

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



BOARD MEETING

**Friday 10 May 2013
10.00am**

**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)
Peter Ballantyne (Deputy 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*)
Michael Frampton (*Programme Director*)
Dr Carol Atmore (*Chief Medical Officer*)
Garth Bateup (*Acting General Manager, Hospital Services*)
Gary Coghlan (*General Manager, Maori Health*)
Carolyn Gullery (*General Manager, Planning & Funding*)
Brian Jamieson (*Communication Officer*)
Karyn Kelly (*Director of Nursing & Midwifery & Acting GM Primary & Community Services*)
Stella Ward (*Executive Director, Allied Health*)
Justine White (*General Manager, Finance*)
Kay Jenkins (*Minutes*)

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
Friday 10 May 2013 commencing at 10.00am

KARAKIA **10.00am**

ADMINISTRATION **10.05am**

Apologies

1. **Interest Register**

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

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

- 22 March 2013

3. **Carried Forward/Action List Items**

REPORTS **10.15am**

- | | | | |
|----|---|---|-------------------|
| 4. | Chair's Update – Oral Report | Dr Paul McCormack
<i>Chairman</i> | 10.15am – 10.30am |
| 5. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 10.30am – 10.45am |
| 6. | Clinical Leader's Report | Dr Carol Atmore
<i>Chief Medical Advisor</i>
Karyn Kelly
<i>Director of Nursing and Midwifery</i>
Stella Ward
<i>Executive Director of Allied Health</i> | 10.45am – 11.00am |
| 7. | Finance Report | Justine White
<i>General Manager, Finance</i> | 11.00am – 11.15am |
| 8. | Appointment of West DHB Electoral Officer | Board Secretariat | 11.15am – 11.25am |
| 9. | Report from Committee Meetings
<i>(Late papers due to timing of Meetings)</i> | | |
| | - CPH&DSAC
<i>2 May 2013</i> | Elinor Stratford
<i>Chairperson, CPH&DSAC Committee</i> | 11.25am – 11.35am |
| | - Hospital Advisory Committee
<i>2 May 2013</i> | Sharon Pugh
<i>Chairperson, Hospital Advisory Committee</i> | 11.35am – 11.45am |
| | - Tatau Pomanau
<i>2 May 2013</i> | Elinor Stratford
<i>Board Delegate to Tatau Pounamu</i> | 11.45am – 11.55am |

INFORMATION ITEMS

- Confirmed Minutes (*Late papers due to timing of meetings*)
 - CPH&DSAC Meeting – 24 January 2013
 - HAC Meeting – 24 January 2013
 - Tatau Pounamu Meeting – 24 January 2013
- 2013 Meeting Schedule

ESTIMATED FINISH TIME

12noon

NEXT MEETING

Friday 28 June 2013 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 INTERESTS REGISTER



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

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

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held in the Board Room, Corporate Office, Grey Base Hospital, Greymouth
on Friday 22 March 2013 commencing at 10.00am

BOARD MEMBERS

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

APOLOGIES

An apology for absence was received and accepted from David Meates.

EXECUTIVE SUPPORT

Michael Frampton (Programme Director); Dr Carol Atmore (Chief Medical Officer); Garth Bateup (Acting General Manager, Hospital Services); Gary Coghlan (General Manager, Maori Health); Carolyn Gullery (General Manager, Planning & Funding); Karyn Kelly (Director of Nursing & Midwifery); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

The Chair asked Gary Coghlan to lead the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Warren Gilbertson advised that he is now a Trustee on the West Coast Community Trust.

Declarations of Interest for Items on Today's Agenda

There were no declarations of interest regarding items on today's agenda

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (8/13)

(Moved Mary Malloy/seconded Sharon Pugh - carried):

“That the minutes of the Meeting of the West Coast District Health Board held in the Board Room, Corporate Office, Grey Base Hospital, Greymouth on Friday 8 February 2013 be confirmed as a true and correct record.”

3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.

4. CHAIR'S UPDATE

The Chair commented on the following:

National Chair's & CEO's Meeting

This meeting was held in Wellington on 18 March 2013. Tony Norman, Chair of Northland DHB is the new Chair of the National Chairs. Items discussed were: HBL; National IT Development;

Programme Development; Pharmacy; Health Targets; Care closer to home (noting that in different parts of the health system this means different things). He went on to say that the Minister's focus for the meeting was on quality where international evidence shows that when you provide quality care it is cheaper.

South Island Alliance Meeting

The Chair commented that this group have moved on a lot since his last attendance at this meeting which is a credit to those involved.

Partnership Group

This group had met four times since its inception. This is an external group designed to review our current documentation and take us into a Cabinet process.

The Chair added that there is a lot taking place on the West Coast and Michael Frampton, Programme Director, who is leading most of this is doing a great job.

Resolution (9/13)

(Moved Susan Wallace/seconded John Vaile - carried)

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

5. CHIEF EXECUTIVE'S UPDATE

Michael Frampton, Programme Director presented the Chief Executive's Update which was taken as read. He advised the Board as follows:

- He highlighted that the organisation continues to work hard to make a lot of changes across the whole system. Primary Care work to improve access and additional controls are being put in place in this area.
- The DHB recently engaged with our staff across the whole system and our people are keen to continue with proposed changes and are well engaged with the direction we are heading in.
- In regard to seismic issues the Board noted the following:
 - the DHB acknowledges that staff have endured a lot of disruption and have worked together to make the system work.
 - the only reason the bed numbers in maternity have been reduced is due to space constraints relating to seismic issues.
 - detailed planning for the work required on the electrical system is underway and is being led by the facilities team in conjunction with Canterbury. Meticulous planning is required for this project.
 - the final relocation of staff has been delayed due to resource consent which should be solved shortly.

Mr Frampton also advised the Board:

- that the Partnership Group is drawing a significant amount of resource from the organisation.
- that in relation to secondary services there are some pleasing results against targets. It has become evident that some of the things dealt with in ED could be dealt with in Primary Care.
- the importance of the DHB remaining ESPI complainant.
- that intervention rates on the West Coast are quite high which indicates we are delivering more than elsewhere around the country. Discussion took place regarding over delivery on targets and the implications of this.
- that work is continuing in orthopaedics to stabilise this service. There has been media attention regarding this and the teams are determined to provide a stable service.

- that the DHB continues to be very focused on the way our midwifery services are resourced and there appears to be interest in recent recruitment advertising which is heartening.
- that we have begun to see some results from the processes put in place to arrest the financial trajectory the year-end financial forecast remains at a \$3.6m deficit

A query was made regarding maternity overflow to other wards and the Board noted that the urgent reconfiguration of our facilities, due to seismic issues, will be in place until our facilities are improved and the Partnership Group is looking very carefully at the modelling of bed numbers.

A query was also raised in regard to roll out of the new Learning & Development curriculum calendar being put on hold and the Board noted that this refers to a new Learning & Development process being sued in Canterbury through the University of Otago and CPIT. Clinical staff are still receiving the appropriate training.

Discussion took place regarding Mental Health in General Practice and it was acknowledged that better support is required around this.

Resolution (10/13)

(Moved Doug Truman/seconded Elinor Stratford – carried)

That the Board:

- notes the Chief Executive's update.

6. CLINICAL LEADERS REPORT

Karyn Kelly, Director of Nursing & Midwifery, spoke to this report, which was taken as read.

She commented in particular regarding quality issues and the aligning of quality services throughout the DHB. The Clinical Board have agreed to focus on 3 big aims for this calendar year: Reducing harm from alcohol; Falls Prevention; and Smoking Cessation.

She added that the Alliance Leadership Team have had a refresher on the alliance way of working with an education session from the General Manager, Planning & Funding.

Discussion took place regarding cultural input on the Alliance Leadership Team and whilst this is not a representative committee it was agreed that management would give some consideration to how this perspective could be considered.

a query was made as to whether it is planned for the Chair of the Clinical Board to present to the Board and management agreed to pursue this.

Resolution (11/13)

(Moved Peter Ballantyne/seconded Elinor Stratford – carried)

That the Board:

- notes the Clinical Advisor's updates.

7. FINANCE REPORT

Justine White, General Manager, Finance, spoke to the Finance Report for January 2013 which were taken as read. She also commented on the February results and the Board noted that in terms of trends there is an upswing coming through into the fiscal results.

She added that the overall financial results are steady and the DHB is on track for a year-end deficit of \$3.6m.

Discussion took place regarding locum costs and Programme Manager, Michael Frampton, advised that new controls are in place and locums are only being used when absolutely necessary.

Resolution (12/13)

(Moved Helen Gillespie/seconded Doug Truman – carried)

That the Board:

- i. notes the financial result for the period ended 31 January 2013 and the verbal update on the February results.

8. HEALTH TARGET REPORT – QUARTER 2

Carolyn Gullery, General Manager, Planning & Funding, presented this report, which was taken as read. She commented that the hospital smoking targets are coming back into line but like most parts of the country the Primary Care results do not look good due to data issues, she added that we can expect to see some good improvements around this.

Discussion took place regarding how many of the targets are actually within this DHBs control and the dependence on other DHBs was also recognised.

In regard to immunisation the point was made that the challenge will always be small numbers and whilst as a DHB we can probably achieve 85% we will probably struggle with the target goes up to 90% and our focus should be on providing this service to everyone who agrees to be immunised.

Resolution (13/13)

(Moved Peter Ballantyne/seconded Susan Wallace – carried)

That the Board:

- i. Notes the West Coast's performance against the Health Targets.

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 7 March 2013.

Discussion took place regarding Aged Residential Care on the West Coast being so high. The General Manager, Planning commented that the core driver here is our ability to provide well tailored services in people's own homes. She added that isolation on the West Coast will always be a challenge but she commented that she is confident we can reduce this but is not sure how far.

The update was noted

- b. Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 7 March 2013. She commented in particular on the recruitment of General Managers.

The update was noted.

- c. Elinor Stratford, Board Representative to Tatau Pounamu, provided an update from the Tatau Pounamu Advisory Group Meeting held on 7 March 2013.

It was noted that the 2nd draft of the Maori Health Plan will be provided to the Community & Public Health & Disability Support Advisory Committee at their next meeting.

The update was noted.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (14/13)

(Moved Peter Ballantyne/seconded Susan Wallace– carried)

That the Board:

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 19 October 2012	For the reasons set out in the previous Board agenda.	
2	Chief Executive and Chair - Update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	s9(2)(j) S9(2)(a)
3.	Clinical Leaders Update	Protect the privacy of natural persons To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
4.	Deficit Recovery Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5	Draft Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6	Draft Public Health Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7	Urgent Capital Works – MoH Funding	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8	HBL Shares	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

9	Advisory Committee – Public Excluded Updates	For the reasons given in the Committee agendas	
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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 11.10am.

The Public Excluded section of the meeting commenced at 11.20am and adjourned for lunch between 12.10pm & 12.40pm.

The Public Excluded part of the meeting finished at 2.20pm

Dr Paul McCormack, Chair

Date

TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 10 May 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

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

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

2. RECOMMENDATION

That the Board:

- i. notes the Chief Executive's update.



A: Reinvalidate the West Coast Alliance

- Additional members have been recruited into the Alliance Leadership Team to replace membership vacancies and to ensure a full range of perspectives and skill sets from across the West Coast Health system. Three new members have been recruited to provide Maori clinical, senior secondary medical and primary nursing perspectives.
- An Alliance Support Group that includes management across DHB, Primary Health Organisation, Planning & Funding, Rata te Awhina and the Alliance Programme Office has been established to support the West Coast Alliance. The function of this group is to facilitate the implementation of Alliance Leadership Team priorities, allocate resources to alliance activities, provide feedback to work streams and offer advice to the Alliance Leadership Team.
- The various alliance work streams and Alliance Leadership Team has supported the West Coast DHB Annual Planning process, with particular input into Integrating the West Coast Health System and Supporting Vulnerable Populations sections of the Service Performance Priorities. These sections provide the high level priorities for each of the alliance work streams including Grey/Westland Integrated Family Health Services, Buller Integrated Family Health Services, Health of Older People, Child & Youth Health, Pharmacy and Public Health.

B: Build Primary and Community Capacity and Capability

Primary

- Progress continues against the plan to deliver vibrant and viable general practice on the West Coast. In response to the need to improve practice performance, the DHB took an RFP to the market for practice management services in Q4 2012, calling for expressions of interest from organisations able to provide practice management solutions for DHB-owned general practices. Better Health was selected as the preferred provider. Following a deliberate period of delay to complete work in ascertaining the breadth of issues to address, we have now entered into a contracting process to move to this next phase in partnership with Better Health.

Community

Nancarrow Street

- As part of the response to the seismic reports on the Grey Base Hospital building, there has been urgent reconfiguration of services. Some staff and services have now moved to a DHB owned house in Nancarrow Street. This process has required considerable work to obtain resource consent for the change of use of this property to enable us to provide non clinical services out of this house.

Cancer Nurse Coordinator

- This new Ministry of Health funded position has been filled and the role will commence on 6 May 2013 working in the Oncology Nurse Specialist team at the Corner House (previously known as the Kip McGrath Centre).

Home Based Support Services

- New software is now up and running. There has been significant work to enter the details of clients and staff to make it work. They include 590 long term care clients, 105 short term clients and 12 ACC clients. The service employs 120 home Based support workers.

Carelink

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

Family Violence

- The Violence Intervention Programme (VIP) draft Strategic plan 2013-2015 is ready to be distributed for feedback. The VIP steering group has enabled working groups to develop specific areas of work which include Whanau Ora, Maternal care MDT, Elder abuse & neglect. The National Child Protection Alert System (NCPAS) Accreditation work is underway.
- The MoH has set a target screening rate of 50% in six designated services and these areas are audited quarterly for Family Violence screening:
Results: Sexual health – 80%
 Emergency Dept – 26%
 Maternity – 32%
 Child health – not complete
 AoD and Mental Health
Work is underway in these areas to enable accurate recording and reporting of screening rates.

C: Implement the Maori Health Plan

Immunisation Clinic

- A clinic was held on 16th April 2013 targeting Tamariki Maori and those eligible for the Seasonal Influenza vaccination. This was a joint initiative between Outreach Immunisation Service, West Coast DHB and Rata Te Awhina Trust aiming to promote immunization on time. The day was well attended and an evaluation will be undertaken by the Immunisation Co-ordinator, WCDHB and Rata Te Awhina Trust.

CVRA Clinics

- Cardiovascular Risk Assessment is a key target within the West Coast Maori Health Plan with the target being 90% of the eligible Maori population having an assessment by June 2014. Planning is currently underway to hold a series of Cardiovascular Risk Assessment clinics targeting Maori who have or are at risk of developing Long Term Conditions. This will be a joint initiative and is being organised by Rata Te Awhina Trust, West Coast PHO and the West Coast DHB Maori Health team. It will also involve the Cardiac Nurse Specialist. Additionally, Rata Te Awhina Trust have a training plan in place to ensure that their Nurse has all the required qualifications and experience to be able to provide Cardiovascular Risk Assessments to their clients when the need arises.

Cervical Screening

- We are still monitoring this target closely and have seen progress over the last two quarters with the figures showing an increase from 53% to 66% for priority women who have had their screening undertaken within the last 3 years. A rigorous cross matching exercise was undertaken in the practices and some of the increase numbers will be as a result of this. We are presently discussing how we increase use of the Outreach Maori cervical screening services and markedly improve referrals to this service. Quarter 3 NCSP data will be out within the next month.

IFHS – Appointment of Kaupapa Maori Nurses and Kaiarataki

- Rata Te Awhina have recruited the Kaiarataki Maori Health Navigator for Buller.
- Interviews for the Westland Kaiarataki position were held in Hokitika last week.
- The Kaupapa Maori Nursing roles closing dates have been extended.

Tumu Whakarae

- The General Manager, Maori Health has been nominated by the NZ General Managers Maori Group, Tumu Whakarae, to be their representative on the NZ InterRAI Governance Board. The first meeting was held in February. Travel costs are paid by the Ministry of Health.

Tatau Pounamu

- The Chair of Tatau Pounamu, Ben Hutana, has resigned from the Chair position. The Runanga O Ngati Wae Wae has nominated Lisa Tumahai to represent them on Tatau Pounamu. Lisa has extensive health sector experience and is currently Deputy Chair for Ngai Tahu.

Ethnicity Data

- One-off funding will be available to the DHB to implement the Primary Care Ethnicity Data Audit Toolkit with PHOs and their practices. This is a deliverable within the DHBs Māori Health Plan and a RFP will be released to DHBs in May. The scope of the Primary Care Ethnicity Data Audit Toolkit includes three practice-administered tools to assess the quality of ethnicity data and systems for data collection, recording and output within primary health care settings, and provides guidance on quality improvement activities. The Toolkit helps practices assess Primary Health Care ethnicity data against the standard for the health and disability sector, outlined in the Protocols and the Ethnicity Data Protocols Supplementary Notes (Ministry of Health 2009) and, more broadly, against current best practice.



DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Report

- The Facilities Budget is currently tracking slightly under spent YTD based on the March results. The April figures are currently being worked on. A meeting is to be held shortly to discuss ongoing reporting of budgets as at present depreciation is handled in a different manner to that of the CDHB and it is important this does not have an effect on the operational monthly figures.
- **Grey Hospital**
 - Work is underway on the electrical reticulation upgrade at Grey Hospital, with design almost complete and tender documents being produced for re-cabling and switchboards.
 - Work is ongoing to finalise the recent ward upgrades at the Grey Hospital site and meetings are taking place with the West Coast District Council and the Project Managers who were appointed to oversee this work.
- **Buller Hospital**
 - Following a failure under load test the generator at the Buller Hospital complex has failed and due to age and condition is recommended for replacement. Until a decision is made regarding future load requirements, a hire machine has been temporarily connected to provide mains failure back up supply.
- The electrical upgrade is a highly important project and will require meticulous planning to ensure minimum disruption to an operational site. Much time is being devoted to ensuring this project runs smoothly.
- The structural defects on the boiler house and chimney stack still present a risk for anyone entering the building and Site Redevelopment are currently working on this project.
- Alignment of WCDHB facilities and engineering policies and procedures with those used at the CDHB is ongoing.

B: Partnership Group Update

- The Partnership Group work to finalise a Detailed Business Case for facilities in Grey and provide advice in relation to the single sage business case for Buller continues. The Minister of Health has approved up to a one month extension for this work to enable more extensive service design and planning for this important project. This includes ensuring the future health needs of the Buller and Grey regions are met.



RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Hospital Services

Health Targets

- These are being achieved except the "Better Help for Smokers to Quit" target. However, an improvement to 91% is evident in Quarter 3.

Elective Surgery Target (1592 discharges)

- This is generally on track and should be achieved. Additional ophthalmology procedures are being negotiated with the two contracted providers.

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- A plan to achieve orthopaedic targets has been developed. Achieving this is contingent on the scheduled sessions being completed by the Transalpine Orthopaedic Team and the Greymouth based surgeon. The focus has been shifted to First Specialist Assessments for May 2013.

Elective Services Patient Flow Indicators (ESPI) Compliance

- The WCDHB was non-compliant at the end of February 2013 in ESPI 2 (180 days for First Specialist Assessments). However, a plan is now in place to ensure that we are compliant by end May 2013.
- The WCDHB was compliant to ESPI 5 (180 days for inpatient treatment) at the end of February 2013.

Maternity Services

- The ongoing issues with retention and recruitment of midwives continues alongside our collaborative conversation with Canterbury and Nelson Marlborough DHBs.
- The recruitment team are working very creatively to fill these vacancies and two short term locum midwives have been recruited. An application has been received for the Clinical Midwife Manager role, after several months of advertising. Owing to ongoing staffing issues, it has been decided to discontinue recruiting for a midwife in their first year of practice, to reduce pressure on the team.
- The maternity service is currently under review.

Relocation update

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

New Graduate Nurses

- The eight new nurses who began their programme in January 2013 are making a valuable contribution to the workforce at Grey Hospital.

Quarterly MOH reports

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

Central Booking Unit Service Redesign

- The Central Booking Unit Manager continues to work closely with the Electives Services Manager, Planning and Funding, to improve the systems and processes within the Central Booking Unit. The Electives Services Manager has taken the lead on a number of pieces of work that have been identified as priorities within the Central Booking Unit Service Design Programme.
- Both clinical and non-clinical staff have participated in these actions.

Did Not Attend (DNA) Policy

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

13/14 Contracting Review

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

Theatre Utilisation

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

Incidents and Complaints

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

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

- The first meeting of "Falls Enthusiasts" convened by the Quality and Patient Safety Manager was held on 16 April 2013. As a key focus of the Health Quality and Safety Committee, falls are an area that is being targeted by the WCDHB. Key areas identified for focus include:
 - Data and Reporting
 - Promotion
 - Prevention
 - Risk Assessment

Staffing

- Allied health staffing is at 98% fully staffed.
- There will be a Rurally Focused Urban Specialist (RUFUS) paediatric dietician commencing as part of collaboration with CDHB.
- Allied Health held a planning day recently run by Stella Ward, Executive Director of Allied Health.

Emergency Planning

- Planning is underway with other DHBs in the South Island for the South Island Civil Defence Emergency Management (CDEM) Group Exercise - Exercise Te Ripahapa, to be held on 29 May 2013.
- South Island Emergency Planning Coordinator (Primary Health Organisation) from South Island Alliance Programme Officer (SIAPO) has been on the West Coast helping with preparation for this.

Mental Health Services

Senior Medical Cover

- Two West Coast-based SMO psychiatrists have resigned, with departures during May 2013.
- Arrangements have been made with our existing part time Doctors to flex up their hours of work to cover these gaps for an interim period with the assistance of Dr Jamie Hattaway and Dr Nugent. We are also negotiating with a previous applicant to reside on the Coast to provide full time work on a 12 month fixed term contract.
- Consequently we are confident that we are able to provide continuity and an adequate level of cover for all of the teams, and will provide details as soon as possible.

Primary / Secondary Integration

- Ongoing developments to facilitate integration include the commencement of a Liaison Nurse position in the Buller Medical Centre. The appointee is an experienced Community Mental Health Nurse who will be based at the medical centre and be supported by the Buller Community Mental Health and Addiction team.
- The Westland CMH team are working with the South Westland Rural Clinical Nurse Specialists to achieve credentialing via the New Zealand College of Mental Health Nursing. This will enable these nurses to recognise and deal more confidently with mental health and addiction issues in their own region rather than refer to specialist services in Hokitika.



DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient

- The Red Cross transportation service is continuing, in spite of a slow uptake of use in the pilot trial period to the end of February 2013. The service is seen to be of value in improving access to specialist services and continues to enjoy the support of its volunteer drivers and coordinators at Buller REAP. The West Coast DHB is continuing to work with the Red Cross to encourage greater use and uptake of the service in the hope it can gain long-term sustainability.
- The West Coast DHB is currently working on protocols and privacy consents for patients to support an offer from the volunteer group CARE, who has volunteered to assist with supported transport of older people to Christchurch when they have specialist appointments over there.
- Negotiations are continuing with St John as part of a South Island wide joint DHB approach for the provision of an unplanned patient transport services. These discussions are reviewing key points of acute transportation, including proposed scheduling, volumes, costs, and coordination of transfers.

B: Champion the Expanded use of Telemedicine Technology

Telehealth

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

Server Infrastructure Upgrade

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



INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Implement the Complex Clinical Care Network [CCCN]

- Progress continues on the development of a restorative homecare model through the Complex Clinical Care Network project, which coordinates care and provides assessment and treatment for people living in the community with complex needs. A detailed work plan has been developed for Health of Older People projects over the next 12 months, and further planning will occur through the Grey workshops.

B: Establish an Integrated Family Health Service [IFHS] in the Buller Community

- Clinical leadership and dedicated project management support have been recruited for the Buller Integrated Family Health Services work stream. During the coming month, the Buller work stream will be re-established to progress the integration of services.

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

- Much of the focus in this area has continued to be on the work being carried out in the Partnership Group process. During May and June 2013, a six-week facilitated workshop process will take place to operationalise the alliance priorities for the Grey District. Clinicians, Consumers, NGOs and health professionals from across the West Coast health system will be invited to attend a series of three facilitated workshops. The outcome of these workshops will be the development of a two-year implementation plan that details the key alliance deliverables for integrating care within the Grey districts and allocates clinical leadership and project support responsibilities. A similar process will be provided across Westland and South Westland.



A: Live Within our Financial Means

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

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

B: Implement Employee Engagement and Performance Management Processes

Health, Safety and Wellness

- To date there have been 521 people vaccinated against influenza within WCDHB (this figure includes partners).

HR Operations

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

Recruitment

- Vacancy rates remain at a consistent level. Nursing recruitment activity continues to be busy and we have received higher numbers of applications during the month of March and April for nursing vacancies. The General Manager position in Buller has been successfully appointed. Recruitment activity proceeds for a number of GP and specialist medical positions, and applications are looking favourable for successful appointment to many of these roles.

Organisation Development

- Rollout of the digital performance management process has been put on hold until the GM appointments are made. Work on the priority areas for employee engagement is continuing. An employee benefits program that provides discounts at local retailers and suppliers has been put in place for all WCDHB staff. All IEA roles have now been job evaluated and the results moderated.

C: Effective Clinical Information Systems

Clinical Information System Business Case - Mental Health Component

- Due to the Mental Health solution being scoped as a regional solution, there has been involvement sought from other South Island DHBs. The final release of the Mental Health Solution has been released to WCDHB. Final testing of the solution will begin in May. The 1 July date may need to be deferred as it will likely conflict with another major release in CDHB.

Home Based Care System

- The business case to implement the Caduceus home based care system has been approved. The system went live on 8 April 2013.

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 system went live on 19 March 2013 as planned.

Orthopaedic Templating system

- West Coast DHB will be moving to a regional orthopaedic templating system. West Coast DHB has had the solution installed locally for a number of years and Canterbury DHB has recently implemented the same system. Moving to the one system will better streamline information sharing between DHBs. CDHB is implementing on Citrix within another site. Once issues from this implementation have been resolved, the WCDHB implementation will be progressed.

eReferrals Project

- An eReferrals project has begun to be rolled out across the region by the South Island IT Alliance. The DHB is engaged with the PHO to enable the delivery of this project. A Canterbury DHB project manager has been assigned. Regular project meetings are occurring with the detailed planning phase nearly completed. The system will be ready for production on the 10th May, however the first general practise clinical available to do the install is on the 14th May.

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

Key Achievements

- The first monthly WCDHB column in the Westport News has been published. While it attracted some negative feedback from a few individuals, anecdotal feedback suggests that people appreciate hearing from the Board. We will keep a record of feedback on these columns as they progress. The Greymouth Star has also agreed to run the monthly opinion piece. On occasions the same columns will be sent to both papers but we will also present different columns to the two papers where there are audience and regionally specific issues to discuss. The second column is nearing completion and should be published within a week of writing this report.
- Support and media liaison was put into the proposed publication by the Greymouth Star of a serious and sentinel incident involving a West coast woman who discussed her case with the paper. We facilitated access to information and an interview with David Meates.

Overall the Star's report was balanced and factual but it did raise, as expected, serious questions about procedures, noting the investigation by the Health and Disability Commission. The story made national and international news. Our key messages were that current evidence suggested a catastrophic equipment failure, that we welcomed the HDC investigation, would cooperate with it fully and comply with any recommendations that arose.

- Preparation of a grassroots stakeholder communications plan. The Communications Strategy drafted in 2012 noted the need to closely communicate with community stakeholders regarding the Model of Care and the changes taking place re the provision of health services on the Coast, including the rationale behind the changes and the major objectives. To this end we have developed a programme of key stakeholders who need to be engaged with on a regular basis by senior staff to help gather community input, keep the community informed and maintain positive relationships with the community as changes occur. Community understanding and support is crucial to these changes succeeding.
- Preparation of material for the website. A revision of the West Coast DHB website included a need to update information on Corporate Support services and careers. We have prepared copy for the site to help prospective employees gain an understanding of the work on offer at the DHB and the benefits of working on the West Coast.

External relations

- Report to the Community was completed late April and at time of writing was due to be inserted into local papers for distribution.

Proactive media

- Compiling a list of positive health stories and achievements in the community and working to get those published as details are confirmed and achievements secured.
- Positive stories on Maori Health Practitioner achievement and training (scheduled for release at time of writing)

Media in response to questions from journalists

- Orthopaedic services in Buller
- Orthopaedic services coast-wide
- Inappropriate staff access to the Jesse Ryder patient files
- Inquiries re growing dental waiting list for school children
- Inquiry re long-serving staff (in progress)
- Inquiry re update on progress re Tata te Awhina reorganisation (in progress)
- OIA inquiry re orthopaedic transfers (in progress)
- Impact of HBL plans on food and linen services (referred to HBL)
- Inquiry re lab tests and the length of time taken to get some results
- Clinical Director vacancy
- Physiotherapy sessions

Internal relations

- Communications staff met with Buller staff (via video) to discuss their communication needs and work out ways to ensure staff know about and feel involved in the process of change and are kept informed of issues around the provision of services at Buller, recruitment of staff and so on. A recommendation on an increase in timely face-to-face meetings with Buller staff has gone to management.
- Communications has also contributed to work to improve ongoing communications with primary care staff.
- 'Ask Now' continues to be produced fortnightly and attached to payslips to keep staff informed of changes in the West Coast Health System.
- The CE Update continues to be distributed weekly and this is taking a more strategic view of issues within the organisation.



Key Achievements/Issues of Note

Effects of drought on water supplies

- Dry weather has caused problems in quality and quantity of water for at least two West Coast public water supplies. The capacity of the bores which supply Greymouth's water was reduced by the drought and the Grey District Council brought one of its reserve bores on line to supplement the supply. This led briefly to saline (salt) contamination of the water resulting in public complaints about its taste and appearance. Pumping from the reserve bore was stopped and water restrictions put in place to manage demand.
- The Inangahua Junction community water bore ran dry in late March 2013. CPH provided advice to the community and the Buller District Council (BDC) which arranged for an alternative drinking water supply. Recent rains have increased the level of water in the bore and the water is back on. A boil water notice will remain in force until improvements to the supply are undertaken. The Inangahua Junction community has, up until now, run their own water supply through a local Water Board. The community has recently asked that the BDC take over management of the supply and organise improvements. CPH will assist the community to work towards a Ministry of Health Capital Assistance grant application for the next funding round in 2014 to help fund these improvements.

Wildfoods Festival

- CPH, Police, Westland District Licensing Inspectors and the Wildfoods Festival organisers planned together to ensure that Festival goers could enjoy themselves without harm to themselves or others. We were pleased to note that this joint approach is beginning to pay off with less alcohol related harm, including fewer arrests occurring. CPH carried out a Controlled Purchase Operation at the Festival and at downtown off-licenses this year with no sales being made to our 16-year-old volunteer. This was an improvement on last year when two stalls at the festival sold to our volunteers and a vast improvement from 2009 when there were nine sales from eleven outlets. Last year there were over 60 arrests made over the Wildfoods weekend. This year that number was halved. St Johns reported that their hospital transfers and treatments were also down on last year. CPH has made a number of recommendations to the organising committee for next year and we will remain involved in the planning of the event with the aim of continuing to reduce alcohol-related harm.






Upcoming Points of Interest


Local Alcohol Policies

- The Sale and Supply of Alcohol Act 2012 was passed on 18 December 2012. The object of the Act is:
 - that the sale, supply, and consumption of alcohol should be undertaken safely and responsibly; and
 - the harm caused by the excessive or inappropriate consumption of alcohol should be minimised.
- The Act provides for Territorial Authorities (TAs) to have a Local Alcohol Policy (LAP). LAPs will give TAs much greater influence over decisions about liquor licensing in their districts. Councils must consult with the Medical Officer of Health and Police in preparing their draft LAP. West Coast Police and the Medical Officer of Health have encouraged the Buller, Grey and Westland District Councils to develop a joint West Coast LAP. The Medical Officer of Health and Police will be providing data on the health and social impacts of alcohol on the West Coast to Councils to inform the development of a LAP. This will include data from a community-wide survey of attitudes to alcohol, liquor

licensing and alcohol-related harm that CPH is currently conducting.

- The WCDHB's position statement on alcohol (adopted last year) is also an important document which should help inform Council and public discussions about LAPs and reducing alcohol-related harm on the West Coast.

	DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES
	<p>The West Coast has once again achieved the Shorter Stays in Emergency Department Health Target, with 99.8% of people admitted or discharged within six hours during Quarter 3 – well above the target of 95%. Results for the nine months year-to-date March 2013 show 99.7% of patients were admitted or discharged within 6 hours, and 96.6% within just 4 hours.</p>
	<p>The West Coast DHB remains on track to meet the Electives Health Target. Delivery for the eight months year-to date February was 1,054 cases – just one case behind the year-to-date target. This represented 66% of throughput toward the year-end target of 1,592 elective surgical discharges.</p>
	<p>West Coast continues to achieve the Cancer Treatment Health Target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.</p>
	<p>Reaching the national Immunisation Health Target continues to be a struggle for the West Coast. In Quarter 3 as a result of the high rate of parents choosing to decline immunisation or opt their child off the NIR (16% for both eight-month-olds and two-year-olds). With 78% of eight-month-olds and 82% of two-year-olds fully immunised on time, there were just five eight-month-old children and two two-year-olds overdue for their vaccinations who had not been opted-off or declined.</p> <p>The West Coast and Canterbury DHBs are working together more closely on immunisation. This has proven positive for data management, and our next steps are to improve efforts to reach missed children and children who decline immunisation events as we strive to fully immunise all reachable children.</p>
	<p>Primary Smokefree Health Target Quarter 3 result not yet available.</p> <p>Activities focusing on improving the accuracy of data capture have continued during this previous quarter. This includes training staff in the use of the new IT tool HealthStat, which can provide more frequent and practice-specific feedback about the ABC health target. A 'Primary Health Target Bulletin' newsletter was circulated to all West Coast practices regarding ABC performance, as well as providing clinical guidelines/rationale to practice staff regarding the initiative. Work has continued with four General Practice teams to support the coding of the Brief Advice component of the 'ABC' and to link patients to local cessation services.</p> <p>Secondary Smokefree Health Target Quarter three result of 91% is an improvement of 2% from the previous quarter. After a disappointing January result of 85%, the following months results were February (96%) and March (93%), showing pleasing improvement. Work continued with</p>

	<p>Clinical Nurse Managers to identify ‘missed’ patients and pinpoint any gaps at ward level, noting the impact of a ‘missed’ ABC due to small numbers. The Smokefree Services Coordinator also spent time with ward staff to answer questions regarding the process as well as ensuring a clinical focus remains around the target.</p> <p>A member of the Ministry of Health Tobacco Control team visited the West Coast DHB in March meeting with management, senior clinical staff and Smokefree staff to discuss progress and the activities put in place to improve performance against the secondary health target. It was a positive visit, with challenges discussed. Actions from the visit will be incorporated into the health target ‘action plan’ over the coming quarter.</p> <p>Activities that focus on improving the accuracy of data capture have continued during this previous quarter. This includes training staff in the use of the new IT tool HealthStat, which can provide more frequent and practice-specific feedback about the ABC health target. A ‘Primary Health Target Bulletin’ newsletter was circulated to all West Coast practices regarding ABC performance, as well as providing clinical guidelines/rationale to practice staff regarding the initiative. Work has continued with four practice teams to support the coding of the Brief Advice component of the ‘ABC’ and to link patients to local cessation services.</p>
	<p>Data for the CVD Health Target is expected to be published by the Ministry of Health on 30 April 2013. This data is only measured quarterly by the Ministry.</p>

Report prepared by:

David Meates, Chief Executive

TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 10 May 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

- i. notes the Clinical Leaders Update

3. DISCUSSION

Partnership Group

Significant work is continuing on the Health Service Delivery work stream and the Facilities design workstream for the Partnership Group process.

Future Workforce Planning

The Rural Learning Centre continues to work with staff to develop the building blocks to support generalist training on the West Coast, for Rural Hospital Medicine training, and identifying the learning needs for the nursing and allied health workforce to work at the top of their scope within the West Coast health system. Spreadsheets that outline training needs and certification requirements have been developed for nurses within each clinical area. These help identify and track individual nurses' progress against their unit plan and form part of each nurses broader career plan. This year will also see several more nurses complete clinical Masters programmes, including an enrolled nurse. The next round of Standing Orders training for nurses commences this month, with sessions being delivered across the West Coast, to Rural Nurse Specialists and Practice Nurses.

Quality and Safety

A training workshop for West Coast clinicians to gain the required skills to be part of our Serious and Sentinel Event investigation processes is planned for late May.

A Practical Obstetric Multi-Professional Training (PROMPT) course was delivered on the West Coast in April, by our Canterbury colleagues. The purpose of this training is to develop skills in managing obstetric emergencies. This day was highly effective and feedback included the high standard of the training as well as the benefit of collaboration with clinical peers from Canterbury in a training capacity.

Clinical Involvement in Budget process

Clinical teams have been involved in the Budget setting process for 2013/14 through a series of workshops, to align clinical expectation and need with allocated budgets. A review of nursing FTE for Buller Health is underway in response to the new private practice opening in Westport. This process will be ongoing and in response to ensuring appropriate nursing resource for the enrolled population.

Quality and Safety

The Clinical Board and the quality teams are planning for the National Patient Safety Campaign launch in May. The key focus for the first part of the campaign is on falls prevention. Consumer member of the Clinical Board, Robyn Moore, has been appointed to the South Island Regional Quality and Patient Safety Alliance.

Allied Health

A planning day was held with all Allied Health staff in April. Key successes were shared and an implementation plan for achieving the vision of an integrated Allied Health Service across the West Coast Health System and how Allied Health will realign to achieve the new West Coast Health System models of care was developed.

Radiology has been able to extend the ultra sound service to full 5 day a week service and is continuing to work on the Buller equipment replacement.

The new Rurally Focussed Urban Specialist (RUFUS) role for Dietetics has commenced for paediatrics and the clinician will join the Paediatricians who visit from Canterbury. Nick Leach has qualified as a Pharmacist Prescriber within Mental Health and plans are in development for how this can be incorporated into the model of care and service delivery.

Medical Technicians are completing the accreditation process for cardiac physiologist outpatient work in collaboration with Canterbury.

4. CONCLUSION

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

Report prepared by:

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

FINANCE REPORT



TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Finance

DATE: 10 May 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

- i. notes the financial results for the period ended 31 March 2013.

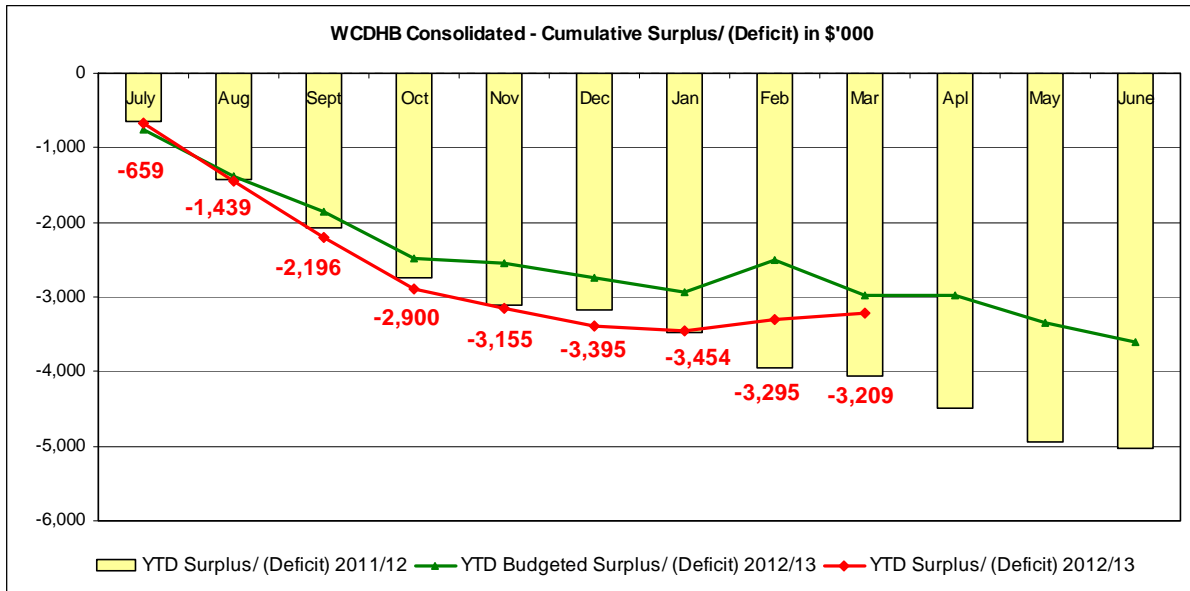
DISCUSSION

Financial Overview for the period ending 31 March 2013

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

CONSOLIDATED RESULTS

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



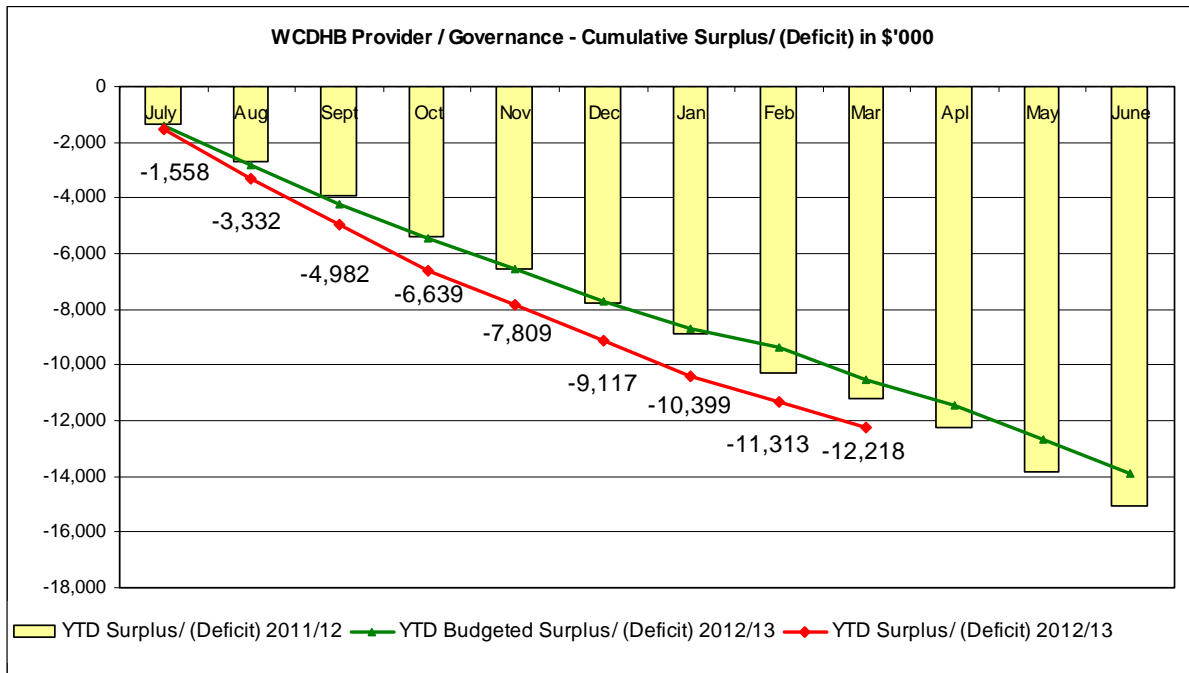
RESULTS FOR EACH ARM

Year to Date to March 2013

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

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

PROVIDER ARM



Revenue

Provider Arm

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

- ACC revenue for the month was \$10k unfavourable to budget and YTD is \$313k unfavourable; \$145k of the year to date variance relates to the ACC elective services contract. The balance of the unfavourable variance is mainly spread over radiology, physiotherapy, community services and assessment, treatment and rehabilitation (AT&R) of older persons. Community nursing contracts with ACC changed in September with revenue now billed as a package of care when services are completed instead of on individual visit basis, this will affect the timing of revenue recognition. We are forecasting that annual ACC revenue will continue to be unfavourable to budget for the remainder of the year.
- Revenue for clinical training from Health Workforce New Zealand is \$102k unfavourable to budget for the YTD as several programmes had lower or no trainees last semester. Costs for training are also reduced and are favourable to budget YTD.
- Revenue from home based support services continues the unfavourable trend, (currently \$107k unfavourable to budget YTD), and we forecasting that this unfavourable variance will continue for the remainder of this financial year. Budgets were set for external revenue from the Ministry of Health for immunisation services and community youth alcohol and other drug services – this funding has since been devolved to the Funder arm and is now paid as internal funding to the Provider arm (\$206k to date), thus making up part of the unfavourable variance to date for Ministry of Health side contracts.

- Patient and consumer sourced revenue from Primary Care Practices is \$170k unfavourable YTD, although revenue is in line with last years revenue. Sales of audiology aids are unfavourable to budget - this is offset by lower costs.

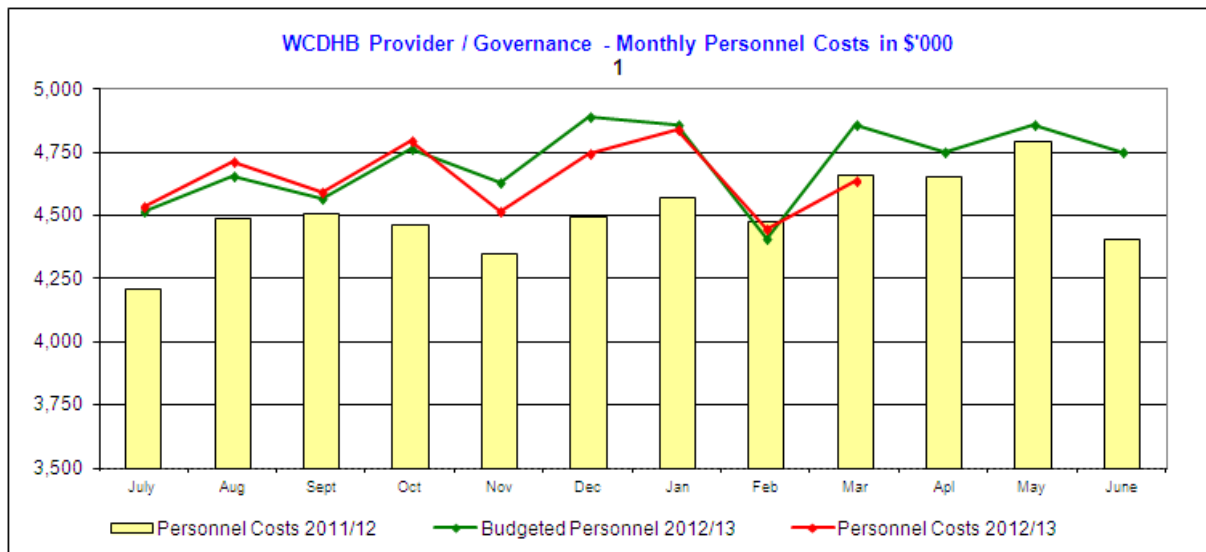
Total other income is \$329k unfavourable YTD; laundry services revenue comprises \$243k of this variance. This unfavourable variance has increased from February as we no longer supply linen to commercial customers, and will continue for the remainder of this financial year. Interest received by the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

EXPENSES

Personnel costs

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

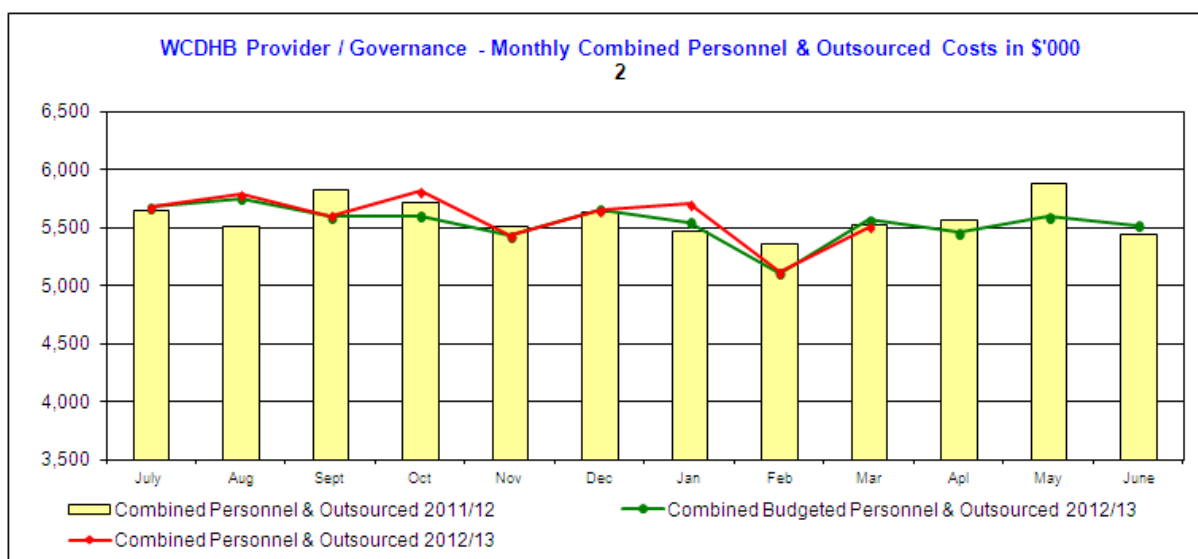
- Medical personnel costs are \$376k favourable to budget YTD.
 - Senior Medical Officer (SMO) costs are \$19k unfavourable to budget. Resident Medical Officer (RMO) costs are \$134k favourable to budget; this is offset by outsourced locum costs for RMO's which are \$126k unfavourable to budget.
 - General Practitioner (GP) personnel costs are \$570k favourable to budget due to vacancies, although overtime is unfavourable as existing staff provide cover for the vacancies. Outsourced locum costs for GP's are \$1,181k unfavourable to budget (including all travel, accommodation, fees etc).
- Nursing personnel costs are unfavourable to budget by \$504k to date.
 - Costs for Caregivers and enrolled nurses working in residential care are unfavourable to YTD; these are partially offset by increased revenue from subsidies (internal revenue from the Funder arm) and resident's contributions. District nursing costs are also unfavourable YTD.
- Allied Health Personnel costs are \$603k favourable to budget.
 - This is due to a number of vacancies within allied services.



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

- Outsourced Senior Medical Costs (locums) are \$4,701k YTD; \$718k unfavourable to budget. SMO locum costs within hospital services are favourable to budget, particularly for orthopaedic services where service changes have been implemented and locum services within primary services are unfavourable to budget due to covering vacancies and leave.
- Outsourced clinical services are \$336k unfavourable to budget YTD, with ophthalmology services the main contributor. Services are being reviewed and costs over the last six months for ophthalmology services have been \$63k favourable to budget.

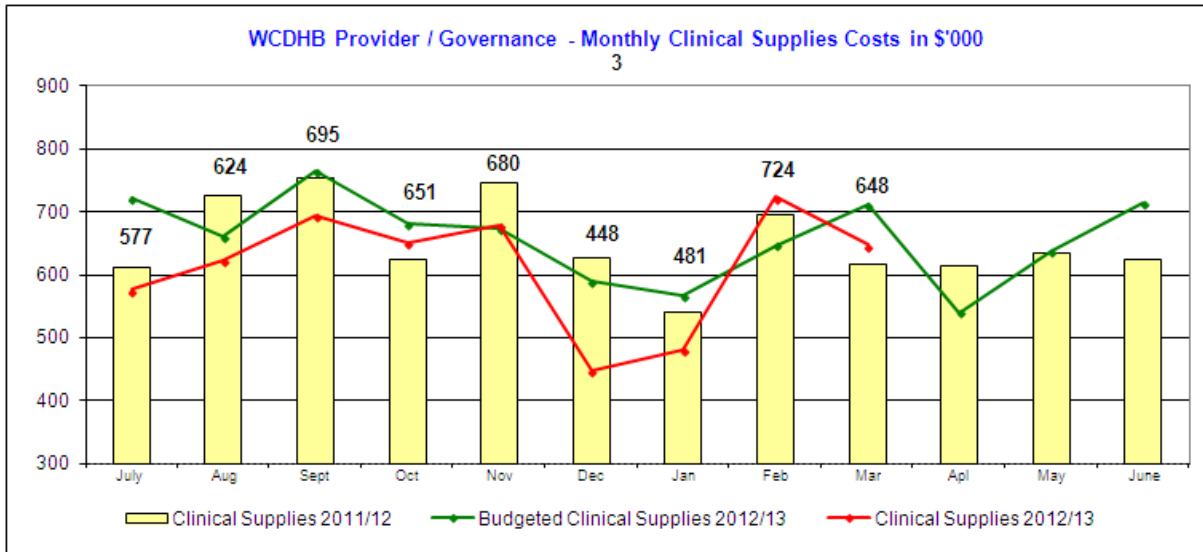
We have been working towards an agreement with Canterbury District Health Board for services they provide to WCDHB; some adjustments have been processed in March and this process will be completed before the end of the financial year.



Clinical Supplies

Overall, clinical supplies are \$385k favourable to budget YTD.

- As reflected in reduced revenue, purchases of audiology aids, implants and prostheses and medical gases are also less than budget. Air ambulance costs are \$364k favourable to budget. The budget for air transfers was increased from 2011/12 based on new models of service provision for Orthopaedics and Paediatrics in 2012/13 and was set before changes were made regarding the criteria for air transfers (particularly relating to cardiac patients) which reduced actual costs in the latter part of last year. Year to date these costs are significantly lower than they were at this time last year.

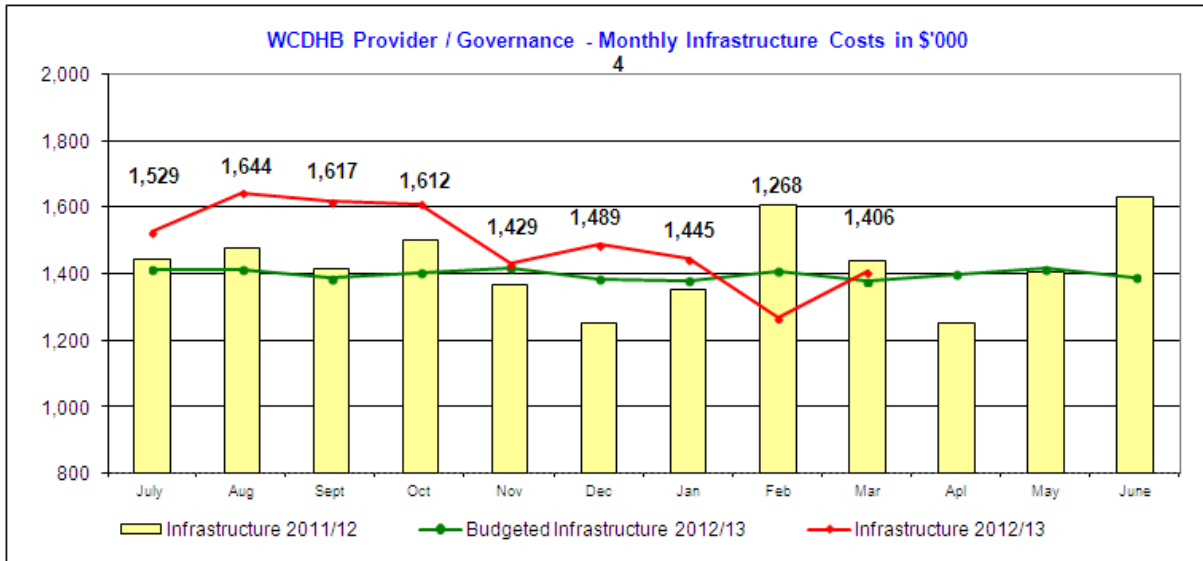


Infrastructure and non clinical Cost

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

- Facilities costs are \$513k unfavourable to budget. The cost of insurance premiums on building and plant for the nine months to date is \$417k. Insurance premiums for the remainder of the year will be much higher than budget as a result of the New Zealand seismic activity causing pressure on premiums, which were only confirmed in August 2012 (after the budget was set). Insurance costs are forecast to be \$556k for the year; \$335k unfavourable to budget. Reconfiguration of laundry services has resulted in a cost for gas – for which there was no budget - and electricity costs are \$54k unfavourable YTD (due to an increase in unit cost when the contract was renewed in the last quarter of last year). Rents are \$50k unfavourable to date; this includes the cost of relocating Hannan ward patients to Granger House while remedial work was carried out in the hospital. To date the total cost of relocating services, both outside of the hospital and internally (excluding costs recorded in capital work in progress) is \$96k.
- Transport costs are \$116k unfavourable to budget to date.
Staff travel costs are \$13k unfavourable YTD - largely mileage reimbursements to staff – this variance has improved in recent months. Vehicle repairs and registration are \$69k unfavourable to budget. Lease costs are \$12k unfavourable to budget with additional costs incurred for vehicles retained past the lease expiry date as the purchase of these vehicles was delayed, and fuel costs are \$13k unfavourable.
- Hotel services, laundry and cleaning costs are \$782k unfavourable to budget.
Outsourced laundry costs are \$751k unfavourable to budget YTD due to the closure of the laundry on site, now necessitating that all laundry processing is outsourced. This cost is now offset by savings in personnel costs due to a lower laundry workforce since January.

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



FUNDER ARM

External Providers

Payments to external providers (excluding Inter District Flows) are \$22,465k, \$885k favourable to budget.

- Payments to external providers for older person's health services are \$175k favourable to budget YTD. Within this variance rest home care is favourable to budget and hospital level care is unfavourable to budget. The net variance of these two is \$31k favourable. These costs are mainly demand driven with prior approval required to access (via Carelink and Home Based Support services). Funding for these services has also been made more flexible with contracts for home and community based care which enable people to remain in the community and delay entry to residential care. Payments for home based support services are \$22k unfavourable to budget YTD, while costs for carer support, respite care and day programmes are \$28k favourable to date.
- Payments for mental health services are \$155k favourable to budget YTD. Part of this variance relates to Child and Adolescent mental health services funded from savings in the community pharmaceutical drugs budget that will not commence until the later part of this year.
- Payments for primary care services are \$339k favourable to budget. Maori health services are \$136 favourable to budget YTD. This favourable variance will not increase at the same rate over the remainder of the year as new contracts are now in place for the second half of the year. Chronic disease management and palliative care are together \$139k favourable to budget to date. This may change over the rest of the year as client needs vary from month to month.
- Referred services are \$162k favourable to budget YTD. This variance is made up of laboratory services at \$68k favourable (an adjustment to a prior year accrual) and pharmaceuticals which are \$94k favourable to budget – we are forecasting that annual pharmaceutical costs will be to budget as from January 2013 co-payments for pharmaceuticals increased from \$3 to \$5, reducing the reimbursable costs paid to community pharmacies.
- To date payments to patients for national travel and accommodation assistance are \$57k unfavourable to budget. Costs recorded over the last two months have been \$38k favourable to budget.

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

Funder Arm - Payments to External Providers
Month Ended March 2013

Current Month				Year to Date				2012/13 Annual Budget			
Actual	Budget	Variance		SERVICES	Actual	Budget	Variance				
\$000	\$000	\$000	%		\$000	\$000	\$000		%		
36	39	3	8%	✓	Primary Care						
0	3	3	100%	✓	Dental-school and adolescent	302	353	51	14%	✓	470
0	1	1		✓	Maternity	0	17	17	100%	✓	20
0	3	3	100%	✓	Pregnancy & Parent	0	6	6	100%	✓	8
3	4	1	22%	✓	Sexual Health	9	25	16	64%	✓	33
541	538	-3	-1%	✗	General Medical Subsidy	41	35	-7	-19%	✗	46
4	12	8	68%	✓	Primary Practice Capitation	4,864	4,844	-21	0%	✗	6,458
87	79	-8	-10%	✗	Primary Health Care Strategy	62	108	46	43%	✓	144
3	6	3	48%	✓	Rural Bonus	718	713	-6	-1%	✗	950
61	20	-41	-197%	✗	Child and Youth	27	52	25	48%	✓	69
17	46	29	63%	✓	Immunisation	89	27	-62	-227%	✗	96
4	9	5	56%	✓	Maori Service Development	160	415	255	61%	✓	551
3	22	19	86%	✓	Whanua Ora Services	201	82	-119	-144%	✗	110
6	17	11	65%	✓	Palliative Care	111	164	53	32%	✓	214
12	11	-1	-7%	✗	Chronic Disease	67	153	86	56%	✓	204
					Minor Expenses	103	101	-2	-2%	✗	134
777	810	33	4%	✓		6,754	7,093	339	5%	✓	9,507
					Referred Services						
22	25	3	13%	✓	Laboratory	138	206	68	33%	✓	269
603	785	182	23%	✓	Pharmaceuticals	6,050	6,144	94	2%	✓	8,129
625	811	186	24%	✓		6,188	6,350	162	3%	✓	8,398
					Secondary Care						
5	22	17	77%	✓	Inpatients	78	200	122	61%	✓	266
77	97	20	21%	✓	Travel & Accommodation	933	876	-57	-7%	✗	1,168
1,271	1,269	-2	0%	✗	IDF Payments Personal Health	11,446	11,420	-26	0%	✗	15,226
1,353	1,388	35	3%	✓		12,457	12,495	38	0%	✓	16,660
2,755	3,009	254	8%	✓	Primary & Secondary Care Total	25,399	25,937	537	2%	✓	34,565
					Public Health						
18	16	-2	-11%	✗	Nutrition & Physical Activity	161	145	-16	-11%	✗	194
6	6	0	1%	✓	Public Health Infrastructure	54	55	1	1%	✓	73
0	0	0		✓	Social Environments	0	0	0		✓	0
3	11	8	74%	✓	Tobacco control	98	102	4	4%	✓	136
0	0	0		✓	Screening programmes	0	0	0		✓	0
27	34	7	20%	✓	Public Health Total	313	302	-11	-4%	✗	403
					Mental Health						
0	2	2	100%	✓	Eating Disorders	23	17	-6	-34%	✗	23
53	64	11	18%	✓	Community MH	479	600	121	20%	✓	773
0	1	1	0%	✓	Mental Health Work force	-4	6	10	163%	✓	8
47	48	1	1%	✓	Day Activity & Rehab	425	431	6	1%	✓	574
12	14	2	15%	✓	Advocacy Consumer	59	130	71	55%	✓	173
12	5	-7	-122%	✗	Advocacy Family	98	49	-49	-101%	✗	65
0	0	0		✓	Minor Expenses	0	-20	-20		✗	0
117	124	7	6%	✓	Community Residential Beds	1,093	1,119	26	2%	✓	1,493
68	68	0	0%	✗	IDF Payments Mental Health	612	608	-4	0%	✗	811
309	327	18	5%	✓		2,785	2,940	155	5%	✓	3,920
					Older Persons Health						
3	3	0	0%	✗	Information and Advisory	26	23	-3	-11%	✗	30
0	0	0		✓	Needs Assessment	0	0	0		✓	0
86	59	-27	-46%	✗	Home Based Support	525	503	-22	-4%	✗	671
9	10	1	7%	✓	Caregiver Support	82	87	5	6%	✓	115
215	217	2	1%	✓	Residential Care-Rest Homes	1,809	2,173	364	17%	✓	2,739
-3	-2	1		✓	Residential Care Loans	-43	-18	25	139%	✓	-24
22	26	4	15%	✓	Residential Care-Community	195	234	39	17%	✓	312
371	328	-43	-13%	✗	Residential Care-Hospital	3,207	2,874	-333	-12%	✗	3,828
0	4	4	100%	✓	Ageing in place	4	38	34	90%	✓	50
4	11	7	63%	✓	Environmental Support Mobility	56	98	42	43%	✓	132
9	8	-1	-12%	✗	Day programmes	78	72	-6	-8%	✗	97
10	13	3	23%	✓	Respite Care	87	116	29	25%	✓	154
0	0	0		✓	Community Health	0	0	0		✓	0
119	119	0	0%	✓	IDF Payments-DSS	1,071	1,073	2	0%	✓	1,430
845	796	-51	-6%	✗		7,097	7,272	175	2%	✓	9,533
1,154	1,123	-34	-3%	✗	Mental Health & OPH Total	9,882	10,212	330	3%	✓	13,453
3,936	4,167	229	5%	✓	Total Expenditure	35,594	36,450	857	2%	✓	48,421
2,478	2,711	231	9%		Total expenditure (excluding IDF's)	22,465	23,350	885	4%		30,954

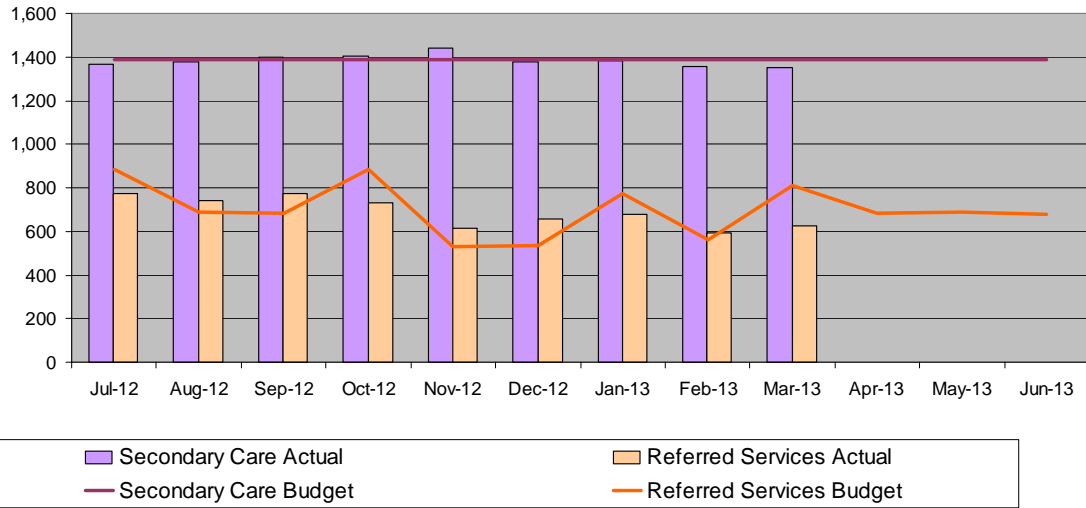
Underspend 231

YTD Underspend 856

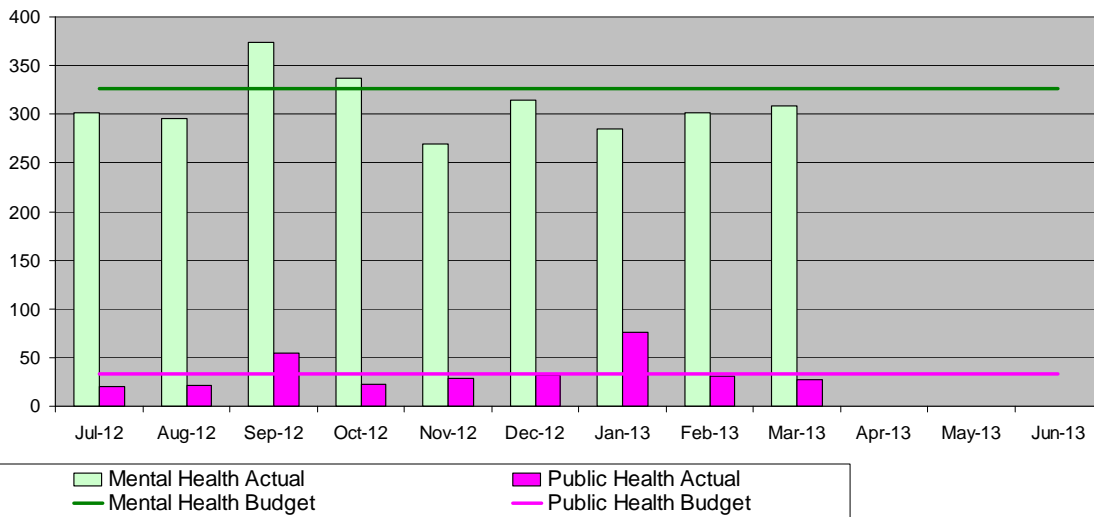
Note that payments made to WCDHB via Healthpac are excluded from the above figures

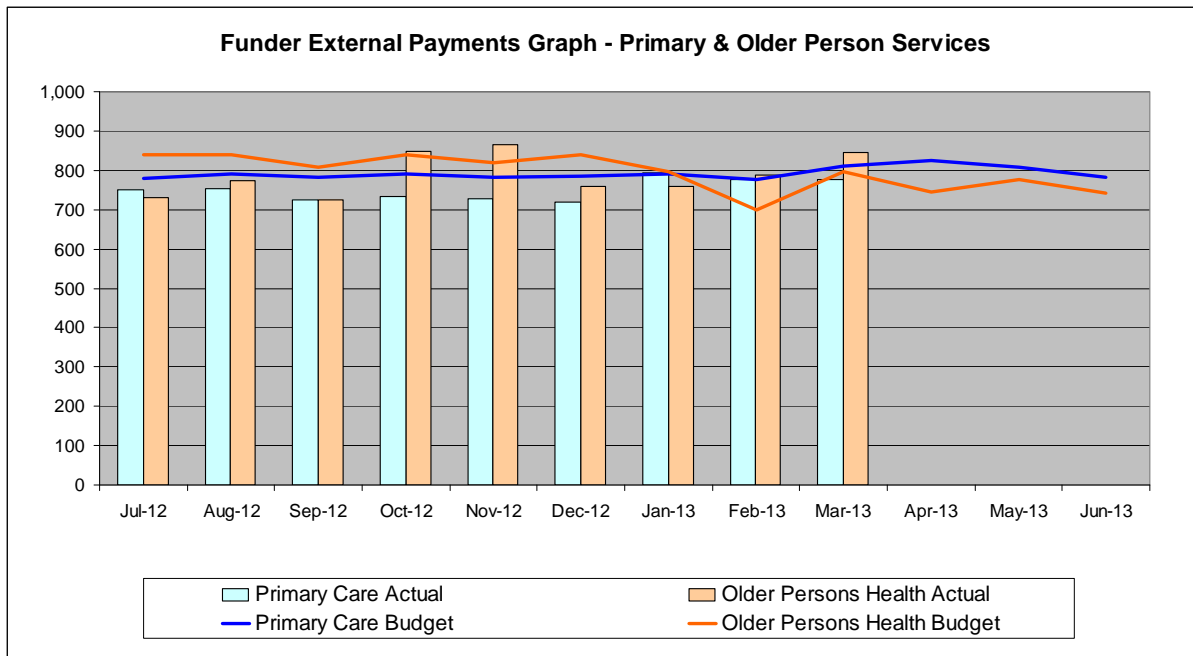
10 May 2013

Funder External Payments Graph - Secondary Care & Referred Services



Funder External Payments Graph - Public Health & Mental Health





STATEMENT OF FINANCIAL POSITION

➤ Cash and cash equivalents

As at 31 March 2013 the Board had \$3.6m in cash and cash equivalents; \$0.894m favourable to budget. Although closing cash in June 2012 was \$1.900m favourable to budget, and capex expenditure to date (excluding seismic related expenditure) has been favourable to budget, cash from operating activities has been unfavourable to budget and \$1.382m of seismic related capex expenditure has been incurred. These costs are recorded in a work in progress account under non-current assets.

➤ Non-current assets

Property, plant and equipment including work in progress is \$2.925m lower than budget, reflecting lower cash spent on capital expenditure to date offset by seismic related expenditure (not budgeted) of \$1.382m and the revaluation and impairment of land and buildings last financial year. Up to \$2m of ministry funding has been made available to cover these seismic costs, which we will access as soon as the projects are complete.

➤ Current liabilities

Employee entitlements and benefits are \$0.370m lower than budget to date. Leave provisions in March were \$488k lower than was the closing balance in June 2012; \$362k of this movement relates to the March balance of the provision for annual leave.

4. APPENDICES

Appendix 1:

Financial Results for the period ending 31 March 2013

Report prepared by:

Justine White, General Manager: Finance

West Coast District Health Board
Statement of comprehensive income

For period ending

31 March 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	2011/12
Operating Revenue										
Crown and Government sourced	10,820	10,779	41	0.4%	96,788	96,982	(194)	(0.2%)	129,383	127,209
Inter DHB Revenue	3	10	(7)	(71.0%)	30	93	(63)	(67.7%)	124	106
Inter District Flows Revenue	138	138	(0)	(0.1%)	1,242	1,243	(1)	(0.1%)	1,657	1,884
Patient Related Revenue	267	284	(17)	(6.0%)	2,355	2,562	(207)	(8.1%)	3,391	3,096
Other Revenue	58	143	(85)	(59.4%)	935	1,143	(208)	(18.2%)	1,488	1,765
Total Operating Revenue	11,286	11,354	(68)	(0.6%)	101,350	102,023	(673)	(0.7%)	136,044	134,060
Operating Expenditure										
Employee benefit costs	4,637	4,859	222	4.6%	41,400	42,139	739	1.8%	56,499	54,036
Outsourced Clinical Services	467	594	127	21.3%	7,148	6,765	(383)	(5.7%)	8,638	12,243
Treatment Related Costs	648	713	65	9.1%	5,529	6,018	489	8.1%	7,911	7,488
External Providers	2,478	2,709	231	8.5%	22,466	23,351	885	3.8%	30,952	29,503
Inter District Flows Expense	1,458	1,456	(2)	(0.2%)	13,129	13,100	(29)	(0.2%)	17,467	17,504
Outsourced Services - non clinical	105	115	10	8.9%	1,028	1,037	9	0.9%	1,388	854
Infrastructure Costs and Non Clinical Supplies	938	875	(63)	(7.2%)	9,681	8,006	(1,675)	(20.9%)	10,669	11,354
Total Operating Expenditure	10,731	11,320	590	5.2%	100,381	100,416	35	0.0%	133,524	132,982
Result before Interest, Depn & Cap Charge	555	34	522	(1539.8%)	969	1,607	(638)	39.7%	2,519	1,078
Interest, Depreciation & Capital Charge										
Interest Expense	55	61	6	10.2%	488	551	63	11.5%	735	732
Depreciation	346	388	42	10.9%	3,080	3,495	415	11.9%	4,661	4,757
Capital Charge Expenditure	68	60	(8)	(12.9%)	610	542	(68)	(12.5%)	723	613
Total Interest, Depreciation & Capital Charge	469	510	41	8.0%	4,178	4,588	410	8.9%	6,119	6,102
Net Surplus/(deficit)	86	(476)	562	118.2%	(3,209)	(2,981)	(228)	(7.6%)	(3,600)	(5,024)
Other comprehensive income										
Gain/(losses) on revaluation of property										(1,741)
Total comprehensive income	86	(476)	562	118.2%	(3,209)	(2,981)	(228)	(7.6%)	(3,600)	(6,765)

West Coast District Health Board
Statement of financial position
As at
in thousands of New Zealand dollars

31 March 2013

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	27,427	31,010	(3,583)	(11.6%)	31,657
Intangible assets	845	1,794	(949)	(52.9%)	854
Work in Progress	2,607	1,000	1,607	160.7%	807
Other investments	2	2	0	0.00%	2
Total non-current assets	30,881	33,806	(2,925)	(8.7%)	33,320
Current assets					
Cash and cash equivalents	3,586	2,692	894	33.2%	4,557
Patient and restricted funds	57	56	1	1.8%	56
Inventories	1,026	831	195	23.5%	880
Debtors and other receivables	3,474	4,452	(978)	(22.0%)	4,187
Assets classified as held for sale	136	136	0	0.00%	136
Total current assets	8,279	8,167	112	1.4%	9,816
Total assets	39,160	41,973	(2,813)	(7.3%)	43,136
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	12,195	12,195	0	0.00%	11,195
Employee entitlements and benefits	3,387	3,304	83	2.5%	3,041
Total non-current liabilities	15,582	15,499	83	0.5%	14,236
Current liabilities					
Interest-bearing loans and borrowings	250	250	0	0.00%	1,500
Creditors and other payables	8,549	9,194	(645)	(7.0%)	9,367
Employee entitlements and benefits	7,792	8,162	(370)	(4.5%)	8,255
Total current liabilities	16,591	17,606	(1,015)	(5.8%)	19,122
Total liabilities	32,173	33,105	(932)	(2.8%)	33,358
Equity					
Crown equity	66,197	66,185	12	0.0%	61,753
Other reserves	19,569	21,310	(1,741)	(8.2%)	21,310
Retained earnings/(losses)	(78,818)	(78,666)	(151)	0.2%	(73,324)
Trust funds	39	39	0	0.00%	39
Total equity	6,987	8,868	(1,880)	(21.2%)	9,778
Total equity and liabilities	39,160	41,973	(2,812)	(6.7%)	43,136

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

31 March 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				2012/13	2011/12
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Cash flows from operating activities										
Cash receipts from Ministry of Health, patients and other revenue	11,462	11,332	130	1.1%	102,530	101,777	753	0.7%	135,739	133,962
Cash paid to employees	(4,412)	(4,859)	447	(9.2%)	(41,206)	(42,139)	933	(2.2%)	(56,498)	(53,657)
Cash paid to suppliers	(1,673)	(2,297)	624	(27.2%)	(24,930)	(21,886)	(3,044)	13.9%	(28,672)	(32,438)
Cash paid to external providers	(2,616)	(2,709)	93	(3.4%)	(23,708)	(23,351)	(357)	1.5%	(30,953)	(29,548)
Cash paid to other District Health Boards	(1,320)	(1,456)	136	(9.3%)	(11,887)	(13,100)	1213	(9.3%)	(17,467)	(17,481)
<i>Cash generated from operations</i>	1441	12	1429	11693.4%	799	1301	(502)	(38.6%)	2,148	838
Interest paid	0	(61)	61	(100.0%)	(326)	(551)	225	(40.9%)	(735)	(735)
Capital charge paid	0	(0)	0	(1)	(406)	(362)	(44)	0	(723)	(712)
Net cash flows from operating activities	1441	(49)	1490	(3024.0%)	67	388	(321)	(82.7%)	690	(609)
Cash flows from investing activities										
Interest received	18	22	(4)	(16.9%)	189	195	(6)	(3.1%)	260	319
(Increase) / Decrease in investments	0	0	0		0	0	0		0	3,500
Acquisition of property, plant and equipment	(123)	(175)	52	(29.7%)	(3,414)	(3,120)	(294)	9.4%	(3,745)	(2,665)
Acquisition of intangible assets	(36)	(350)	314	(89.7%)	(654)	(1,355)	701	(51.7%)	(1,405)	(265)
Net cash flows from investing activities	(141)	(503)	362	(72.0%)	(3,879)	(4,280)	401	(9.4%)	(4,890)	889
Cash flows from financing activities										
Proceeds from equity injections	0	0	0		0	0	0		3,600	4,512
Repayment of equity	0	0	0		0	0	0		(68)	(68)
<i>Cash generated from equity transactions</i>	0	0	0		0	0	0		3,532	4,444
Borrowings raised	0	0	0		0	0	0			
Repayment of borrowings	0	0	0		0	0	0		(250)	(250)
Net cash flows from financing activities	0	0	0		0	0	0		(250)	(250)
Net increase in cash and cash equivalents	1,300	(553)	1853	(335.2%)	(3,812)	(3,892)	80	(2.1%)	(918)	4,476
Cash and cash equivalents at beginning of period	2,286	3,244	(958)	(29.5%)	7,398	6,584	814	12.4%	6,584	2,922
Cash and cash equivalents at end of year	3,586	2,692	894	33.2%	3,586	2,692	894	33.2%	5,666	7,398

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

31 March 2013

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

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

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	2012/13	2011/12
Income										
PBF Vote Health-funding package (excluding Mental Health)	8,774	8,742	31	0.4%	78,944	78,676	268	0.3%	104,900	102,999
PBF Vote Health-Mental Health Ring fence	1,157	1,157	0	0.0%	10,413	10,413	0	0.0%	13,884	13,884
MOH-funding side contracts	137	158	(21)	(13.3%)	1,612	1,422	190	13.3%	1,896	2,018
Inter District Flow's	138	138	(0)	(0.1%)	1,242	1,243	(1)	(0.1%)	1,657	1,884
Other income	26	15	11	73.3%	228	135	93	68.9%	180	232
Total income	10,232	10,210	22	0.2%	92,439	91,889	550	0.6%	122,518	121,017
Expenditure										
Personal Health	6,386	6,614	228	3.5%	57,920	58,384	464	0.8%	77,829	77,472
Mental Health	1,157	1,170	13	1.1%	10,416	10,528	112	1.1%	14,039	13,790
Disability Support	1,551	1,501	(50)	(3.3%)	13,493	13,625	132	1.0%	18,004	17,342
Public Health	47	64	17	26.4%	530	575	45	7.8%	765	748
Maori Health	31	66	35	52.9%	451	592	141	23.8%	787	527
Governance	69	69	(0)	(0.1%)	621	620	(1)	(0.1%)	827	1,176
Total expenses	9,241	9,484	243	2.6%	83,431	84,323	892	1.1%	112,252	111,055
Net Surplus	991	726	265	36.5%	9,008	7,566	1,442	19.1%	10,266	9,962

West Coast District Health Board

Governance Operating Statement for the period ending 31 March 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	2011/12
Income										
Internal Revenue	69	69	0	0.1%	621	620	1	0.1%	827	1,176
Other income	0	4	(4)	(100.0%)	66	38	29	76.0%	50	109
Internal allocation from Provider Arm	110	110	(0)	(0.2%)	990	992	(2)	(0.3%)	1,322	1,320
Total income	179	183	(4)	(2.3%)	1,677	1,649	28	1.7%	2,199	2,605
Expenditure										
Employee benefit costs	49	52	3	5.5%	409	465	56	12.1%	620	1,102
Outsourced services	30	36	6	16.5%	272	323	51	15.9%	431	333
Other operating expenses	26	70	44	63.1%	334	634	300	47.3%	845	461
Democracy	25	25	0	1.0%	177	227	50	22.1%	303	291
Total expenses	130	183	53	29.2%	1,192	1,649	458	27.7%	2,199	2,187
Net Surplus / (Deficit)	49	0	49		485	0	485		0	418

TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 10 May 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

The purpose of this report is to seek confirmation to the appointment of a West Coast DHB Electoral Officer and to outline a number of procedural matters relating to the 2013 District Health Board (DHB) elections that require Board approval.

Similar Board decisions were required by legislation prior to the 2010 elections. This paper's recommendations are consistent with those adopted by the Board in 2010.

2. RECOMMENDATION

That the West Coast DHB:

- i. Confirms the appointment of Richard Simpson, Electoral Officer, Westland District Council, as the West Coast DHB Electoral Officer, in accordance with the Local Electoral Act 2001; and
- ii. Adopts "random" as the order of candidates' names on West Coast DHB voting documents, as permitted under Clause 31(1) of the Local Electoral Regulations 2001.
- iii. Agrees that the West Coast DHB Electoral Officer, in accordance with the Local Electoral Act 2001, can process returned voting documents for the 2013 West Coast DHB elections during the voting period.

3. SUMMARY

The West Coast DHB elections are required every three years at the same time as Territorial Authority (TLA) Elections and will be held on 12 October 2013 (see Appendix 2 for the election timetable). Each DHB is to have seven elected members, with the Minister of Health being able to appoint up to four additional members to each Board.

As in 2010 the formal issues requiring Board approval are:

- i. the appointment of the Electoral Officer;
- ii. the determination of the order of candidate's names on voting papers; and
- iii. the ability for early processing of voting papers to occur.

By legislation the District Health Board's Electoral Officer (EO) continues in the role of Electoral Officer unless he or she dies, resigns, is dismissed or becomes otherwise incapable of performing the role. The West Coast DHB's Electoral Officer for the 2007 and 2010 elections was Mr Richard Simpson, Electoral Officer, Westland District Council, and he has agreed to undertake this role for 2013 if the Board so desires.

DHBs are able to decide what order candidates' names will appear on the DHB voting documents. Candidates' names are able to be listed in three ways: alphabetical, random or pseudo-random.

The merits of each are discussed later in this paper, with a recommendation of "random" order, in alignment with most TLAs in the 2010 elections.

DHBs need to pass a Board resolution to give the Electoral Officer authority to begin processing votes during the three week voting period. Early processing as now standard practice for local government elections. Early processing is recommended.

4. DISCUSSION

Electoral Officer Appointment

Under the Local Electoral Act 2001 the West Coast DHB Board is required to appoint an Electoral Officer.

The functions of that DHB Electoral Officer are set out in the Local Electoral Act 2001 and the New Zealand Public Health and Disability Act 2000. In addition a Memorandum of Understanding for DHB Elections, between the Ministry of Health and the NZ Society of Local Government Managers (SOLGM), (currently being reviewed for 2010) outlines the different responsibilities of the DHB, the DHB EO, and any remaining TLA EOs.

Approval is being sought from the Board at this early stage to allow planning to commence for the 2013 year.

Order of Candidates Names

District Health Boards and TLAs are entitled to determine the order in which their candidates' names will appear.

The Board is required to pass a resolution to have candidates names arranged either:

- (a) Alphabetically by surname; or in
- (b) Pseudo-random order; or in
- (c) Random order.

Alphabetical has the candidates being listed in the same order as they are in the accompanying candidate profile booklet. However, it would most likely not be in the same order as most TLA voting documents. If the Board does not pass a resolution on the order of candidate names, then alphabetical is the default arrangement.

Pseudo-random means the same random order of candidates for each voting document i.e. the random order is determined prior to printing the voting documents and is the same on all documents.

Random means fully random order of candidates for every voting document; every single voting document could have a different order to it. This option is seen as avoiding the possibility of unfair advantage if electors choose to vote or rank candidates in descending order from the top of the list.

It is recommended that "random" be used for the candidate order on the West Coast DHB voting documents as being the option most likely to avoid any bias in voting.

Early Processing of Voting Documents

Section 79 of the Local Electoral Act 2001 permits the Election Officer to process (but not count) returned voting documents over the voting period.

The immediate benefit of adopting early processing is that much, if not all, of the cumbersome and time-consuming task of extracting and checking the voting documents is undertaken progressively over the three week voting period (under strict security and under the supervision of a Justice of the Peace). This means a quicker and more accurate result can be achieved on polling day.

Early processing is recommended and is now the norm in elections in New Zealand.

Other Issues

The Memorandum of Understanding, between the Ministry of Health and SOLGM, (Society of Local Government Managers) details the roles and responsibilities of the DHB, DHB EO and TA EOs and also dictates the rate at which the DHBs will pay TAs for elections.

Schedule 2 of the New Zealand Public Health and Disability Act 2000 requires the cost of DHB elections to be borne by DHBs. While in 2004 the direct costs of the DHB election were funded by the Ministry of Health, in 2007 & 2010 DHBs had to fund the election costs themselves and it is anticipated this will be the case in 2013.

Guidelines for West Coast DHB staff and Board members will be presented in 2013, to ensure transparency and best practice is established before any campaigning for the 2013 DHB elections begins. An information pack for candidates is also being prepared.

5. CONCLUSIONS/RECOMMENDATIONS

It is recommended that Richard Simpson (Electoral Officer, Westland District Council) be confirmed as the West Coast DHB Electoral Officer for the 2013 elections and that he begin working with the other TAs in the region with regards to protocols and requirements for the DHB voting documents.

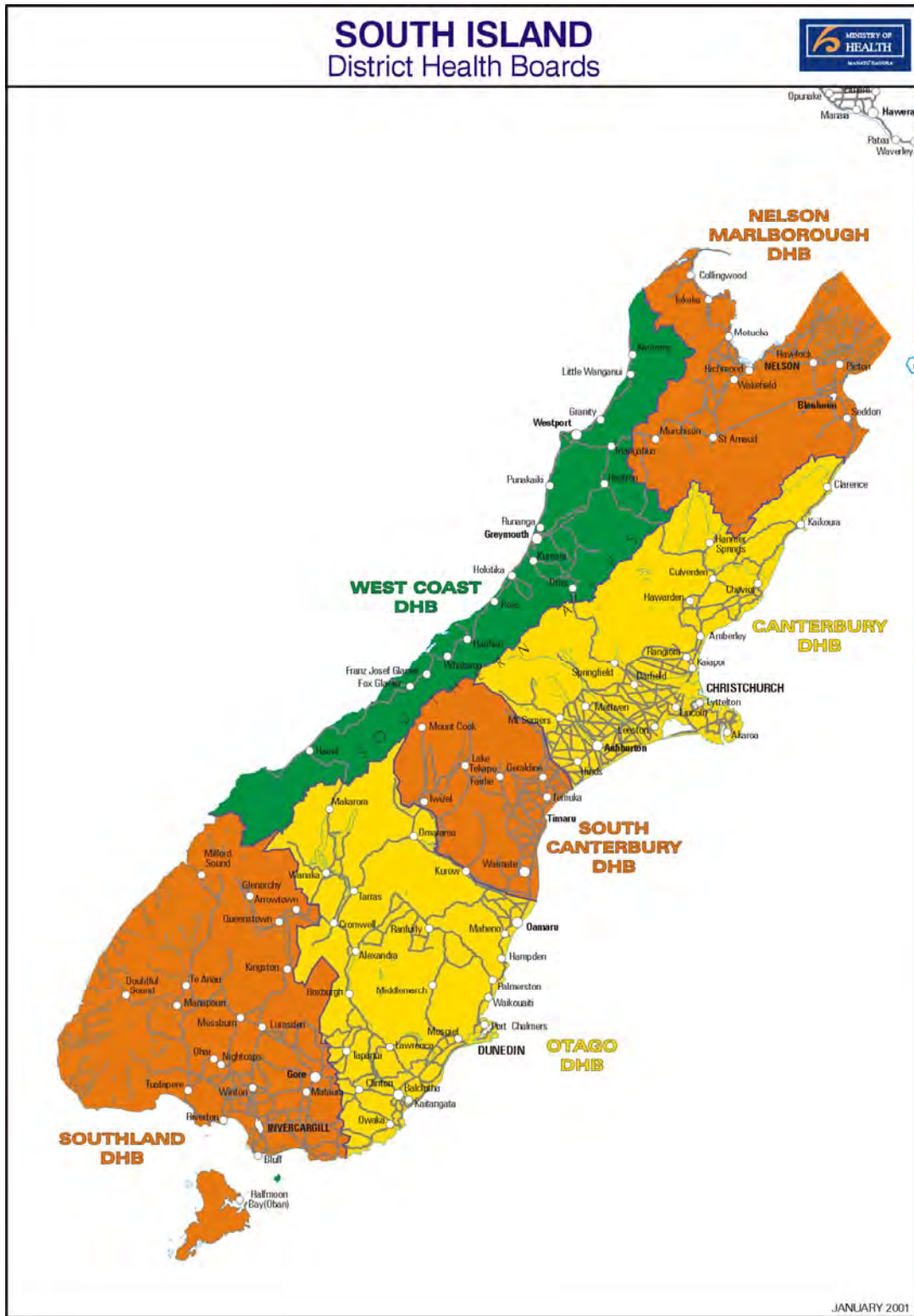
It is recommended that “random” order be used as the order of candidates’ names on the voting documents. The Board should note that if no resolution is passed then under the regulations the default arrangement is alphabetical, by surname.

Early processing of voting papers is also recommended.

6. APPENDICES

Appendix 1:	West Coast 2013 Constituency
Appendix 2:	2013 DHB Elections’ Milestone Dates
Report prepared by:	Board Secretariat

West Coast DHB Constituency



LOCAL GOVERNMENT 2013 TRIENNIAL ELECTION TIMETABLE *

12 OCTOBER 2013

November 2012	EO training workshop (SOLGM)
on/after Fri 1 February 2013	Declaration of electoral officer [sec 14, LEA]
February 2013	EO forum (SOLGM)
Sat 2 March 2013 – Tues 30 April 2013	Ratepayer roll enrolment confirmation forms sent [reg 16, LER]
Sat 2 March 2013 – Sat 6 July 2013	Preparation of ratepayer roll [reg 10 LER]
Fri 8 March 2013	EEC questionnaire sent to EOs
Wed 10 April 2013	Final representation review decisions from LGC
Fri 12 April 2013	EEC questionnaire due
May 2013	SOLGM national ratepayer roll qualifications and procedures campaign [sec 39 LEA]
Wed 15 May 2013	EEC test data sent to EOs
by Fri 28 June 2013	Optional early processing resolution [sec 79 LEA] Optional order of candidate names resolution [reg 31 LER]
Sun 7 July 2013	Check It electoral roll closes [reg 10 LER]
Mon 8 July 2013	EEC enrolment update campaign commences
Fri 12 July 2013	Receive residential roll data from EEC
Fri 12 July 2013 - Wed 24 July 2013	Compile preliminary electoral roll [sec 38 LEA]
say Wed 24 July 2013 (no later than Fri 26 July 2013)	Public notice of election, calling for nominations, roll open for inspection [sec 42, 52, 53 LEA]
Fri 26 July 2013	Nominations open/roll open for inspection [sec 42 LEA]
by Wed 31 July 2013	Appointment of Justice(s) of the Peace
Fri 23 August 2013	Nominations close (12 Noon)/ roll closes [sec 5, 42, 55, LEA, reg 21 LER]
say Wed 28 August 2013 (or as soon as practicable)	Public notice of day of election, candidates' names [sec 65, LEA]
by Fri 30 August 2013	Receive final data from EEC
by Sat 31 August 2013	Ratepayer roll insert with rates notice [sec 39 LEA]
by Mon 16 September 2013	Electoral officer certifies final electoral roll [sec 51, LEA, reg 22, LER]
Fri 20 September 2013	EEC letter sent to unpublished roll electors
Fri 20 September 2013 – Wed 25 September 2013	Delivery of voting documents [reg 51, LER]
Fri 20 September 2013 – Sat 12 October 2013	Progressive roll scrutiny [sec 83, LEA] Special voting period [sec 5, LEA, reg 35, LER] Early processing period [sec 79, 80 LEA]
by 12 noon, Fri 11 October 2013	Appointment of scrutineers [sec 68, LEA]
Sat 12 October 2013	Election day [sec 10, LEA] Voting closes 12 noon – counting commences [sec 84, LEA], progress/preliminary results available as soon as practicable after close of voting [sec 85, LEA, reg 80A, 125A, LER]
PM Sat 12 October 2013 – Thur 17 October 2013	Official count [sec 84, LEA]
Thur 17 October 2013 – Wed 23 October 2013 (or as soon as practicable)	Declaration of result/public notice of results [sec 86, LEA]
December 2013	EO forum (SOLGM)
mid December 2013 (depends on date results published)	Return of election expenses forms [sec 109, LEA]

* based on legislation and regulation as at December 2010 – does not reflect any potential legislative changes
LEA = Local Electoral Act 2001 LER = Local Electoral Regulations 2001 Prepared by Dale Ofsoske, SOLGM Electoral Working Party, Dec 2010

**COMMUNITY & PUBLIC HEALTH & DISABILITY
SUPPORT ADVISORY COMMITTEE MEETING
UPDATE 2 MAY 2013**



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

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

DATE: 10 May 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 2 May 2013. Following confirmation of the minutes of that meeting at the 6 June 2013 meeting, confirmed minutes of the 2 May 2013 meeting will be provided to the Board at its 28 June 2013 meeting.

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

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

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

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

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

The aim of the Committee's advice must be:

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

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

2. RECOMMENDATION

That the Board:

- i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update – 2 May 2013.

3. **SUMMARY**

ITEMS OF INTEREST FOR THE BOARD

- **Planning & Funding Update**

Discussion took place regarding immunisation coverage on the West Coast and our capacity to achieve the targets being compromised by the percentage of the population “opting out”.

Dr Cheryl Brunton, Medical Officer of Health commented that the Minister’s target is based on sound science in regard to the levels of immunised population required for target coverage. She went on to stress how this made it important for us to ensure that anyone willing to be vaccinated actually is. The Committee noted that at the moment we can achieve the set target but our ability to continue to do this is compromised.

- **Community & Public Health Update**

Discussion took place regarding Local Alcohol Policies and whether these would be implemented before the October local body elections. The Committee noted that the earliest the policy can be adopted is January 2014. The process for submissions from the DHB was raised and management agreed to look at the submission process and how best to involve the governance side of the DHB.

Discussion also took place regarding alcohol related harm in the community and it was noted that Community & Public Health are undertaking a community survey to ascertain views on alcohol across the Region.

In regard drinking water, the effects of the drought were discussed and also the quality of drinking water in relation to the issues around contamination and boil water notices at Inangahua Junction. Community & Public Health are working towards a Capital Assistance Grant application for the 2014 funding round to assist with improvements in this area.

- **Alliance Update**

The Committee discussed the Alliance model and the intentions around this. It was noted that whilst this report currently delivers on the Ministry of Health’s expectations the DHB is doing its best to reconcile this with the needs of the West coast community.

The Board Chair commented that Alliancing has been reconfirmed in Wellington as the desirable way to move forward to the future.

Discussion took place around the Flexible Funding Pool and whether it is intended to make the Alliance responsible for more than is shown in the schedule in section 5 of the papers. The Committee noted that discussions around the Alliance Leadership Team table are around financially resourcing the decisions made and dedicated project managers have been allocated to each work stream.

Discussion also took place regarding the PHO report being part of the Alliance Update.



COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, High Street, Greymouth
Thursday 2 May 2013 commencing at 9.00am

ADMINISTRATION 9.00am

Karakia

Apologies

1. **Interest Register**

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

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

7 March 2013

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS 9.10am

- | | | | |
|----|---|---|-------------------|
| 4. | Planning & Funding Update | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | 9.10am - 9.25am |
| 5. | Community and Public Health Update | Jem Pupich
<i>Team Leader, Community and Public Health</i> | 9.25am - 9.40am |
| 6. | Alliance Update | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | 9.40am - 10.00am |
| 7. | Draft 2013/14 Maori Health Plan | Carolyn Gullery
<i>General Manager, Planning & Funding</i>
Gary Coghlan
<i>General Manager, Maori Health</i> | 10.00am – 10.15am |
| 8. | Allied Health Presentation | Stella Ward
<i>Executive Director, Allied Health</i> | 10.15am – 10.45am |
| 9. | General Business | Elinor Stratford
<i>Chair</i> | 10.45am - 10.50am |

ESTIMATED FINISH TIME 10.50am

INFORMATION ITEMS

- Board Agenda – 22 March 2013
- Chair's Report to last Board meeting
- West Coast CPHAC/DSAC Workplan 2013
- West Coast DHB 2013 Meeting Schedule
- PHO Quarterly Report

NEXT MEETING

Date of Next Meeting: 6 June 2013 Corporate Office, Board Room at Grey Base Hospital.

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 2 MAY 2013



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 10 May 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 2 May 2013. Following confirmation of the minutes of that meeting at the 6 June 2013 HAC meeting, full minutes of the 2 May 2013 meeting will be provided to the Board at its 28 June 2013 meeting.

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

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

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

2. RECOMMENDATION

That the Board:

- i. notes the Hospital Advisory Committee Meeting Update – 2 May 2013.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 2 May 2013. Papers presented to the Committee meeting are available on the West Coast DHB website. A copy of the agenda for this meeting is attached as Appendix 1.

ADVICE TO THE BOARD

The Committee noted the following key points which it wished to draw to the attention of the Board:

▪ **MANAGEMENT REPORT**

Recruitment

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

Particular comment was noted regarding: the positive response to the midwife manager vacancy; the commencement of the Cancer Nurse Coordinator; and the level of staffing in Allied Health being at 98%.

The Committee also noted the retirement of the Laboratory Manager after over 40 years service and asked management to ensure that Mr Clark's remarkable service was acknowledged.

In-Patient Volumes

The Committee noted that surgical in-patient volumes were dropping behind due to sick leave. Management confirmed that plans are being developed to deal with this.

ESPI Compliance

The West Coast DHB was non-compliant in ESPI 2 at the end of February and it is likely we will also be non-compliant in March and April. A recovery plan has already commenced to ensure compliance by May to avoid any financial penalty.

Accommodation

The Committee noted that a review of accommodation options for visiting medical staff is currently underway, and that it would probably not be sensible to make decisions around this until more was known regarding the facilities project.

Orthopaedic Services

Discussion took place regarding orthopaedic services and the Committee noted that Canterbury has increased its Orthopaedic Surgeons by 3 which will enable 6 surgeons to be included on the roster to come to the West Coast.

The Committee also noted that recently Management had engaged assistance to review a number of individual orthopaedic cases to ascertain the appropriateness of the care provided and has confirmed that the care provided was above the expectations provided elsewhere in the country and the actual care provided was clinically appropriate.

Quality Report

The Committee noted that the Clinical Quality Improvement Team monitors any incidents and complaints occurring the Hospital Services and that this is in turn monitored by the Quality, Finance, Audit & Risk Committee. Members noted that in addition to this Committee having the responsibility of monitoring Quality it is also important to protect the privacy of individuals.

Partnership Group

The Board Chair provided the Committee with an update of progress with the Partnership Group and the Committee noted that the project group has been granted some additional time to provide its recommendations.

Allied Health Presentation

Stella Ward, Executive Director of Allied Health, provided the Committee with a presentation which detailed the achievements and challenges in the Allied Health area and the directions for the future.

Deputy Chair

Members appointed Doug Truman as Deputy Chair of the Committee.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 2 May 2013.

Report prepared by: Sharon Pugh, Chair, Hospital Advisory Committee

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Thursday 2 May 2013 commencing at 11.00am

ADMINISTRATION **11.00am**

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

REPORTS/PRESENTATIONS **11.15am**

- | | | | |
|----|-----------------------------------|---|--------------------------|
| 4. | Management Report | Garth Bateup
<i>General Manager, Hospital Services</i> | <i>11.15am - 11.45am</i> |
| 5. | Finance Report | Justine White
<i>General Manager, Finance</i> | <i>11.45am – 12.05pm</i> |
| 6. | Clinical Leaders Report | Dr Carol Atmore
<i>Chief Medical Officer</i>
Karyn Kelly
<i>(Director of Nursing & Midwifery & Acting GM Primary & Community Services)</i> | <i>12.05pm – 12.20pm</i> |
| 7. | Allied Health Presentation | Stella Ward
<i>Executive Director, Allied Health</i> | <i>12.20pm – 12.45pm</i> |

ESTIMATED FINISH TIME **12.45pm**

INFORMATION ITEMS

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

NEXT MEETING

Date of Next Meeting: 6 June 2013

Corporate Office, Board Room at Grey Base Hospital.

RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 10 May 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 8 February 2013	For the reasons set out in the previous Board agenda.	
2.	Chief Executive and Chair – Verbal 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 Verbal 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.	Debt Write-Off	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) s9(2)(a)
5.	Update on Loans	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

6.	MoH Deficit Funding	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
7.	2012/13 IEA Salary reviews	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)
8.	Draft Annual Plan Update & Delegation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Advisory Committee – Public Excluded Updates	For the reasons given in the Committee agendas	

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

3. **SUMMARY**

The New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 provides:

“A Board may by resolution exclude the public from the whole or any part of any meeting of the Board on the grounds that:

(a) the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6,7, or 9 (except section 9(2)(g)(i) of the Official Information Act 1982”.

In addition Clauses (b) (c) (d) (e) of Clause 32 provide further grounds on which a Board may exclude members of the public from a meeting, which are not considered relevant in this instance.

Clause 33 of the Act also further provides:

“(1) Every resolution to exclude the public from any meeting of a Board must state:

(a) the general subject of each matter to be considered while the public is excluded; and

(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and

(c) the grounds on which that resolution is based (being one or more of the grounds stated in Clause 32)

(2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and from part of the minutes of the Board”.

Report Prepared by:

Board Secretariat

**MINUTES OF THE COMMUNITY AND PUBLIC HEALTH
AND DISABILITY SUPPORT ADVISORY COMMITTEE**
held in the Board Room, Corporate Office, Grey Base Hospital
on Thursday, 7 March 2013 commencing at 9.00am

PRESENT

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

APOLOGIES

There were no apologies

EXECUTIVE SUPPORT

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

WELCOME

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

1. INTEREST REGISTER

Kevin Brown advised a change to the interest register in respect of his wife's employment.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (3/13)

(Moved: John Vaile; Seconded: Robyn Moore - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 24 January 2013 be confirmed as a true and correct record”

3. CARRIED FORWARD/ACTION ITEMS

Discussion took place regarding how the PHO reporting would be delivered going forward. Carolyn Gullery, General Manager, Planning Funding advised that the Alliance is still in its setting up stage. She added that timing for reporting will be addressed in the next while and the quarterly report from the PHO will form part of the overall Alliance report.

The Committee noted the scheduled presentation by the Director of Allied Health for the next meeting.

4. MAORI HEALTH ACTIVITY REPORT

Gary Coghlan, General Manager, Maori Health, presented the Maori Health Update. Some updated information was tabled.

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

The General Manager, Maori Health provided the Committee with an update on the Minister, Tariana Turia's visit to the West Coast on Tuesday 5 March 2013. He commented that well over 100 people had attended various Hui held on the day.

The report was noted.

5. PLANNING & FUNDING UPDATE

Carolyn Gullery, General Manager, Planning & Funding presented the Planning & Funding Update which highlighted the key achievements and issues facing the DHB. Discussion took place regarding the following:

Primary Care Workforce

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

Home Based Support

John Ayling declared a potential conflict of interest regarding this topic.

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

A point was raised regarding recent changes in models of care and it was agreed that over the next few months Planning & Funding would identify these and make them more visible.

Discussion took place regarding Red Cross transport from Buller and the Committee noted that this was not being used a lot. It was noted that a commercial shuttle business has been established for transport 3 days per week between Buller & Greymouth.

Carolyn Gullery introduced Ralph La Salle from Planning & Funding who will be present for the rest of the meeting in her absence.

The report was noted

6. COMMUNITY & PUBLIC HEALTH UPDATE

Jem Pupich, Team Leader, Community & Public Health, presented the Community & Public Health Update. The Committee noted the trial of a fruit and vegetable co-op which had taken place in November/December 2012 which is currently being assessed.

In addition the Committee noted the Community & Public Health quarterly report to the Ministry of Health which was included in the information papers. The comment was made that it was pleasing to see that the feedback from the Ministry had been positive and that Community & Public Health are on track to meet their targets.

The report was noted.

7. BETTER SOONER MORE CONVENIENT (BSMC) AND ALLINACE LEADERSHIP TEAM (ALT) UPDATE

Carolyn Gullery, General Manager, Planning & Funding presented this report. In presenting the report she commented that it demonstrates part of the thinking around how the Alliance Report will look moving into the future. She added that the next Annual Plan process will make it even clearer where this all sits in the overall process.

Discussion took place regarding membership of the Alliance Leadership Team and the Committee noted that whilst the areas of representation have been agreed, individual membership is yet to be determined.

Discussion also took place regarding the flexible funding pool and how this is trying to reflect a different way of looking at resources with the ability to look at the overall funding package.

8. HEALTH TARGETS

Carolyn Gullery, General Manager, Planning & Funding presented this report.

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

Carolyn Gullery departed at 10.20am

9. GENERAL BUSINESS

- The Committee Chair commented that she is working with management in endeavouring to have a more of a focus on disability issues.
- A query was made regarding the year-end financial result and Michael Frampton, Programme Director, confirmed that the DHB would meet its annual plan commitment of a \$3.6m deficit.

INFORMATION ITEMS

- Chair's report to last Board meeting
- Board Agenda 8 February 2013
- CPH&DSAC 2013 Work Plan
- West Coast DHB 2013 Meeting Schedule 2013
- Community & Public Health Six Monthly Report to the Ministry of Health

There being no further business the meeting concluded at 10.30am.

Confirmed as a true and correct record:

Elinor Stratford
Chair

Date

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

PRESENT

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

MANAGEMENT SUPPORT

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

WELCOME

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

APOLOGIES

An apology for absence was received and accepted from Karen Hamilton.

1. INTEREST REGISTER

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

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (4/13)

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

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

3. CARRIED FORWARD/ACTION ITEMS

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

- 1 Transportation Home Following Discharge – it was agreed that this action point should now be deleted.
- 2 Patient Ambulance Transport – work is being undertaken regionally around this.
- 3 Exit Interviews – The next report is due in June 2013.

The Committee noted the carried forward items.

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

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

Discussion by the Committee related to:

- **Relocation**
Relocation of the Hannan and Morice wards has been completed. Medical Administration relocations are substantially completed with a slight delay for a few staff around resource consent regarding the use of the Nancarrow Street property for Community Services.
- **Orthopaedics**
There are a number of challenges to be worked through as the orthopaedic transalpine service is brought to life. The West Coast delivers more Orthopaedic operations per capita than anywhere else in the country and we are looking at many alternatives in this area. Management highlighted that there may still be some negative press in this area as they work through the issues.
- **Recruitment**
The focus continues on recruitment and the DHB has received several enquiries in respect to generalist hospital positions. The process for the appointment of the General Manager positions is nearing conclusion.
- **Targets**
These were lower than expected for January and this was partly due to the ward relocations.

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

- **ESPIs**
The ESPI indicators for December were discussed and it was noted that management are proactively managing these.
- **Patient Transfers**
Management agreed to look at the reporting of patient transfers to give a clearer picture of the situation.
- **Community Services**
The Committee noted the move to orient Community Services staff to a more community-based focus.
- **Maternity Services**
The Committee discussed staffing issues around maternity services and note that a national review of maternity services is underway.
- **Quality Reporting**
The Committee noted the General Manager's comment that overall quality control is being managed and that incident reporting is quite robust.

The report was noted.

5. FINANCE REPORT

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

January results included the remainder of the Laundry redundancies.

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

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

Resolution (5/13)

(Moved: Peter Ballantyne/Seconded: Richard Wallace – carried)

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

6. CLINICAL LEADERS REPORT

The Clinical Leaders Report was taken as read.

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

The report was noted

6a GENERAL BUSINESS

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

7. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (6/13)

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

That the Committee:

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Minutes	For the reasons set out in the previous agenda.	

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

The committee moved into Public Excluded at 12.34pm and returned to the Public meeting at 12.35pm.

There being no further business the meeting closed at 12.35pm

Confirmed as a true and correct record.

Sharon Pugh
Chair

Date

**MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING
held in the Board Room Corporate Office, Grey Base Hospital, on
Thursday 7 March 2013 held at Corporate Office at 3.33pm**

PRESENT: Marie Mahuika-Forsyth, Te Rūnanga O Makaawhio (Deputy Chair)
Sharon Marsh, Maori Community Westport
Elinor Stratford, West Coast DHB Representative on Tatau Pounamu
Richard Wallace, Te Rūnanga O Makaawhio

IN ATTENDANCE: Gary Coghlan, General Manager Māori Health, West Coast DHB
Dr Paul McCormack, Chair of WCDHB Board
Paul Madgwick, Chair of Te Runanga o Makaawhio
Susan Wallace, Tumuaki for Te Runanga o Makaawhio

MINUTE TAKER: George Atfield, Administrator Māori Health

APOLOGIES: Francois Tumahai, Te Rūnanga O Ngāti Waewae
Wayne Secker, Maori Community

WELCOME

1. AGENDA / APOLOGIES

Apologies were received from Francois Tumahai and Wayne Secker.

Motion: THAT the apologies are accepted.

Moved: Sharon Marsh

Seconded: Richard Wallace

2. DISCLOSURES OF INTEREST

No amendments required.

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

Moved: Elinor Stratford

Second: Sharon Marsh

3. MINUTES OF THE LAST MEETING - THURSDAY 7 MARCH 2013

Motion: THAT the Minutes of Thursday 7 March 2013 were accepted as a true and accurate record.

Moved: Elinor Stratford

Second: Sharon Marsh

4. MATTERS ARISING

4.1 DHB Maori plan and Annual Plan - Agenda item 8.

4.2 Tatau Pounamu Distribution to Chair of Makaawhio – Ongoing. These papers will be sent at the same time as Tatau Pounamu members.

4.3 PHO - It was discussed that no request has been seen at PHO for a request for the quarterly reports. The committee were advised that CPHAC as part of alliance reporting receive as information papers. It was suggested that a request is made for the same information CPHAC receives, to be placed in the information section of the papers. Send a letter to the PHO requesting a copy of the PHO quarterly reports.

Action: Acting Chair

4.4 Maori Health Services / Planning

As the allocated time for Tatau Pounamu does not always provide enough time to discuss all topics, it was suggested that from time to time a workshop will be held for members to review topics of interest. A workshop was held Friday 22 February. The workshop was not well attended. However, attendees were pleased the workshop went ahead. It was suggested that members receive a reminder phone call from the office in the future.

5. CHAIRS UPDATE

Welcome

Paul Madgwick, Chair of Makaawhio Runanga and Susan Wallace, Tumuaki for Te Runanga o Makaawhio were welcomed and invited to be part of the discussion at Tatau Pounamu.

Chair Resignation

The Deputy Chair advised that the Chair will be tendering his resignation. The committee discussed the way forward. It was agreed that the Deputy Chair will assume Chair and will re-elect a Chair in the future.

6. GENERAL MANAGER MAORI HEALTH REPORT

An updated GM report was tabled, as it had some updated information within the report. The committee were advised that good work is being done. Cervical screening continues to be an issue but with improved progress on the West Coast. This issue appears to be an issue South Island wide. It was noted that in some cases small numbers can skew data. It was discussed that all members who work within the health arena can take the opportunity to promote cervical screening.

Immunisation rates are good.

By appointing Maori Health Nurse positions and Kaiarataki Maori Health Navigators within Buller and Hokitika it is anticipated that health outcomes will improve. These roles will amongst other things encourage greater increasing of Maori access to primary health care and other areas.

The Primary / secondary, smokers target in hospital has dropped and looks like it is tracking in right direction. A committee advised that at the CPHAC meeting it was noted there was concern about smoking stats particularly in the primary sector were not being captured. It is being discussed with patients but not always being recorded by staff. In an emergency situation is one such setting.

Minister Tariana Turia Visit - 5th March 2013

Minister Tariana Turia's visit occurred Tuesday 5 March and was well received by staff, community and local Maori. The day started with a Powhiri at Arahura Marae. In all over a hundred people took the opportunity to hear the Minister and many also met with her personally. She discussed Whanau ora and tobacco control. It was a very successful day and feedback received was very encouraging as well as positive. Minister Turia advised that we have an epidemic of people dying from smoking particularly alarming are Maori smoking rates. A committee member advised that he will circulate health gains information outlining the benefits of quitting smoking.

Action: Dr Paul McCormack

7. HEHA SMOKEFREE SERVICES UPDATE

This report was taken as read.

8. WHARE WHAKARURUHAU POLICY

The committee were updated regarding why this item was placed on the agenda. A letter received from Te Runanga o Makaawhio addressed to the GM Maori Health outlined that there were some concerns from the Runanga Executive about the use of the Whanau facility. This correspondence was discussed with the Chair and placed on the agenda. The correspondence was timely as the Whanau procedure was due for renewal in January 2013. The Tatau Pounamu meeting in January 2013 discussed this agenda item briefly but time restrictions meant this item was placed on the March 2013 agenda.

The Tumuaki for Te Runanga o Makaawhio, Susan Wallace advised the committee of the issues in the correspondence. These were discussed in greater detail. It was agreed that more feedback would be provided as this was an opportunity for quality improvement.

The GM Maori Health will supply Runanga whare information for an opportunity to submit feedback into the Whare procedure. To be returned by no later than Thursday 4 April 2013.

Action: GM Maori Health

9. DRAFT MAORI HEALTH PLAN

The Ministry of Health require a Maori Health Plan annually these plans are very prescribed by Ministry of health. The first draft needs to be submitted to the MOH by 15 March we are awaiting their feedback this is due the week of 22nd to 26th of April and the final version will need to be submitted by May 2013. The tabled draft Maori Health Plan is the first cut.

A point to note is Rata Te Awhina Trust and PHO have been involved in providing input into the first draft which is a positive collaboration. Local priorities are addressed within a plan and oral health and reduction in hospital rates of Maori have been chosen for this 2013-14 plan. How this plan is consulted further needs to be addressed.

Members and Makaawhio representatives briefly reviewed the tabled documentation. Points of interest raised were:

- Women's health is heavily prescribed but what about men's health?
- Obesity should be addressed? The oral health section will emphasise the importance of nutrition which will also have the flow on effect of obesity awareness.

- Within a years' time can we say that we have done a good job?

It was questioned whether the second local initiative is not business as usual, part of reducing readmission and effective discharge planning? The GM Maori Health advised that it is happening but he was not sure if it is happening very effectively and perhaps this could be done better.

The ideal of putting this plan on the table is to review and see if the chosen initiatives are the correct ones to focus on at this time. This is an important area and we need to be confident that this initiative can be achieved. It was suggested that the draft is taken to the Maori community by having an open forum to find out what are the big issues out there? It is expected that lifestyle and obesity will be highlighted.

Any local indicators included need to be easily measured to track effectiveness. It is important that work within the primary sector prevents our community getting into the secondary / tertiary sector. One reason why women's health is heavily prescribed is cervical cancer is the number two cancer in New Zealand and that prostate health is not as easy to check.

The committee and guests were invited to send any suggestions back to the General Manager within seven days to look at incorporating into the Maori Health Plan. The local priorities will be picked up into the DHB plan. It is important that people "walk the talk" and promote health wellbeing.

Action: Members and attendees

10. INFORMATION PAPERS

Smokefree by 2025 included.

11. GENERAL BUSINESS

Kaiawhina role

The Kaiawhina role and recruitment process was discussed.

There being no further business the meeting closed at 5.12pm.

WEST COAST DHB – MEETING SCHEDULE FOR 2013

DATE	MEETING	TIME	VENUE
Thursday 24 January 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 24 January 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 24 January 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 24 January 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 8 February 2013	BOARD	10.00am	Board Room, Corporate Office
Thursday 7 March 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 7 March 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 7 March 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 7 March 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 22 March 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 2 May 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 2 May 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 2 May 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 2 May 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 10 May 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 6 June 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 6 June 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 6 June 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 6 June 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 28 June 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 11 July 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 11 July 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 11 July 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 11 July 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 2 August 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 22 August 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 22 August 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 22 August 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 22 August 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 13 September 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 10 October 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 October 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 October 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 10 October 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 25 October 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 28 November 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 November 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 November 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 28 November 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 13 December 2013	BOARD	10.00am	Board Room, Corporate Office

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