

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



**HOSPITAL ADVISORY
COMMITTEE MEETING**

7 March 2013

**AGENDA
AND
MEETING PAPERS**

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

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital,
High Street, Greymouth
Thursday 7 March 2013 commencing at 11.00am

ADMINISTRATION

11.00am

Karakia

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

REPORTS/PRESENTATIONS

11.15am

4. **Management Report**
Garth Bateup *11.15am - 11.45am*
General Manager, Hospital Services
5. **Finance Report**
Justine White *11.45am - 12.05pm*
General Manager, Finance
6. **Clinical Leaders Report**
Dr Carol Atmore *12.05pm - 12.20pm*
Chief Medical Officer
Karyn Kelly
(Director of Nursing & Midwifery & Acting GM Primary & Community Services)
7. **Resolution to Exclude the Public**
Board Secretariat *12.20pm - 12.25pm*

ESTIMATED FINISH TIME

12.25pm

INFORMATION ITEMS

- Chair's Report to last Board Meeting
- Board Agenda – 8 February 2013
- Committee Terms of Appointment
- 2013 Committee Work Plan
- West Coast DHB 2013 Meeting Schedule

NEXT MEETING

Date of Next Meeting 2 May 2013

Corporate Office, Board Room at Grey Base Hospital.

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

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

INTEREST REGISTER

Member	Disclosure of Interests
CHAIR - HAC Sharon Pugh Board Member	<ul style="list-style-type: none"> • Shareholder, New River Bluegums Bed & Breakfast • Deputy Chair, Greymouth Business & Promotions Association
Doug Truman Board Member	<ul style="list-style-type: none"> • Deputy Mayor, Grey District Council • Director Truman Ltd • Owner/Operator Paper Plus, Greymouth
Richard Wallace	<ul style="list-style-type: none"> • Upoko, Te Runanga o Makawhio • Negotiator for Te Rau Kokiri • Trustee Kati Mahaki ki Makawhio Limited • Honorary Member of Maori Women's Welfare League • Wife is employed by West Coast District Health Board • Trustee West Coast Primary Health Organisation • Member of Tatau Pounamu • Kaumatua Health Promotion Forum New Zealand • Kaumatua for West Coast DHB Mental Health Service (employed part-time) • Daughter is a Board Member of both the West Coast DHB and Canterbury DHB • Kaumatua o te Runanga o Aotearoa NZNO • Te Runanga o Aotearoa NZNO • Member of the National Asthma Foundation Maori Reference Group
Gail Howard	<ul style="list-style-type: none"> • Chair of Coal Town Trust • Trustee on the Buller Electric Power Trust • Director of Energy Trust New Zealand
Paula Cutbush	<ul style="list-style-type: none"> • Owner and stakeholder of Alfresco Eatery and Accommodation
Karen Hamilton	<ul style="list-style-type: none"> • Grey District Councillor • Employed by Community & Public Health (a division of Canterbury District Health Board) • Coordinator / Member of Alcohol Action West Coast • Member - Alcohol Action New Zealand • Member of West Coast Tobacco Free Coalition • Member CCS Disability Action (Canterbury / West Coast) • Member Cystic Fibrosis Association (Canterbury Branch) • Director – Future Knowledge Limited (this company owns a property that is leased by Richmond New Zealand Trust and another property that is leased by Presbyterian Support) • Shareholder – Bright Side Investments Limited • Owner - Building where Community Services have relocated to on the Corner of High St & Marlborough Street.

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

DRAFT

MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING held in the Board Room, Grey Base Hospital, Corporate Office, on Thursday 24 January 2013, commencing at 11.00am

PRESENT

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

MANAGEMENT SUPPORT

Garth Bateup (General Manager, Hospital Services); Gary Coghlan (General Manager, Maori Health); Michael Frampton (Programme Director); David Green (Acting General Manager, Finance); Carolyn Gullery (General Manager, Planning & Funding); Kay Jenkins (Minutes).

IN ATTENDANCE

Item 6 - Michele Coghlan, Nurse Manager, Clinical Services.

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 Dr Paul McCormack.

1. INTEREST REGISTER

Karen Hamilton advised that she was an owner of the building that Community Services have relocated to on the corner of High St & Marlborough St.

Sharon Pugh advised that she is Deputy Chair of the BPA not DPA as noted in the Interest Register.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (1/13)

(Moved: Doug Truman/Seconded: Karen Hamilton – carried)

“That the minutes of the meeting of the Hospital Advisory Committee held on 22 November 2012 be confirmed as a true and correct record.”

3. CARRIED FORWARD/ACTION ITEMS

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

- 1 Transportation Home following Discharge – the Committee noted that Transport from Greymouth to Westport will be evaluated in March.
- 2 Patient Ambulance Transport – The Committee noted that a Regional process is running around this and it is hoped that this will be finalised by the end of April. The intention is to move from the current contractual arrangement to allow the service provider to have a fixed resource and also provide vehicles other than ambulances. The Committee further noted that this will not be a “quick fix” as recruitment will be involved.

3. Updated Work Plan – This is an item for discussion later in the meeting.
4. Exit Interviews – The next report is due in June 2013 but may be provided earlier.

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 due to Seismic Issues – the relocation of Morice & McBrearty Wards & day surgery has taken place. Other relocations are also taking place in the next 2 weeks.
- Locum & Medical Personnel Costs – these are still slightly below budget in the hospital.
- Recruitment – An offer has been accepted by an Anaesthetist. This means there will now be 2 commencing. There is a continuing focus on recruitment of a General Surgeon and Hospital Generalist. Discussion took place regarding the winding up of the “New Coasters” organisation and the Committee agreed that it is important that new staff are welcomed appropriately.
- Maternity Care – the General Manager advised that there is an independent midwife commencing shortly and confirmed that Maternity care is available to all women. Discussion took place regarding whether there is an optimum number of midwives desired and the Committee noted that some work is planned to gain a better understanding of the resourcing needs in this area.
- Complaints Process – a question was asked regarding complaints and the General Manager outlined the complaints process.
- Health Targets – The Committee noted that there would again be a focus on the Better Help for Smokers to Quit target.
- Orthopaedics - The Canterbury DHB GP Liaison Medical Officer has commenced triaging the Orthopaedic Referrals and it is planned to commence the Musculoskeletal Clinics early in 2013. Three additional Canterbury Orthopaedic Surgeons have joined the Canterbury DHB Orthopaedic rotation to the West Coast to allow the new model of care to be managed appropriately.
- Outpatient Cancellations – a query was made regarding outpatient cancellations and the Committee noted that these cancellations are mainly due to adverse weather which prevents clinicians getting to the area.
- Central Booking Unit - Planning & Funding continue to work with the Central Booking Unit to improve the systems and processes. Work has commenced to address a number of process improvements and risks identified in the Ministry of Health’s Elective Services Report.
- Adverse Weather Events - Weather patterns in late December/early January caused transport issues, particularly in South Westland. Transport of clinical supplies, laundry and personnel over the bridge washout were by helicopter. Communications were maintained via the St John communication network.

- Transfers to Tertiary Centres – a request was made for more some details regarding “Special Care not Available at Grey Base Hospital” on page 10 of the report.
- Seismic Testing in Buller – The Committee noted that one detailed Engineering Report had been completed at this stage and we are awaiting finalisation of this report.
- CAMHS Building – Programme Director, Michael Frampton, advised the Committee that the Detailed Engineering Report on this building had just been received which stated that the building was not earthquake prone. The building is however and earthquake risk but this means that there is no immediate need to vacate staff from the building. This report is still to be peer reviewed.
- Production Plan Update – The General Manager advised that there will be a more detailed update at the next meeting.
- Laundry – A query was made regarding Commercial customers of the laundry service and the Programme Director provided details of the process undertaken for Commercial customers. In response to a query regarding the equipment he commented that no decisions have been made in this regard.

The report was noted.

5. FINANCE REPORT

David Green, Acting General Manger, Finance, spoke to the finance report for the month of November 2012. The report was taken read and he commented that some of the major points of the report had already been discussed. He highlighted the key issues around the laundry and insurance premiums. He added that the overall result for the month of December is similar to November and the Committee noted that processes are in place to manage personnel costs.

Resolution (2/13)

(Moved: Richard Wallace/Seconded: Paula Cutbush – carried)

That the Committee notes the financial report for the period ending 30 November 2012.

6. CLINICAL LEADERS REPORT

Michele Coghlan, spoke to the Clinical Leaders Report which was taken as read.

A query was made regarding roster re-engineering and Michele provided the Committee with some background regarding this.

Discussion took place regarding the visit of Mr Ian Civil, Trauma Surgeon and Clinical Lead of the National major Trauma Clinical Network in December. The Committee noted that Mr Civil was able to reassure staff that is entirely appropriate not have some specialists on duty 24/7 and to provide advice via telephone and video services.

Resolution (3/13)

(Moved: Sharon Pugh/Seconded: Gail Howard – carried)

That the Committee notes the Clinical Advisor’s Report.

7. 2013 DRAFT WORK PLAN

Michael Frampton, Programme Director, presented the draft Work Plan for the Committee for 2013. He commented that this lines up with the DHB priorities set by EMT. This work plan will be updated and included in the information items at each meeting for the information of the Committee.

8. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (3/13)

(Moved: Peter Ballantyne/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.	Programme Director - 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)

- 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 12.45pm and returned to the Public meeting at 1.00pm.

There being no further business the meeting closed at 1.00pm

Confirmed as a true and correct record.

Sharon Pugh
Chair

Date

CARRIED FORWARD/ACTION ITEMS

Item No	DATE RAISED	ACTION	COMMENTARY	STATUS
1	30 September 2011	Transportation home following discharge. Work to be undertaken on communication regarding what people could reasonably expect, and what can be delivered.	A pilot is operating between Buller & Greymouth. This was evaluated in December 2012 and will be further evaluated in 3 months time. The most appropriate day varies from week to week.	Further evaluation due in March 2013 with an update to the May 2013 meeting.
2	24 May 2012	Patient Ambulance Transport Provide update on the South Island project around patient ambulance transport	A Regional process is being undertaken around this. The time line for finalisation is the end of April 2013.	Update to be provided to June 2013 meeting.
3	24 May 2012	Exit Interviews	Provide a regular reporting on any trends (either positive or negative) emerging from exit interviews.	Next Report due June 2013.

TO: Chair and Members
Hospital Advisory Committee

SOURCE: General Manager, Hospital Services

DATE: 7 March 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Hospital Advisory Committee:

- i. Notes the Management Report

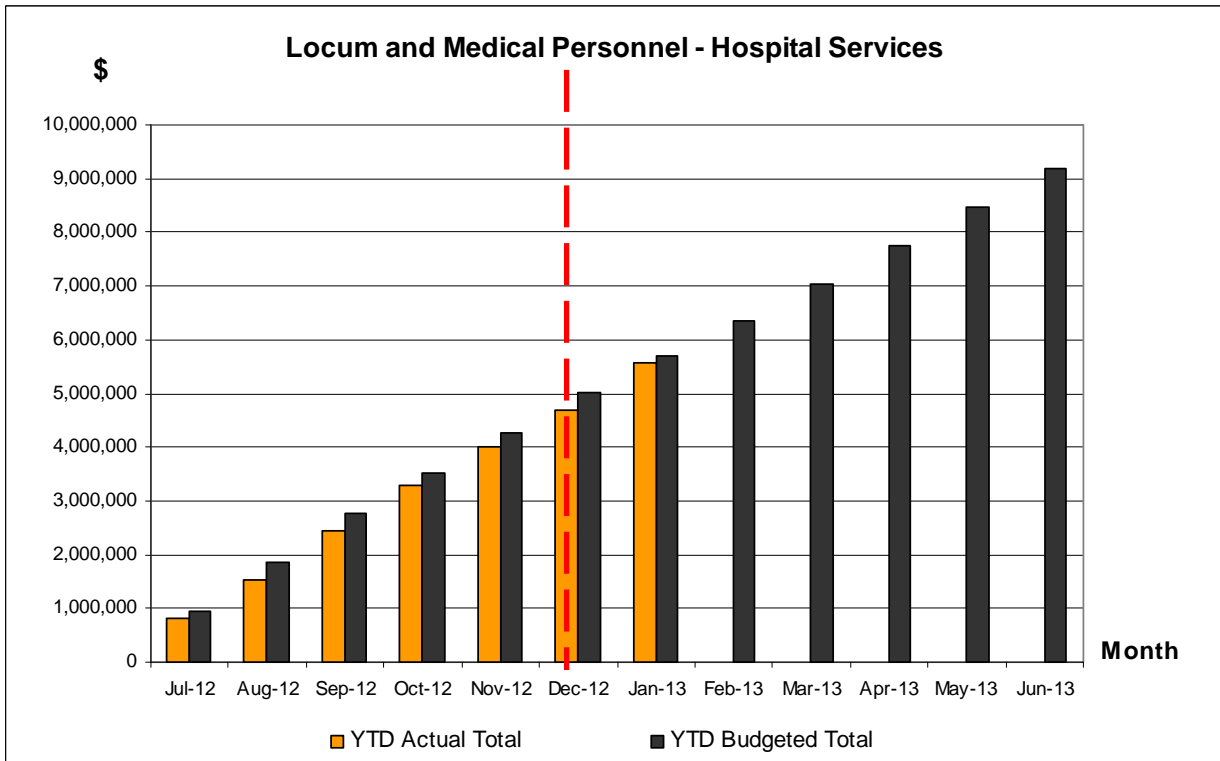
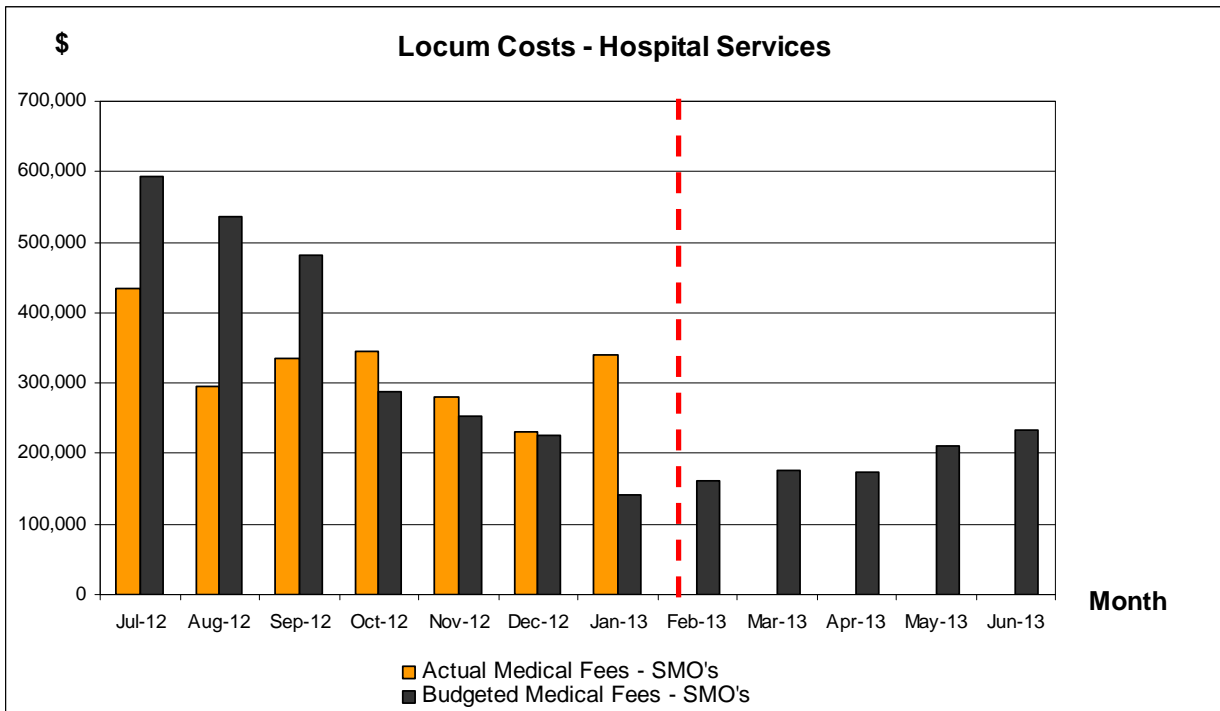
3. SUMMARY

- Relocation of clinical wards (Hannan and Morice) is completed.
- Medical Administration relocations are substantially completed. The delay for a few remaining staff is around resource consent issues to use the Nancarrow Street property for Community Services.
- Production Plan is close to targets except in orthopaedics, ENT and Urology. Overall the DHB will achieve the 1592 elective discharges target.

4. DISCUSSION

4.1 Medical Personnel

- Both graphs are Hospital Services only.
- Hospital Services is in this connection defined as: General Surgery, Orthopaedics, Accident & Emergency, General Medicine, Obstetric & Gynaecology, Paediatrics, Anaesthetics and Visiting Clinics.
- The figures only include Senior Medical Officer personnel and Senior Medical Officer related locum costs
- The Senior Medical Officer locum costs include travel, accommodation, Agency Fees and other locum costs
- July 2012 – January 2013 figures are based on actual spend.
- The graph showing Locum and Medical Personnel costs are accumulated figures.
- The graph showing only the locum costs are showing the monthly spend.



4.2 Recruitment Vacancies

Monthly Summary

New Vacancies:	4
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Total Open Vacancies	28
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Total FTE Recruiting:	33.1
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Appointed Vacancies	11
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Total FTE Appointed	10.9
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Corporate & Support Services

Date Received	Vacancy Name	Approved	FTE	H/C	Work Type	Division/Practice	Status	Stage & Comments
8/11/2012	General Manager – Buller	Y	1	1	Permanent, FT	Buller		Short listing: Pre-screen commenced.
8/11/2012	General Manager – Grey & Westland	Y	1	1	Permanent, FT	Greymouth		
16/01/2013	Booking Clerk	Y	1	1	Fixed, FT	Greymouth		Advertising: Closed 30 th January 2013
21/01/2013	Receptionist	Y	1	1	Permanent, FT	South Westland		Advertising: Closed 3 rd February 2013
Total CSS Recruiting:			4	4				

Total Months Appointments:

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

Medical

Date Received	Vacancy Name	Approved	FTE	H/C	Work Type	Division/Practice	Status	Stage & Comments
1/5/2011	Obstetric & Gynaecology		1	1	Permanent	Grey Hospital		On-Hold: Waiting confirmation if we will re-advertise.
14/08/2012	Clinical Leader		1	1	Permanent	Buller Health		Advertising: No suitable applicants. Manager to discuss with the General Practitioners about what our next step will be. Continue to advertise on both Canterbury DHB & West Coast DHB websites.
1/5/2011	General Practitioner		2.2	2.2	Perm/FT/Locum	Buller		Advertising – no enquiries to date
1/5/2011	General Practitioner		1.7	1.7	Perm/FT/Locum	Greymouth		Advertising: Nigel Ogilvie is dealing with the Australian General Practitioner's looking to rotate every 6 weeks; we are still working through the logistics of this – negotiations still taking place.
1/5/2011	General Practitioner		1	1	Perm/FT/Locum	Reefton		
5/5/2012	General Practitioner		1	1	Perm/FT/Locum	GTE		12 month locum has who has been interviewed and job offer prepared – waiting confirmation if we can send a job offer.
6/5/2012	General Practitioner		1	1	Perm/FT/Locum	Hokitika		Advertising: We have received through a direct enquiry from a General Practitioner in Gore who is looking for a 12 month position; he is interested in working in South Westland. Informal chat directly with practice arranged.
7/5/2012	General Practitioner		1	1	Perm/FT/Locum	South Westland		

17/8/2012	Hospital Generalist		3	3	Permanent	Greymouth		Advertising: Received through one direct applicant and CV – he cannot start until January 2014, pre-screen underway.
21/9/2012	General Surgeon		1.2	1	Permanent	Greymouth		Closed: CV being reviewed: Have received through a direct enquiry from a German Surgeon– Carol has just returned from leave and is presently reviewing this CV.
Total Medical Recruiting to:			14.1	13.9				

Total Months Appointments:

Date Received	Vacancy	FTE	H/C	Work Type	Division/Practice	Start Date	Appointee Comments (incl. Agency details and fee if applicable)	Int/Ext
30/05/2012	Anaesthetist	1.2	1	Perm	Anaesthetic - Grey	April	Direct applicant, no agency	Ext
Total Medical Hires:		1.2	1					

Nursing

Date Received	Vacancy Name	Approved	FTE	H/C	Work Type	Division/Practice	Status	Stage & Comments
22/8/12	Nurse Practitioner		1	1		Buller		On-hold: Position on hold until New year while some service changes take place within Buller IFHC
25/10/12	Rural Nurse Specialists		1	1		Buller		Placement pending: Karen Taylor has been offered the RNS role in Ngakawau. Will arrange to come to visit Ngakawau and meet with Lynne Dunlop over New Year, prior to confirmation of acceptance of position
30/10/12	Registered Nurses		4	4		Manaakitanga IPU		Ref checking/Re-advertising: Completed ref checks - awaiting confirmation if candidate is to be offered role. One candidate still to be interviewed in New year. Another ad has been put up as still have vacancies
11/11/13	Practice Nurse		.7	1	Permanent	Buller Medical		On-hold: awaiting approval through the new process and we are expecting two further resignations which we hope to gain approval for to advertise together.
11/01/13	Practice Nurse		1	1	Permanent	Grey MC		Re-advertised - Interview held not suitable - -re-advertising commenced on 16 th January, closing 30 th January.
16/01/13	Primary Mental Health Nurse	Y	.7	1	Permanent	Buller community Mental Health Team		Advertising
07/01/13	Midwives - generic	Y	?	?	Perm/fixed term/casual	West Coast DHB		Advertising: This position is for core midwives and Lead Maternity Carer's to cover all areas of the West Coast on permanent – full or part time, fixed term or casual contracts.
07/01/13	Clinical Midwife Manager	Y	1	1	Permanent	Grey Hospital		Advertising
07/01/13	New Graduate Midwife	Y	.8	1	Permanent	Grey Hospital		Advertising
15/01/13	CNS Cancer Coordinator	Y	1	1	Permanent	Grey Hospital		Advertising
15/01/13	Nurse Practitioner – South Westland	Y	0.8	1	Permanent	Fox Glacier/South Westland		Advertising
Total Nursing Recruiting:			12	13				

Total Months Appointments:

Date Received	Vacancy	FTE	H/C	Work Type	Division/Practice	Start Date	Appointee Comments (incl. Agency details and fee if applicable)	Int/Ext
	Registered Nurses	2	2		Medical/Surgical Grey	TBC	Placed Registered Nurse roles	
	Practice Nurse	.8	1		Buller	14/1/2013	Fixed term contract	
14/11/12	District Nurses	.7	1		Buller	TBC	TBC	
Total Nursing Hires:		4.2	5					

Allied Health, Scientific & Technical

Date Received	Vacancy Name	Approved	FTE	H/C	Work Type	Division/Practice	Status	Stage & Comments
1/5/2012	Dental Therapist		1	1		Greymouth		Re-advertising
24/4/2012	Senior Dietician		1	1		Greymouth		Under review: Position under review. Senior clinical role is being performed by senior clinicians at Christchurch Hospital.
12/13	Mental Health Professional		1	1		Greymouth		Interviewing: 3 candidates interviewed on 28 January
Total AHST Recruiting:			3	3				

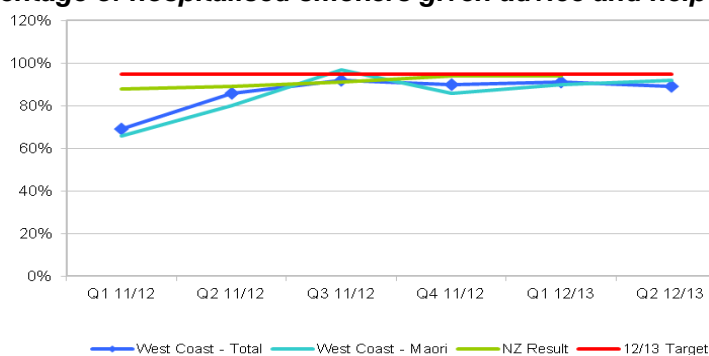
Total Months Appointments:

Date Received	Vacancy	FTE	H/C	Work Type	Division/Practice	Start Date	Appointee Comments (incl. Agency details and fee if applicable)	Int/Ext
	Physiotherapist	.5	1		Buller	07/01/2013	Current employee who is increasing her FTE.	Int
	Dietician	1	1		Greymouth	7/01/2013	External applicant	Ext
	Pharmacist	1	1		Greymouth	07/01/2013	Internal applicant who was on a fixed term contract.	Int
	Physio (Rotational)	1	1		Greymouth	18/2/2013	External applicant	Ext
	Manager, CCCN	1	1		Greymouth	TBC - Jan	Internal applicant who is leaving the AT&R ward for this role.	Int
22/11/12	Occupational Therapist	.5	1		OT - Community	18/02/13	Commencing 18 February 2013.	ext
Total AHST Hires:		5.5	7					

4.3 District Health Board Specific Targets

National Health Target		West Coast DHB Target										
Shorter Stays in Emergency Departments	95% of patients will be admitted, discharged, or transferred from an Emergency Department within six hours	>95% across all triage categories	<p>Emergency Department Attendances</p> <p>For Period: 1 January – 31 January 2013</p> <table> <tr> <td>Over 6 Hours</td> <td>3</td> <td>0.00%</td> </tr> <tr> <td>Under 6 Hours</td> <td>1,245</td> <td>1.00%</td> </tr> <tr> <td>Total Attendances:</td> <td>1,248</td> <td></td> </tr> </table> <p><i>This report is calculated from Arrived time to Departed time. It combines the 3 Emergency Departments – Grey, Buller and Reefton.</i></p>	Over 6 Hours	3	0.00%	Under 6 Hours	1,245	1.00%	Total Attendances:	1,248	
Over 6 Hours	3	0.00%										
Under 6 Hours	1,245	1.00%										
Total Attendances:	1,248											
Improved Access to Elective Services	129,000 elective surgical discharges delivered nationwide in 2010/11	1592 elective surgical discharges	<p>The year to date (YTD) report as of 31 December 2012 shows that there have been 846 actual raw surgical discharges delivered by the West Coast DHB, which is 23 cases above the YTD planned target of 823 surgical discharges. This is 53.0% of the total national health target of 1592 discharges to be delivered by the West Coast DHB for the year.</p> <p>These discharges resulted in case weight discharges (CWD) of 1171.90 which was over-delivery at 105.8% of planned year to date volume."</p>									
Shorter Waits for Cancer Treatment	Everyone needing radiation & chemotherapy treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010.	100% started within four weeks	<p>From July 2012, the Cancer Treatment Health Target expanded to include chemotherapy as well as radiation therapy. West Coast DHB continues to achieve the target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks for the current financial year to 31 January 2013.</p>									
Better Help for Smokers to Quit	90% of hospitalised smokers are provided with advice and help to quit. Introduce similar target for primary care from July 2010 through the Primary Health Organisation Performance Programme.	95% for 2011-2012	<p>ABC Implementation:</p> <p>January – 89%</p> <p>Performance against the secondary care Smokefree health target slipped slightly to 89% of hospitalised smokers having received help and advice to quit in Quarter 2, with the ABC intervention having to compete with the disruptions of urgent earthquake strengthening work.</p> <p>Smokefree staff have been working with Clinical Nurse Managers (CNMs) to provide leadership to their staff to lift performance the last few percentage points to reach the 95% target. This includes working with coders to pick up files where ABC has not been delivered to a patient who smokes and providing this information back to the CNMs. This enables CNMs to review all 'missed' patients, pinpoint any gaps at ward/unit level and address them for the following month. This is key to achieving the target, as a single 'missed' ABC contributes to more than 1% off the target.</p>									

Secondary Care Smokefree Health Target
Percentage of hospitalised smokers given advice and help to quit

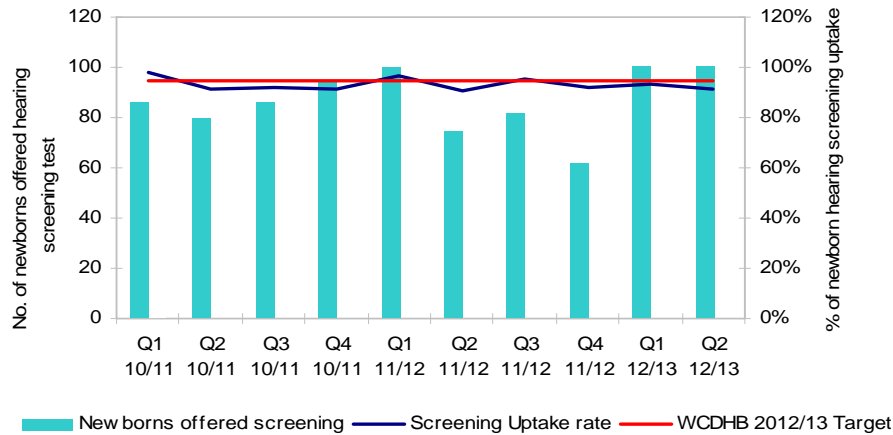


Antenatal HIV Screening

Laboratory data, including antenatal HIV screening data, is currently unavailable while the IT department establishes 'reverse mapping' between the codes used by the new laboratory system and the codes used by the old system. AHIV data is expected to be available for the Quarter 3 report.

Newborn Hearing Screening

West Coast DHB newborn hearing screening uptake by quarter



On the West Coast, the uptake of the newborn hearing screening test has been consistently high, with coverage remaining above 90%.

In the 3 month period to December 2012, 101 newborn hearing screening tests were offered, of which there was a 91% uptake – 4% less than the DHB's target for 2012/13.

- Five (5) newborns' parents/caregivers declined the test.
- One (1) newborn's parents/caregivers were not verbally offered newborn hearing screening. This typically occurs due to early discharge or a home birth.
- Three (3) newborns required a targeted follow-up. This is when a baby has a 'pass' screen result for both ears, but there are one or more risk factors of hearing loss present.

Positive progress for the programme in Quarter 2 includes:

- Two outreach clinics held in Westport and one at the Gloriavale Christian Community; and
- Two staff having their screening technique verified at Christchurch Women's Hospital.

4.4 Case Weights

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

Inpatient Volumes

As at 31 January 2013 overall case-weighted (CWD) inpatient delivery was -25% under contracted volume for surgical specialty services (1,277.32 actual vs. 1,470.20 contracted) and 91% over for medical specialty services (788.19 actual vs. 863.07 contracted).

The split between acute and electives were as follows:

CASE WEIGHTS (CWD)	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	638.49	544.69	-93.80	-15%
Elective	790.89	707.35	-83.54	-11%
Sub-Total Surgical:	1,470.20	1,277.32	-192.88	-25%
Medical				
Acute	768.71	834.07	65.36	8.50%
Elective	0.93	0.00	-0.93	-100%
Sub-Total Medical:	788.19	863.07	64.43	-91%
TOTALS:	2258.39	2140.39	-118.00	-5%

*The under-production in surgical specialty services is driven largely by Orthopaedics.

*The over-production in medical specialty services is driven largely by General Medicine.

Outpatient Volumes

As at 31 January 2013 overall case-weighted (CWD) outpatient delivery was -5% under contracted volume for surgical specialty services (5795 actual vs. 6194 contracted) and -3% down for medical specialty services (2989 actual vs. 3078 contracted).

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

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1 st Visit	2276	2200	-76	-3%
Subsequent Visit	3919	3595	-324	-8%
Sub-Total Surgical:	6194	5795	-399	-6%
Medical				
1 st Visit	929	828	-101	-11%
Subsequent Visit	2150	2161	11	1%
Sub-Total Medical:	3078	2989	-89	-3%
TOTALS:	9273	8784	-489	-5%

*Under-production again in surgical specialty services, in particular with Orthopaedics. First visits remain over in Ophthalmology and Plastics.

*Under-production continues across medical specialties, in particular subsequent visits in General Medical.

4.5 Industrial Relations

- Negotiations with the First Union (formerly NDU) for renewal of the WCDHB Pharmacy Collective Employment Agreement continue.
- Negotiations with ASMS representing Senior Medical Officers have commenced.
- Negotiations with APEX representing IT workers continue.

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

DHB Name: West Coast

	2012		2012		2012		2012		2012		2012		2012		2012		2012										
	Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec				
	Level	Imp. Req.	Status %	Level	Imp. Req.	Status %	Level	Imp. Req.	Status %	Level	Imp. Req.	Status %	Level	Imp. Req.	Status %	Level	Imp. Req.	Status %	Level	Imp. Req.	Status %	Level	Imp. Req.	Status %	Level	Imp. Req.	
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	18 of 18	0	100.0%	18 of 18	0	100.0%	18 of 18	0	100.0%	17 of 18	1	94.4%	17 of 18	1	94.4%	17 of 18	1	94.4%	17 of 18	1	94.4%	17 of 18	1	94.4%	17 of 18	1	94.4%
2. Patients waiting longer than six months for their first specialist assessment (FSA).	23	0	0.4%	32	0	0.6%	50	0	0.9%	29	0	0.5%	0	0	0.0%	26	-26	0.1%	1	4	0.4%	15	-15	1.3%	0	0	0.0%
3. Patients waiting without a commitment to treatment whose priorities are higher than the accreditation threshold (RTT).	0	0	0.0%	0	0	0.0%	0	0	0.0%	6	0	0.0%	0	0	0.0%	12	-12	0.7%	12	6	0.7%	12	-12	0.7%	12	6	0.0%
5.Patients given a commitment to treatment but not treated within six months.	35	0	1.7%	34	0	1.7%	41	0	2.1%	16	0	0.8%	0	0	0.0%	4	-4	1.1%	4	0	0.0%	4	-4	1.1%	4	0	0.0%
6. Patients in active review who have not received a review within the last six months.	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	117	0	100.0%	150	0	100.0%	109	0	100.0%	171	0	100.0%	158	0	100.0%	150	0	100.0%	136	0	100.0%	104	0	100.0%	104	0	100.0%

Data Warehouse Refresh Date: 03/Feb/2013

Report Run Date: 03/Feb/2013

Notes:
 1. ESPIs that apply from 1 July 2012.
 2. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
 3. ESPIs 3 and 8 assess surgical specialities where patients are prioritised using nationally recognised tools.
 4. Medical specialities are currently included in ESPI 1, 2, and 5 results but excluded from other ESPI results.
 5. ESPI 1 and 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
 6. ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.39%, and Red if 0.4% or higher.
 7. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.95%, and Red if 1% or higher.
 8. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.95%, and Red if 1% or higher.
 9. ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than 14.99%, and Red if 15% or higher.
 Please contact the Ministry of Health's Electives team if you have any queries about ESPIs (elective_services@moh.govt.nz).

4.7 Patient Transfers

Transfers to Tertiary Centres (December 2012 – January 2013)

Reasons for Patient Transfers	December 2012	January 2013
Service not available at Grey Base	2	1
Service not available at Grey Base – at time	-	1
Severity of illness	3	5
Special Procedure (not done at Grey Base)	1	11
Specialist Care Not available (at Grey Base)	19	15
Specialist Care Not available (at Buller)	-	-
Service Not available (at Buller)	1	1
Specialist Care Required Urgently	2	5
Other Staffing Issue	-	-
Post Operative Complication	0	3
Other reason for transfer	0	1
Total No. of Categories (reasons*) for month	28	43
Total No. of Patients Transferred for month	24	33

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

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

Definitions:

Specialist – Expert clinician

Service – equipment, resources and operators

Patient Transfers from Buller to Grey Base Hospital (December 2012 – January 2013)

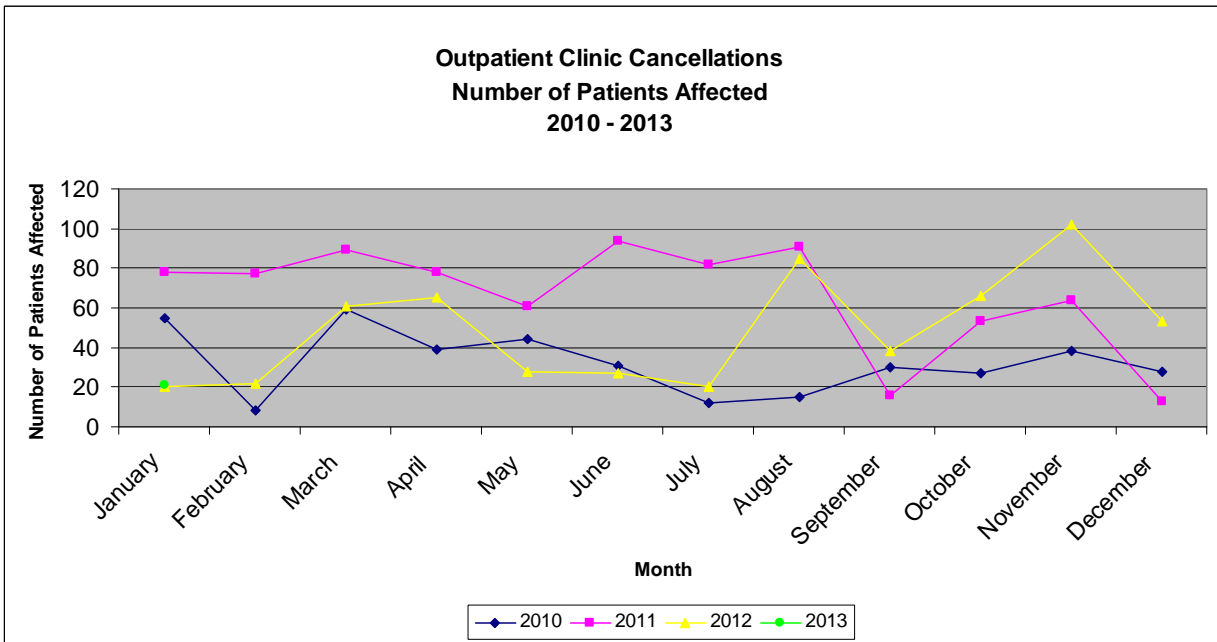
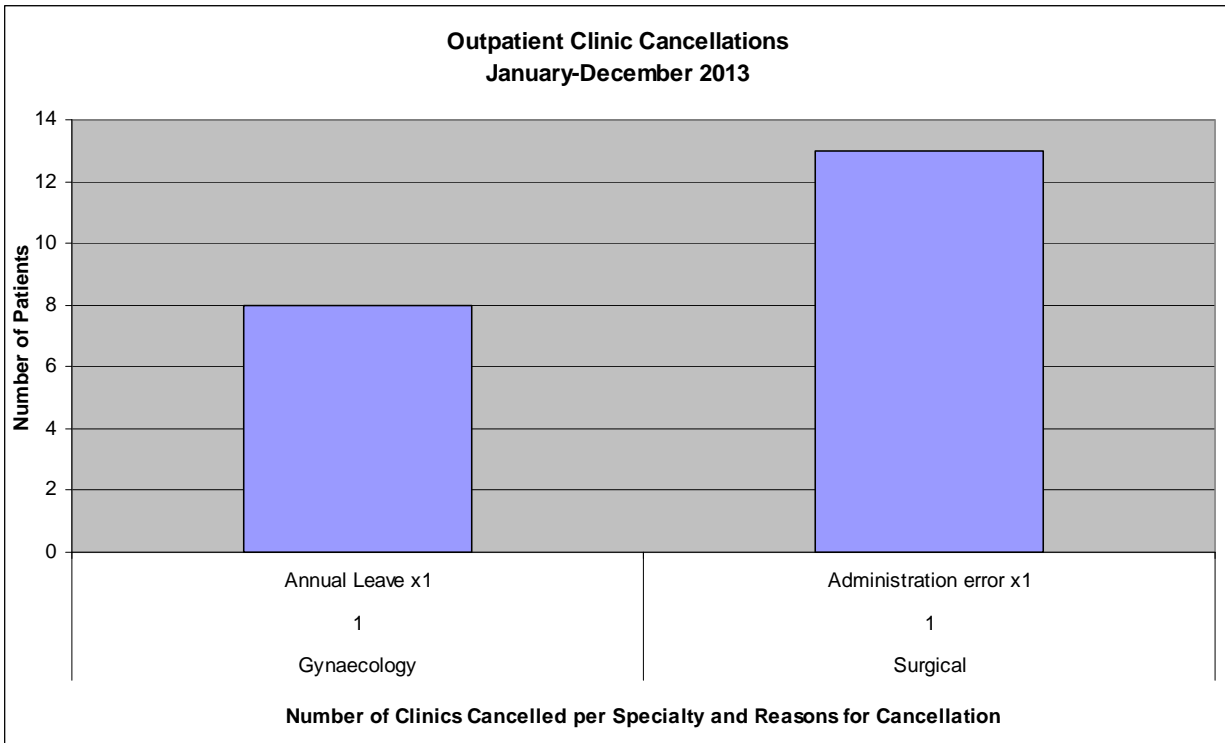
Reasons for Patient Transfers	December 2012	January 2013
Service not available at Buller	5	6
Specialist care not available at Buller	2	2
Specialist care required urgently	3	2
Other staffing issue	-	-
Post Operative complication	-	-
Other reason for transfer	-	-
Severity of illness	-	-
Total No. of Categories (reasons*) for month	10	10
Total No. of Patients Transferred for month	6	8

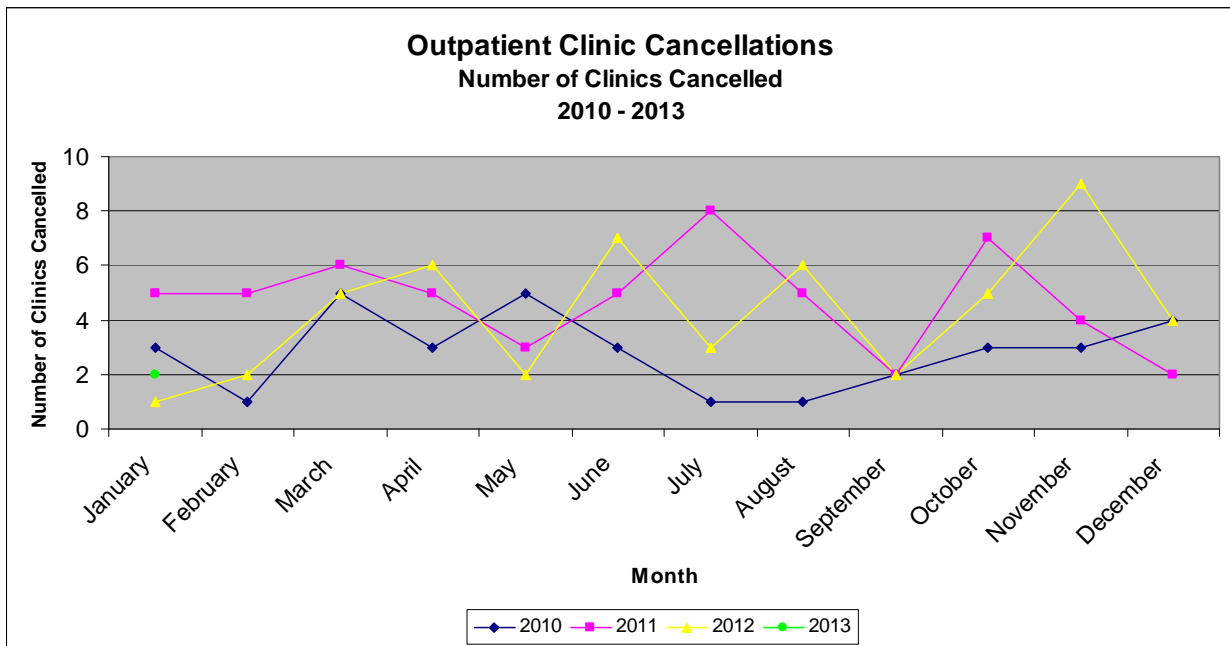
Patient Transfers from Reefton to Grey Base Hospital (December 2012 – January 2013)

Reasons for Patient Transfers	December 2012	January 2013
Service not available at Reefton	-	2
Specialist care not available at Reefton	1	-
Specialist care required urgently	1	-
Other staffing issue	-	-
Post Operative complication	-	-
Special Procedure	-	-
Other reason for transfer	-	-
Severity of illness	2	1
Total No. of Categories (reasons*) for month	4	3
Total No. of Patients Transferred for month	3	2

4.8 Outpatient Clinic Cancellations

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend (DNA)	Percentage of patients did not attend (DNA)	Number of patients affected by clinic cancellations (rebooked)	Percentage of patients affected by clinic cancellations
January 2012	1587	1421	146	9.20%	20	1.26%
February 2012	2128	1937	169	7.94%	22	1.03%
March 2012	1974	1752	161	8.16%	61	3.09%
April 2012	1972	1728	179	9.08%	65	3.30%
May 2012	2290	2047	215	9.39%	28	1.22%
June 2011	1668	1511	130	7.79%	27	1.62%
July 2012	2098	1891	187	8.91%	20	0.95%
August 2012	1855	1628	142	7.65%	85	4.58%
September 2012	2017	1827	152	7.54%	38	1.88%
October 2012	1913	1696	151	7.89%	66	3.45%
November 2012	1935	1703	130	6.72%	102	5.27%
December 2012	1561	1382	126	8.07%	53	3.40%
January 2013	1849	1679	149	8.06%	21	1.14%
13 month rolling totals	24847	22202	2037	8.20% Average	608	2.45% Average





4.9 Community Services

Relocation of the Clinical Nurse Specialists to the corner of Marlborough and High Streets (previously known as the Kip McGrath centre) has occurred. These nurses have retained a shared space in Community Services for setting up Specialist visiting clinics and as a base to visit patients in the wards. The nurses coordinate the clinics for their specialty eg. Clinical Nurse Specialist Cardiac works alongside visiting cardiologists to ensure a smoother patient journey. This also takes pressure off the Out Patients Department team who then do not have to staff the clinics.

Nancarrow Street (previously a West Coast DHB owned RMO flat) where several community staff are destined is not yet ready for occupancy. There have been some objections from neighbours in the area regarding parking on their street; this is currently being worked through with alternative parking arrangements being sourced. Once the consent has been given by the Grey District Council the disability toilet will be installed and staff can move in. The roof and batts have been replaced, drainage has been improved, electrical, phone and IT preparatory work has been completed ready for phones and computers to be moved in. The lighting has been modified to cater for an office environment.

Once Nancarrow Street is occupied staff moving from the Medical Administration area can complete their move to the Community Services block.

Mental Health

The West Coast DHB Mental Health Service are, for the first time, hosting 4th year medical students undertaking the psychiatry placement. This is a huge undertaking for Otago University (new placements) and for Mental Health Services (increased teaching load) as we will now be hosting in excess of 56 students in 2013. This cohort of 56 students on placement with us now includes the following disciplines;

- Nursing students Nelson Marlborough Institute of Technology – 2nd /3rd year and transition
- Nursing students Canterbury DHB – 2nd year
- Medical students Otago University – 4th year / 5th year Rural Medical Immersion Programme
- Allied health – Social Work and / or Psychology

The increased training load is being willingly supported by the whole team in the interests of future recruitment and will make for an interesting year. The first 4th year medical students are already in place, with 6th year students due to commence mid February. The first rotation of nursing students will join the cohort here at the end of February.

South Westland

HariHari continues to run with a series of short term relievers until our permanent nurse arrives in March. We are currently advertising for a Rural Nurse Specialist to replace the roving nurse role who resigned in January.

We have had a short term locum assisting in South Westland. It has been a busy month with many tourists requiring medical services.

Buller

The new Rural Nurse Specialist for Ngakawau starts on February 25. As indicated in the previous HAC report, the resignations from two practice nurses have been received. We have also received another three resignations, Clinical Nurse Manager, a 0.6FTE Practice Nurse and a 0.6FTE Enrolled Nurse. Kynnersley has also received two resignations, a Clinical Nurse Manager, and recently appointed casual Registered Nurse has resigned due to family commitments. Advertising for these positions will commence as soon as approval has been received from the Recruitment to Appoint group.

The Seismic Report for Buller has been released; The x-ray building has been determined as having a performance of 20% of New Building Strength (NBS) and so is deemed to be earthquake prone. The building has no critical structural weaknesses that would require the building to be vacated or immediate remedial work to be undertaken so the report concludes that this building does not require strengthening in accordance with Buller District Council policy, unless the West Coast DHB chooses to apply for a building consent or change of use, or if the building is deemed dangerous by Buller District Council.

The Government appointed Partnership Group visited the Buller Integrated Family Health Centre recently to have a look around the facility.

Reefton

The newly appointed Reefton Registered Nurse starts 4th March; this brings Reefton up to a full compliment of nurses.

4.10 Nursing Update

Maternity services

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

Our most recent round of recruiting had no applications. The recruitment team are working very creatively to fill these vacancies, in particular the Clinical Midwife Manager role. This position will be vacant from the 30 April. To date, we have been unable to attract a midwife in their first year of practice to Grey Hospital.

Relocation update

Hannan Ward is now sited in its new location. The move back from the Greenwood Wing at Granger House went smoothly. The ward is being led under a new leadership and management structure until the end of the financial year.

Morice Ward/CCU has experienced issues with the call bell system and oxygen outlets which are both being addressed. Education is underway that will allow the telehealth unit, based within the

paediatric ward, to be utilised for critically ill adult patients, to improve patient outcomes.

The surgical service continues with their co-location arrangement, for the benefit of both inpatient and day surgical services. A recent visit by the Clinical Nurse Manager to Burwood has highlighted a number of areas for service improvement. It is anticipated that all team members will have an opportunity to work with the Burwood team, over the coming months.

The bed numbers in McBrearty Ward have reduced from 8 to 5. A flow chart is being devised to give guidance to McBrearty staff, for when it becomes necessary to overflow maternity patients into other services.

New Graduate Nurses

Eight new nurses began their programme at Grey Hospital on 31st January and are currently orientating to their new roles.

4.11 Hospital Services Improvement Programme

Positive news: An Orthopaedic Surgeon is based at Grey Base for two weeks where Outpatient Clinics and Theatre Sessions have been scheduled. CBU Staffed worked long hours to ensure all clinics and theatre sessions scheduled were booked and patients notified as soon as possible.

Data Collection

Need to ensure consistency and accuracy of data to assess demand for service and current working patterns – working with IT and Planning and Funding on this.

Joint policies and procedures

Consistency across services, establish efficient ways of working together.

Sharing of resources across services

To be reflected in next years budgeting

Education Training

Allied Health Assistant Training – a new project lead has been appointed to help facilitate

4.12 Quality Report

Incidents recorded for November, December 2013

Type	More information	Nov	Dec
Behaviour	<ul style="list-style-type: none"> Other: pt upset re cancellation of surgery 	1	
Documentation	<ul style="list-style-type: none"> Need to progress with electronic sign off of results 		1
Clinical Processes	<ul style="list-style-type: none"> Doctor asked to prescribe to community, appropriate transfer of Pt with #, Equipment not in situ for home discharge, set up Telemed 	5	
Falls	<ul style="list-style-type: none"> Hannan: 8 (3 same pt: # ankle following seizure at home) Barclay: 1 (non compliant pt) 	5	3 1
Hazards	<ul style="list-style-type: none"> Electrical installation , Tail lift on laundry truck 		2
Injury & Self Harm	<ul style="list-style-type: none"> Pt BIB Police, Pt rubbing leg on foot plate of wheel chair 	1	1
Laundry	<ul style="list-style-type: none"> Problems with linen 	1	2
Medication Error	<p>November: 4x meds omitted, extra dose, dose omitted</p> <p>December oral instead of IV, Lunchtime meds omitted, drugs given at wrong time, drug prescribed not commonly in use in NZ, Drug did not match that charted</p>	6	5
Other	<p>November</p> <ul style="list-style-type: none"> At time no means for overseas patient to pay via EFTPOS, Case 	2	9

Type	More information	Nov	Dec
	for RCA December		
	<ul style="list-style-type: none"> 6 x incidents referred to Orthopaedic Transition Group, Cutlery / crockery arrived to ward in unclean bin 		
Property	<ul style="list-style-type: none"> Clothing left by staff member uplifted, Brake system on bed not working; near miss 	2	
Staffing	<ul style="list-style-type: none"> Queries around staffing levels 		2
Transport	<ul style="list-style-type: none"> Issues transferring pt to tertiary care; CDHB no beds, plane unable to fly to Wellington 	1	
Violence	<ul style="list-style-type: none"> November: 4 x verbally abusive and aggressive pts; 2 x OPD, 2 x daughter of pt December: pt phoning wanting advice over phone; verbally abusive 	4	1
Work related injury	<ul style="list-style-type: none"> November: Manoeuvring of sling hoist, staff caught bracelet, slippery floor area in Theatre, feet squashed by tray of laundry truck whilst unloading December: Nurse closed cupboard on fingers 	4	1
New incidents recorded for Period		32	28

Incident Review – Further refinements

A new database has been set up for the 2013 calendar year. Reefton has recently begun entering data into the database and very soon community services will come on stream.

Type of data entries restricted to ensure data integrity.

Clinical heads of department expressed interest in being part of the investigation into incidents at the ward level, where relevant. Their feeling is that they can be part of the solution if they are aware of the problem.

Patient Falls Recorded During January 2013: 3

- 67 yr old patient with R thigh cellulitis, R BKA – confused, even though moved closer to nurses station for observation had scaled bed rails.
- 82 yr old pt leant out of chair; tipping it. Mobility alarm had been removed as staff were just about to toilet patient. Nil injury.
- Patient walking to baby tripped on pyjama leg and got toe caught in cuff; fell to floor. No obvious injury; patient did not want to see doctor when offered.

Medication errors recorded during January 2013: 7

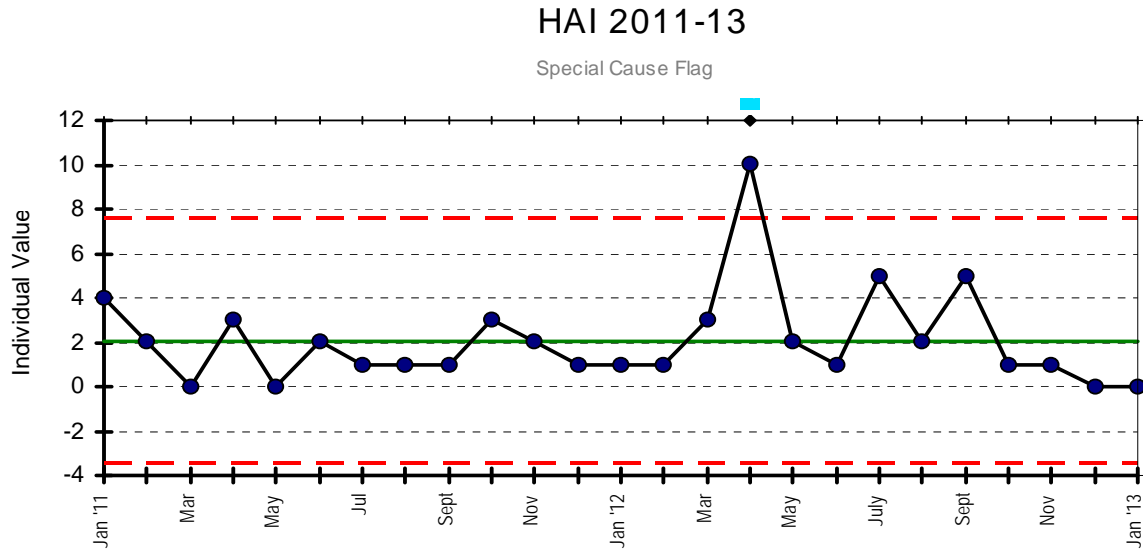
- 1 x incorrect recording, 2 x doses of medications missed.
- Went to give patient medication and discovered expired drugs – replaced.
- Confusion in patient notes; one patient given another patient's charted medications – nil adverse effect.
- Medication used to treat nausea and vomiting missing.
- Incorrect drug count; one codeine tablet missing.

Hospital Acquired Infections

November

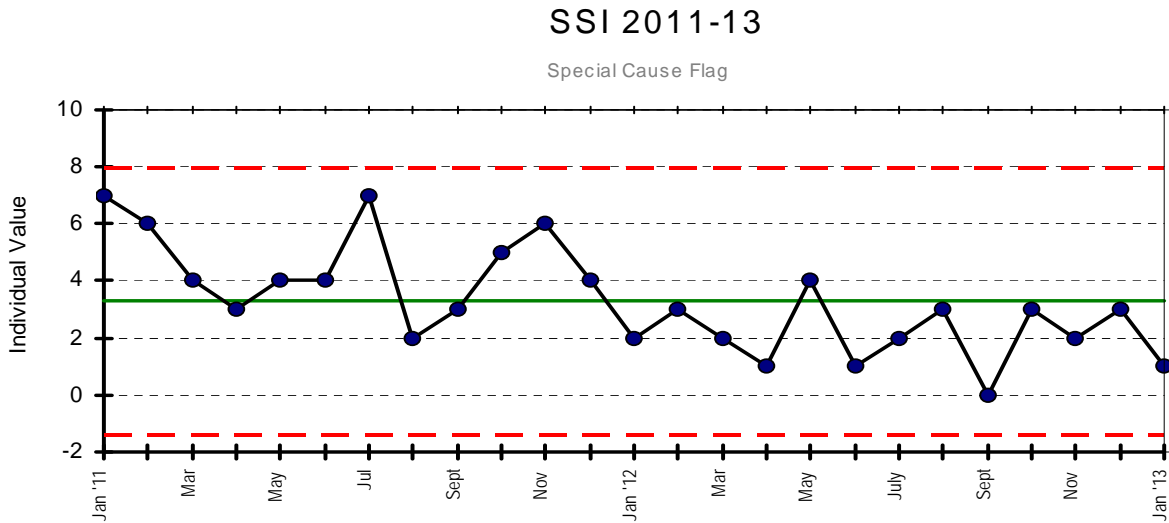
- 1 x Obstetric HAI

December 2012 & January 2013 – No. of Hospital Acquired Infections



Surgical Site Infections

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



November – 1 General Surgery & 1 Obstetric

December – 1 Plastics & 2 Obstetric

January 2013 – 1 General Surgery

CLAB (Central line associated bacterium)

The West Coast DHB reported a CLAB on 17th July 2012. Since then there have been no further reported CLABs.

192 Days CLAB free

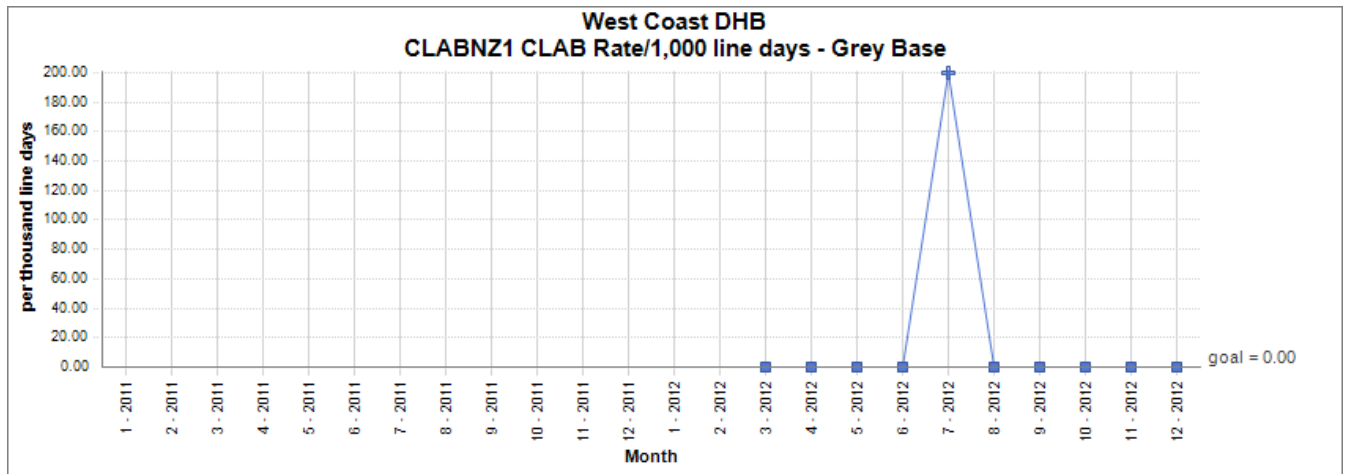
As of 11th February the West Coast DHB has been 192 days CLAB free!! - a fantastic achievement. And this month, the teams in all three areas: Hannan Ward, Theatre and ICU successfully completed all associated paperwork to maintain compliance with the maintenance bundle – a result of 100% compliance across the areas.

It must be remembered that the WCDHB is one of only a few DHBs that have rolled out CLAB to all areas where central lines are inserted; other DHBs, due to their size, have staged the roll out of the CLAB initiative to clinical areas.

CLAB Project Nears Completion

The final learning session is taking place in Auckland on 6th and 7th March. Project Lead and /and the author are attending the session which will cover:

- National summary of results
- Elements that contributed to a successful CLAB Collaborative
- Developing a culture of improvement



- Audit to ensure data reliability and validity
- Data Collection processes-How robust are your processes? Engaging Health Professionals in replication and spread
- Holding the gains moving forward

Complaints recorded during January 2013

Received	Nature of complaint	Status
Surgical		
No new complaints recorded for January or to date for February 2013		
Nursing		
08/02/2013	Unhappy with attitude of staff member	Under investigation
No Nursing complaints recorded during January 2013		
No new complaints recorded for January or to date for February 2013		

Outstanding Complaints

There are a number of outstanding, rather complex complaints: however all of these are under investigation. The complainants have been contacted and their delay has been caused by a variety of reasons including:

- Case referred to Canterbury DHB clinician for review
- Complainant has asked WCDHB to hold off for now until he sees his surgeon again.
- Clinician has now returned from leave
- Complaint being handled by Chief Medical Advisor
- 2x complaints relate to lack of suitable space for chemotherapy patients

Current Projects

Certification

Auditors will be on sites across WCDHB facilities to conduct the audits from 25 – 27 February. Members of the Quality Team have done an excellent job in preparing staff for these audits. The work has been divided up among the quality team with each member concentrating on assisting particular sections/departments to prepare for their audit.

Training sessions have been provided for staff. Going forward the work that has been done will stand us in good stead in preparation for future audits.

Patient Stories driving Quality in Health Care / Experienced Based Design

The project is nearing completion and the last Webinar is scheduled for 8 March 2013. Feedback in terms of emotion questionnaires and surveys has been received for the maternity service; however this is yet to be collated and present to the teams.

Experienced Based Design is an exciting concept that has the support of the CEO, Canterbury and West Coast DHBs.

4.13 Staffing

Wathsala Kumarasinghe has commenced as Dietitian. This now brings our hospital-based service to full complement after a prolonged period of being significantly understaffed.

Recruiting is underway to provide some additional staffing into Buller physiotherapy – this will give us some time to gauge numbers coming through following the closure of the private practice. Once that has been established we can look to permanently establish higher staffing numbers.

A number of long serving staff have recently put in retirement resignations. We will be farewelling them over the next few months and wish them well.

4.14 Emergency Planning

The writing of the DHB Health Emergency Plan is underway with a Community & Public Health staff member undertaking the task. He is well supported with a reference group from other South Island DHBs and assistance from MOH.

Training in the Emergency Management Incident System (EMIS) IT system will be undertaken in March for a number of staff. It is important we are able to use this system which is used by whole of health and Civil Defense, as well as local authorities.

4.15 Relocation

Relocation continues with only a small number of staff now needing relocation from Community Services to finalise Medical Admin emptying. We are hopeful this will occur over the next few weeks.

Report prepared by:

Garth Bateup, General Manager Hospital Services
Karyn Kelly, Acting General Manager Primary Services

FINANCE REPORT



TO: Chair and Members
Hospital Advisory Committee

SOURCE: General Manager, Finance

DATE: 7 March 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

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

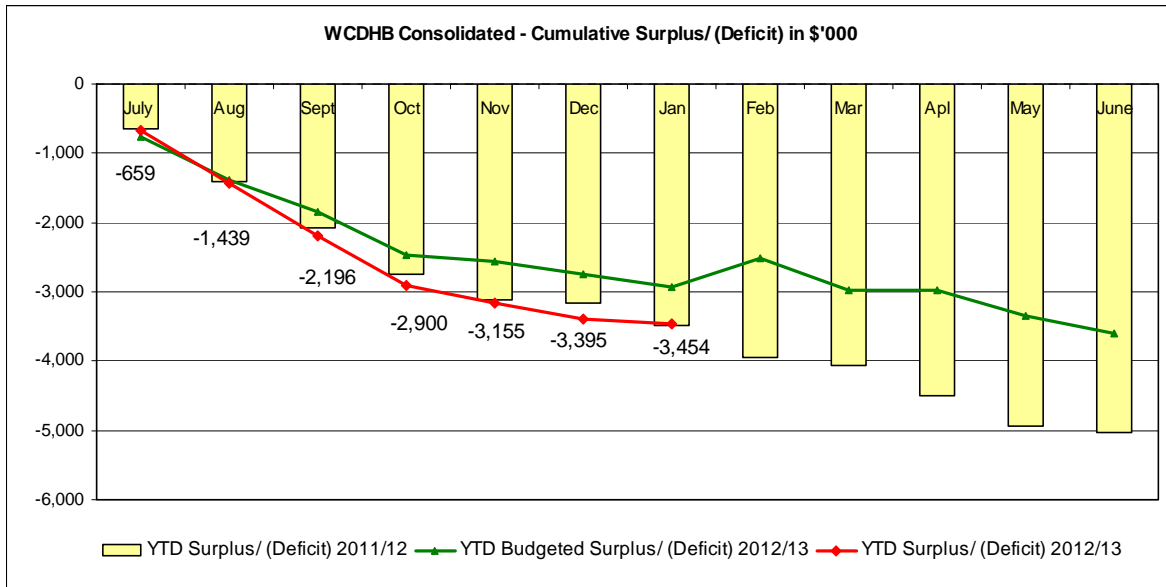
3. DISCUSSION

Financial Overview for the period ending 31 January 2013

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,280	6,444	(164)	x	43,644	44,547	(903)	x
Governance & Administration	179	183	(4)	x	1,319	1,283	36	√
Funds & Internal Eliminations	5,091	4,780	311	√	33,984	33,462	522	√
	11,550	11,407	143	√	78,947	79,292	(345)	x
EXPENSES								
Provider								
Personnel	4,592	4,807	215	√	32,003	32,507	505	√
Outsourced Services	839	649	(190)	x	6,723	6,142	(581)	x
Clinical Supplies	473	545	72	√	4,094	4,521	427	√
Infrastructure	1,252	905	(347)	x	8,147	6,470	(1,677)	x
	7,156	6,906	(249)	x	50,967	49,641	(1,326)	x
Governance & Administration	75	183	108	√	945	1,283	337	√
Funds & Internal Eliminations	3,868	3,996	128	√	27,039	27,733	694	√
Total Operating Expenditure	11,099	11,086	(13)	x	78,951	78,656	(295)	x
Deficit before Interest, Depn & Cap Charge	(451)	(321)	130	√	4	(636)	(640)	x
Interest, Depreciation & Capital Charge	510	510	(0)	x	3,450	3,569	119	√
Net deficit	59	190	131	√	3,454	2,933	(521)	x

CONSOLIDATED RESULTS

The consolidated result for the year to date ending January 2013 is a deficit of \$3,454k which is an unfavourable variance of \$521k to budget (\$2,933k deficit). The result for the month of January 2013 is a deficit of \$59k which is \$131k favourable to budget.



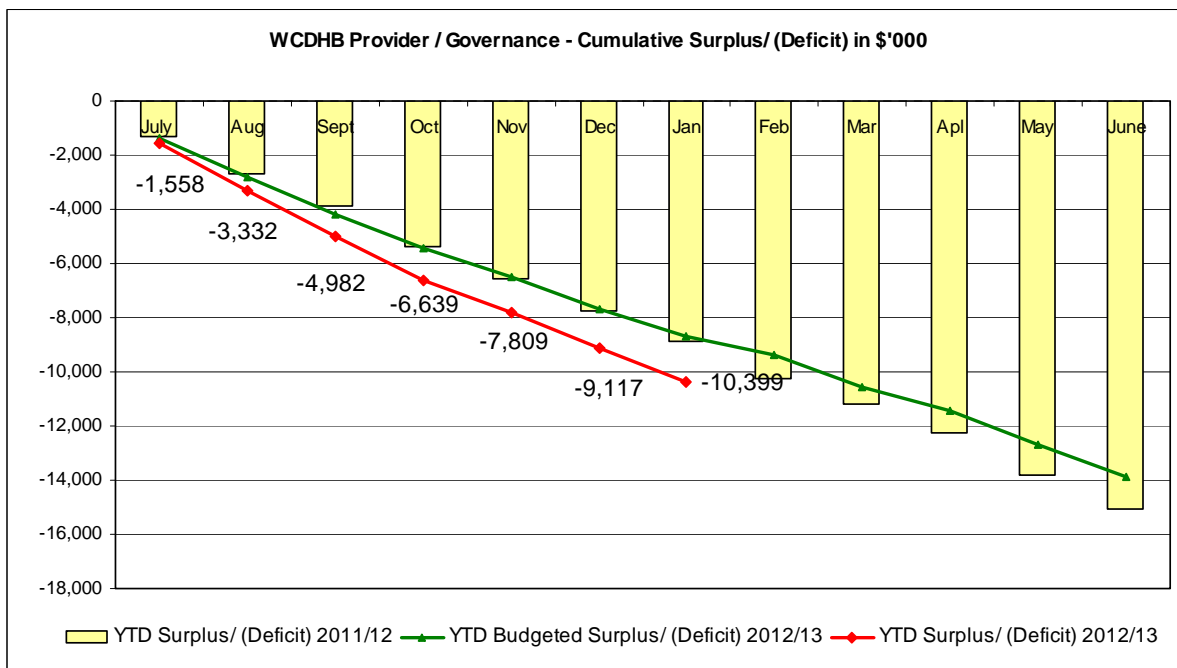
RESULTS FOR EACH ARM

Year to Date to January 2013

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	\$000	\$000	\$000	
Provider Arm surplus / (deficit)	(10,773)	(8,664)	(2,109)	Unfavourable
Funder Arm surplus / (deficit)	6,945	5,731	1,214	Favourable
Governance Arm surplus / (deficit)	374	0	374	Favourable
Consolidated result surplus / (deficit)	(3,454)	(2,933)	(521)	Unfavourable

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

PROVIDER ARM



Provider Arm

YTD Provider Arm revenue received from external sources is \$909k unfavourable to budget. Revenue from Government sources makes up \$516k of this variance

- ACC revenue for the month was \$32k unfavourable to budget and YTD is \$208k unfavourable; \$71k 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 \$85k unfavourable to budget for the YTD as several programmes had lower trainees last semester; this may change for the first semester in 2013.
- General Practice revenue from the WCPHO and revenue from home based support services continue to be unfavourable to budget YTD. Ministry of Health funding of home based support services is \$81k unfavourable to budget YTD (revenue is in line with that received in the later part of last year); we are forecasting that this unfavourable variance will continue. 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 (\$160k 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 \$118k unfavourable YTD. We are reviewing the billing and revenue collection at our GP practices as well as the services they provide and expect to see an improvement in these areas over the remainder of the year. Sales of audiology aids are unfavourable to budget-this is offset by lower costs.

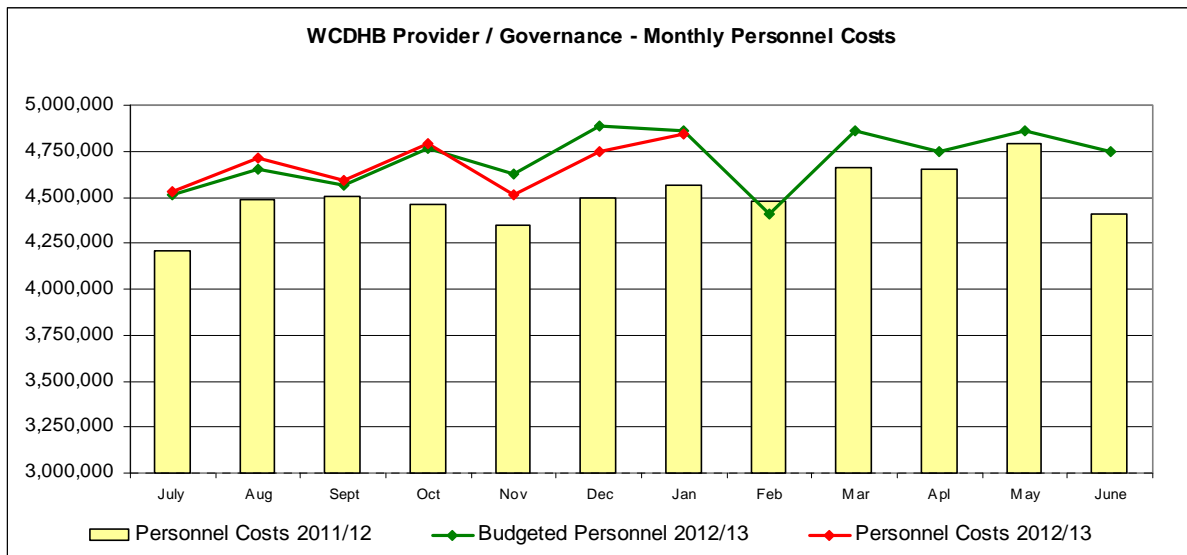
Total other income is \$161k unfavourable to YTD budget; this is mainly derived from laundry services revenue which is \$118k unfavourable to this year's revenue budget. This unfavourable variance will increase from February as contracts with commercial customers for the provision of laundry services have been assigned to Canterbury Linen Services from 16 February 2013. This will however be offset by reduced operating costs. Interest received by the Provider arm is \$36k unfavourable to budget; this is however offset by interest received by the Funder arm which is \$74k favourable to budget.

EXPENSES

Personnel Costs

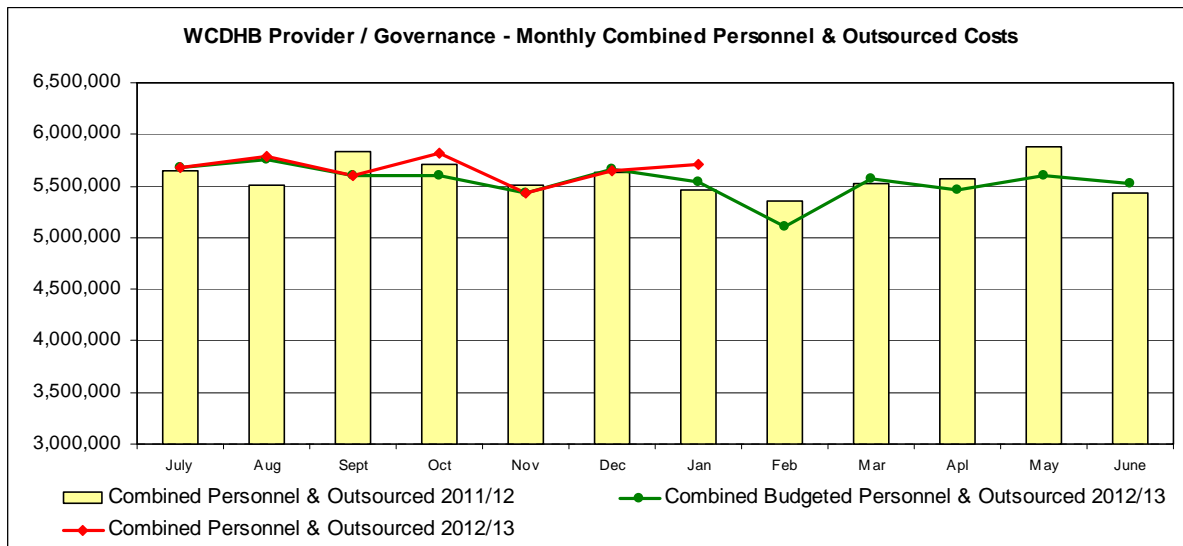
Personnel cost for the YTD is \$32,003k, \$505k favourable to budget (\$32,507k).

- Medical Personnel costs are \$283k favourable to budget to date.
 - Senior Medical Officer (SMO) costs are \$33k unfavourable to budget.
 - General Practitioner (GP) personnel costs are \$348k favourable to budget due to vacancies. YTD overtime is unfavourable as staff provide cover for the vacancies. Outsourced locum costs for GP's are \$723k unfavourable to budget (includes all travel, accommodation, fees etc).
- Nursing Personnel costs are unfavourable to budget by \$282k to date.
 - Costs for Caregivers and enrolled nurses working in residential care are more than budget to date; these are partially offset by increased revenue from subsidies (internal revenue from the Funder arm) and resident's contributions.
- Allied Health Personnel costs are \$455k favourable to budget.
 - This is due to a number of vacancies within allied services and annual leave taken over the Christmas/New Year period.



Outsourced services costs are \$6,723k YTD; \$581k unfavourable to budget (\$6,142k).

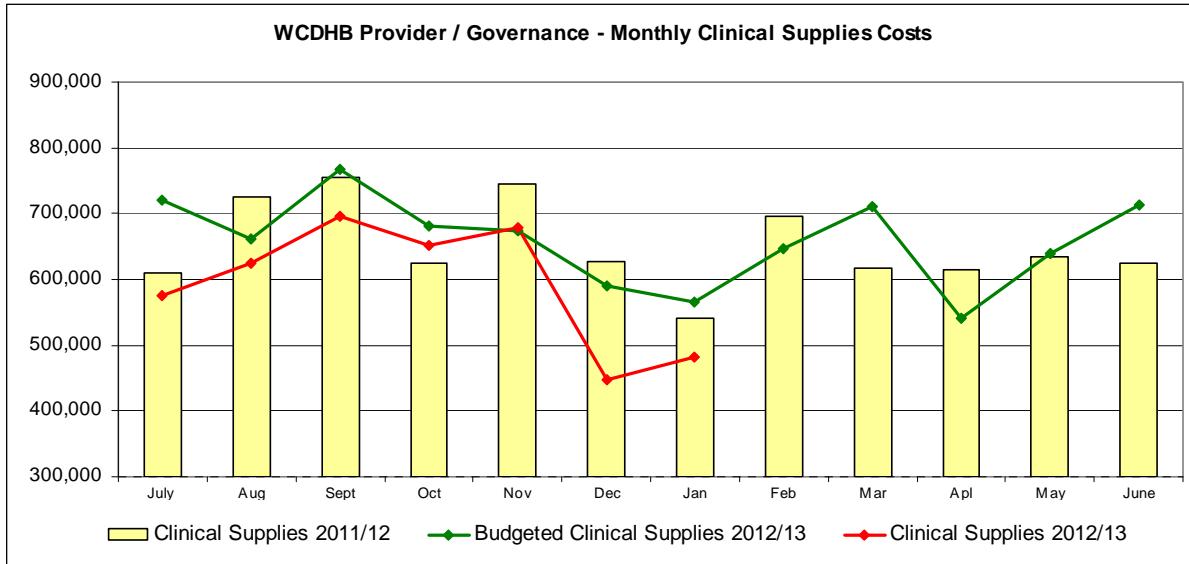
- Outsourced Senior Medical Costs (locums) are \$3,830k for the YTD; an unfavourable variance of \$407k to budget. SMO locum costs within hospital services are favourable to budget, particularly for orthopaedic services where service changes have been implemented and locum services within primary services are unfavourable to budget due to covering vacancies and leave over the Christmas/New Year period.
- Outsourced clinical services are \$146k unfavourable to budget with ophthalmology services the main contributor. Services are being reviewed and costs over the last four months for ophthalmology services have been \$62k favourable to budget.



Clinical Supplies

Overall clinical supplies are \$427k favourable to budget YTD.

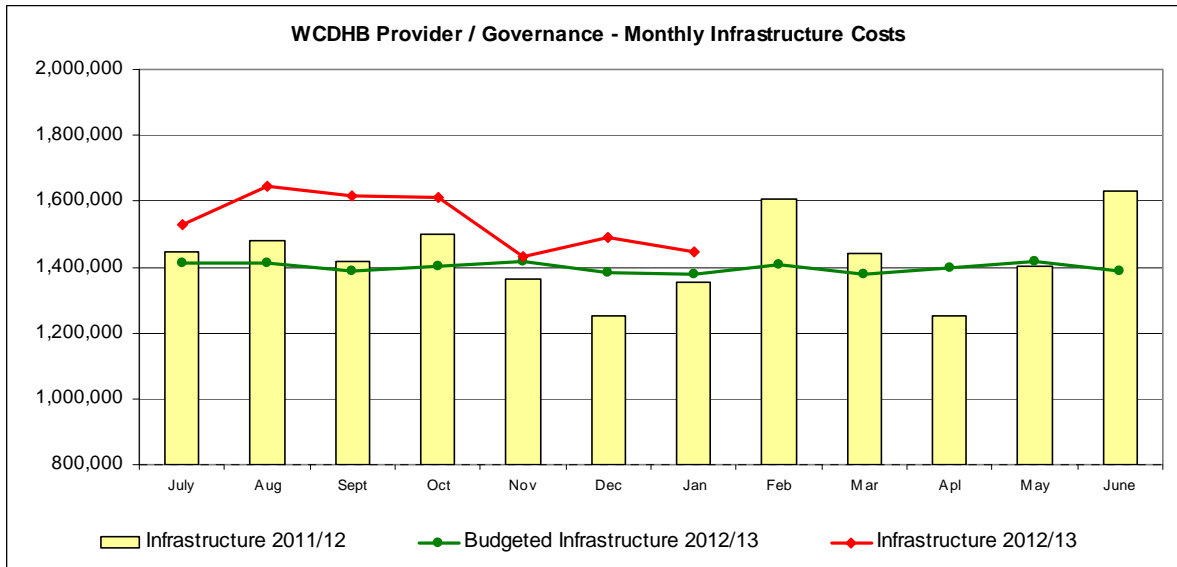
- As reflected in reduced revenue, purchases of audiology aids, implants and prostheses and medical gases are also less than budget. Air ambulance costs are \$361k favourable to budget. The budget for air transfers was increased from 2011/12 based on new models of service provision for Orthopaedics and 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. It is expected that savings in air transfers will continue for the remainder of the year.



Infrastructure and non clinical Cost

Overall infrastructure and non clinical cost for the Provider arm are \$8,147k, \$1,677k unfavourable to budget. Within this variance are the following specific variances:

- Facilities costs are \$414k unfavourable to budget. The cost of insurance premiums on building and plant for the seven months to date is \$324k. 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 \$39k unfavourable to budget to date (increase in unit costs when the contract was renewed in the last quarter of last year). Rents are \$51k 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 \$63k.
- Transport costs are \$114k unfavourable to budget to date. Staff travel costs are \$29k unfavourable to budget to date-largely mileage reimbursements to staff and vehicle repairs and registration are \$62k unfavourable to budget.
- Hotel services, laundry and cleaning costs are \$663k unfavourable to budget. Laundry costs are \$628k unfavourable to budget due to the closure of the laundry on site, necessitating the outsourcing of laundry processing. This is in addition to the continued insourced costs of laundry, particularly in regard to staff costs. Staff redundancies relating to the closure of the laundry had been fully paid/provided for in January year to date costs – these costs are reported as part of other operating expenses which are \$262k unfavourable to budget to date.



4. APPENDICES

Appendix 1: Provider Operating Statement – 31 January 2013

Report prepared by: Justine White, General Manager, Finance

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

31 January 2013

	Monthly Reporting					Year to Date					Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2011/12
Income												
Internal revenue-Funder to Provider	5,256	5,250	6	0.1%	5,125	36,759	36,753	6	0.0%	36,719	63,005	62,872
Ministry of Health side contracts	127	168	(41)	(24.3%)	115	788	1,077	(289)	(26.8%)	1,051	1,862	1,824
Other Government	543	579	(36)	(6.3%)	445	3,723	3,950	(227)	(5.8%)	3,690	6,841	6,483
InterProvider Revenue (Other DHBs)	3	10	(7)	(71.0%)	3	24	72	(48)	(66.8%)	26	124	106
Patient and consumer sourced	253	305	(52)	(17.0%)	266	1,795	1,979	(184)	(9.3%)	1,697	3,396	3,096
Other income	98	131	(33)	(25.0%)	163	555	716	(161)	(22.4%)	946	1,258	1,424
Total income	6,280	6,444	(164)	(2.5%)	6,117	43,644	44,547	(903)	(2.0%)	44,129	76,486	75,805
Expenditure												
Employee benefit costs												
Medical Personnel	1,034	1,157	123	10.6%	859	7,319	7,602	283	3.7%	5,898	13,316	10,673
Nursing Personnel	2,100	2,076	(24)	(1.2%)	2,137	14,338	14,056	(282)	(2.0%)	14,253	24,086	24,654
Allied Health Personnel	771	833	61	7.4%	738	5,186	5,640	455	8.1%	5,127	9,647	8,956
Support Personnel	168	158	(10)	(6.3%)	185	1,259	1,205	(54)	(4.5%)	1,266	1,988	2,163
Management/Administration Personnel	518	584	66	11.2%	563	3,901	4,004	103	2.6%	3,755	6,842	6,488
	4,592	4,807	215	4.5%	4,482	32,003	32,507	505	1.6%	30,299	55,878	52,934
Outsourced Services												
Contracted Locum Services	524	260	(264)	(101.2%)	556	3,830	3,423	(407)	(11.9%)	5,104	4,931	8,202
Outsourced Clinical Services	244	309	65	21.1%	260	2,310	2,164	(146)	(6.7%)	2,506	3,710	4,041
Outsourced Services - non clinical	71	79	8	10.5%	48	583	554	(29)	(5.2%)	362	952	521
	839	649	(190)	(29.3%)	864	6,723	6,142	(581)	(9.5%)	7,972	9,593	12,764
Treatment Related Costs												
Disposables, Diagnostic & Other Clinical Supplies	89	104	15	14.4%	115	758	790	32	4.1%	880	1,323	1,388
Instruments & Equipment	105	110	5	4.9%	141	1,042	1,014	(28)	(2.8%)	1,064	1,733	1,613
Patient Appliances	25	29	4	13.8%	33	178	211	33	15.6%	197	354	347
Implants and Prostheses	24	44	20	45.5%	37	349	461	112	24.3%	564	817	877
Pharmaceuticals	181	151	(30)	(19.9%)	147	1,249	1,167	(82)	(7.0%)	1,073	1,923	2,033
Other Clinical & Client Costs	49	107	58	54.2%	67	518	878	360	41.0%	849	1,525	1,294
	473	545	72	13.3%	540	4,094	4,521	427	9.4%	4,627	7,675	7,552
Infrastructure Costs and Non Clinical Supplies												
Hotel Services, Laundry & Cleaning	391	307	(84)	(27.4%)	307	2,816	2,153	(663)	(30.8%)	2,140	3,671	3,773
Facilities	249	192	(57)	(29.5%)	178	1,884	1,470	(414)	(28.2%)	1,524	2,554	2,554
Transport	79	71	(8)	(11.8%)	62	609	495	(114)	(23.1%)	614	850	1,034
IT Systems & Telecommunications	112	128	16	12.4%	118	909	884	(25)	(2.8%)	774	1,527	1,375
Professional Fees & Expenses	25	18	(7)	(40.8%)	29	325	124	(201)	(161.6%)	229	209	557
Other Operating Expenses	286	79	(207)	(261.3%)	66	834	572	(262)	(45.8%)	678	969	1,245
Internal allocation to Governance Arm	110	110	0	0.2%	110	770	771	1	0.2%	770	1,322	1,320
	1,252	905	(347)	(38.4%)	870	8,147	6,470	(1,677)	(25.9%)	6,729	11,102	11,858
Total Operating Expenditure	7,156	6,906	(249)	(3.6%)	6,756	50,967	49,641	(1,326)	(2.7%)	49,627	84,248	85,108
Deficit before Interest, Depn & Cap Charge	(876)	(463)	413	(89.2%)	(639)	(7,323)	(5,093)	2,229	(43.8%)	(5,498)	(7,762)	(9,303)
Interest, Depreciation & Capital Charge												
Interest Expense	55	61	6	10.2%	62	383	429	46	10.7%	430	735	732
Depreciation	387	388	1	0.3%	405	2,593	2,718	125	4.6%	2,797	4,661	4,757
Capital Charge Expenditure	68	60	(8)	(12.9%)	83	474	422	(52)	(12.4%)	324	723	613
Total Interest, Depreciation & Capital Charge	510	510	(0)	(0.0%)	550	3,450	3,569	119	3.3%	3,551	6,119	6,102
Net deficit	(1,386)	(973)	413	(42.5%)	(1,189)	(10,773)	(8,664)	2,109	(24.3%)	(9,049)	(13,881)	(15,405)

CLINICAL LEADERS UPDATE

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 7 March 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee:

- i. notes the Clinical Leaders Update

3. DISCUSSION

The West Coast Health Alliance

The Alliance Leadership Team met last week. The focus for work this year is on the six work streams, which are clinically led and have dedicated project management and planning and funding resource.

They are:

- Buller Integrated Family Health System
- Grey/Westland Integrated Family Health System
- Health of Older People
- Child and Youth Health
- Pharmacy
- Public Health – Healthy West Coast Governance Group

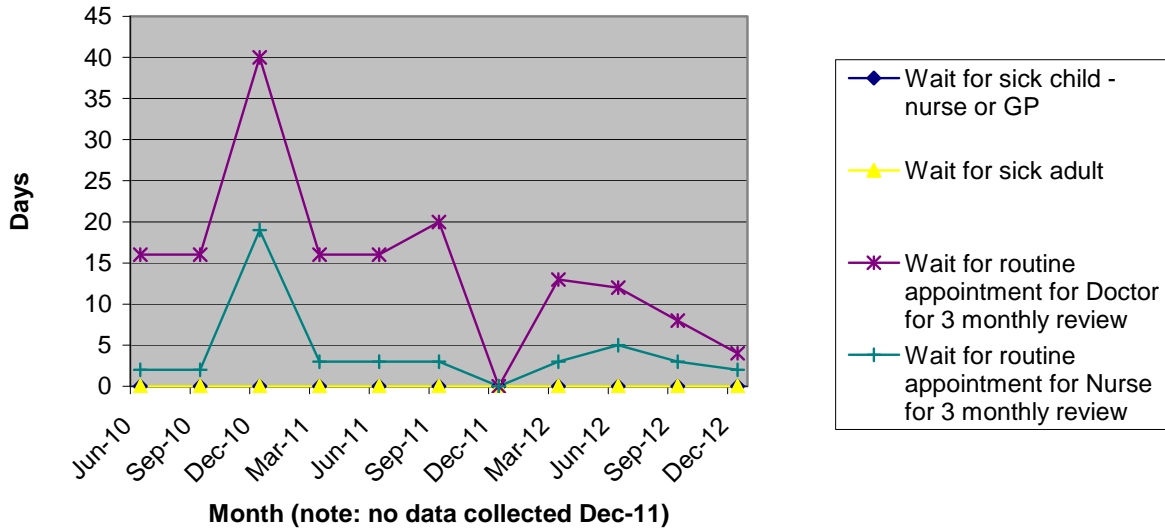
West Coast DHB, West Coast PHO, Community and Public Health, and Rata Te Awhina Trust are working collaboratively across these areas of work.

Better outcomes for West Coast People

People are getting better access to Primary Health Care

The following data has been collected over the last two and a half years by the West Coast PHO, to track access to the General Practice team over time. The following four questions are asked to provide the information: Wait for child 3yrs with fever & sore ear (nurse or GP); Wait to be seen (by nurse &/or GP) for adult 65+ who rings with shortness of breath for 2 days & has no fever & not on any current medications; Wait time if rings today for routine appointment with Doctor for 3 monthly review and prescription (approx average across doctors); and waiting time if rings today for routine appointment with a nurse for 3 monthly review and prescription – average. The continued improvement in access to primary care reflects the work going in to recruit and retain primary care staff across the health system, and to evolving models of care that are team based.

Average Wait times at West Coast General Practices



Transalpine Services

The Clinical Leaders held their first meeting in December 2012. The group agreed on a work plan that promotes the transalpine model of care and clinical collaboration.

Leadership, Clinical Governance and Quality

The Clinical Board is holding a planning session on 21 February 2013 to set the work plan for the year.

Stella Ward has been appointed to the Health & Safety Quality Commission Patient Safety Campaign Advisory Group.

Workforce

The 2013 new graduate nurse cohort has commenced the years' programme. It is a transalpine Nurse Entry to Practice framework, including combined training opportunities of Canterbury & West Coast nurses.

Dr Carol Atmore has been invited to be on a Health Workforce New Zealand Medical Leadership Advisory Group.

The Rural Medical Immersion Student Programme commences again this month with 3 fifth year students joining us for the year.

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

RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Board Secretariat

DATE: 7 March 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 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.	Confirmation of minutes of the public excluded meeting of 24 January 2013	For the reasons set out in the previous Committee 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”;

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

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 24 JANUARY 2013



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 8 February 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 24 January 2013. Following confirmation of the minutes of that meeting at the 7 March 2013 HAC meeting, full minutes of the 24 January 2013 meeting will be provided to the Board at its 22 March 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 – 24 January 2013.

3. SUMMARY

Detailed below is a summary of the HAC meeting held on 24 January 2013. Minutes of the meeting will be available once confirmed by the next HAC meeting on 7 March 2013. Papers presented to the Committee meeting are available on the West Coast DHB website. A copy of the agenda for this meeting is attached as Appendix 1.

ADVICE TO THE BOARD

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

- **Relocation due to Seismic Issues:** Relocation of services to allow seismic upgrades to take place have progressed according to plans. These will continue over the coming weeks.
- **Recruitment** continues. There are now 2 anaesthetists commencing in the next while and focus continues on recruiting a General Surgeon and Hospital Generalist. Discussion took place around midwives and the Committee noted that there is some work to be undertaken to better understand the

resourcing needs in this area.

- **Targets:** Specific focus over the next months will be on Better Help for Smokers to Quit.
- **Orthopaedics:** The Canterbury DHB GP Liaison Medical Officer has commenced triaging the Orthopaedic Referrals and it is planned to commence the Musculoskeletal Clinics early in 2013. Three additional Canterbury Orthopaedic Surgeons have joined the Canterbury DHB Orthopaedic rotation to the West Coast to allow the new model of care to be managed appropriately.
- **Central Booking Unit:** Planning & Funding continue to work with the Central Booking Unit to improve the systems and processes. Work has commenced to address a number of process improvements and risks identified in the Ministry of Health's Elective Services Report.
- **Adverse Weather Events:** Weather patterns in late December/early January caused transport issues, particularly in South Westland. Transport of clinical supplies, laundry and personnel over the bridge washout were by helicopter. Communications were maintained via the St John communication network.
- **Detailed Engineering Report:** The Committee noted that the Detailed Engineering Report for the Child & Adolescent Mental Services Building has now been received and the building is not earthquake prone but is an earthquake risk. This means there is no immediate need to vacate the building. The Committee noted that this report is yet to peer reviewed.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 24 January 2013.

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

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Friday 8 February 2013 commencing at 10.00am

KARAKIA		10.00am
ADMINISTRATION		10.05am
Apologies		
1.	Interest Register <i>Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.</i>	
2.	Confirmation of the Minutes of the Previous Meeting ▪ 7 December 2012	
3.	Carried Forward/Action List Items <i>There are no carried forward/ action items</i>	
REPORTS		10.15am
4.	Chair's Update – Oral Report Dr Paul McCormack <i>Chairman</i>	<i>10.15am – 10.30am</i>
5.	Chief Executive's Update David Meates <i>Chief Executive</i>	<i>10.30am – 10.45am</i>
6.	Clinical Leader's Update 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>	<i>10.45am – 11.00am</i>
7.	Finance Report Justine White <i>General Manager, Finance</i>	<i>11.00am – 11.15am</i>
8.	Working Within an Alliance Framework - Presentation Carolyn Gullery <i>General Manager, Planning & Funding</i>	<i>11.15am – 11.45am</i>
9.	Smoke Free Position Statement Dr Cheryl Brunton <i>Community & Public Health</i>	<i>11.45am – 12noon</i>
10.	Report from Committee Meetings	
-	CPH&DSAC <i>24 January 2013</i> Elinor Stratford <i>Chairperson, CPH&DSAC Committee</i>	<i>12noon – 12.10pm</i>
-	Hospital Advisory Committee <i>24 January 2013</i> Warren Gilbertson <i>Chairperson, Hospital Advisory Committee</i>	<i>12.10pm – 12.20pm</i>
-	Tatau Pomanau <i>24 January 2013</i> Elinor Stratford <i>Board Delegate to Tatau Pounamu</i>	<i>12.20pm – 12.30pm</i>

INFORMATION ITEMS

- Confirmed Minutes
 - CPH&DSAC Meeting – 22 November 2012
 - HAC Meeting – 22 November 2012
 - Tatau Pounamu Meeting – 22 November 2012
- Schedule of Correspondence
- 2013 Meeting Schedule

ESTIMATED FINISH TIME

12.30pm

NEXT MEETING

Friday 22 March 2013 commencing at 10.00am

TERMS OF APPOINTMENT



HOSPITAL ADVISORY COMMITTEE

Member	Date of Appointment	Length of Term	Expiry Date
Sharon Pugh (Chair)	27 January 2011 (Re-appointed 27 January 2012 and 30 April 2012)	21 months	31 January 2014
Doug Truman	27 January 2011 (Re-appointed 27 January 2012 and 30 April 2012)	21 months	31 January 2014
Karen Hamilton	22 November 2012	16 months	24 March 2014
Richard Wallace	25 July 2005	Reviewed annually by Te Runanga o Makaawhio	Until advised by Te Runanga o Makaawhio
Gail Howard	6 May 2011	Three years	6 May 2014
Paula Cutbush	6 May 2011	Three years	6 May 2014

2013 HOSPITAL ADVISORY COMMITTEE WORKPLAN



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

WEST COAST DHB – MEETING SCHEDULE FOR 2013

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

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