i>12noon – 12.10</i>
10.	<b>Resolution to Exclude the Public</b> <i>Board Secretariat</i>	<i>12.10 – 12.15</i>

## INFORMATION ITEMS

- Confirmed Minutes
  - CPHAC&DSAC Meeting – 12 July 2012
  - HAC Meeting – 12 July 2012
  - Tatau Pounamu Meeting – 11 July 2012
- Schedule of Correspondence
- Staff Survey Information (*as reported at the Hospital Advisory Committee Meeting on 23 August 2012*)

## ESTIMATED FINISH TIME

**12.15pm**

## NEXT MEETING

*Friday 19 October 2012 commencing at 10.00am*

## KARAKIA

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

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

# WEST COAST DISTRICT HEALTH BOARD MEMBERS INTEREST REGISTER



Member	Disclosure of Interest
Dr Paul McCormack Chair	<ul style="list-style-type: none"> <li>• Consultant, Ministry of Health, Better, Sooner More Convenient Implementation</li> <li>• General Practitioner Member, Pegasus Health</li> <li>• Advisor, Mauri Ora Associates</li> </ul>
Peter Ballantyne Deputy Chair	<ul style="list-style-type: none"> <li>• Appointed Board Member, Canterbury District Health Board</li> <li>• Chair, Quality, Finance, Audit and Risk Committee, Canterbury DHB</li> <li>• Retired partner now in a consultancy role, Deloitte</li> <li>• Council Member, University of Canterbury</li> <li>• Trust Board Member, Bishop Julius Hall of Residence</li> <li>• Spouse, Canterbury DHB employee (Ophthalmology Department)</li> <li>• Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board</li> </ul>
Kevin Brown	<ul style="list-style-type: none"> <li>• Councillor, Grey District Council</li> <li>• Trustee, West Coast Electric Power Trust</li> <li>• Wife is a Pharmacy Assistant at Grey Base Hospital</li> <li>• Member of CCS</li> <li>• Co Patron and Member of West Coast Diabetes</li> <li>• Trustee, West Coast Juvenile Diabetes Association</li> </ul>
Warren Gilbertson	<ul style="list-style-type: none"> <li>• Chief Operational Officer, Development West Coast</li> <li>• Member, Regional Transport Committee</li> <li>• Director, Development West Coast Subsidiary Companies</li> </ul>
Helen Gillespie	<ul style="list-style-type: none"> <li>• Chair, St Mary's Primary School, Hokitika, Board of Trustees</li> <li>• Peer Support Counsellor, Mum 4 Mum</li> <li>• Employee, DOC</li> </ul>
Sharon Pugh	<ul style="list-style-type: none"> <li>• Shareholder, New River Bluegums Bed &amp; Breakfast</li> </ul>
Elinor Stratford	<ul style="list-style-type: none"> <li>• Clinical Governance Committee, West Coast Primary Health Organisation</li> <li>• Committee member, Active West Coast</li> <li>• Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust</li> <li>• Deputy Chair of Victim Support, Greymouth</li> <li>• Committee Member, Abbeyfield Greymouth Incorporated</li> <li>• Trustee, Canterbury Neonatal Trust</li> <li>• Committee Member of C.A.R.E.</li> <li>• Committee Member MS/Parkinson West Coast</li> <li>• Member of sub committee for Stroke Conference</li> </ul>

John Vaile	<ul style="list-style-type: none"> <li>• Director, Vaile Hardware Ltd</li> </ul>
Susan Wallace	<ul style="list-style-type: none"> <li>• Tumuaki, Te Runanga o Makaawhio</li> <li>• Member, Te Runanga o Makaawhio</li> <li>• Member, Te Runanga o Ngati Wae Wae</li> <li>• Director, Kati Mahaki ki Makaawhio Ltd</li> <li>• Mother is an employee of West Coast District Health Board</li> <li>• Father member of Hospital Advisory Committee</li> <li>• Father Member of Tatau Pounamu</li> <li>• Father employee of West Coast District Health Board</li> <li>• Secretary and Treasurer of Te Aiorangi Maori Women's Welfare League</li> <li>• Director, Kōhatu Makaawhio Ltd</li> <li>• Appointed member of Canterbury District Health Board</li> <li>• Secretary of Te Runanga o Makaawhio</li> <li>• Chair, Rata Te Awhina Trust</li> <li>• Area Representative-Te Waipounamu Maori Womens' Welfare League</li> </ul>
Mary Molloy	<ul style="list-style-type: none"> <li>• Spokesperson for Farmers Against 1080</li> <li>• Director, Molloy Farms South Westland Ltd</li> <li>• Trustee, L.B. &amp; M.E. Molloy Family Trust</li> <li>• Executive Member, Wildlands Biodiversity Management Group Inc.</li> <li>• Deputy Chair of the West Coast Community Trust</li> </ul>
Doug Truman	<ul style="list-style-type: none"> <li>• Deputy Mayor, Grey District Council</li> <li>• Director Truman Ltd</li> <li>• Owner/Operator Paper Plus, Greymouth</li> </ul>

**MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING**  
**held at St John, Waterwalk Road, Greymouth**  
**on Friday 20 July 2012 commencing at 10.00am**

**BOARD MEMBERS**

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

**APOLOGIES**

Apologies for absence were received and accepted from Dr Paul McCormack and Mary Molloy

**EXECUTIVE SUPPORT**

David Meates (Chief Executive); Dr Carol Atmore (Chief Medical Officer); Garth Bateup (Acting General Manager, Hospital Services); Gary Coghlan (General Manager, Maori Health); Michael Frampton (Programme Manager); Brian Jamieson (Communication Officer); Wayne Turp (General Manager, Planning & Funding); Stella Ward (Executive Director, Allied Health); Colin Weeks (Chief Financial Manager); Kay Jenkins (Minutes).

The Chair asked Susan Wallace to lead the Karakia.

The Chief Executive introduced Michael Frampton, Programme Manager. He informed the Board that Michael would be working with the Executive Management Team as we embark on a significant framework of change. He added that Michael would also be the responsible “business owner” for the 2 significant business cases currently underway ensuring that the correct processes are undertaken.

**1. INTEREST REGISTER****Additions/Alterations to the Interest Register**

Elinor Stratford advised that she is now a Committee Member of C.A.R.E; Committee Member of MS/Parkinson West Coast and a Member of sub-Committee for Stroke Conference

**Declarations of Interest for Items on Today’s Agenda**

Susan Wallace declared a possible conflict of interest in regard to Item 10 in the Public Excluded agenda.

**Perceived Conflicts of Interest**

There were no perceived conflicts of interest.

**2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS****Resolution (56/12)**

(Moved Kevin Brown/seconded Helen Gillespie - carried):

“That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 8 June 2012 be confirmed as a true and correct record.

**3. CARRIED FORWARD/ACTION LIST ITEMS**

1. Discussion took place regarding Advisory Committee Vacancies.



#### 4. CHAIR'S UPDATE

The Acting Chair updated the Board on the following:

- **National Chair's Meeting – 18 June 2012**

He advised that the following matters were discussed:

- HBL progress report
- DHB Board & Committee Structures
- Child & Youth DHB scorecard: child abuse; neglect; and early childhood education.
- National IT Plan (Graeme Osborne): priorities; and IT capacity
- Address by Kevin Woods, Director-General: target areas; pharmacy agreement; care givers; and Annual Plans
- Workforce (Des Gorman): belief that nursing capacity in future years is a concern
- Address by Minister of Health: tight financial constraints; no more money; budgets must be achieved.

- **South Island Alliance Board Meeting**

The SI Alliance Board is continuing to ensure collaboration. Main items were South Island CAPEX position, HBL Finance, Supply & Procurement, Business Case and proposed review of Alliance performance to date.

- **Calls from Minister of Health**

The Acting Chair advised that the Minister had reinforced that he expected next year's budgeted deficit to be achieved.

**Resolution (57/12)**

(Moved Doug Truman/seconded Warren Gilbertson - carried)

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

#### 5. CHIEF EXECUTIVE'S UPDATE

The Chief Executive took the report as read. He commented on the following topics:

- **Financial Position**

The DHB is on track to deliver against a \$5.1m deficit which is important for the West Coast journey.

- **Electives**

It is good to see that the DHB is on track for electives which is partly due to production planning. This will lead towards true clinical ownership next year.

- **Recruitment**

It is good to see the progress with SMO recruitment. There are still some recruitment issues in Primary Care. There are also Allied Health and Nursing pressures and this will be a focus in the foreseeable future.

- **GP Cover in Buller**

GP cover in Buller has been arranged and it is important that we do not create additional problems with the actions we are taking to solve issues.

▪ **Information Technology**

It is important to note the progress in the IT field. In Canterbury a new version of concerto went live last Saturday and this is important for the West Coast as this system will go live here in November. This will be a first for DHBs with 3 South Island DHBs being aligned.

▪ **Ambulance Services**

There are a number of issues facing the ambulance service, particularly in relation to Buller and Greymouth. These issues are being worked through with St Johns and we hope to be able to update the Board shortly in regard to air retrieval.

▪ **Grey Business Case**

The Business Case will go to the Capital Investment Committee on Monday.

A query was made regarding the Mobile Dental Facility. The Board noted that staff are in place. Whilst the national strategy allowed for an upgrade of 3 clinics, this option will give much greater flexibility.

Discussion took place regarding recruitment in Primary Practice and the CEO commented that it is important that we commit to doing what we say we will do. There are opportunities for promoting the West Coast as a great place to work so there is a need to get the core foundations right around this.

The Chair commented that the progress being made by management around all of these issues is pleasing.

**Resolution (58/12)**

(Moved Elinor Stratford/seconded Susan Wallace – carried)

That the Board:

- i. notes the Chief Executive's update.

**6. CLINICAL LEADERS REPORT**

Stella Ward, Executive Director, Allied Health, spoke to the Clinical Leaders Report. The report was taken as read and she commented that as the Board could see, the Clinical Leaders are across a number of big pieces of work. She added that a lot of thought is going into the different models of care required.

Discussion took place regarding Leadership and Clinical Governance travelling in the same direction and the Board noted that there is still some time required to get full participation around this.

Discussion also took place regarding recruitment of GPs and Carol Atmore, Chief Medical Officer advised that there have been a couple of evening meetings for GP's and every practice was represented. Attraction and retention strategy was discussed at these meetings and there is a keenness to look at how to use the strategy being used in Wellesford.

**Resolution (59/12)**

(Moved John Vaile/seconded Kevin Brown– carried)

That the Board:

- i. notes the Clinical Advisor's updates.

## 7. FINANCE REPORT

Colin Weeks, Chief Financial Manager, spoke to the Finance Report for May 2012 which was taken as read.

The Chief Executive commented that the DHB has committed to break even 2 years out and what we are doing today is about working towards this outcome.

### **Resolution (60/12)**

(Moved Sharon Pugh/seconded Warren Gilbertson – carried)

That the Board:

- i. notes the financial result for the period ended 31 May 2012.

## 8. WEST COAST DHB BUILT INFRASTRUCTURE & DECISION MAKING FRAMEWORK

The Chief Executive presented this report. He advised that it is important that the DHB has a way to make appropriate and ethical decisions around infrastructure and we have to continue to look at where our future is going to be. He commented that this decision making framework will assist and enable us to work through a process. He added that we already know that there will be some significant facility issues here. For instance the Laundry and Boiler House buildings have already been flagged.

He commented that whilst the dollar amounts on page 4 may not be applicable to the West Coast this framework outlines a decision making approach.

### **Resolution (61/12)**

(Moved Helen Gillespie/seconded Kevin Brown – carried)

That the Board:

- i. Approves the draft West Coast DHB Built Infrastructure Policy and Decision making Framework.

## 9. REPORTS FROM COMMITTEE MEETINGS

- a. Elinor Stratford, Chair, Community & Public Health & Disability Support Advisory Committee provided an update from the Committee meeting held on 12 July 2012.

She commented that discussion had taken place at the meeting regarding having volunteers in the hospital to provide assistance as “Friends of the Hospital” had in the past.

The CEO commented that management would give some thought to this.

The update was noted

- b. Warren Gilbertson, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 12 July 2012.

His report was taken as read and he made particular mention on the Laundry issues and also the process to appoint a new member to the Committee.

The update was noted.

- c. Gary Goghlan, General Manager, Maori Health, provided an update from the Tatau Pounamu Advisory Group Meeting held on 11 July 2012.

Of particular note was that the group supported a nomination of a Maori Representative for the Buller Integrated Family Health Care governance Group. It was clarified that this person did not need to be a member of the Tatau Pounamu Advisory Group.

The group also received a presentation from Sapere on the Facility Business Case and noted that there would be further opportunity for consultation as this progresses.

The update was noted.

## 10. RESOLUTION TO EXCLUDE THE PUBLIC

### Resolution (62/11)

(Moved Susan Wallace/seconded Mary Molloy – carried)

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9 & 10, and the information items contained in the report.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the “Act”) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 8 June 2012.	For the reasons set out in the previous Board agenda.	
2.	Chief Executive and Chair -Update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). To protect the privacy of natural persons.	s9(2)(j) S9(2)(a)
3	West Coast Integrated Health Services – Model of Care	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Year End 2012 Requirements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Asset Valuation and Property Surplus to Requirements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Proposal for Accommodation.	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7.	HBL Collective Banking Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8	HBL Draft Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9	Critical Infrastructure Risk timelines	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10	Advisory Committees – Public Excluded Updates	For the reasons given in the Committee agendas	

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

There being no further business the public open section of the meeting closed at 11.00am

The Public Excluded section of the meeting adjourned for lunch between 12.10pm & 12.45pm

The meeting moved back into public open at 1.35pm

### **General Business**

A query was made regarding the recent power outage and the Chief Executive confirmed that steps had been taken to resolve this issue.

Further discussion took place regarding the Ambulance Service and this matter is to be monitored by the Hospital Advisory Committee.

Discussion took place regarding appointments to Statutory Committees and the Board noted that this process is underway.

There being no further business the meeting closed at 1.40pm.

\_\_\_\_\_  
Peter Ballantyne, Acting Chair

\_\_\_\_\_  
Date

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

**SOURCE:** Chief Executive

**DATE:** 7 September 2012

Report Status – For: Decision  Noting  Information

## 1. ORIGIN OF THE REPORT

This report is a regular report and standing agenda item, providing the latest update and overview of key organisational activities and progress from the Chief Executive to the Board of the West Coast DHB.

## 2. RECOMMENDATION

That the Board:

- i. notes the Chief Executive's update.

## 3. FINANCIAL AND OPERATIONAL PERFORMANCE OVERVIEW

The consolidated West Coast DHB financial result for the month of July 2012 was a deficit of \$659k which was \$94k favourable against the budgeted deficit of \$753k.

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

	Actual	Budget	Variance
	\$000	\$000	\$000
Provider Arm surplus / (deficit)	(1,585)	(1,387)	(198)
Funder Arm surplus / (deficit)	899	634	265
Governance Arm surplus / (deficit)	27	0	27
<b>Consolidated result surplus / (deficit)</b>	<b>(659)</b>	<b>(753)</b>	<b>94</b>

### Planning & Funding

#### Hospital Services

##### Key Achievements

- Elective Target of 1592 discharges for 2011/12 met.
- Elective Surgery Plan submitted to the Ministry of Health
- Offers for all Senior Medical Officers positions have been made. One awaiting acceptance.
- Health Targets for 2011/2012 met.
- Transalpine Orthopaedic service embedded with ongoing monitoring of issues.

##### Key Issues & Associated Remedies

- Maternity services - The Acting Clinical Midwife Manager has commenced her secondment from Canterbury DHB on 23rd July. Workforce issues, in addition to clinical safety issues have been identified as her key priorities in the role.

- Norovirus outbreak in Morice Ward - A recent outbreak of the virus rendered the ward in lock-down for 10 days. Staff availability was reduced, by up to half, on some days. The staff did a commendable job working under difficult circumstances. A debrief and several recommendations will be put to the General Manager for consideration.
- Standardisation of neonatal resuscitation - Lead by the Resuscitation Service Leader, this project aims to standardise our equipment, layout of equipment and resuscitation procedures across all clinical services, to improve patient safety. This will also enhance standardisation with Canterbury DHB.
- Countdown Kids Appeal - The Countdown Kids Appeal was launched on 3 August with representation from the trust, our local countdown supermarket, regional dignitaries and West Coast DHB staff. The appeal aims to raise money for children's wards to make their stay more comfortable. A fund raising walk/ run was held the following day and was well attended with good weather.
- Standardisation of South Island linen stock - This project aims to agree on standardised linen stock across the South Island. An initial meeting was held on 3 August 2012 to begin the process. Feedback will be sought from clinical services within each DHB, prior to any decisions being made. It has been noted that West Coast DHB has a large number of laundered items that are particular to our DHB. This project has the potential to explore other initiatives over time for example disposable curtains and uniforms.

#### Upcoming Points of Interest

- Work continues with the Buller community to identify options for future provision of Physiotherapy services.
- Work on priority issues identified in the staff engagement survey will commence.
- Continue working with clinical teams on service development as permanent medical staff commence and locally based clinician teams, supported by CDHB, become established.

### **Primary Care & Community Services**

#### Key Achievements

- Approval has been given and advertising commenced for additional senior nursing personnel including rural nurse specialists and a Nurse Practitioner at Buller Health to support the on call roster and to strengthen the primary health team.
- A successful clinical leaders forum has provided solutions to issues arising from the current shortage of doctors in Westport with a number of innovative solutions agreed which will support services in Westport ranging from additional GP clinics, remote support and specialist services working more closely with the practices, much of which has already commenced.
- Mary Brown Practice Consultant continues to work with South Westland and Rural Academic Practice and Grey Medical to improve administrative, management and business processes in those practices. Revenue collection in these 3 practices improved in the last month by \$24,500 as a direct consequence of improved business processes.
- The South Westland team is still looking for a second GP but have been developing a new service model which emphasises increased autonomy and reduced decision making layers, recognising the remoteness of services and the need for the team to be able to respond quickly to emerging situations and not need to wait for remote decision making
- the annual mental health consumer satisfaction survey results are positive with 85 of 88 returns indicating an overall satisfaction with the service provided. The response rate was double that of last year due to more proactive follow up this year.
- There has been excellent feedback from the RNSs in Reefton regarding the regular daily video conference links between them and Dr Greville Wood from Rural Academic Practice. They said it is working really well and they look forward to it each day. They also have commented that the teaching sessions Greville provides at the same time are "fantastic".

This is an arrangement put in place to support the rural nurse specialists working at Reefton without a doctor on site.

#### Key Issues & Associated Remedies

- The GP shortage continues to impact on all our practices and while we continue recruitment efforts increasingly nurses are providing a wider range of services with GP back up. It is important to use the existing valuable GP resource as effectively as possible by them focusing on more complex patients with nurses providing back up and routine care.
- Continued pressure is being experienced with high occupancy of the mental health inpatient unit and a whole of system approach is to be taken with mental health service providers, led by Planning and Funding, to map the patient pathway and resolve existing bottle necks.
- Full focus continues on business process improvement in DHB practices.

## **4. INFORMATION TECHNOLOGY**

### Telehealth

- The wireless expansion to support Barclay, Morice, Theatre, Medical Admin, Hannan and Mental Health has been included. This will support the mobile clinical carts use for orthopedic care within the new model of care. Cabling is due to start the week of the 20th of August and scheduled to take 2 weeks. With equipment to be installed and running within Barclay and Morice before end of September.
- Aged care Telehealth rollout has also been approved. Providing videoconferencing within Greymedi, High Street and Westland Medical. Equipment has been ordered and is on site.
- The St Johns install has made some progression, but focus has been placed on the wireless and aged care rollout so this has been delayed for two months.

### Server Infrastructure Upgrade

- WCDHB is upgrading the Citrix and Desktop platform in uses to a more modern and better supported environment. This will be the same version CDHB uses within their environment. The business case has been approved, with the vendor well advanced in configuring the new system. Testing of the system will be carried out during September.

### Laboratory Information Systems Replacement (CHL Delphi)

- The Laboratory Information System (LIS) business case has been completed and approved by the capital committee at the end of June 2012. The implementation of this system to coincide with the Concerto project. Progress is on track to deliver the system by November. The go live date is scheduled for the 20th of November.

### Clinical Information System Business Case

- The business case for the new clinical information system hosted by CDHB and using Orion's Concerto product has been approved. This clinical information system will enable a single patient portal to clinical information housed within WCDHB, SCDHB, CDHB and ultimately all South Island DHB's.
- The project is on track to be delivered on 17 November.

### Clinical Information System Business Case - Mental Health Component

- Due to the Mental Health solution being scoped as a regional solution, there has been involvement sought from other South Island DHB's.
- The Mental Health contract addendum has been signed on 30 April 2012, and 3 workshops have been occurred with representation from the entire south island region. Several prototypes of the solution has been demonstrated, with favorable feedback from Mental Health teams within the DHB. A detailed design document has been delivered in July.
- The go live for this system is sometime first quarter 2013.



- A key component of the solution that has come out of the workshops is integration with the current Patient Administration System in use within WCDHB. This is to allow clinicians to focus on using one system, rather than swapping between a clinical workstation and administrative system. There is pressure on contingency to delivery this functionality as the costs were not within the original project scope and are not currently confirmed. Active negotiation is being carried out with the Vendor and should provide indicative costs week of the 20th August.

#### Patient Portal Roll Out

- The Manage My Health patient portal business case has been approved. This will allow patients to access their primary care electronic medical record from an internet connection anywhere in the world. The system also has the capability to self book into a general practice, and email a doctor directly should these features be enabled. A project team has been assembled with 3 initial project meetings occurring.
- The Buller IFHC is the best location to implement this solution. The implementation will require significant clinical input. Buller IFHC currently has very limited clinical resource, as such this project has been put on hold for several months.

#### Home Based Care System

- The business case to implement the Caduceus home based care system has been approved. Discussion on how the project will be resourced is occurring between CDHB and WCDHB with a collaborative model being selected as the way to implement this solution. The initial kick off has occurred, with the project progressing. The project is subject to some resource constraints with the Concerto project being a higher priority. Onsite visits have been conducted by the vendor with requirements analysis in progress.

#### Provation

- At the Clinical Quality Improvement Team meeting the lack of an endoscopy reporting system was seen as an important quality issue. A business case has been submitted and approved by the capital committee at end of June 2012. . The contract has been signed and purchase order sent to the vendor. This project is being managed as a regional project by the IT alliance. WCDHB has requested the IT Alliance to help resource a project manager for the WCDHB implementation. Regional Kick off meeting date to be advised.

#### Primary Care Interfacing

- A group has been formed to look at interfacing issues occurring between primary and secondary. Several meetings have occurred to date, with good representation from primary, ED, diagnostic and IT. The group has been focused on electronic messaging issues initially but is expanding the scope to look at a variety of problems. The first major achievement is the standardization of laboratory and radiology request forms, which also include barcode information to reduce data entry errors. This has been rolled out across the coast, involving both the WCDHB practices and Independent practices. The group has been reporting on progress to CQIT and is being chaired by the Credentialing & Clinical Audit Facilitator.

#### Orthopedic Templating system

- WCDHB will be moving to a regional orthopaedic Templating system. WCDHB has had the solution already installed locally for a number of years. CDHB has recently implemented the same system. Moving to the one system will better stream line information sharing between DHBs. The project has been managed in an ad-hoc basis to date, but is being renewed as a regional project. It is expected WCDHB will be on the new system within two months.

### Orthoscope Solution

- An orthopaedic information system is being extended from CDHB to WCDHB to help enable the successful changing model of care for orthopaedics. The project has initially kicked off with scoping being done on the solution.

### eReferrals Project

- An eReferrals project has begun to be rolled out across the region by the South Island IT alliance. Engagement and identification of resource to implement the project has begun. The project has 4 phases. The first being the most immediate and will provide the ability for general practitioners to electronically send referrals to a central server, then this server faxes the information to the CBU at Greybase hospital. This is due to be delivered by first Quarter 2013. Phase 2 is removing the faxing part of the system with an electronic solution into Concerto. This is to be delivered late 2013. The DHB is engaged with the PHO to enable the necessary resource to implement this project as resources within the DHB are very constrained with the Concerto implementation.

### July 1st Changes

- The patient management system and clinical information system currently in use by WCDHB has been upgraded to meet July 1st 2012 MOH reporting requirements. It is expected this will be the last upgrade of the clinical workstation until moving onto the Concerto system. The upgrades were a significant piece of work as required the upgrade of the Oracle Database platform, the integration platform and moving to the latest patient management system version. The integration system platform upgrade was also required as part of the concerto project.

## **5. HUMAN RESOURCES**

### Industrial Relations

- Negotiations are underway for APEX IT workers.

### Health and Safety

- The online employee incident management system is in place and working well.

### Recruitment/Retention

- The first six months of delivering a centralised recruitment service to the WCDHB have been successful in terms of building relationships, developing and actioning a strategy and filling SMO vacancies.
- Since the introduction of the Recruitment Centre the majority of Hospital SMO vacancies have successfully been appointed to. Allied Health and Nursing vacancies are more challenging and we have seen several Allied Health vacancies being re-advertised in June and July, while others have resulted in a review of service delivery or change in vacancy type. Recruiting into GP vacancies remain our greatest challenge.
- Having the Recruitment Centre in place has given greater visibility to recruitment activity that is occurring. This will continue to improve as we utilise technology to gather meaningful statistics to provide reporting and inform future recruitment planning.
- EMT has recently approved the development of a careers website and introduction of enhanced recruitment technology that are due to be implemented at the end August that will significantly reduce delays, improve the candidate experience and drive accountability.

### Learning and Development

- A survey has been distributed to understand the current and future developmental needs of health workers on the Coast. The results of the survey are currently being analysed.

- The CDHB/WCDHB piloting of the joint online learning site continues to gain momentum, with over 572 users from the WCDHB/CDHB configured as users and engaging with online learning and assessment in the site.
- Work continues to revamp and align corporate orientation experiences, as well as the wider learning and development training calendar across sites.

## 6. **MAORI HEALTH**

### Rata Te Awhina Trust

- A proposal for change for a new organisational structure has been drafted and is currently out for consultation sitting with Rata staff, board and other stakeholders. The proposal for change will better position Rata Te Awhina Trust to work with health and social services in the future. We continue to work closely with Rata on the establishment of Maori health positions within the Buller integrated Family Health Care System.
- The job descriptions for the Kaupapa Maori Nurse and Kaiarataki - Maori Health Navigator have been finalised and we are now at the stage of sending a Letter of Offer to Rata Te Awhina Trust, that will allow them to begin the recruitment process for the establishment of these positions inside the Buller Integrated Family Health Centre.
- This follows on from a robust community consultation process and will pave the way for the establishment of similar positions in the Grey IFHC and Westland in 2013.

### Maori Health Plan

- The Ministry of Health (MOH) has deferred the deadline for submission of Maori Health Plans (MHP) from all 20 DHB's until 31 August 2012. They have given DHB's additional information that they require for input and adjustment to these plans so there is time to make changes to the MHP as required. Feedback from the Ministry on the West Coast Maori Health Plan is positive. There are changes required to comply with Ministry guidance and or to clarify for technical information. These changes are relatively simple to make and will only add to the plans overall strength.

### Kia Ora Hauora

- Kia Ora Hauora is a Maori Health workforce development programme aimed at Maori students and current health sector workers to promote health careers as a great career choice.
- The programme has been developed in response to the national and international shortage of health sector workers and the demand for more Maori health professionals in the sector.
- All primary and high schools from the West Coast District were invited to attend a West Coast Careers Expo hosted by West Reap Rural Activities Programme at Greymouth High School 8th and 9th of August 2012. There were 37 Maori registrations gained as an outcome. The Career expo provided continued promotion of Kia Ora Hauora and raised awareness of the programme and its objectives. In addition there was engagement with rangatahi /youth. Kia Ora Hauora is working with them regarding their career aspirations; there are also some tertiary students interested in what Kia Ora Hauora could offer them. The Career expo was valuable as it provided quality engagement with careers advisors and Maori kaiako/teachers from high schools across the West Coast region. The High Schools in attendance were Greymouth High School, John Paul II and Buller High School. The Careers expo is an excellent opportunity to continue to link with schools about the Kia Ora Hauora Road Show roll out and the NCEA study preparation planned for schools in Terms 3 and 4.

#### Visit by Hon Tariana Turia Associate Minister of Health

- The General Manager Maori Health has received correspondence from the Office of the Hon Tariana Turia Associate Minister of Health expressing her wish to visit the West Coast to meet with Maori organisations, iwi, hapu and whanau of Tai Poutini. This visit is scheduled for 31 October 2012 (date to be confirmed).

## **7. COMMUNITY & PUBLIC HEALTH**

### Liquor Licensing

The Blaketown Liquor Store's application for a liquor licence was declined at a Liquor Licensing Authority hearing in Greymouth early on 9th July 2012. An extract from the Greymouth Star (Tuesday 10th July) *"The days of the Blaketown Corner Dairy selling booze are numbered after the Liquor Licensing Authority said yesterday the new owner's application for an off-licence was doomed to failure. ...after Mr Kumar had given evidence and been cross-examined, authority chairman Judge John Hole said the objections need not be heard because the application could not succeed."*

The judge's decision was based on:

- the lack of separation between the dairy and the liquor store,
- "the evidence adduced from Mr Kumar in support of the application indicates his lack of suitability to hold an off-licence", and
- A failure to comply strictly with Section 115 of the Sale of Liquor Act 1989.

A number of submissions were received from the community who were concerned about the operation of this liquor store. This decision was a great result and follows a lot of work by Community and Public Health staff in Greymouth. Some cross-examination by our staff assisted the Authority at the hearing and the Judge made specific mention of this. The store will no longer be able to sell alcohol after 31 August 2012.

### Submissions Supporting Tobacco Tax Increases

Submissions closed on the Customs & Excise (Tobacco Products - Budget Measures) Amendment Bill on 22 June 2012. The bulk of the submissions received supported greater excise tax increases for tobacco products than the current proposal of annual 10% increases over the next four years. Three submissions were made from the West Coast out of a total of 98 from around New Zealand. The West Coast submissions came from the West Coast Tobacco Free Coalition (of which Community and Public Health is part), the West Coast Primary Health Organisation and the Well Women's Centre. The number of submissions from the West Coast equalled the number from big tobacco companies.

### Smokefree Enforcement

Community and Public Health staff have been monitoring the implementation of recent changes in regulations for display and sale of tobacco products. Tobacco products must now be out of sight at stores and supermarkets and retailers can no longer have signs advertising tobacco products for sale. So far, our visits have found high levels of compliance with these changes on the West Coast.

### Pertussis (Whooping Cough)

The West Coast community-wide outbreak of pertussis is still not over. While the incidence is declining slowly overall, some family clusters and small numbers of cases connected to early childhood centres mean that infection rates are still above background levels. From the beginning of May 2011 to the 17th of August 2012, there have been 561 notifications of pertussis on the West Coast, of which 353 were confirmed or probable cases, and six are still under investigation. Community and Public Health continues to follow up these cases with the help of the WCDHB's public health nurses and rural nurse specialists. We also promote the

WCDHB's targeted booster vaccination programme and on time vaccination against pertussis for infants.

#### Norovirus Outbreak

Our Health Protection staff assisted Grey Base Hospital staff to investigate and control the recent norovirus outbreak there. The outbreak involved 20 cases.

#### Drinking Water

Access to a sufficient supply of clean water that is safe to drink is fundamental to good health. Not all communities have ready access to safe water. On the West Coast we still have quite high rates of diseases that can be caused by contaminated water, and a recent outbreak of campylobacter gastroenteritis was traced to problems with a local water supply.

Most drinking water for communities is supplied by local councils who must comply with the NZ Drinking Water Standards to ensure their water is safe and to manage the risks of water contamination. This is essential to protect the public from disease outbreaks caused by unsafe or inadequate water supplies. Community and Public Health monitors public drinking water suppliers' compliance with the NZ Drinking Water Standards and over the last two months we have been carrying out the annual drinking water surveys on the West Coast.

The Ministry of Health's Drinking Water Assistance Programme provides financial and technical assistance to improve the quality of smaller water supplies, like many on the West Coast. The Technical Assistance Programme provides drinking water expertise to assist with identifying where improvements can be made. The Capital Assistance Programme (CAP) currently targets supplies serving less than 5000 people to help fund improvements. Staff at Community and Public Health work with water suppliers and communities to facilitate their access to this funding and we have been very successful in applications for CAP funding. At present, Reefton, Stillwater, Punakaiki, Waimangaroa, Nelson Creek, Ahaura, Ngakawau/Hector and Westport all have CAP funding for improvements to their water supplies. Westport is funded for the largest amount (\$1.4 million).

#### Outcomes of Submissions to Local Councils on their Long-Term Plans

Since our last report we have now had feedback on the outcomes of our submissions to the Buller, Grey and Westland District Councils on their draft Long -Term Plans. Buller has acknowledged the need to plan for sustainable growth and as a result has committed to overhauling their District Plan to enable sustainable growth. Both Buller and Grey District Councils have now budgeted to subscribe to the Fundview and Breakout databases to allow free community access to these. Buller and Westland District Councils have noted our recommendation of a Coast-wide Local Alcohol Policy. They are waiting for the passage of the Alcohol Reform Bill before taking any further action, although they note Community and Public Health's offer to support the development of local alcohol policies.

## **8. COMMUNICATIONS**

#### Key Achievements

Several media releases were distributed in response to changes in services or newsworthy events at the West Coast DHB

- Release on changes to orthopaedic services
- Release on Carelink service changes
- Release and updates on gastroenteritis in Grey Base Hospital
- Perspective piece on Influenza and immunisation
- Release on B4Schools programme
- Release on recruitment initiatives

- Release on Nurses' roles
- Release on seismic testing at Buller Health
- Releases on behalf of South Island Alliance and Bowes family
- Presentation of Certificate for Outstanding Achievement in Elective Services from the Minister of Health by MP Chris Auchinvole
- Successful launch and fundraising walk for Countdown Kids Hospital Appeal

Key Issues & Associated Remedies

With the changes that are happening to the West Coast Health System keeping our staff informed is very important. We are refreshing our internal communications to address this important requirement.

- Internal communications workshop with subsequent interviewing and survey of staff
- Refreshing Internal Communications Plan
- Preparation of "Ask Now" (fortnightly) to keep staff informed of changes in the West Coast Health System

Upcoming Points of Interest

- Perspective piece being planned to update the Buller community of the changes that have occurred at Buller Health.
- Look raising the profile of Allied Health and increasing the community awareness of what happens in this field.
- Next issue of *Report to the Community* is being planned.

**9. APPENDICES**

Appendix 1                      Clinical Leaders Report

Report prepared by:                      David Meates, Chief Executive

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

**SOURCE:** Clinical Leaders

**DATE:** 7 September 2012

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Report Status – For:      Decision          Noting          Information   

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### **1. ORIGIN OF THE REPORT**

This report is provided to the West Coast DHB Board as a regular update.

### **2. RECOMMENDATION**

That the Board:

- i. notes the Clinical Leaders Update

### **3. SUMMARY**

#### **Sustainability**

Implementation of the model of care for sustainable health services for the West Coast continues. The submission of the Buller Integrated Family Health Service Business Case to the Capital Investment Committee marks another key milestone in this work. Sustainable services at Buller Health is a key underpinning of this business case. We are focusing on how we communicate the work that is underway to the health community and wider public.

#### **Transalpine Services**

The transition orthopaedic service continues to be implemented and evaluated. Regular links between medical, nursing and allied health staff on both sides of the hill are becoming 'business as usual'.

#### **Leadership and Clinical Governance**

Leadership in quality and clinical governance continues, including the West Coast PHO, the BSMC Alliance Leadership Team, the hospital Continuous Quality Improvement Team, and the South Island Regional Training Hub. A network of medical clinical leads within the hospital system is being established.

#### **Service Improvements**

West Coast women can again receive epidural analgesia during labour if required, with the reintroduction of our labour epidural service. Thanks to our team of anaesthetists, midwives and obstetrician gynaecologists who have worked together on this project.

#### **Workforce**

There remain significant issues in recruiting to allied health roles and we are developing a recruitment campaign and also different models of service provision in partnership with the Canterbury Health System this will include the development of a RUFUS role for social work and dieticians in paediatrics.

A review has taken place of the nursing roles required for the Buller IFHC to support a sustainable model of care for the Westport community. Advertising has commenced for a Nurse Practitioner (NP) and two Rural Nurse Specialists (RNS). These roles will work across the IFHC inclusive of primary

care and to support the doctors on the out of hours on call service. One of the RNS positions will also supplement the increasingly busy Ngakawau clinic. Further to this, and in response to the increase in acuity and volume of community based care, the Clinical Nurse Specialist (CNS) palliative care role will increase from 0.5 to a full time position, and the district nursing service will increase by 1.5 FTE. We have also advertised the CNS gerontology position as part of the implementation of the Complex Care Clinical Network (CCCN).

A general practice registrar has joined the Buller Health team, and roles have been created for next year to allow interested RMOs (junior doctors) to spend three months working in Rural General Practice at Hokitika or Westport. Advertising for Rural Hospital Medicine registrars has commenced for our programme starting next year. A GP registrar is working within the Greymouth area for next year.

The role of the hospital generalist working with Grey Hospital Emergency Department and the wider hospital, as well as the possibility of working in General Practice as well, has been developed and recruitment to this role has started.

Advertising has commenced for the Nursing Entry to Practice Programme (NETP) for 2013, with continued funding from HWNZ to support 10 NETP and 1 Expansion (community based) nursing positions. The employment of new graduate health professionals is a vital component of future workforce planning. This year the recruitment process will be fully Transalpine, with the streamlined recruitment team and the graduate nurses participating in the interactive and innovative assessment centre hosted by CDHB, supported by senior nursing representatives from the West Coast. The West Coast NETP programme has also been reviewed and while retaining its valuable rural focus, it has also been aligned with the Canterbury programme and will now include the Rapid Assessment course run by the Christchurch Polytechnic Institute of Technology. These changes will facilitate collegial relationships between the nurses based on the West Coast and in Canterbury.

Other nursing workforce planning underway is the development of a comprehensive overview of 'drills and skills', certification and core education requirements for nurses in each clinical area. These databases will also provide information for and about individual nurses to ensure each nurse is up to date and well prepared to do the work required. This will support the development of the mobile nursing workforce with nurses working more flexibly, confidently and competently across the sector. Each nurse's individual career plan and development plan will be aligned to the database.

#### **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 (on leave)



# FINANCE REPORT



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

**SOURCE:** Chief Financial Officer

**DATE:** 7 September 2012

Report Status – For: Decision  Noting  Information

## 1. ORIGIN OF THE REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters of the Board of the West Coast District Health Board.

## 2. RECOMMENDATION

That the Board:

- i. notes the financial results for the period ended 31 July 2012.

## 3. DISCUSSION

### Financial Overview for the period ending 31 July 2012

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	6,157	6,354	(197)	×	6,157	6,354	(197)	×
Governance & Administration	179	183	(4)	×	179	183	(4)	×
Funds & Internal Eliminations	4,592	4,642	(50)	×	4,592	4,642	(50)	×
	10,928	11,179	(251)	×	10,928	11,179	(251)	×
<b>EXPENSES</b>								
Provider								
Personnel	4,464	4,463	(1)	×	4,464	4,463	(1)	×
Outsourced Services	1,116	1,130	14	√	1,116	1,130	14	√
Clinical Supplies	568	702	134	√	568	702	134	√
Infrastructure	1,062	936	(126)	×	1,062	936	(126)	×
	7,210	7,231	21	√	7,210	7,231	21	√
Governance & Administration	152	183	31	√	152	183	31	√
Funds & Internal Eliminations	3,693	4,007	314	√	3,693	4,008	315	√
<b>Total Operating Expenditure</b>	11,055	11,421	366	√	11,055	11,422	367	√
<b>Deficit before Interest, Depn &amp; Cap Charge</b>	127	242	115	√	127	243	116	√
<b>Interest, Depreciation &amp; Capital Charge</b>	532	510	(22)	×	532	510	(22)	×
<b>Net deficit</b>	659	753	94	√	659	753	94	√

## CONSOLIDATED RESULTS

The consolidated result for the month of July 2012 is a deficit of \$659k, which is \$94k better than budget (\$753k deficit).

## RESULTS FOR EACH ARM

### Year to Date to July 2012

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	\$000	\$000	\$000	
Provider Arm surplus / (deficit)	(1,585)	(1,387)	(198)	Unfavourable
Funder Arm surplus / (deficit)	899	634	265	Favourable
Governance Arm surplus / (deficit)	27	0	27	Favourable
<b>Consolidated result surplus / (deficit)</b>	<b>(659)</b>	<b>(753)</b>	<b>94</b>	<b>Favourable</b>

### REVENUE

Consolidated revenue of \$10,928k is \$251k worse than budget (\$11,179k).  
The variance to budget is explained in the narrative for the separate arms below.

#### Provider Arm

Provider revenue received for ACC and other government is \$115k worse than budget. ACC from electives services and AT&R are both less than budget for the month; we expect to catch up on this in coming months. General Practice revenue from the WCPHO is less than budget in July; again we expect to catch up on this in future months.

### EXPENSES

#### Consolidated

Consolidated expenditure of \$11,587k is \$344k better than budget (\$11,931k).

#### Provider Arm

##### Personnel costs

Personal cost for the month are \$4,533k; \$19k worse than budget (\$4,514k).

- Medical Personnel costs are \$31k worse than budget.
  - General Practitioners costs are \$44k worse than budget, due to higher payments for allowances and overtime to cover vacancies. All other specialities are under budget.
- Allied Health Personnel costs are \$48k; better than budget.
  - This is due to a number of vacancies within allied services.

##### Outsourced Services Costs

Outsourced services costs are \$1,073k; \$22k worse than budget (\$1,051k).

- Outsourced Senior Medical Costs (locums) were \$623k; \$98k better than budget. Locum costs within hospital services were under budget and locum services within primary services over budget due to vacancies.
- Outsourced clinical services were over budget with orthopaedic services and ophthalmology being the two main contributors. Both these services are being reviewed and costs should reduce as new patient pathways are embedded.

##### Clinical Supplies

Overall clinical supplies are \$145k better budget

- All clinical supply expense areas were under budget apart from pharmaceuticals which were marginally over budget by \$6k.

### **Infrastructure and non clinical Cost**

Overall infrastructure and non clinical cost for the Provider arm are \$1,062k, \$126k over budget. Within this variance are the following specific variances:

- Professional fees and expenses are \$96k worse than budget.
  - Insurance premiums were \$27k over budget. This is due to greater than budgeted increase in premiums as a result of the Christchurch earthquakes that were only confirmed in August 2012.

### **Funder Arm**

Funder payments to external providers are \$3,940k, \$316k better than budget.

- Payments to external providers for older persons health services are \$108k better than budget (rest home and hospital level care) and community pharmaceuticals are \$112k better than budget.

## **STATEMENT OF FINANCIAL POSITION**

### **Cash and cash equivalents**

As at 31 July 2012 the Board had \$6.9m in cash and cash equivalents; \$1.5m better than budget. Cash paid for capital items for the year ended 30 June 2012 was \$1.2m less than budget and this resulted in a higher opening cash balance (opening cash balance was \$1.9m higher than budget).

### **Non-current assets**

Property, plant and equipment including work in progress is \$1m less than budget, reflecting lower capital expenditure in the last financial year.

### **Crown Equity**

Closing balance of \$12.027m as at 31 July 2012 is \$930k higher than budget, reflecting the revaluation of property and plant at 30 June 2012.

## **4. APPENDICES**

Appendix 1:	Financial Results for the period ending 31 July 2012
Appendix 2:	Funder Arm payments to external providers
Appendix 3:	Funder Arm payments to external providers by service grouping
Appendix 4:	Provider Arm Expense Graphs

Report prepared by: Colin Weeks, Chief Financial Officer

Report approved for release by: Hecta Williams, General Manager

West Coast District Health Board  
Statement of comprehensive income

For period ending

31 July 2012

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2011/12
<b>Operating Revenue</b>												
Crown and Government sourced	10,556	10,781	(225)	(2.1%)	10,498	10,556	10,781	(225)	(2.1%)	10,498	129,383	127,080
Inter DHB Revenue	0	10	(10)	(100.0%)	7	0	10	(10)	(100.0%)	7	124	100
Inter District Flows Revenue	0	0	0	0.0	0	0	0	0	0.0	0	1,657	0
Patient Related Revenue	269	284	(15)	(5.3%)	239	269	284	(15)	(5.3%)	239	3,391	3,076
Other Revenue	103	104	(1)	(0.8%)	108	103	104	(1)	(0.8%)	108	1,488	1,905
<b>Total Operating Revenue</b>	<b>10,928</b>	<b>11,179</b>	<b>(251)</b>	<b>(2.2%)</b>	<b>10,852</b>	<b>10,928</b>	<b>11,179</b>	<b>(251)</b>	<b>(2.2%)</b>	<b>10,852</b>	<b>136,044</b>	<b>132,161</b>
<b>Operating Expenditure</b>												
Employee benefit costs	4,533	4,514	(19)	(0.4%)	4,210	4,533	4,514	(19)	(0.4%)	4,210	56,499	54,068
Outsourced Clinical Services	1,073	1,051	(22)	(2.1%)	1,343	1,073	1,051	(22)	(2.1%)	1,343	8,638	12,243
Treatment Related Costs	577	722	145	20.1%	611	577	722	145	20.1%	611	7,911	7,552
External Providers	2,485	2,801	316	11.3%	2,502	2,485	2,801	316	11.3%	2,502	30,952	29,507
Inter District Flows Expense	1,318	1,317	(1)	(0.0%)	1,302	1,318	1,317	(1)	(0.0%)	1,302	17,467	15,620
Outsourced Services - non clinical	72	115	43	37.5%	91	72	115	43	37.5%	91	1,388	854
Infrastructure Costs and Non Clinical Supplies	997	902	(95)	(10.6%)	1,028	997	902	(95)	(10.6%)	1,028	10,669	11,239
<b>Total Operating Expenditure</b>	<b>11,055</b>	<b>11,422</b>	<b>367</b>	<b>3.2%</b>	<b>11,087</b>	<b>11,055</b>	<b>11,422</b>	<b>367</b>	<b>3.2%</b>	<b>11,087</b>	<b>133,524</b>	<b>131,083</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>(127)</b>	<b>(243)</b>	<b>116</b>	<b>47.7%</b>	<b>(235)</b>	<b>(127)</b>	<b>(243)</b>	<b>116</b>	<b>47.7%</b>	<b>(235)</b>	<b>2,519</b>	<b>1,078</b>
<b>Interest, Depreciation &amp; Capital Charge</b>												
Interest Expense	55	61	6	10.2%	375	55	61	6	10.2%	375	735	732
Depreciation	397	388	(9)	(2.2%)	0	397	388	(9)	(2.2%)	0	4,661	4,757
Capital Charge Expenditure	80	60	(20)	(32.8%)	43	80	60	(20)	(32.8%)	43	723	613
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>532</b>	<b>510</b>	<b>(22)</b>	<b>(4.3%)</b>	<b>418</b>	<b>532</b>	<b>510</b>	<b>(22)</b>	<b>(4.3%)</b>	<b>418</b>	<b>6,119</b>	<b>6,102</b>
<b>Net Surplus/(deficit)</b>	<b>(659)</b>	<b>(753)</b>	<b>94</b>	<b>12.4%</b>	<b>(653)</b>	<b>(659)</b>	<b>(753)</b>	<b>94</b>	<b>12.4%</b>	<b>(653)</b>	<b>(3,600)</b>	<b>(5,024)</b>
<b>Other comprehensive income</b>												
Gain/(losses) on revaluation of property												749
<b>Total comprehensive income</b>	<b>(659)</b>	<b>(753)</b>	<b>94</b>	<b>12.4%</b>	<b>(653)</b>	<b>(659)</b>	<b>(753)</b>	<b>94</b>	<b>12.4%</b>	<b>(653)</b>	<b>(3,600)</b>	<b>(4,275)</b>

# West Coast District Health Board

## Statement of financial position

As at

31 July 2012

*in thousands of New Zealand dollars*

	Actual	Budget	Variance	%Variance	Prior Year
<b>Assets</b>					
<b>Non-current assets</b>					
Property, plant and equipment	30,809	31,847	(1,038)	(3.3%)	32,078
Intangible assets	919	839	80	9.5%	926
Work in Progress	513	650	(137)	(21.1%)	615
Other investments	2	2	0	0.00%	2
<b>Total non-current assets</b>	<b>32,243</b>	<b>33,338</b>	<b>(1,095)</b>	<b>(3.3%)</b>	<b>33,621</b>
<b>Current assets</b>					
Cash and cash equivalents	6,881	5,380	1,501	27.9%	3,189
Other investments	56	56	0	0.00%	2,556
Inventories	1,044	831	213	25.6%	797
Debtors and other receivables	4,411	4,402	9	0.2%	4,551
Assets classified as held for sale	136	136	0	0.00%	136
<b>Total current assets</b>	<b>12,528</b>	<b>10,805</b>	<b>1,723</b>	<b>16.0%</b>	<b>11,229</b>
<b>Total assets</b>	<b>44,771</b>	<b>44,143</b>	<b>628</b>	<b>12.7%</b>	<b>44,850</b>
<b>Liabilities</b>					
<b>Non-current liabilities</b>					
Interest-bearing loans and borrowings	12,195	12,195	0	0.00%	11,195
Employee entitlements and benefits	3,150	3,304	(154)	(4.7%)	2,947
<b>Total non-current liabilities</b>	<b>15,345</b>	<b>15,499</b>	<b>(154)</b>	<b>(1.0%)</b>	<b>14,142</b>
<b>Current liabilities</b>					
Interest-bearing loans and borrowings	250	250	0	0.00%	1,500
Creditors and other payables	8,959	9,135	(176)	(1.9%)	9,585
Employee entitlements and benefits	8,190	8,162	28	0.3%	7,759
<b>Total current liabilities</b>	<b>17,399</b>	<b>17,547</b>	<b>(148)</b>	<b>(0.8%)</b>	<b>18,844</b>
<b>Total liabilities</b>	<b>32,744</b>	<b>33,046</b>	<b>(302)</b>	<b>(0.9%)</b>	<b>32,986</b>
<b>Equity</b>					
Crown equity	66,197	66,185	12	0.0%	61,753
Other reserves	22,059	21,310	749	3.5%	21,310
Retained earnings/(losses)	(76,268)	(76,437)	169	(0.2%)	(71,238)
Trust funds	39	39	0	0.00%	39
<b>Total equity</b>	<b>12,027</b>	<b>11,097</b>	<b>930</b>	<b>8.4%</b>	<b>11,864</b>
<b>Total equity and liabilities</b>	<b>44,771</b>	<b>44,143</b>	<b>628</b>	<b>1.4%</b>	<b>44,850</b>

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

31 July 2012

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					2012/13	2011/12
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	Actual
<b>Cash flows from operating activities</b>												
Cash receipts from Ministry of Health, patients and other revenue	11,271	11,295	(24)	(0.2%)	11,000	11,271	11,295	(24)	(0.2%)	11,000	135,739	133,962
Cash paid to employees	(4,213)	(4,514)	301	(6.7%)	(4,067)	(4,213)	(4,514)	301	(6.7%)	(4,067)	(56,498)	(53,626)
Cash paid to suppliers	(3,466)	(2,790)	(676)	24.2%	(3,105)	(3,466)	(2,790)	(676)	24.2%	(3,105)	(28,672)	(32,569)
Cash paid to external providers	(2,623)	(2,801)	178	(6.3%)	(2,502)	(2,623)	(2,801)	178	(6.3%)	(2,502)	(30,953)	(29,446)
Cash paid to other District Health Boards	(1,318)	(1,456)	138	(9.5%)	(1,459)	(1,318)	(1,456)	138	(9.5%)	(1,459)	(17,467)	(17,481)
<i>Cash generated from operations</i>	(349)	(264)	(85)	32.0%	(133)	(349)	(264)	(85)	32.0%	(133)	2,148	840
Interest paid	0	(61)	61	(100.0%)	0	0	(61)	61	(100.0%)	0	(735)	(735)
Capital charge paid	0	(0)	0	(1)	(99)	0	(0)	0	(1)	(99)	(723)	(712)
<b>Net cash flows from operating activities</b>	(349)	(326)	(23)	7.1%	(232)	(349)	(326)	(23)	7.1%	(232)	690	(607)
<b>Cash flows from investing activities</b>												
Interest received	32	22	10	47.7%	16	32	22	10	47.7%	16	260	319
(Increase) / Decrease in investments	0	0	0		1,000	0	0	0		1,000	0	3,500
Acquisition of property, plant and equipment	(193)	(850)	657	(77.3%)	(506)	(193)	(850)	657	(77.3%)	(506)	(3,745)	(2,667)
Acquisition of intangible assets	(7)	(50)	43	(86.0%)	(11)	(7)	(50)	43	(86.0%)	(11)	(1,405)	(265)
<b>Net cash flows from investing activities</b>	(168)	(878)	710	(80.9%)	499	(168)	(878)	710	(80.9%)	499	(4,890)	887
<b>Cash flows from financing activities</b>												
Proceeds from equity injections	0	0	0		0	0	0	0		0	3,600	4,512
Repayment of equity	0	0	0		0	0	0	0		0	(68)	(68)
<i>Cash generated from equity transactions</i>	0	0	0		0	0	0	0		0	3,532	4,444
Borrowings raised	0	0	0		0	0	0	0		0		
Repayment of borrowings	0	0	0		0	0	0	0		0	(250)	(250)
<b>Net cash flows from financing activities</b>	0	0	0		0	0	0	0		0	(250)	(250)
Net increase in cash and cash equivalents	(517)	(1,204)	687	(57.1%)	267	-517	(1,204)	687	(57.1%)	267	(918)	4,476
Cash and cash equivalents at beginning of period	7,398	6,584	814	12.4%	2,922	7,398	6,585	813	12.4%	2,922	6,584	2,922
<b>Cash and cash equivalents at end of year</b>	6,881	5,379	1,502	27.9%	3,189	6,881	5,380	1,501	27.9%	3,189	5,666	7,398

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

31 July 2012

	Monthly Reporting					Year to Date					Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2011/12
<b>Income</b>												
Internal revenue-Funder to Provider	5,250	5,250	(0)	(0.0%)	5,122	5,250	5,250	(0)	(0.0%)	5,122	63,005	62,868
Ministry of Health side contracts	125	168	(43)	(25.5%)	159	125	168	(43)	(25.5%)	159	1,862	1,657
Other Government	441	556	(115)	(20.7%)	649	441	556	(115)	(20.7%)	649	6,841	6,521
InterProvider Revenue (Other DHBs)	0	10	(10)	(100.0%)	7	0	10	(10)	(100.0%)	7	124	100
Patient and consumer sourced	269	284	(15)	(5.3%)	239	269	284	(15)	(5.3%)	239	3,396	3,076
Other income	72	85	(13)	(15.0%)	93	72	85	(13)	(15.0%)	93	1,258	1,564
<b>Total income</b>	<b>6,157</b>	<b>6,354</b>	<b>(197)</b>	<b>(3.1%)</b>	<b>6,269</b>	<b>6,157</b>	<b>6,354</b>	<b>(197)</b>	<b>(3.1%)</b>	<b>6,269</b>	<b>76,486</b>	<b>75,786</b>
<b>Expenditure</b>												
<b>Employee benefit costs</b>												
Medical Personnel	944	933	(11)	(1.2%)	759	944	933	(11)	(1.2%)	759	13,316	10,673
Nursing Personnel	2,030	1,993	(37)	(1.8%)	1,961	2,030	1,993	(37)	(1.8%)	1,961	24,086	24,654
Allied Health Personnel	735	784	49	6.2%	710	735	784	49	6.2%	710	9,647	8,956
Support Personnel	209	198	(11)	(5.5%)	160	209	198	(11)	(5.5%)	160	1,988	2,163
Management/Administration Personnel	546	554	8	1.5%	536	546	554	8	1.5%	536	6,842	6,520
	<b>4,464</b>	<b>4,463</b>	<b>(1)</b>	<b>(0.0%)</b>	<b>4,126</b>	<b>4,464</b>	<b>4,463</b>	<b>(1)</b>	<b>(0.0%)</b>	<b>4,126</b>	<b>55,878</b>	<b>52,966</b>
<b>Outsourced Services</b>												
Contracted Locum Services	631	741	110	14.9%	963	631	741	110	14.9%	963	4,931	8,202
Outsourced Clinical Services	442	309	(133)	(43.0%)	380	442	309	(133)	(43.0%)	380	3,710	4,041
Outsourced Services - non clinical	43	79	36	45.8%	46	43	78	35	45.1%	46	952	521
	<b>1,116</b>	<b>1,130</b>	<b>14</b>	<b>1.2%</b>	<b>1,389</b>	<b>1,116</b>	<b>1,130</b>	<b>14</b>	<b>1.2%</b>	<b>1,389</b>	<b>9,593</b>	<b>12,764</b>
<b>Treatment Related Costs</b>												
Disposables, Diagnostic & Other Clinical Supplies	111	125	14	11.2%	113	111	125	14	11.2%	113	1,323	1,388
Instruments & Equipment	123	166	43	26.1%	166	123	166	43	26.1%	166	1,968	1,613
Patient Appliances	21	33	12	36.4%	23	21	33	12	36.4%	23	354	347
Implants and Prostheses	60	72	12	16.7%	86	60	72	12	16.7%	86	817	877
Pharmaceuticals	204	199	(5)	(2.5%)	125	204	199	(5)	(2.5%)	125	1,923	2,033
Other Clinical & Client Costs	49	107	58	54.2%	98	49	107	58	54.2%	98	1,525	1,294
	<b>568</b>	<b>702</b>	<b>134</b>	<b>19.1%</b>	<b>611</b>	<b>568</b>	<b>702</b>	<b>134</b>	<b>19.1%</b>	<b>611</b>	<b>7,910</b>	<b>7,552</b>
<b>Infrastructure Costs and Non Clinical Supplies</b>												
Hotel Services, Laundry & Cleaning	320	303	(17)	(5.6%)	301	320	303	(17)	(5.6%)	301	3,671	3,766
Facilities	231	216	(15)	(6.8%)	276	231	216	(15)	(6.8%)	276	2,554	2,542
Transport	86	71	(15)	(21.7%)	91	86	71	(15)	(21.7%)	91	850	1,034
IT Systems & Telecommunications	129	121	(8)	(6.7%)	103	129	121	(8)	(6.7%)	103	1,527	1,375
Professional Fees & Expenses	114	18	(96)	(542.3%)	17	114	18	(96)	(542.3%)	17	209	557
Other Operating Expenses	72	97	25	25.9%	76	72	97	25	25.9%	76	969	1,213
Internal allocation to Governance Arm	110	110	0	0.2%	110	110	110	0	0.2%	110	1,322	1,320
	<b>1,062</b>	<b>936</b>	<b>(126)</b>	<b>(13.5%)</b>	<b>974</b>	<b>1,062</b>	<b>936</b>	<b>(126)</b>	<b>(13.5%)</b>	<b>974</b>	<b>11,102</b>	<b>11,807</b>
<b>Total Operating Expenditure</b>	<b>7,210</b>	<b>7,231</b>	<b>21</b>	<b>0.3%</b>	<b>7,100</b>	<b>7,210</b>	<b>7,231</b>	<b>21</b>	<b>0.3%</b>	<b>7,100</b>	<b>84,483</b>	<b>85,089</b>
<b>Deficit before Interest, Depn &amp; Cap Charge</b>	<b>(1,053)</b>	<b>(877)</b>	<b>176</b>	<b>(20.1%)</b>	<b>(831)</b>	<b>(1,053)</b>	<b>(877)</b>	<b>176</b>	<b>(20.1%)</b>	<b>(831)</b>	<b>(7,997)</b>	<b>(9,303)</b>
<b>Interest, Depreciation &amp; Capital Charge</b>												
Interest Expense	55	61	6	10.2%	62	55	61	6	10.2%	62	735	732
Depreciation	397	388	(9)	(2.2%)	375	397	388	(9)	(2.2%)	375	4,661	4,757
Capital Charge Expenditure	80	60	(20)	(32.8%)	76	80	60	(20)	(32.8%)	76	723	613
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>532</b>	<b>510</b>	<b>(22)</b>	<b>(4.3%)</b>	<b>513</b>	<b>532</b>	<b>510</b>	<b>(22)</b>	<b>(4.3%)</b>	<b>513</b>	<b>6,119</b>	<b>6,102</b>
<b>Net deficit</b>	<b>(1,585)</b>	<b>(1,387)</b>	<b>198</b>	<b>(14.3%)</b>	<b>(1,344)</b>	<b>(1,585)</b>	<b>(1,387)</b>	<b>198</b>	<b>(14.3%)</b>	<b>(1,344)</b>	<b>(14,116)</b>	<b>(15,405)</b>

West Coast District Health Board

Funder Operating Statement for the period ending 31 July 2012

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2011/12
<b>Income</b>												
PBF Vote Health-funding package (excluding Mental Health)	8,716	8,742	(26)	(0.3%)	8,374	8,716	8,742	(26)	(0.3%)	8,374	104,900	102,999
PBF Vote Health-Mental Health Ring fence	1,157	1,157	0	0.00	1,157	1,157	1,157	0	0.00	1,157	13,884	13,884
MOH-funding side contracts	117	158	(41)	(26.0%)	159	117	158	(41)	(26.0%)	159	1,896	2,018
Inter District Flow's	138	138	(0)	(0.1%)	157	138	138	(0)	(0.1%)	157	1,657	1,778
Other income	31	15	16	106.7%	15	31	15	16	106.7%	15	180	232
<b>Total income</b>	<b>10,159</b>	<b>10,210</b>	<b>(51)</b>	<b>(0.5%)</b>	<b>9,862</b>	<b>10,159</b>	<b>10,210</b>	<b>(51)</b>	<b>(0.5%)</b>	<b>9,862</b>	<b>122,518</b>	<b>120,911</b>
<b>Expenditure</b>												
Personal Health	6,513	6,661	148	2.2%	6,476	6,513	6,661	148	2.2%	6,476	77,829	77,366
Mental Health	1,145	1,170	25	2.1%	1,134	1,145	1,170	25	2.1%	1,134	14,039	13,790
Disability Support	1,452	1,546	94	6.1%	1,361	1,452	1,546	94	6.1%	1,361	18,004	17,342
Public Health	40	64	24	37.3%	71	40	64	24	37.3%	71	765	748
Maori Health	41	66	25	37.7%	41	41	66	25	37.7%	41	787	527
Governance	69	69	(0)	(0.1%)	98	69	69	(0)	(0.1%)	98	827	1,176
<b>Total expenses</b>	<b>9,260</b>	<b>9,575</b>	<b>315</b>	<b>3.3%</b>	<b>9,181</b>	<b>9,260</b>	<b>9,575</b>	<b>315</b>	<b>3.3%</b>	<b>9,181</b>	<b>112,252</b>	<b>110,949</b>
<b>Net Surplus</b>	<b>899</b>	<b>634</b>	<b>265</b>	<b>41.7%</b>	<b>681</b>	<b>899</b>	<b>634</b>	<b>265</b>	<b>41.7%</b>	<b>681</b>	<b>10,266</b>	<b>9,962</b>



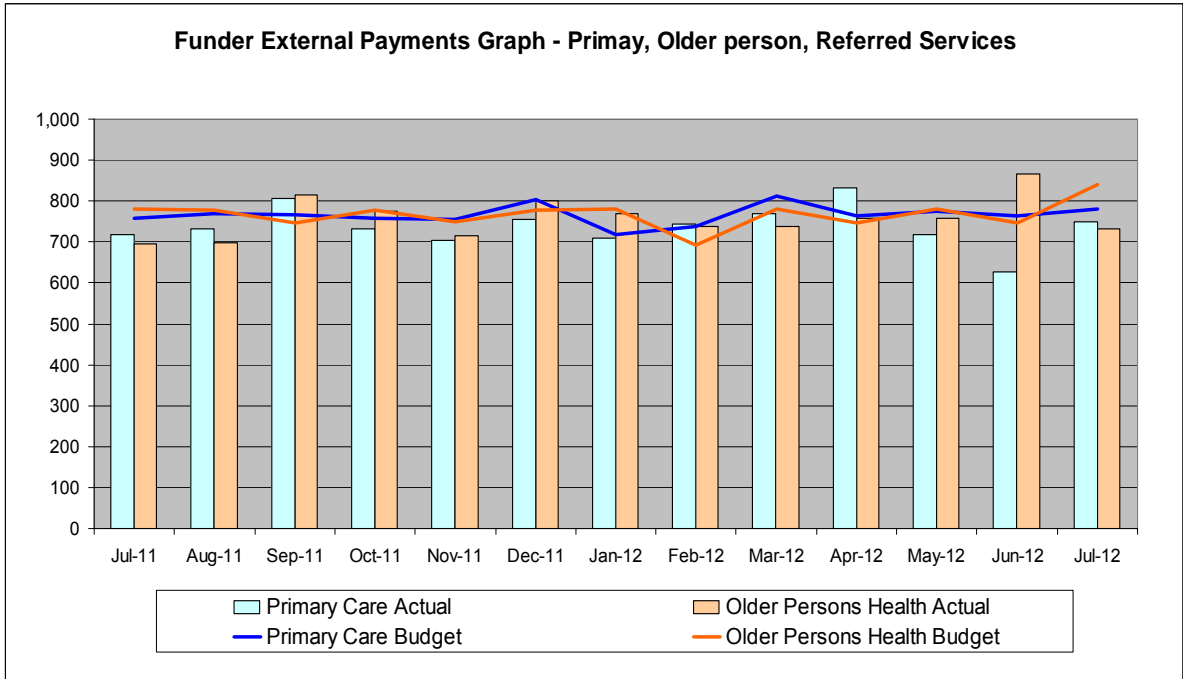
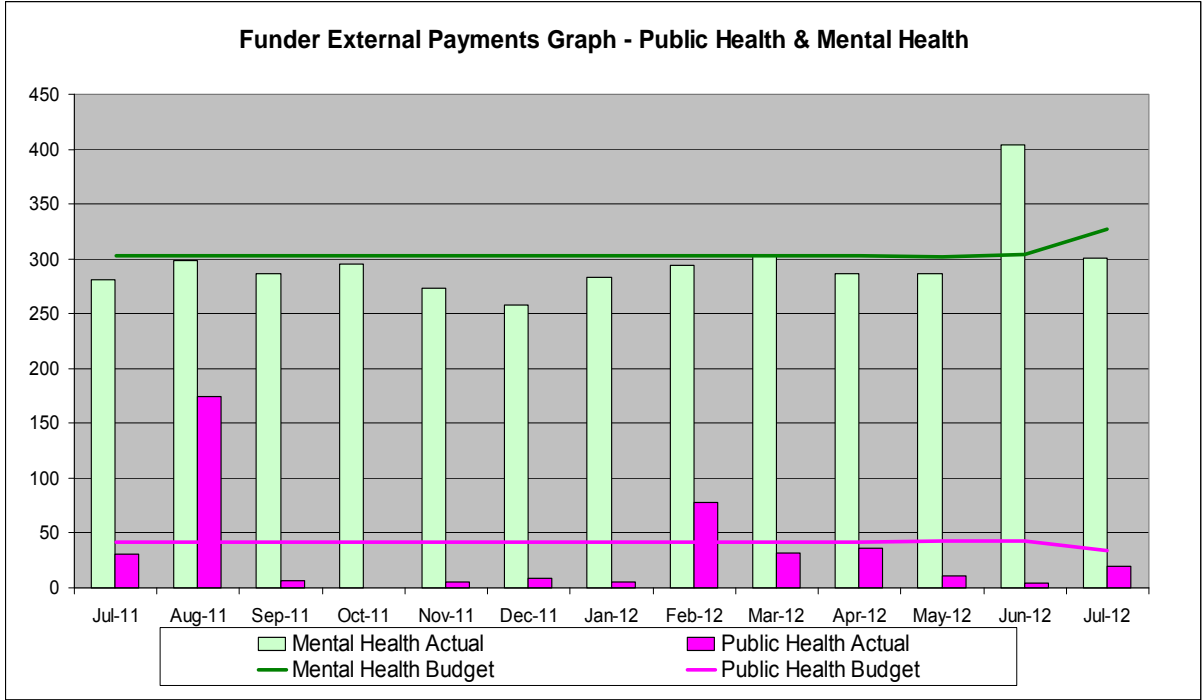
West Coast District Health Board

Governance Operating Statement for the period ending 31 July 2012

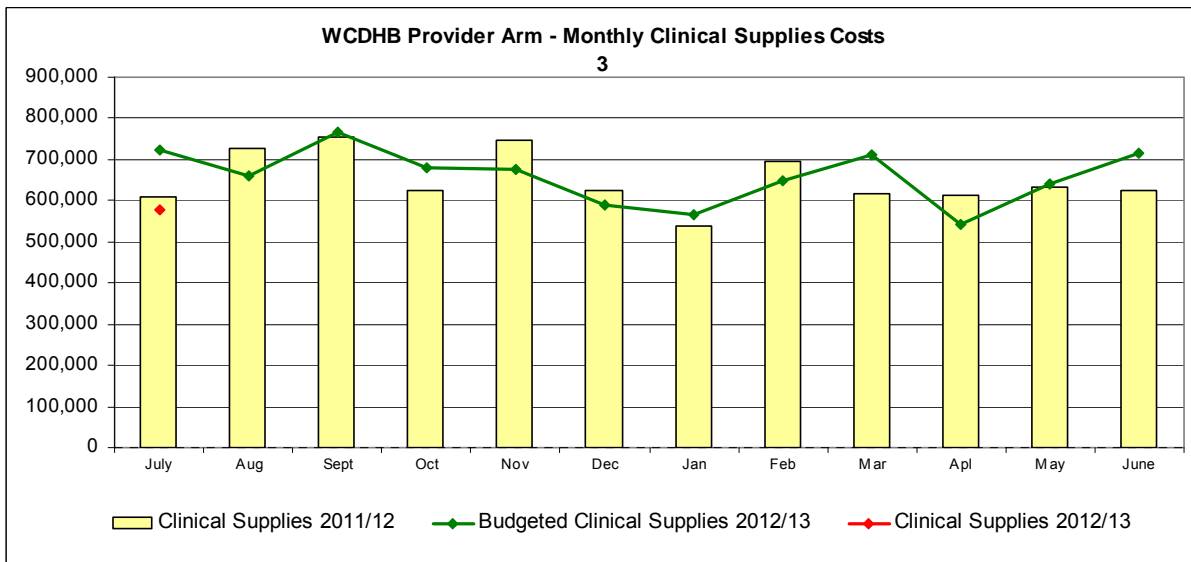
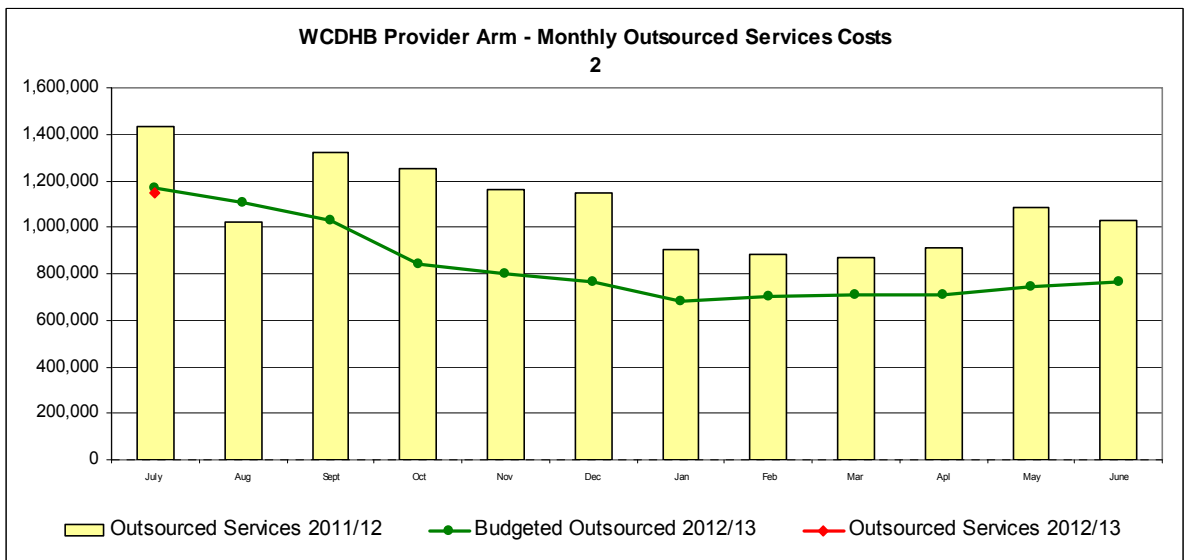
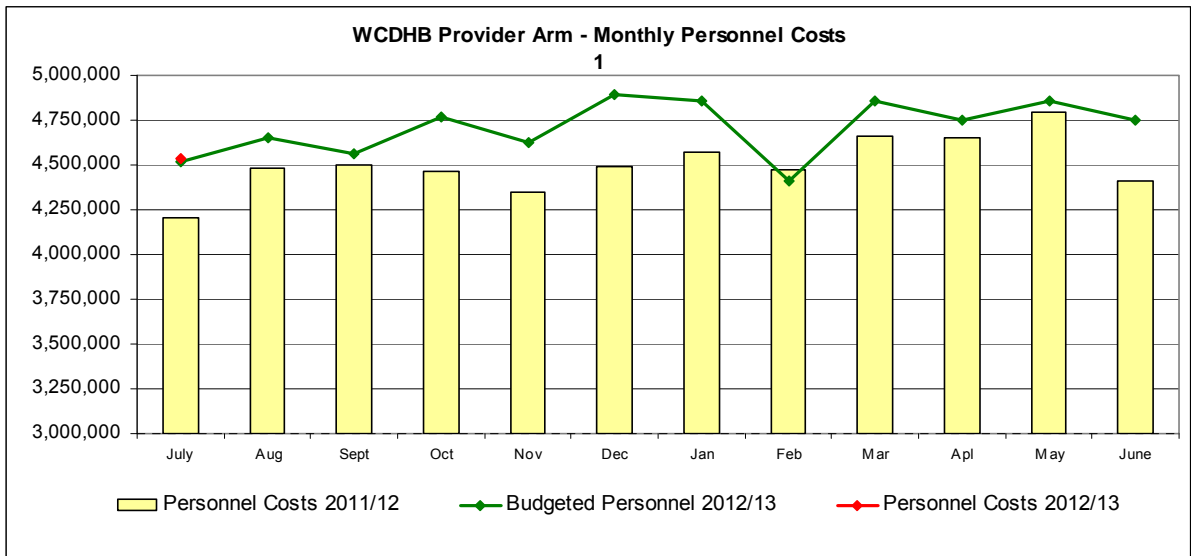
in thousands of New Zealand dollars

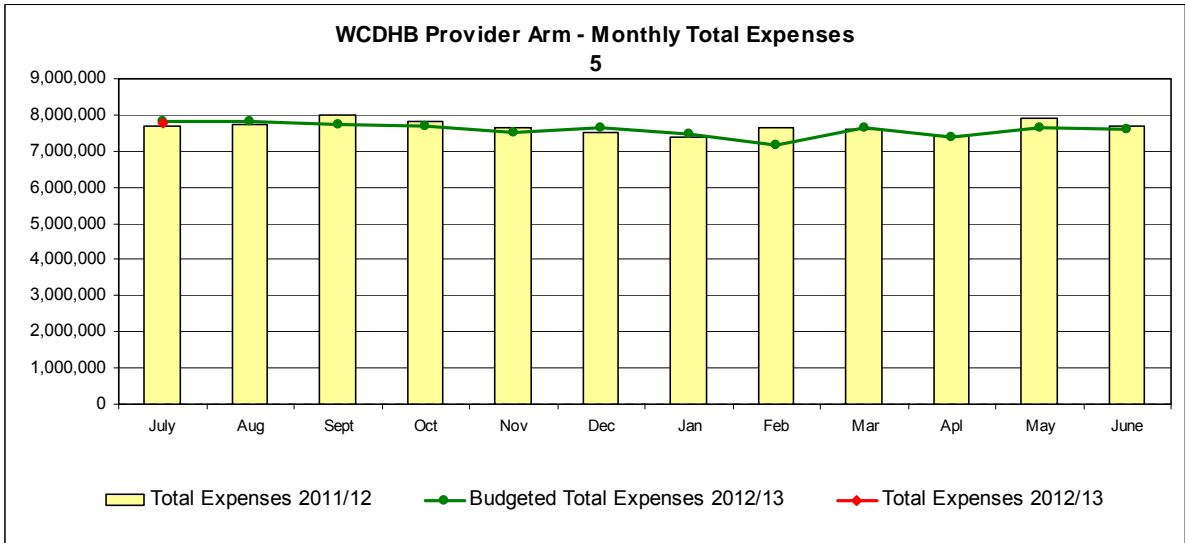
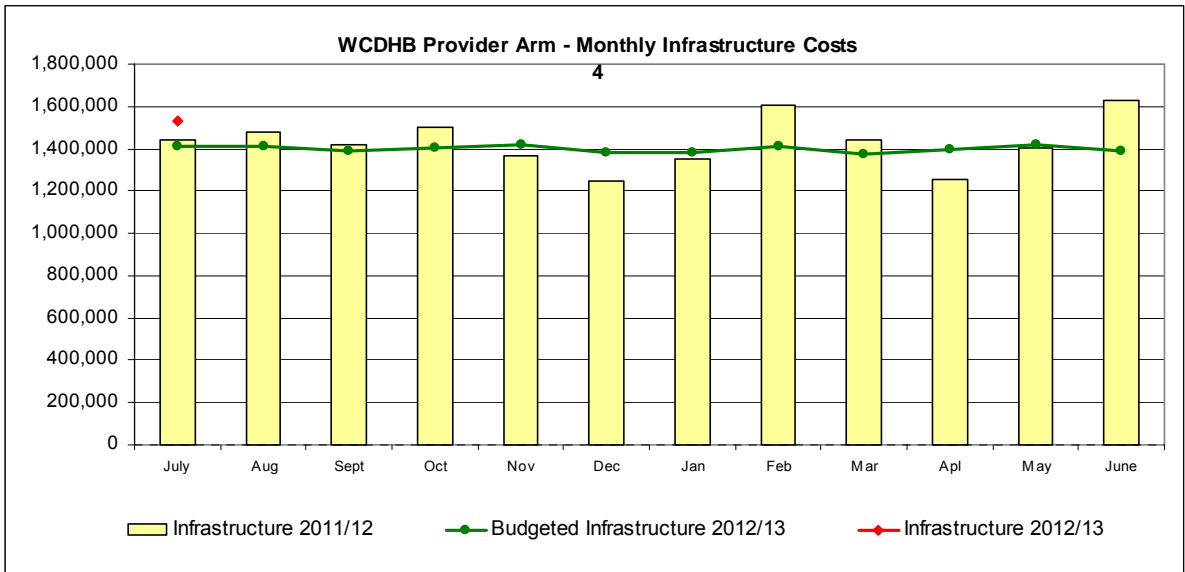
	Monthly Reporting					Year to Date					Full Year	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2011/12
<b>Income</b>												
Internal Revenue	69	69	0	0.1%	98	69	69	0	0.1%	98	827	1,176
Other income	0	4	(4)	(100.0%)	0	0	4	(4)	(100.0%)	0	50	109
Internal allocation from Provider Arm	110	110	(0)	(0.2%)	110	110	110	(0)	(0.2%)	110	1,322	1,320
<b>Total income</b>	<b>179</b>	<b>183</b>	<b>(4)</b>	<b>(2.3%)</b>	<b>208</b>	<b>179</b>	<b>183</b>	<b>(4)</b>	<b>(2.3%)</b>	<b>208</b>	<b>2,199</b>	<b>2,605</b>
<b>Expenditure</b>												
Employee benefit costs	69	52	(17)	(33.5%)	84	69	52	(17)	(33.5%)	84	620	1,102
Outsourced services	29	36	7	19.3%	45	29	36	7	19.3%	45	431	333
Other operating expenses	40	70	30	43.2%	47	40	70	30	43.2%	47	845	461
Democracy	14	25	11	44.6%	22	14	25	11	44.6%	22	303	291
<b>Total expenses</b>	<b>152</b>	<b>183</b>	<b>31</b>	<b>17.1%</b>	<b>198</b>	<b>152</b>	<b>183</b>	<b>31</b>	<b>17.1%</b>	<b>198</b>	<b>2,199</b>	<b>2,187</b>
<b>Net Surplus / (Deficit)</b>	<b>27</b>	<b>0</b>	<b>27</b>		<b>10</b>	<b>27</b>	<b>0</b>	<b>27</b>		<b>10</b>	<b>0</b>	<b>418</b>





Appendix 4: Provider Arm Expense Graphs





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

**SOURCE:** Dr Carol Atmore, Chief Medical Officer  
Wayne Turp, General Manager Planning and Funding

**DATE:** 7 September 2012

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Report Status – For:      Decision       Noting       Information

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## 1. ORIGIN OF THE REPORT

This report is a standing agenda item at the Community & Public Health and Disability Support Advisory Committee and highlights the progress made on the implementation of Better Sooner More Convenient.

## 2. RECOMMENDATION

That the Board:

- i. notes the update attached as Appendix 1.

## 3. APPENDICES

Appendix 1: Alliance Leadership Team Update

Report prepared by: Dr Carol Atmore, Chief Medical Officer  
Wayne Turp, General Manager, Planning and Funding



## KEY MESSAGES FROM THE WEST COAST

### ALLIANCE LEADERSHIP TEAM MEETING

THURSDAY 9<sup>TH</sup> AUGUST 2012, 6.00PM – 8.00PM

Progress reports were delivered by the three workstreams; Buller IFHC, Health of Older Persons' and Grey IFHC & Regional Hospital. The focus of the Buller workstream is to ensure the current acuity level of care is maintained, including how to resource up to this.

CDHB is looking to provide alternative geriatrician support for the West Coast due to Dr Jackie Broadbent being unavailable at least in the coming months. Despite this, work continues to progress in a number of other areas within the Health of Older Peoples plan. This includes the reconstitution of the Service Level Alliance (HOP SLA) with a focus on service implementation.

Due to changes in the Geriatrician support available from CDHB, a decision was made by ALT to appoint senior generalist doctors with responsibility within the newly formed HOP SLA. The configuration of these roles is yet to be decided. It was also noted that feedback has been received regarding the proposed changes to Carelink services and a feedback group will meet to review and discuss this over the next week.

The IT Prioritisation Plan – Supporting Models of Care Changes document was discussed and approved. It was agreed workforce in this area is crucial given health IT is a key enabler to achieve the future models of care proposed by the WCDHB. It was recommended that this action be managed by EMT with progress reports to ALT.

A discussion was again held around the importance of engagement with the Unions, as it is critical for developing, completing and implementing the planned models of care

A workshop was held for the first hour of the ALT meeting regarding the current staffing shortage in Buller. ALT members as well as West Coast and Canterbury clinical staff attended to develop an immediate and medium term plan.

The West Coast ALT's next meeting is being held on Thursday 20<sup>th</sup> September.

**COMMUNITY & PUBLIC HEALTH &  
DISABILITY SUPPORT ADVISORY  
COMMITTEE MEETING UPDATE – 23/08/12**



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

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

**DATE: 7 September 2012**

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Report Status – For:      Decision          Noting          Information   

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## **1. ORIGIN OF THE REPORT**

This report is provided to the West Coast DHB Board as an update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 23 August 2012. Following confirmation of the minutes of that meeting at the 11 October 2012 meeting, full minutes of the 23 August 2012 meeting will be provided to the Board at its 19 October 2012 meeting.

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

*“With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:*

- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population, and*
- *the priorities for the use of the health funding available*

*With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:*

- *the disability support needs of the resident population of the West Coast District Health Board, and*
- *the priorities for the use of the disability support funding provided.”*

*The aim of the Committee's advice must be:*

- *to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximise the overall health gain for the resident population of the West Coast District Health Board, and*
- *to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board.”*

*The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board.”*

## **2. RECOMMENDATION**

That the Board:

- i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update – 23 August 2012.



### 3. **SUMMARY**

#### **ITEMS OF INTEREST FOR THE BOARD**

- The Organisational Leadership Report highlighted the progress made on the Minister of Health's priorities and the WCDHB Annual Plan key priorities.
- The Clinical Leader's Report highlighted that work is taking place across a range of activities to promote a sustainable West Coast health care service. Particular items discussed were around Leadership and Clinical Governance, Service Improvements, Workforce and Transalpine services.
- A presentation was received from Roger Jolley, Senior Advisor National Health Board Ministry of Health. This covered the launch of Whaia Te Ao Marama (The Maori Disability Action Plan for Disability Support Services) for the MOH. This was followed by a workshop.
- Due to time constraints for the meeting the PHO report will be discussed at the next meeting.

### 4. **APPENDICES**

Appendix 1:                      Agenda – Community & Public Health & Disability Support Advisory Committee – 23<sup>rd</sup> August 2012.

Report prepared by:        Elinor Stratford,  
   Chair  
   Community & Public Health & Disability Support Advisory Committee



**COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING**  
To be held in the Board Room at Corporate Office, Grey Base Hospital, High Street, Greymouth  
Thursday 23 August 2012 commencing at 9.00am

**ADMINISTRATION 9.00am**

Apologies

1. Interest Register

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

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

- 12 July 2012

**REPORTS/PRESENTATIONS 9.10am**

3.	<b>Chairs Report (CPHAC &amp; DSAC)</b>	Elinor Stratford <i>Chair</i>	9.10am-9.20am
4.	<b>Organisational Leadership Report (WCDHB)</b>	Wayne Turp <i>General Manager, Planning &amp; Funding</i>	9.20am-9.30am
5.	<b>Clinical Leadership Report (WCDHB)</b> <i>As provided to the Board 8 June 2012</i>	Dr Carol Atmore <i>Chief Medical Officer, WCDHB</i>	9.30am-9.40am
6.	<b>Finance: (WCDHB)</b>	Colin Weeks <i>Chief Financial Manager</i>	9.40am-9.50am
7.	<b>Better Sooner More Convenient and Alliance Leadership Team Report (WCDHB)</b>	Wayne Turp <i>General Manager, Planning &amp; Funding</i>	9.50am-10.00am
8.	<b>Māori Disability Action Plan: (MOH)</b>	Roger Jolley <i>Ministry of Health</i>	10.10am-10.40am
9.	<b>Workplan for noting (CPHAC &amp; DSAC)</b>	Elinor Stratford <i>Chair</i>	
10.	<b>General Business</b>  Items to be reported back to Board	Elinor Stratford <i>Chair</i>	10.40am-10.45am
	<b>CPHAC AND DSAC WORKSHOP</b>  Maori Health Plan	Roger Jolley, <i>Ministry of Health</i>	11.15am-12.00pm <i>(Kaburangi Room)</i>

**FINISH TIME 10.45am**

**11. INFORMATION ITEMS**

Community and Public Health and Disability Support Advisory Committee Terms of appointment

Community and Public Health and Disability Support Advisory Committee Schedule

Community and Public Health and Disability Support Advisory Committee Terms of Reference

PHO Quarterly Report: (WC PHO)

**NEXT MEETING**

**Date of Next Meeting:** 11 October 2012 commencing at 9.00am, Corporate Office, Board Room at Grey Base Hospital.

# HOSPITAL ADVISORY COMMITTEE MEETING UPDATE – 23 AUGUST 2012



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

**SOURCE:** Chair, Hospital Advisory Committee

**DATE:** 7 September 2012

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Report Status – For:      Decision          Noting          Information   

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## 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 23 August 2012. Following confirmation of the minutes of that meeting at the 11 October 2012 HAC meeting, full minutes of the 23 August 2012 meeting will be provided to the Board at its 19 October 2012 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 – 23 August 2012.

## 3. SUMMARY

Detailed below is advice to the Board from the Hospital Advisory Committee meeting held on 23 August 2012. 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:

### Observations

- Financial performance - First month result on track. Note that changing model of care and workforce development will assist achievement of longer term financial targets although some short-term cost over-runs may occur.
- Infrastructure – deferred maintenance, seismic reviews and insurance will continue to impact on financial performance – at this point, some costs are difficult to confirm in terms of quantity.
- Staff engagement survey – correlation between staff engagement and exit interviews.

**Monitoring**

- Staff Incident Data – Relative high number of patient assaults on staff. Benchmarking data with other DHB's required to better understand situation. Security and support processes are in place and continue to be reviewed regularly.
- Production Plan – need to monitor across all specialties (and include targets).
- General practice recruitment – ongoing requirement to continually review recruitment and retention strategies.
- Booking Office process – ongoing monitoring required.

**4. APPENDICES**

Appendix 1:                      Agenda - Hospital Advisory Committee – 23 August 2012.

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

**WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING**  
*To be held in the Board Room at Corporate Office, Grey Base Hospital, High Street, Greymouth*  
*Thursday 23 August 2012 commencing at 11.00am*

<b>ADMINISTRATION</b>	<b>11.00am</b>
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**Karakia**

**Welcome and Apologies**

**Disclosure of Committee members' interests**

**1 Confirmation of the Minutes of the Previous Meeting**

- 12 July 2012

**Feedback from report to the Board**

**2 Matters Arising / Action and Responsibility**

**3 Correspondence**

**4 Work Plan**

<b>REPORTS/PRESENTATIONS</b>
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<b>5</b>	Management Report	<b>11.10am</b>
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<b>6</b>	Financial Report	12.00pm
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<b>7</b>	Clinical Leaders Report	12.20pm
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<b>8</b>	Items to be reported back to Board	12.50
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**IN-COMMITTEE**

**Minutes from the Hospital Advisory Committee meeting**

- 12 July 2012

<b>Finish</b>	<b>Time</b>	<b>1.00pm</b>
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**NEXT MEETING**

- 11 October 2012

# TATAU POUNAMU ADVISORY GROUP MEETING UPDATE – 23 AUGUST 2012



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

**SOURCE:** Chair, Tatau Pounamu

**DATE:** 7 September 2012

Report Status – For: Decision  Noting  Information

## 1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Tatau Pounamu Advisory Group meeting of 23 August 2012. Following confirmation of the minutes of that meeting at the 10 October 2012 Tatau Pounamu Advisory Group meeting, full minutes of the 23 August 2012 meeting will be provided to the Board at its 19 October 2012 meeting.

For the Board's information the following is the role and aims of the Tatau Pounamu Advisory Group, as stated in the Memorandum of Understanding:

### *Role*

*To give advice on:*

- *the needs and any factors that the committee believe may advance and improve the health status of Maori, also advise on adverse factors of the resident Maori population of Te Tai o Poutini, and;*
- *priorities for use of the health funding provided.*

### *Aims*

- *To provide advice that will maximise the overall health gain for the resident Maori population of Te Tai o Poutini through:*
  - *all service interventions the West Coast District Health Board has provided or funded or could provide or fund for that population; and.*
  - *all policies the West Coast District Health Board has adopted or could adopt for the resident Maori population of Te Tai o Poutini*

## 2. RECOMMENDATION

That the Board:

- i. notes the Tatau Pounamu Advisory Group Meeting Update – 23 August 2012.

## 3. SUMMARY

Detailed below is a summary of the Tatau Pounamu meeting on 23 August 2012. A copy of the agenda for this meeting is attached as Appendix 1.

### **ITEMS OF INTEREST FOR THE BOARD**

The Group noted the following key points:

- Tatau Pounamu received a presentation from Roger Jolley, Senior Advisor from The Ministry of Health, on Whaia Te Ao Marama: The Maori Disability Action Plan for Disability Support Services 2012 to 2017. This government policy will be used as part of future West Coast Maori health planning.
- Tatau Pounamu received a presentation from Michael O'Dea, Change Manager for Rata Te Awhina Trust. Tatau Pounamu was updated regarding work currently underway to create a more sustainable Maori Health and social services provider for the West Coast.

**4. APPENDICES**

Appendix 1:                      Agenda – Tatau Pounamu Advisory Group Meeting – 23 August 2012.

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

Approved for release by:    Ben Hutana, Chair, Tatau Pounamu

**TATAU POUNAMU ADVISORY GROUP MEETING**  
To be held in the Boardroom, Corporate Office, West Coast DHB  
Thursday 23 August 2012 commencing at 3.30pm

<b>KARAKIA</b>		<b>3.30pm</b>
<b>ADMINISTRATION</b>		<b>3.35pm</b>
Apologies		
1.	<b>Interest Register</b>	
	Update Interest Register and Declaration of Interest on items to be covered during the meeting.	
2.	<b>Confirmation of the Minutes of the Previous Meeting</b>	
	11 July 2012	
3.	<b>Carried Forward/Action List Items</b>	
<b>REPORTS</b>		<b>3.45pm</b>
4.	<b>Chair's Update - Oral Report</b> - Correspondence List	Ben Hutana Chair 3.45 - 3.50pm
5.	<b>Maori Disability Action Plan and Marae Access Guide</b>	Roger Jolley Senior Advisor National Health Board Ministry of Health 4.15 - 4.15 pm
6.	<b>Update on Rata Te Awhina Trust</b>	Michael O'Dea 4.15 - 4.45pm
7.	<b>Maori Health Planning and Review of Services by Neil Woodhams and Associates</b>	General Manager Maori Health 4.45 - 4.50pm
	<b>Overview - Oral Report</b>	
8.	<b>Update on Maori Health Plan 2012 – 13</b>	General Manager Maori Health 4.50 - 4.55pm
	<b>Oral Report</b>	
9.	<b>Maori Health Report</b>	General Manager Maori Health 4.55 - 5.00pm
10.	<b>HEHA Smokefree Report</b>	Claire Robertson, HEHA and Smokefree Service Development Manager 5.00 - 5.05pm
11.	<b>Selection of member for SLA Governance</b>	5.05 - 5.10pm
	<b>Oral Report</b>	
	<b>General Business</b>	Chair 5.10 -5.15pm
	<b>Workshop Planning</b>	Chair
12.	<b>Resolution to Exclude the Public</b>	Chair 5.15 - 5.20pm
13.	<b>Public Excluded Minutes of the Tatau Pounamu meeting 11 July 2012</b>	Chair 5.20 - 5.25pm
<b>Information Items</b>		
Tatau Pounamu meeting schedule for 2012		
List of Chaplains		
<b>ESTIMATED FINISH TIME</b>		<b>5.30pm</b>
<b>NEXT MEETING</b>		
Wednesday 10 October 2012, Office of Te Runanga O Makaawhio, 56 Brittan Street, Hokitika		10.00 am



# RESOLUTION TO EXCLUDE THE PUBLIC

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

**SOURCE:** Board Secretariat

**DATE:** 7 September 2012

Report Status – For: Decision  Noting  Information

## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, & 8 and the information items contained in the report.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the “Act”) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 20 July 2012	For the reasons set out in the previous Board agenda.	
2	Chief Executive and Chair - Update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	s9(2)(j) S9(2)(a)
3.	Clinical Leaders Update	Protect the privacy of natural persons To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
4.	Share for Care Implementation Process	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Grey Base Hospital Electrical Infrastructure	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)





**MINUTES OF THE COMMUNITY AND PUBLIC HEALTH  
 AND DISABILITY SUPPORT ADVISORY COMMITTEE**  
**held in the Board Room Corporate Office, Grey Base Hospital,  
 on Thursday, 12 July 2012 commencing at 9.00am**

## PRESENT

Elinor Stratford, Chair, Kevin Brown, Deputy Chair, Peter Ballantyne, (ex officio), Barbara Holland, Dr Cheryl Brunton, John Ayling, John Vaile, Lynnette Beirne, Marie Mahuika-Forsyth, Mary Molloy Patricia Nolan and Robyn Moore.

## APOLOGIES

Apologies for absence were received and accepted from Dr Paul McCormack, Board's Chair (ex officio)

## EXECUTIVE SUPPORT

Wayne Turp, General Manager Planning and Funding, Dr Carol Atmore, Chief Medical Advisor, Gary Coghlan, General Manager Maori Health, Karyn Kelly, Director of Nursing and Midwifery and Colin Weeks, Chief Financial Manager.

## IN ATTENDANCE

Yolandé Oelofse (minute secretary)

## WELCOME

The Chair welcomed everyone to the Community and Public Health Advisory Committee (CPHAC) and Disability Support Advisory Committee (DSAC) combined meeting and asked a Committee member to lead the Committee in the Karakia.

## 1. INTEREST REGISTER

The following amendments to the interest register were made:

Lynnette Beirne	Daughter employed as a nurse for the WCDHB
Marie Mahuika-Forsyth	Remove Seconded to Community and Public Health
Dr Cheryl Brunton	Change Member of national Influenza Strategy to Influenza Specialist
Elinor Stratford	Committee Member of C.A.R.E.
	Committee Member of MS/Parkinson West Coast
	Member of sub-Committee for Stroke Conference

## 2. MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING

Moved Patricia Nolan; Seconded Marie Mahuika-Forsythe - carried

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 24 May 2012 be confirmed as a true and correct record with the following amendments”

Pg 2 The fourth line from the bottom, reads good opportunity toll out should read roll out

## CARRIED FORWARD/ACTION LIST ITEMS

The Committee noted the carried forward list.

### 3. CHAIR'S REPORT- COMMUNICATIONS

The Chairs report was taken as read.

Items to note:

- The submission paper on "Position statement on Alcohol" was endorsed

The Committee received the report.

### 4. ORGANISATIONAL LEADERSHIP REPORT

This report was taken as read. The following items were raised and noted:

- B4 school checks A question was raised regarding the monitoring of outcomes. B4 school checks is a Ministerial requirement and there are referral pathways in place when issues are identified.
- Oral health mobile dental clinics: Are they still operational in Buller. The mobile units are providing a service rural areas, it was explained that children in main centres of population were currently expected to go to the fixed site dental clinics. WCDHB is currently looking at increasing the flexibility of the mobile units.  
**Action: To provide feedback for the August meeting on the cost of dental care for adult oral health.**
- Newborn hearing screening, could a report be provided for the next papers:  
Green prescription: the change/devolution of funding - does this mean that there will be a change to the number of people enrolled on the Coast? Through the Healthy West Coast Alliance it will be maintained on an ongoing basis.  
**Action: Update on Newborn hearing screening to be provided for the 23 August meeting.**
- Green prescription for Buller uses Tasman Sports Trust and not SportCanterbury; consequently there is no guarantee that people in Buller will get the same programmes as those in Grey and Westland Districts. WCDHB aims to ensure consistency when possible.
- Home based support services - it was suggested that the graphs reflect the target figures oppose to the actual and YTD to make them easier to read and to include the number of people receiving home care and support services  
**Action: It was suggested that information about the number of people receiving home care and support services be provided**
- Dementia care training for staff in rest homes - will this be available to staff in other settings? It was explained that the staff that work in the dementia unit are already competent and they are able to work with the various level of dementia. Is it also possible to look at providing training for families who have members with dementia?  
**Action: Information to be provided on the availability of dementia care training for families and caregivers.**
- Free after hours care for children under six - press release and National notification has been released.
- Committee noted press release free afterhours care for children under six - this applies to all children on the West Coast.

The Committee noted the report.

### 5. CLINICAL LEADERSHIP REPORT

The Committee received this report. The following issues/concerns were raised:

- It was explained that there are NETP (nursing entry to practice) nursing vacancies: a question was raised as to how many positions are available and how does one apply for the position? Health Workforce New Zealand allocates new graduate nurse funding and have allocated 11 for the West

Coast. 10 in NETP and 1 expansion (community/primary). Each DHB is responsible for new grad recruitment, with recruitment commencing in September for January 2013. We are now working with Canterbury DHB in the recruitment process and are currently working together to blend our programs which will enable a rural/urban experience. This year sees the trial introduction of the ACE process for new graduate nurses. This process aids in the coordination nationally of new graduate nursing recruitment and mapping of new practitioners into the workforce

- Grad nurses working in General Practice need a full year placement and often don't leave as they fall in love with the role and stay. This means that for the 2013 year our ability to place a new graduate nurse into general practice is limited

The Committee noted the report.

## **6. FINANCE**

This report was taken as read. Comments and issues were raised:

- The change to the report is easier to read and understand.
- What is residential care loans? - This is to aid people who move into rest home with assets, accounts are sent to their estate to manage.
- Primary care: What is PHO performance payment? - this is a National program in which all PHO get a form of bonus on achieving certain target areas set out by the Ministry of Health. These bonuses are paid directly to the practices.
- Whanau Ora services; no extra money is provided specifically for this. GM Maori health is working to ensure the integration of whanau ora in WCDHB health care services.

The Committee received the report.

## **7. BETTER SOONER MORE CONVENIENT / ALT**

The General Manager Planning and Funding and the Chief Medical Advisor spoke to this item. The following items were raised:

There are three key strands of work is currently underway

1. The CCMN (Complex Care Medical Network), this should be up running by August or September this year.
  2. The establishment of the IFHC in Buller and IFHS in Grey. Grey IFHS: The completion of the indicative business case including proposed model of care is close to completion
  3. Buller; the implementation is going ahead according to plan and the Model of Care is on schedule. It will provide a single point of entry ie one integrated health system. Aspects of that are already in place. Current there are discussions underway with O'Connor Trust to seek their involvement in the IFHC.
- A concern was raised over a media suggestion that there going to be no Mental Health beds. It was explained that this is not the case, the concept plan has focussed on refurbishment/replacement of the facilities that are no longer fit for purpose or which fail to meet design and compliance standards. Both Kahurangi and mental health IPU meet the safety regulations and there is no need for these facilities to be replaced/refurbished.

The Committee received the report.

## **8. FAMILY VIOLENCE**

The Family Violence Coordinator made a presentation on the violence intervention programme. The following items were noted:

- Child abuse on the West Coast is high.
- We are making headway on the Coast though there are still a number of cases not coming to our attention.

- Further work is needed on screening men who experience violence in the home..
- Values and beliefs need to change.
- The General Manager of Planning and Funding has been identified as the new sponsor for Family Violence on the Coast.

The Committee noted the presentation and thanked the Family Violence coordinator for a well prepared presentation.

## 9. DISABILITY

The Portfolio Manager for Aged Care spoke to a report on Disability Strategy.

Issues raised.

- How should Was DSAC monitoring progress against plan?
- Noted disability awareness training has taken place.
- Communication on disability awareness and issues could be improved.
- **Action: The Portfolio of Aged Care to obtain a copy of CDHB plan and to forward this onto the Committee**

The Committee received the report.

## 10. WORKPLAN

*(CPHAC and DSAC)*

The Chair mentioned that now the Annual Plan has been signed off by the Ministry, a workshop will be scheduled to review the current work plan.

The Committee received the report.

## 11.GENERAL BUSINESS

### Matters Arising:

Terms of Appointment to be reviewed and corrected as follows:

John Vaile, Lynette Beirne and Mary Molloy should be to 2014

### Human rights document:

Title of document was noted.

As this was their final meeting the Chair thanked Barbara Holland and Patricia Nolan for their support and service to the Committee and Community.

Moved Mary Molloy; Second Peter Ballantyne: Carried.

### Motion:

**“That the Committee accepts the reports received”**

Carried.

## QUALITY AND PATIENT SAFETY FOLLOW UP WORKSHOP

*(The Quality and Patient Safety Manager will hold a follow up workshop at 11:15am at Kaburangi for this item.)*

## INFORMATION ITEMS

The Committee received information reports in respect to:

- CPHAC and DSAC Terms of Appointment

- CPHAC and DSAC Committee Schedule January 2012 – December 2012
- CPHAC and DSAC Terms of Reference

**Items to refer to Board:**

- A recommendation on having volunteers in the hospital such as previous “Friends of the Hospital” to provide aid to patients.
- The Committee is requesting a brief on the Human Rights document because of the concerns that were raised around equity and workforce.
- To have information regarding the presentation to CDHB CPHAC/DSAC Disability Plan in order to align West Coast with Canterbury in their disability strategies.

There being no further business the meeting concluded at 10:40am

**The next meeting will be held on Thursday, 23 August 2012, at 9am in the Board Room at Corporate, Grey Base Hospital.**

Confirmed as a true and correct record:

\_\_\_\_\_  
Elinor Stratford  
Chair

\_\_\_\_\_  
Date

**MINUTES OF THE HOSPITAL ADVISORY  
COMMITTEE MEETING HELD  
THURSDAY 12 JULY 2012 AT 11.04AM IN  
THE BOARDROOM, CORPORATE OFFICE,  
GREYMOUTH**



**PRESENT** Warren Gilbertson, Chair  
Sharon Pugh, Deputy Chair  
Barbara Holland  
Paula Cutbush  
Doug Truman  
Richard Wallace

**IN ATTENDANCE** Peter Ballantyne, Board Deputy Chair  
Colin Weeks, Chief Financial Manager  
Garth Bateup, General Manager Hospital Services  
Karyn Kelly, Director of Nursing and Midwifery  
Hecta Williams; General Manager  
Carol Atmore; Chief Medical Officer  
Rebecca Enright, Minute Secretary  
Silvie Sasková, Minute Secretary

**APOLOGIES** Gail Howard

**1. WELCOME, APOLOGIES AND AGENDA**

The Chair welcomed everyone to the meeting. Introduced Rebecca Enright the new minute secretary, members introduced themselves.

***Karakia – Warren Gilbertson***

Apology was accepted from Gail Howard.

**Moved: Warren Gilbertson                      Seconded: Sharron Pugh**

**2. DISCLOSURES OF INTERESTS**

There were no amendments to the disclosures of interest.

**3. MINUTES OF THE PREVIOUS HOSPITAL ADVISORY COMMITTEE MEETING  
HELD 24 May 2012**

The minutes to be taken as read.

Page 5 - Wording Change “there are being dashboards developed” to “there are dashboards being developed”.

Page 8 - Correction – Barbara Holland has been on the Hospital Advisory Committee for the last nine years, not ten.



**Moved: Warren Gilbertson**

**Seconded: Barbara Holland**

**Motion:**

**“THAT the minutes of the Hospital Advisory Committee meeting held 24 May 2012 be adopted as a true and accurate record subject to the above amendment.”**

**Carried.**

### **Hospital Advisory Committee Chair’s Report to the Board**

The West Coast DHB’s focus has been to ensure the budget was on target for the financial year end 30 June 2012.

The committee is interested in the processes and the strengthening of systems in the Central Booking Unit.

The Executive Management team are developing a plan for feedback from the staff survey, results from this have been put to staff and the next step is to put the feedback into action. One of the issues raised was the dissatisfaction with the slowness of decision making; this will be addressed. Another issue is the lack of an appropriate system for performance management, as a result the West Coast DHB will be trialling SONAR6; an international database that will be trialled with 50 people initially.

The top five issues raised from the staff surveys will be focused on. From the survey it was noted that the midwives were the most happiest with their working environment. The engagement level from staff was overall very high.

Xcelr8 – The latest Xcelr8 programme finishes on Friday 13<sup>th</sup> July. The presentations by members start at 8.30am at St Johns Meeting Room, Committee members were invited to attend the presentation and can enter and leave as they please.

Applications for a community representative for the Hospital Advisory Committee close on Monday 16<sup>th</sup> July, to date no formal applications have been lodged. The chair is looking for the participation from some Hospital Advisory Committee members for the interview.

***Action Point: The General Manager of Hospital Services to provided feedback and trends on exit interviews at the next meeting.***

#### **4. MATTERS ARISING**

##### **Item 1: A classification of complaints graph is requested to be provided specifically for hospital services**

The West Coast DHB is looking at a comprehensive reporting process; there is work being done on improving the complaint process. The next phase will be improving the reporting system and process. The current priority is on collecting, recording and classifying complaints. This will be included in the Hospital Advisory Committee Agenda once the process has been streamlined.

##### **Item 2: The ‘Shorter stays in Emergency Departments’ target to be placed on the Recovery Plan for Clinical Services**

Included as a standing general item.

##### **Item 3: Work on communication regarding what people could reasonably expect, and what can be delivered, with regards to transportation home following discharge**

A transport work stream has been created to look at transport issues faced on the West Coast and possible solutions. The West Coast DHB are not funded to provide transport, although the DHB recognise the need too look into this as affects our services; like Outpatients bookings/cancellations.

*(RICHARD WALLACE JOINED THE MEETING 11.27AM)*

**Item 4: Recruitment / Vacancy reporting to Advisory Committees to be discussed with the Chief Executive**

Information on recruitment and vacancies is included in 6.2 Management Team Report.

**Item 5: A summary of the Staff Survey results to be provided to the Hospital Advisory Committee upon receipt**

**Item 6: The dates for the Induction for new advisory committee members to be discussed with the Board Secretary**

To be removed from Matters Arising.

**Action Point: Minute Secretary to forward induction slides to committee members.**

**Item 7: Update dates in the work plan**

**Action Point: The Chair and Minute Secretary to discuss and update the work plan.**

**Item 8: Provide regular 3 month monitoring report on any trends which are emerging from exit interviews.**

This is being progressed with the General Manager of Hospital Services and Human Resources.

**Item 9: Find out whether patients are notified about reasons behind short term clinic cancellations, and if they can be informed about the date for their next appointment when the clinic is cancelled.**

**Action Point: To be discussed at the next Committee Meeting by General Manager Hospital Services.**

**Item 10: Amend the information reported in the Out Patient Department Cancellations section to show cancellation numbers against the overall number of clinics.**

Action Point: To be actioned in the next Hospital Advisory Committee Paper.

**5. CORRESPONDENCE**

There was no correspondence inwards or outwards for May and June 2012.

The Chair has requested that all correspondence be distributed to the committee members as it comes in.

**6. WORK PLAN**

The Work Plan objectives are to remain unchanged, but some of the dates need to be amended to reflect the current draft plan and annual report.

**Action Point: Update the dates in the Work Plan.**

## 6.1 HEALTH TARGETS

### ➤ **Shorter Stays in Emergency Departments**

It was noted that the West Coast DHB still rated very highly, the highest in country.

### ➤ **Improved Access to Elective Services**

The 1592 discharges target was achieved for the year end 30 June 2012. The in-house target had been exceeded. Final numbers are not yet available. A specific breakdown has not yet been provided although Orthopaedic procedures were above target.

The Production Plan for the new financial year has just started and will be similar to last year. Dashboards have now been prepared for clinicians so they can monitor and take ownership of the production themselves. First area will be General Surgery.

The national target for this year is to reduce the waitlist to five months the West Coast DHB hope to have this achieved and be well on the way to four months by June 2013. Engagement between the Central Booking Unit and Clinicians will be strengthened to achieve this.

A General Practice liaison from Christchurch has been co-opted for Orthopaedics, he will be reviewing all patient referrals.

### ➤ **Shorter waits for cancer treatment.**

The targets have now changed to a four week waitlist from 1 July. It was noted that the focus is on Radiation treatment however there are other forms of treatments that we need to be aware of and ensure timely access by West Coast patients..

### ➤ **Better Help for Smokers to Quit**

Achieved 91% in May, it was noted that this result fluctuates monthly as we are dealing with such small numbers with only one or two patients making up the percentages. The committee are pleased that the Maori results are tracking well. It was suggested that the price rise in tobacco may have had an effect on these results.

## 6.2 MONITOR PERFORMANCE OF THE PROVIDER ARM

### **Management Team Report**

The General Manager of Hospital Services, the Director of Nursing and Midwifery and the General Manager spoke to the report.

### **Operational Items**

#### ➤ **Medical Personnel – Locums**

The Locum costs were higher than liked although another anaesthetist had commenced. Currently working in Canterbury and will be at West Coast DHB in three weeks. A second anaesthetist will be starting August/September.

*(CAROL ATMORE JOINED THE MEETING AT 11.45AM)*

#### ➤ **Medical Staff Recruitment**

Interviews are currently being held for a General Physician for the Grey Base hospital.

An Obstetrician and Gynaecologist consultant has advised he will be formally accepting the role and will be here before the end of 2012.

An Emergency Department physician from America has accepted a role at the West Coast DHB arriving November.

There is currently a high level of vacancies across both Private and DHB General Practices on the West Coast; the main region of concern is Buller. Currently there is 6

nights without General Practice cover, the West Coast DHB are looking into providing cover for these shifts, the issue has generated a lot of media attention.

There is a high level of importance being put on recruitment and retention of medical staff and the West Coast DHB is looking into new ideas for recruitment and retention; a model is being considered from a Wellsford Rural Practice where second and third level Resident Medical Officers are recruited. The General Manager suggested the issues of medical staff shortage is not one of retention as the West Coast DHB has many medical staff who have been with the DHB for a long time; the issue is it is hard to recruit new permanent staff. It is acknowledged that the West Coast is one of the hardest places in the country to recruit. Two of our Resident Medical Office's have advised they will be staying on next year and commencing General Practice training.

Recruitment at the Hospital is going well with the focus now on recruitment of General Practitioners in Private Practices. A position for a General Practitioner has been advertised through the West Coast DHB, the Human Resources team are assisting the Private Practices in filling these positions.

General Practice revenue has increased by \$80,000 in two months, as a result of a focus on administration systems in practices owned by the West Coast DHB.

➤ **Staffing**

As there has been some difficulty in the past with the position of Clinical Manager Social Work, the decision was made not to re-advertise at this point and the West Coast DHB is looking at a transalpine solution with Canterbury DHB.

➤ **Laundry**

Canterbury Linen Services are processing the West Coast DHB supply; there have been initial issues as the volume created extra pressure on Canterbury Linen Services. The process at Canterbury Linen Services is heavily mechanised and this created rips in our stock as they were fed through the sheet picker, the stock is now being hand fed.

The West Coast DHB stock is identified and kept and processed separately at Canterbury Linen Services, and there is not an issue of supply as Canterbury Linen Services have added an additional week of stock into the West Coast DHB supply. An additional truck is also being run each week to deliver stock to the West Coast DHB.

➤ **Orthopaedic Service**

The new plan for Orthopaedic Services is into its second week, this new plan will continue for another three months. The first point of call is through the Christchurch registrar. This new process will be reviewed as time goes on, this plan will continue as long as it is a safe service. There have been a few teething problems however these are more administrative than clinical.

*(CAROL ATMORE LEFT THE ROOM 12.17)*

➤ **Maternity Services**

The Maternity Coordinator has handed in her resignation, following initially going on leave without pay. The new Acting Maternity Manager on secondment from Canterbury DHB will be here until April 2013. She will look at processes and procedures for midwifery across the West Coast DHB.

*(KAREN KELLY LEFT THE ROOM AT 12.09PM)*

The General Manager of Hospital Services advised he is preparing a paper to the Chief Executive Officer on the Electrical Infrastructure at West Coast DHB. Options

are being looked at for the relocation of the switchboard; this is currently located next to the kitchen but looking into relocating to a container for easy relocation for the future.

➤ **Buller Health**

Regular meetings are ongoing with staff to monitor the action plan; staff are fully engaged and excited.

**Industrial Relations**

The report was taken as read.

**Caseweights**

- Elective surgery numbers were over target, acute surgery was under target.
- Urology clinicians are now contracted from Canterbury DHB.
- Currently looking at Rheumatologist from Canterbury DHB to visit the West Coast.

**Finance Report**

The Chief Financial Manager spoke to the Finance Report for May 2012 and presented the graphs for the Provider Arm results:

- The Financial Manager advised the results are to be taken as provisional results.
- The provisional results for the end of the financial year was \$5.028million, just under the forecast of \$5.1 million; after the yearly adjustments are completed the results just under \$5.1 million.
- The Committee commended management on the result and efforts put in
  
- The month of June is going to be out of trend due to adjustments. There was a very good stock take done in theatre. This is the first year the West Coast DHB has performed a thorough stock take and reported on it in this way.

**Elective Services Patient Flow Indicators (ESPis)**

- The Central Booking unit has been working on establishing new processes and engaging with clinicians. There are improvements noticed.
- Compliant as at 30 June 2012. Waiting times for treatment are being reduced to 5 months with a view to be heading for 4 months.

**Outpatient Department Cancellations**

- It was noted that a clinic was cancelled in Buller with patients still turning up for their appointment, some travelling from Karamea. There were discussions on how to manage this process. It was queried whether patients were being reimbursed for their travel costs. Buller clinics are currently being booked from two places. Preferably all bookings should be coming from the Central Booking Unit. This issue will be reviewed in time.
- It was mentioned that the General Manager is looking for external assistance to evaluate the Central Booking Unit processes and put forward recommendations for improvement.
- The committee requested that the cancellation numbers in the future be presented against the overall number of clinics.

***Action Point: Amend the reported information to show cancellation numbers against the overall number of clinics.***

**Clinical Leaders Report**

- The report was taken as read.

**Moved: Warren Gilbertson**

**Seconded: Barbara Holland**

**Motion:**

**“THAT the Hospital Advisory Committee receive the Management Team Report as read.”**

**Carried.**

*(COLIN WEEKS LEFT THE MEETING AT 12.45PM)*

### **6.3 INVESTIGATIONS / SCOPING**

#### **Monitoring Inter District Flows - Patient Transfers**

The General Manager of Hospital services spoke to the report.

Buller unable to get access to ambulance service as there is a shortage of volunteer drivers and no paramedics available. Patients are being transported by air as a result.

### **7. KEY ISSUES / ITEMS OF INTEREST TO REPORT TO THE BOARD**

#### **Follow-up**

- Staff Survey Results
- Exit Interview – standing quarterly item highlighting whether any trends (positive / negative) are emerging
- Health Targets – be mindful that there are other means or cancer treatments that need to be monitored.
- Financial Budget – Is a provisional Result
- General Practitioners – Work to be done around General Practitioner recruitment
- New Format – More bullet points than long paragraphs

### **8. IN COMMITTEE**

**Moved: Warren Gilbertson**

**Seconded: Richard Wallace**

**Motion:**

**“That members of the public now be excluded from the meeting pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health and Disability Act.**

**On the grounds that public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under section 9 of the Official Information Act 1982.”**

*The Hospital Advisory Committee moved into In Committee at 12:54 pm.*

**There were no In Committee resolutions.**

*The Hospital Advisory Committee moved out of In Committee at 12:56 pm.*

### **9. GENERAL BUSINESS**

The General Surgeon team is starting to work well.

There is now a strong focus on quality and improvement projects that will be commencing during July.

Westport staff are working through the issues associated with the Integrated Family Health Centre concept.

South Westland are developing self management teams.

**10. NEXT MEETING**

The next meeting will be held on Thursday 23 August 2012 in the Boardroom, Corporate Office, Grey Base Hospital.

*The Hospital Advisory Committee spent two minutes in In Committee*

*There being no further business to discuss the meeting concluded at 1.05pm.*

# MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY GROUP MEETING HELD ON WEDNESDAY 11 JULY 2012 IN THE CONFERENCE ROOM, WESTPORT MOTOR HOTEL, WESTPORT AT 1.05 PM

<b>PRESENT</b>	Ben Hutana (Chair) Marie Mahuika-Forsyth Sharon Marsh Wayne Secker Richard Wallace Elinor Stratford  Francois Tumahai	Te Rūnanga O Ngāti Waewae Te Rūnanga O Makaawhio Member of the Maori Community Member of the Maori Community Te Rūnanga O Makaawhio West Coast District Health Board Representative on Tatau Pounamu Te Rūnanga O Ngāti Waewae
<b>IN ATTENDANCE</b>	Wayne Turp  Tom Love Lisa Tumahai  Linda Atkins	General Manager Planning and Funding West Coast DHB Principal, Sapere Research Group Ltd Portfolio Manager Maori and Pacific Health, Canterbury DHB Administrator Maori Health, West Coast DHB, Minute Taker
<b>APOLOGIES</b>	Claire Robertson  Hecta Williams Peter Ballantyne Gary Coghlan	HEHA and Smokefree Services Manager West Coast DHB General Manager, West Coast DHB Acting Board Chair, West Coast DHB General Manager Māori Health, West Coast DHB

## WELCOME

The Chair welcomed everyone to the meeting and said the karakia.

## 1. AGENDA / APOLOGIES

Agenda item 10 (Tumu Whakarae Hui Oral Update) deferred until the next meeting.

### **Apologies:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Claire Robertson</li> <li>• Hecta Williams</li> <li>• Peter Ballantyne</li> <li>• Gary Coghlan</li> </ul> | HEHA and Smokefree Services Manager<br>General Manager, West Coast DHB<br>Acting Board Chair, West Coast DHB<br>General Manager Māori Health, West Coast DHB<br>Tangihanga |
|--|--|

**Moved: Marie Mahuika-Forsyth**  
**Carried.**

**Seconded: Francois Tumahai**

**Motion**  
**THAT the apologies are accepted.**



## 2. DISCLOSURES OF INTERESTS

Elinor Stratford:

- Add Committee member CARE
- Committee member MS Parkinsons
- Convenor, Southern Region Stroke Conference, West Coast October 2012.

Richard Wallace:

- Add member of Maori Reference Group New Zealand
- Member of Asthma Foundation

Marie Mahuika-Forsyth

- Delete employed part time by Community Public Health as Maori Health Promoter for the Elderly
- Add Executive Member of Te Runanga O Makaawhio.

Francois Tumahai

- Delete Manager Cable Price New Zealand Limited Equipment Workshop Christchurch

## 3. MINUTES OF THE LAST MEETING 24 MAY 2012

Page 2: Change spelling and wording to: Roger Jolley from the Ministry of Health would be happy to speak to Tatau Pounamu if invited.

Page 3: There was discussion about the figure of 400 Maori who are not enrolled in the West Coast PHO.

***Action: Richard Wallace and Francois Tumahai to ask CEO of West Coast PHO if this is the correct number and find out where it relates to.***

**Moved: Elinor Stratford  
Carried.**

**Seconded: Sharon Marsh**

**Motion**

**THAT the Minutes of the Tatau Pounamu Manawhenua Advisory Group meeting held 24 May 2012 be adopted as a true and accurate record, subject to the above amendments.**

## 4. MATTERS ARISING FROM THE LAST MEETING

Item 1 List of Chaplains:  
In progress.

Item 2 Letter to Roger Jolley, Ministry of Health inviting him to attend Tatau Pounamu on 23 August 2012:

The letter has been drafted and is awaiting sign off from the General Manager Maori Health. The Chair to follow up.

Item 3 Workshop to create a Work Plan around the Maori Health Plan:

The Ministry of Health (MOH) has deferred the deadline for submission of Maori Health Plans from all 20 DHBs until 31 August 2012. They have given DHBs additional information that

they require input and adjustment to these plans so there is time to make changes to the MHP as required. Further feedback is due from the MOH on the latest version sent to them. There was discussion about the health targets in the Maori Health Plan. A member noted they should be local targets not national, and that the Plan should reflect local issues for Maori, such as reducing disease and asthma. The General Manager Planning and Funding noted that the Annual Plan includes cardiovascular diseases as a target area, based on the regional Health Needs Analysis (HNA) and this would cover asthma and respiratory diseases.

It was noted that the Maori Health Plan follows a new format with national and regional priorities set by the ministry of health. Local issues must align with the Annual Plan, and they may also be taken to the PHO for discussion.

## **5. CHAIR'S UPDATE.**

The Chair noted that all 20 DHB Maori Health Plans have been deferred by the Ministry of Health.

No correspondence was received.

## **6. HEHA/SMOKEFREE UPDATE**

### **General Manager Planning and Funding**

This report was taken as read.

As of the end of June 2012 HEHA funding has discontinued. A number of programmes previously funded through HEHA (such as breastfeeding support and smokefree education) will continue. Some underspend from last year has also gone to the Whanau Ora programme, to continue for the next financial year. Funding also continues for Phase Three of Waka Ama across the three West Coast districts. The HEHA funding clawed back by the Ministry is going into a new healthy lifestyles funding pool that will be available on a contestable basis from October 2012.

### **Warm Up West Coast**

The goal is to insulate 500 homes over two years; the West Coast has processed 250 applications in 9 months so the scheme is going well. The significance of the low figure of 11% success rate for Maori homes was pointed out by a member. The factors were discussed, for example Housing Corporation homes do not qualify for this scheme. The Runanga home insulation scheme run by Francois Tumahai in Hokitika has had 74 applications, with 24 to process now, 7 already processed, and 7 with the WUWC scheme coordinator. He has had to turn some down as they do not meet the criteria.

### **Smokefree**

It was noted that this is going well.

The Group received this report.

7. **MAORI HEALTH REPORT TO TATAU POUNAMU**

**Gary Coghlan, General Manager Maori Health**

This report was taken as read.

The Group noted this report.

8. **REVIEW OF SERVICES – MAORI HEALTH PROJECT**

**General Manager Planning and Funding**

The General Manager Planning and Funding gave a brief verbal update of the Review.

The final draft was received in early July 2012; there was no time for it to come to this Tatau Pounamu meeting. The next step is for it to be reviewed internally by the Executive Management Team and the Chief Executive.

Amongst the Review's recommendations was the expectation of Key Performance Indicators (KPIs) in clinical leaders' and senior managers' position descriptions emphasising Maori Health.

***Action: The General Manager Maori Health will provide a summary of the report's recommendations at the next Tatau Pounamu meeting (note agenda item).***

The Group noted this report.

9. **MAORI HEALTH PLAN 2012-2013 DRAFT AND INTEGRATED FAMILY HEALTH CENTRES (IFHCS)**

**General Manager Planning and Funding**

The General Manager Planning and Funding gave an overview of progress noting the Buller IFHC is in the implementation phase, and Kaupapa Maori staff are to be appointed to clinical and non clinical positions via Rata Te Awhina Trust by October/November 2012. There could be a Maori Health support team in the next few years in the IFHC staff.

Originally the Buller facility was to be developed via private funding, but now the Buller IFHC and Grey Hospital overall costs require commercial funding as the government will not fund construction, so the West Coast DHB must check affordability of the projects.

The model of care is the same, with a single point of entry for patients.

The Group noted this report.

10. **SLA GOVERNANCE – BULLER**

The Portfolio Manager Maori and Pacific Health, Canterbury DHB gave a presentation regarding the Buller SLA Governance, and advised Tatau Pounamu to consider a Manawhenua representative for the governance group before the next Advisory Group meeting on 23 August 2012. This person does not have to be a member of Tatau Pounamu, but must have good community connections and a strong voice for local Maori. Governance training will be available if required.

***Action: Tatau Pounamu to select a person to be on the Buller SLA Governance.***

The Group noted this report.

**11. RESOLUTION TO EXCLUDE THE PUBLIC**

**Moved: Marie Mahuika-Forsyth  
Carried.**

**Seconded: Francois Tumahai**

“That the Tatau Pounamu Advisory Group:

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

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

	<b>GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED</b>	Ground(s) for the passing of this resolution	Reference – official information act 1982 (section 9)
1.	Grey Base and Grey Integrated Family Health Service Draft Indicative Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

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

There being no further business the public open section of the meeting closed at 2.05 pm.

**Signed**

**Date**

## BOARD AND CHAIR'S CORRESPONDENCE FOR 7 SEPTEMBER 2012 BOARD MEETING

### OUTWARDS AND INWARDS CORRESPONDENCE

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

Date Letter Received	Sender	Addressee	Details
31 July 2012	Minister of Finance & Minister of State Services	All Board Chairs of Statutory Crown Entities	Enduring Letter of Expectations
20 August 2012	Minister of Health	Chair WCDHB	Outstanding Elective Surgery Results
21 August 2012	Children's Commissioner	Chair WCDHB	The Child & Youth Health DHB Scorecard
27 August 2012	Minister of Health	Chair WCDHB	Funding for Cancer Nurse Co-ordinators

## EXTRACT FROM HOSPITAL ADVISORY COMMITTEE MANAGEMENT REPORT 23 AUGUST 2012

The survey process was completed in early 2012, the follow up forums have been completed with the staff.

From the surveys and associated work the following is a summary of the feedback that we have:

### People feel

- Their work is very important to them
- They have significant autonomy to do their job
- They are prepared to 'go the extra mile'
- They are comfortable raising concerns about patient safety

### The biggest issues are

- **Leadership** – people feel that there is little direction provided by Senior Leaders and decision making by this group was slow.
- Half of the respondents **do not feel rewarded** for the work that they do
- Half of the respondents did not believe **clear performance goals and expectations** were in place
- Many (45%) felt that **development opportunities are unattainable**
- **Systems and Processes** are generally viewed as **slow and archaic**
- Team specific issues identified with Laundry and Human Resources.

As a result of the survey it has been decided to focus on the following five areas where there is opportunity to effect improvement at the same time involving staff;

- Process and systems
- Leadership
- Reward and recognition
- Performance management
- Development