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AGENDA

FOR THE WEST COAST DISTRICT HEALTH BOARD MEETING TO BE HELD IN THE CHAMBERS, WESTLAND DISTRICT COUNCIL, HOKITIKA ON FRIDAY 7TH MAY 2004 COMMENCING 9.30 AM

Karakia

1. Welcome
2. Apologies
3. Standing Orders
4. Disclosures of Interests
6. Minutes of the Previous Meeting – Friday 2nd April 2004
7. Matters Arising
8. Correspondence
9. Chairman's Report
10. Chief Executive's Report
11. Finance Report
12. Reports from Board Advisory Committees
13. Board Member Evaluations
14. Date of next meeting – Friday 4th June 2004 at 10.15 am
15. Information Papers

IN COMMITTEE

Pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health & Disability Act 2000 members of the public are to be excluded from the portion of 7th May 2004 meeting of the West Coast District Health Board that relates to the following items on the grounds that the public conduct and discussion of the following items would enable the WCDHB to carry out, without prejudice or disadvantage, commercial activities granted by Section 9(2)i of the Official Information Act 1982.

- Minutes of the Previous Meeting – Friday 2nd April 2004
- Sponsorship Policy
- Information Services Strategic Plan (ISSP)
- Fox Clinic – Capital Expenditure Application

Pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health & Disability Act 2000 members of the public are to be excluded from the portion of 7th May 2004 meeting of the West Coast District Health Board that relates to the following items on the grounds that the exclusion of the public is to allow the maintenance of effective conduct of public affairs through the protection of such Ministers, officers, and employees of the WCDHB from improper pressure or harassment and that this disclosure would prejudice the protection granted by Section 9(2)(g)ii of the Official Information Act 1982:

- District Annual Plan Reporting Update
- Risk Register (standing item)
- Royal Australasian College of Surgeon's Review of General Surgery Update on Recommendations (standing item)
- DHBNZ – Update to Boards

BOARD MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
Professor Gregor Coster Chairman ***Appointed February 2003***	• Director - PHARMAC • Director - Cornwall Management Limited • Director - Cornwall Nominees Limited • Trustee - The University of Auckland Primary Health Care Trust • Trustee - Institute of Rural Health • Trustee - Goodfellow Foundation
Dr Christine Robertson Deputy Chairman	As self employed person, does work on contract for: • HealthPAC - regularly • Comcare Charitable Trust - regularly • WCDHB-occasionally • HDANZ (Health and Disability Auditing New Zealand Ltd) – occasionally Husband is on the Board of Coast Care Trust and is a Justice of the Peace who undertakes judicial duties in court. Also Alternate Controller for Civil Defence for the Grey District Council
Ms Robyne Bryant	• Member - New Zealand Nurses Organisation • Member - New Zealand College of Midwives • Member - Mawhera Maori Women's Welfare League • Employed by Coast Health Care as a midwife for two shifts per week • Trustee - Board of Coast Care Trust
Mrs Julie Kilkelly	• Member - Pharmaceutical Society • Member - New Zealand College of Pharmacists • Member - Pharmacy Defence Association • Director - Kilkelly Kartage Ltd • Trustee - West Coast PHO Board – Co-opted Pharmacist • Director - Olsen's Pharmacy
Mrs Marguerite Moore	• Member - Kawatiri Maori Women's Welfare League • Member - Buller Branch of the NZ Labour Party • Member - Grey Power Early Childhood Development: • Co-ordinator - St Johns Kids n' Coffee • Co-ordinator - Oasis • Daughter -employee West Coast DHB
Mrs June Robinson	• Board Member - Royal New Zealand Plunket Society • Chairperson - Rata Te Awhina Trust • Chair - Kati Mahaki Ki Makaawhio Ltd • Member - New Zealand Medical Council Review Committee • Member - Rata Branch Maori Women's Welfare League • Member - Poutama Ora • Cultural Advisor to Chief Executive – Community Corrections • Member - Runanga O Makaawhio

	• Member - Mata whanui (Maori DHB members committee)
Mr Mohammed Shahadat	• Member of the New Zealand Law Society • President of the Hokitika Lions Club 2001-2002 • Principal Partner, Murdoch, James and Roper • Councillor - Westland District Council
Mr Tamai Sinclair	• Health and Social Services Representative, Te Runanga o Ngati Waewae • Shareholder - Mawhera Corporation • Member - Poutama Ora • Trustee - West Coast PHO Board • Kaiwhakarite, Te Puni Kokiri • Member - Mata whanui (Maori DHB members committee)
Dr Malcolm Stuart	• Employed by WCDHB as Head of Department, Anaesthesia and Consultant Anaesthetist • National Committee - Australian New Zealand College of Anaesthetists As a self employed person: • Medical advisor - St John Ambulance service
Mr John Vaile	• Member - CCS Westport Branch • Director - Vaile Hardware Ltd • Wife employed by the WCDHB

ABBREVIATIONS

# NOF	Fractured Neck of Femur (broken hip)
1°	Primary
2°	Secondary
3°	Tertiary
A+	Auckland Healthcare
A&E	Accident & Emergency
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment, Treatment & Rehabilitation Unit
ALOS	Average Length of Stay
ANDRG	Australian National Diagnosis Related Group
CAA	Child Acute Assessment
CAMHS	Child & Adolescent Mental Health Service
CAP	Canterbury Association of Physicians
CC	Complications & Co-morbidity
CCMAU	Crown Companies Monitoring Unit
CCN	Clinical Charge Nurse
CD	Clinical Director
CEA	Collective Employment Agreement
CFA	Crown Funding Agreement
CHA	Crown Health Association
CHL	Canterbury Health Limited
CICU	Cardiac Intensive Care Unit
COMRAD	Radiology Reporting System
CPAC	Clinical Priority Assessment Criteria
CSSD	Central Sterile Supplies Department
CTA	Clinical Training Agency
CWD	Case Weighted Discharge
DAO	Duly Authorised Officer
DDG	Deputy Director General
DHB	District Health Board
DNA	Did Not Attend
DON	Director of Nursing
DOSA	Day Of Surgery Admission
DRG	Diagnostic Related Grouping
DSD	Disability Support Directorate
DSS	Disability Support Services
EAP	Employee Assistance Programme
ED	Emergency Department
EMT	Executive Management Team
ENT	Ear, Nose and Throat
ER	Employment Relations
FSA	First Specialist Assessment
GP	General Practitioner
HFA	Health Funding Authority
IEA	Individual Employment Agreement
IRF	Inter Regional Flow
HAHS	Hospital and Health Services
HMD	Hospital Monitoring Directorate (former CCMAU)
HFA	Health Funding Authority
HHS	Hospital & Health Service

HR	Human Resources
HTG	Hospital Technical Group
ICD 9	International Code of Diseases
ICU	Intensive Care Unit
IEC	Individual Employment Contract
IPA	Independent Practice Association (GP Group)
ISDN	Integrated Services Digital Network
IT	Information Technology
Kai Arahi	Term generally refers to “guide” and /or advisor
KPI’s	Key Performance Indicators
LMC	Lead Maternity Carer
MECA	Multi Employer Collective Agreement
MOH	Ministry of Health
MOSS	Medical Officer Special Scale. A doctor with 4+ years post-graduate experience but not a specialist
MRT	Medical Radiation Technologist
NGO	Non Government Organisation
NICU	Neonatal Intensive Care Unit
NZNO	New Zealand Nurses Organisation
OP	Outpatients
O&G	Obstetrician and Gynaecologist
OIA	Official Information Act
PBFF	Population Based Funding Formula
PCG	Project Control Group
Pegasus	One of the IPA’s
PHO	Primary Health Organisation
PMS	Patient Management System
Primary Services	Services that receive self referred patients
PRIME	Primary Response in Medical Emergencies
PNA	Professional Nursing Advisor
PSA	Public Services Association
QA	Quality Assurance
QHNZ	Quality Health New Zealand
RDA	Resident Doctors Association
RFP	Request for Proposal
RHA	Regional Health Authority
RHMU	Residual Health Management Unit
RMO	Registered Medical Officer. A junior doctor with 0-4 years post-graduate experience
Runaka	Assembly
Secondary Services	Services where a primary carer must refer patients. Provided in a hospital supported by specialists, and meeting standard clinical criteria
SHO	Senior House Officer
SMT	Senior Management Team
SOI	Statement of Intent
Stargarden	Payroll System
Tamariki	Children – usually refers to children up to and including 14 years of age
Tangata Whenua	People of the land”, most commonly referring to traditional Maori Iwi occupants of a region or district
Tino Rangatiratanga	Absolute Sovereignty
STD	Sexually Transmitted Diseases
WTF	Waiting Times Fund
Ora Services	Term used to describe all activities that promote health and prevent diseases that are undertaken in the primary care setting for children and their families and whanau
Whanau	Family
Whanau Ora	Health and wellbeing
YTD	Year to Date

DRAFT MINUTES OF THE PREVIOUS WEST COAST DISTRICT HEALTH BOARD MEETING

HELD FRIDAY 2ND APRIL AT 10:20 AM IN THE BOARD ROOM, CORPORATE OFFICE, WEST COAST DISTRICT HEALTH BOARD, GREYMOUTH

PRESENT	Gregor Coster, Chairman Christine Robertson, Deputy Chairman June Robinson Robyne Bryant Malcolm Stuart Marguerite Moore Mohammed Shahadat John Vaile Julie Kilkelly
IN ATTENDANCE	John Luhrs, Chief Executive Kevin Hague, General Manager Planning and Funding John Goulding, General Manager Finance (for part) Alison McDougall, Minute Secretary
APOLOGIES	Tamai Sinclair

The Chair informed the Board that two members of a camera crew from Livingstone Productions will be present for approximately 30 mins at the start of the meeting. They have been directing a profile on June Robinson and Robyn Bryant for a Maori Television Service program this week. The Chair noted the contribution June and Robyn have made to Maori and Women's issues. The crew has stated there will be no audio recordings, only video. The Chair drew the Board's attention to the fact apologies have been received from Tamai Sinclair. In this case the Karakia will fall to June and the Chair confirmed the Board is comfortable for audio of this to be recorded.

Karakia – June Robinson

1. APOLOGIES, WELCOME

The Chair welcomed everyone to the meeting. Apologies were received from Tamai Sinclair.

2. STANDING ORDERS

The Chairman waived the Standing Orders unless there is reason to reinstate them later in the meeting.

3. DISCLOSURES OF INTERESTS

The following amendment was made to Board Members' disclosures of interest:

Christine Robertson
- First line should now read, "As self employed person, does work on contract for".

4. MINUTES OF THE PREVIOUS BOARD MEETING HELD 5TH MARCH 2004

The following amendments were made to the Minutes:

- Item 7.1, first sentence – delete "regular"
- Item 7.5, third paragraph – add sentence "Robyn Bryant objected to sponsorship by McDonalds for any health service"
- Item 8.6, third paragraph – amend to "HealthPAC"
- Item 8.6, second paragraph – add after first sentence "Julie indicated a number reasons why the relative movement would be smaller than expected based on the WCDHB health needs analysis."
- Item 8.12, last sentence should now read, "Board members agreed that HAC monitor this matter, including the use of Trendcare, given the strategic implications, and will provide feedback to the Board."
- Item 8.18, second paragraph – amend this paragraph to become Item 8.20 – Disaster Plan
- Item 9, last paragraph – amend to "Population Based Funding Formula"
- Item 13, last paragraph, last sentence – amend to "HealthPAC"
- Add Julie Kilkelly to list of members present at meeting.

Moved: Christine Robertson, Seconded: June Robinson

It was RESOLVED that the Minutes of the Board meeting held 5th March 2004 were a true and correct record subject to the above amendments.

5. MATTERS ARISING

Present a briefing paper on the development of a Youth Health Strategy
The General Manager Planning and Funding advised the new analyst has only recently been employed and the report will be presented at the June meeting.

Discuss over 65's at the DSAC meeting, and then provide an update to the Board
The Chairman, DSAC advised that this item was tied up with the draft paper that went out and he would provide an update to Board members at the next Board meeting.

Bring a report, with recommendations to the 5 March 2004 Board meeting regarding the appointment of the Electoral Officer
The Chief Executive advised that a paper will be submitted to the Board in May.

Report on progress of Cabinet approval and signing of the Memorandum of Partnership with Paptipu Runanga
The General Manager Planning and Funding advised that written advice has been received from the Ministry and that the General Manager Maori Health is working through items that relate to this DHB's proposed memorandum. June Robinson advised that Poutama Ora is still awaiting advice from the Ministry.

Make notes on the Planning Day available to Board members
The Chief Executive advised this will be completed before the May meeting.

Discuss ideas on how McDonalds could provide sponsorship to the DHB at the Oral Health Hui on 25 March and relay these ideas to the Chairman
The General Manager Planning and Funding informed the Board that the hui was postponed because of circumstances in the local community. He advised he has not had the opportunity to discuss any McDonalds proposals. The Chief Executive advised the hui is now set for 31 May and ideas will be reported to the Board at the June meeting.

The television crew left the meeting at 10:41am

HAC to provide oversight (as a result of delegation from the Board) of certification and to provide regular updates to the Board. Audit Risk & Finance Committee to also monitor this matter.
The Chair, HAC advised that this will form part of her report on the HAC meetings. This item to be deleted from the Action and Responsibility list.

HAC to provide oversight (as a result of delegation from the Board) of medical credentialling and to provide regular updates to the Board.
The Chair, HAC advised that this will form part of her report on the HAC meetings. This item to be deleted from the Action and Responsibility list.

Give consideration as to how a community representative be appointed to the medical credentialling committee with a recommendation to be provided to the Board
The General Manager Operations will cover this later in the meeting.

Provide Board members with a monthly update on progress on vacant positions – to be kept at a higher level in terms of the impact of service provision on a governance level
A brief report will be included in monthly Board papers.

HAC to provide oversight (as a result of delegation from the Board) of the nursing workforce review and to provide regular updates to the Board
The Chair, HAC advised this will take place when more information is available.

Note the recommendation made to the Board from MHAC re regional access projects and further develop this recommendation
The General Manager Planning and Funding advised there are two parts to the resolution, one on regional projects and a paper which is included in the In Committee papers which he will talk to In Committee. He advised Primary Mental Health is continuing and producing good results.

CPHAC to provide oversight (as a result of delegation from the Board) of the PHO and to provide regular updates to the Board
The Chair, CPHAC advised there is nothing more to update since the last Board meeting. This item will remain on the Action and Responsibility List for the next meeting.

Organise DAP Workshop for Advisory Committees
The Chair advised that during the In Committee section of the last meeting it was discussed there should be a planning day to enlighten Advisory Committee members about the DAP process. This item should be added to the Action and Responsibility list for the purposes of establishing a timeframe. The Board resolved at its last meeting that the DAP submitted on 15 March would be reported to the Advisory Committees to contribute to the revised DAP.

The DAP is now with the Ministry and so far there has been no feedback. The revised DAP is due to be submitted to the Ministry by late May. The Chair advised that Advisory Committees, including HAC, should discuss revisions for the next DAP and report comments back to management as soon as possible. Advisory Committee Chairs were reminded that the matter is still In Committee and therefore will have to be discussed in an In Committee portion of their meetings. The Chair advised a workshop will most likely be held on a Wednesday to coincide with the Advisory Committee meetings. HAC members are also invited to attend this workshop. The General Manager Planning and Funding is to co-ordinate a date for this workshop.

Action: General Manager Planning and Funding

6. CORRESPONDENCE

Board correspondence was noted including a generic letter from MoH to all Boards including DHB volumes for surgery. The Chair noted that this DHB ranked second in the country in delivery of elective surgical volumes at 31 January 2004. Management and staff should be congratulated on this achievement.

Moved: Gregor Coster, Seconded: Robyne Bryant

It was RESOLVED that the Board correspondence Inwards was accepted and Outwards endorsed.

7. CHAIRMAN'S REPORT

The Chairman tabled his report.

7.1 Meeting with GPs

The Chair reported that he and the Chief Executive met with Murray Tilyard of Southlink Health yesterday evening and then attended a meeting with GPs facilitated by Southlink Health. The GPs tabled various concerns and issues and Planning and Funding will be working to progress these with further reporting back to the Board. The Chair advised he noted to Murray Tilyard the Board's concerns that Southlink Health should work closely with the PHO.

7.2 DHB Chairs Quarterly Meeting

The Chair reported that at the meeting various issues were discussed including the Code of Good Faith. He advised all DHBs with the exception of two supported the Code of Good Faith. WCDHB's recommendation had been received and discussions are underway regarding the wording of the tripartite section. In regard to non pharmaceutical products there was unanimous support for PHARMAC involvement in the purchase of a number of items including prosthetics, clinical supplies, etc.

7.3 Buller Medical Services

The Chair informed the Board that the heading "Buller Medical Services" in his report should be amended to "Buller Health Services".

There was discussion around the contribution of funds to the Grafton Group report. The Chair advised that these funds have been requested and declined by the Board. The Chair advised that Cr Pat McManus is providing a copy of the Grafton report to two permanent Buller GPs excluding financials.

7.4 McDonalds Charity

The Chair advised that the name of representative in his report should be amended to Sarah Hood. He advised he has recently received correspondence from Kathryn Cannan, in her capacity as a member of HAC, asking the Board to note her concern in regard to sponsorship by external organisations and the trap of being used to promote their products. The Chair requested management prepare a paper on the sponsorship policy to be presented to the Board.

The Chair, HAC advised that Kathryn had not discussed the issue at the HAC meeting and accordingly her letter cannot be considered to represent the views of HAC. She advised she considered the policy should be high level however, it should also cover smaller sponsorships such as those made by organisations such as Lions and Rotary. Robyne Bryant noted the policy should also ensure that organisations will not be allowed to sponsor projects in order to market a product.

Moved: Chair, Seconded: Julie Kilkelly

Motion:
That management prepare a paper on the creation of a sponsorship policy for WCDHB to be presented at the next Board meeting.

Motion carried.

Action: Chief Executive /
General Manager Planning and Funding

7.5 Board Committees and DAP

The Chair advised that Committees can use the workshop for further discussion of the DAP.

7.6 External Relationships

The Chair reported he and the Chief Executive met with Damien O'Connor in Wellington on Thursday of last week. Damien indicated he is pleased with the Board's progress in relation to a number of issues.

Moved: Chairman, Seconded: June Robinson

It was RESOLVED to accept the Chairman's Report

8. CHIEF EXECUTIVE'S REPORT

The Chief Executive noted that on a personal level he has been involved in national laboratory worker MECA negotiations which have been very tense over the last month and significantly increased over the last week. A Strike Notice has been issued to the NZ Blood Service and those DHBs involved in negotiations, however negotiations are continuing prior to the strike and further progress is being made. He will update the Board of any developments in this process.

8.1 District Annual Plan

The DAP has been the significant focus of the senior management team in getting the first draft in on time.

John Vaile requested a copy of the DAP which has been submitted to the Ministry be circulated to Board members as they had made comments on the document prior to submission. The Deputy Chair suggested it would be helpful to know if this feedback was incorporated. The Chair agreed the Chief Executive should arrange for the DAP to be circulated to the Board as an In Committee document, not for distribution outside the Board.

Action: Chief Executive

8.2 Performance to DAP 2003/04

The Chief Executive advised that the DHB is on track to meet the financial parameters set in the DAP, which was signed two months ago.

8.3 Pharmacy

The General Manager Planning and Funding noted the new reduced pharmacy co-payments for under 18s registered with practices in the PHO. This is being managed by the Ministry in negotiation nationally with the Pharmacy Guild. He advised that the material that needs to go to the public has not arrived and he has still not received variations to contracts from the Ministry in order to implement these arrangements with pharmacists. The General Manager Planning and Funding noted his thanks to pharmacists for their patience.

8.4 Maori Health

The General Manager Planning and Funding advised that the proposal for funding for Whakatataka was declined. The Ministry advised that what was proposed is considered to be part of DHB core business. Planning and funding are looking at other ways of getting a form of that proposal implemented. There was discussion around other options for obtaining Ministry funding for this project

The General Manager Finance joined the meeting at 11:24am

8.5 Disaster Training

The General Manager Planning and Funding informed the Board the DHB has been successful in obtaining $10,000 for disaster training.

Moved: John Vaile, Seconded: Marguerite Moore

It was RESOLVED to accept the Chief Executive's Report.

9. FINANCE REPORT

The General Manager Finance noted the key points of his report are that the budget figures are now in and he is reasonably confident it will be met and that WCDHB is collaborating with Otago and Southland DHBs for a new finance system with benefits of better management reporting and easier access to information for non financial staff.

The General Manager Finance proposed the Board request from the Ministry the balance of equity to support the deficit agreed with the Ministry. He requests the Board pass a resolution at this meeting so the process can begin.

Mohammed Shahadat queried hypothetically if the General Manager Finance could foresee any expenses which may totally put the budget out and have a situation as that in Canterbury. The General Manager Finance advised that he believes WCDHB has a

conservative set of accounts and there is nothing he is aware of that could throw the budget out.

The Chair queried why expenditure on nursing personnel is over budget. The Chief Executive advised that this is likely to relate to the impact of the South Island Nursing MECA which was negotiated after the budget was fixed.

9.1 Cashflow

John Vaile queried the proposed expenditure of funds on capital projects such as Grey Medical premises. He queried if it is an appropriate time to look at the philosophy of the Board owning GP practices before any funds are put into a new facility and whether or not it would be appropriate to look at forming a trust for the Grey District Council to take over. The Chair discussed the structure of GP practices and that primary care issues should be discussed between management and the PHO. The Chief Executive advised that the facilities at the Grey Medical practice are not adequate and if funds were to be spent on an upgrade or replacement this would be brought to the Board for consideration where the level of proposed expenditure needs to be approved by the Board. The Board discussed the allocation of funds and capital expenditure. The Chair requested management report back at the next meeting on expenditure in relation to capital projects in the In Committee section of the meeting.

Action: Chief Executive

Moved: Chair, Seconded: John Vaile

Motion:
That the West Coast DHB seeks from MoH the balance of deficit support funding ($578,000) to equal the deficit in the 03 / 04 DAP process.

Motion carried.

Moved: Julie Kilkelly, Seconded: Deputy Chair

It was RESOLVED to accept the Finance Report

10. RECRUITMENT AND RETENTION

Julie Kilkelly queried if WCDHB performs exit interviews with GPs in order to establish why they are leaving. The Chair advised that exit interviews are conducted.

Malcolm Stuart raised the problem of the lack of medical professionals on the Coast as a whole. The WCDHB does have a group on the Coast working as hard as they can to provide the same level of care as the rest of the nation however over the last two to three weeks there have been comments in the press that have been negative and as a group they have been disappointed. Malcolm Stuart requests on behalf of health professionals that management send a letter to the press taking the stance that WCDHB press releases should be printed in full rather than be cut and pasted into articles. There is a major problem with recruitment and retention and many people will not come to the West Coast to work because of the conditions medical professionals are working under. For the health professionals working as hard as they can this can sometimes be discouraging and the Board needs to acknowledge the work these people are doing on the Board's behalf, taking particular note that WCDHB has the highest rate of patient satisfaction in the country and as a DHB are second highest in terms of production.

The Chief Executive endorsed Malcolm's point about media reporting and the "naming and shaming" of individual clinicians by the press and then subsequently printing retractions when the facts were ascertained. He advised that the Board has been very reluctant to spend money in other than clinical areas but the situation with the press has reached the stage where it is appropriate to employ a media person in the organisation and management will be progressing an advertisement for this position.

The Board discussed recent media articles and the effect they have had on recruitment and retention and the difficulties clinicians face on the Coast as a result.

Moved: Chair, Seconded: Marguerite Moore

Motion:
That the WCDHB wishes to place on record its support and appreciation of clinical staff and management in regard to electives and notes the high levels of patient satisfaction in recent surveys.

Motion carried.

Malcolm Stuart thanked the media for attending the meeting and reporting that doctors are trying to provide the best care. The Chair also noted his appreciation to the media for attending the meeting.

11. REPORTS FROM THE ADVISORY COMMITTEES

The Chair, HAC raised that the minutes of HAC meetings should be included in Board papers along with the other Advisory Committees. The Chair, WCDHB agreed and requested the HAC minutes be included in future Board papers.

11.1 Hospital Advisory Committee

11.1.1 Recommendations to the Board

No recommendations.

11.1.2 Reporting Back on Board Referred Items

Trendcare

HAC was given a very comprehensive background on the use of Trendcare in the organisation by Jenny Hanson. As a result of the discussion it was explored what HAC would like in terms of reporting which would then be covered in the HAC report to the Board.

- HAC has asked for a report on benchmarking against Wairarapa, which is of a comparable size.
- HAC report to include significant variances between services and reasons for same
- HAC has asked for a report on the progress of implementing Trendcare in peripheral hospitals.
- HAC is reassured there will be ongoing reporting on interpretation and utilisation of results. NB I do not have this on my list but have
- HAC to see that there is on-going collaboration between WCDHB management and nurse clinicians
- HAC would like to consider an analysis of data including patient and nurse satisfaction related to the use of this tool.
- HAC report to include an assessment of effectiveness in relation to ethnic/cultural needs

- HAC has asked for an evaluation of Trendcare overall and its value in general to WCDHB in conjunction with management.
- HAC report to include other such items as may be determined by the Chair of the DHB in conjunction with management

Health and Disability Standards

- HAC is pleased to report the progress that appears to be made as outlined in the HAC papers and HAC will be receiving reports.
- HAC is pleased to hear of collaboration to be undertaken with Southland and Otago DHBs in relation to a new finance system.
- HAC discussed new holiday legislation and how it will impact on WCDHB.
- HAC would like to congratulate staff on elective services volumes and acknowledge that WCDHB are second best in the country as at end of January in terms of production.
- HAC is pleased to acknowledge the result of the patient satisfaction survey and results that are consistently near the top and receive reports on items where the DHB may have scored less.

11.1.3 Seeking Board Approval for Further Advisory Committee Consideration of an Item

No approval sought.

11.1.4 The Chairman, HAC Advised the Board of the Following

HAC met this morning been trialling a new agenda format with a section on strategic and governance issues.

Credentialling

- HAC is pleased with the progress in implementing credentialling as the process outlined in the papers presented to HAC give an appropriate comfort level. HAC has asked for a template to be prepared showing project milestones for reporting back to HAC.

The Chair, WCDHB noted the excellent report in the HAC papers relating to credentialling and extended his congratulations to the team.

11.2 <u>Disability Support Advisory Committee</u>

The Chair, DSAC noted the Disability Action Plan has not gone to the Board yet and requested management distribute the plan. The Board is welcome to send submissions for the Plan to DSAC. He advised that Melanie Penny, Planning and Funding Analyst gave a presentation to DSAC on the draft Disability Action Plan and he expects the final draft will be presented to enable DSAC to make recommendations to the board. The General Manager Planning and Funding advised he will co-ordinate the distribution of the Disability Action Plan and the Chair, WCDHB informed the Board that comments on the Plan should go back to Planning and Funding.

Action: General Manager Planning and Funding

The Chair, DSAC reported that the DSAC vacancy has been advertised and there have been no applicants. He requested management to place the advertisement in the Grey Evening Star and Westport News as well as the Messenger.

Action: Chief Executive

The Chair, WCDHB suggested it was discussed at the last meeting analysing the contracts for Advisory Committee members. The Chair would like this to be placed on the action and Responsibility list for a paper to be prepared for the next Board meeting indicating when

Advisory Committee members were appointed and the length of their term in preparation for elections.

Action: Chief Executive

11.3 Community & Public Health Advisory Committee

The Chair, CPHAC noted that CHAC has not met since the last Board meeting however she and the General Manager Planning and Funding have been doing preliminary work around what could be reported to CPHAC based on PHO requirements.

The Deputy Chair, WCDHB noted there was no apology recorded for her in the last CPHAC minutes and would like this corrected. She also noted in Item 6.1 a comment made by a Committee member relating to intellectually handicapped people. The Chair, DSAC advised she is going to refer that person to take the issue to DSAC and that it is not a WCDHB management issue. The Chair, WCDHB noted in CPHAC minutes a presentation is being requested by Southlink Health. The Chair suggested the PHO should make the presentation and they can then ask Southlink Health to present at the meeting.

11.4 Mental Health Advisory Committee

The Chair, MHAC noted that MHAC has not met since the previous Board meeting and thank the Chair, WCDHB for presenting her report on her behalf to the Board in March.

12. ACHIEVEMENTS REGISTER

The Chair raised four items that should be noted.

- The opening of the Whanau Facility
- Progression on credentialling of senior medical staff
- Achievement on ranking second nationally in relation to electives
- Achievement on ranking highly in patient satisfaction survey.

The Chair requested that media statements be released on the final two items.

Action: Communications Officer / Chief Executive

13. IN COMMITTEE

Pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health & Disability Act 2000 members of the public are to be excluded from the portion of 2nd April 2004 meeting of the West Coast District Health Board that relates to the following items on the grounds that the public conduct and discussion of the following items would enable the WCDHB to carry out, without prejudice or disadvantage, commercial activities granted by Section 9(2)i of the Official Information Act 1982.

- **Minutes of the Previous Meeting – Friday 5th March 2004**
- **Clinical Training Agency Contract**

Pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health & Disability Act 2000 members of the public are to be excluded from the portion of 2nd April 2004 meeting of the West Coast District Health Board that relates to the following items on the grounds that the exclusion of the public is to allow the maintenance of effective conduct of public affairs through the protection of such Ministers, officers, and employees of the WCDHB from improper pressure or harassment and that this disclosure would prejudice the protection granted by Section 9(2)(g)ii of the Official Information Act 1982:

- **District Annual Plan Reporting Update**
- **Risk Register (standing item)**

- **Royal Australasian College of Surgeon's Review of General Surgery Update on Recommendations (standing item)**
- **WCDHB Workforce Development Plan**

Moved: Chair, Seconded: Mohammed Shahadat

It was RESOLVED to move into In Committee at 12:30 pm

15. MOVING OUT OF IN COMMITTEE

Moved: Chairman, Seconded: Chief Executive

It was RESOLVED to move out of In Committee at 3:10 pm

16. RACS REVIEW

Malcolm Stuart queried how the Board should respond to David Tranter's letter regarding RACS. The Chief Executive advised that Mr Tranter's letter was written in response to the Chief Executive's update in the public section of the last meeting. The comment was in regard to the General Surgeon going on leave. The Chief Executive suggested the approach be discussed at the next meeting

17. NEXT MEETING

Friday 7th May at 9:15am at the Westland District Council Chambers, Hokitika

There being no further business the meeting concluded at 3:12 pm

MATTERS ARISING FROM THE WEST COAST DHB BOARD MEETINGS

Item No.	Board Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref
8.1	3 October 2003	Present a briefing paper on the development of a Youth Health Strategy.	General Manager Planning & Funding	Originally due 5 March 2004 – now due June 2004	
11	7 November 2003	Complete the scoping phase of the impacts of Transport on health report and provide Board members with a paper.	General Manager Planning & Funding	Originally due April 2004 – now due June 2004	
16	7 November 2003	Discuss over 65's at the DSAC meeting, and then provide an update to the Board.	Chairman, DSAC	Originally due 5 March 2004 – now due June 2004	
5	28 January 2004	Bring a report, with recommendations to the 5 March 2004 Board meeting regarding the appointment of the Electoral Officer.	Chief Executive	Originally due 5 March 2004 – now due May 2004	
5	5 March 2004	Discuss the written advice received from the MoH with Poutama Ora on the Memorandum of Partnership with Papitipu Runanga.	Chief Executive	ASAP	
7.5	5 March 2004	Discuss ideas on how McDonalds could provide sponsorship to the DHB at the Oral Health Hui on 25 March and relay these ideas to the Chairman.	General Manager Planning & Funding	Originally due 25 March 2004 – now due June 2004	
8.8	5 March 2004	Give consideration as to how a community representative be appointed to the medical credentialling committee with a recommendation to be provided to the Board.	General Manager Operations	Originally due April 2004 – now due May 2004	
8.11	5 March 2004	Provide Board members with a monthly update on progress on vacant positions – to be kept at a higher level in terms of the impact of service provision on a governance level.	Human Resources Manager	Ongoing	
8.12	5 March 2004	HAC to provide oversight (as a result of delegation from the Board) of the nursing workforce review and to provide regular updates to the Board.	HAC Chairman	Ongoing	

Item No.	Board Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref
12.1.1	5 March 2004	Note the recommendation made to the Board from MHAC re regional access projects and further develop this recommendation.	General Manager Planning & Funding	ASAP	
13	5 March 2004	CPHAC to provide oversight (as a result of delegation from the Board) of the PHO and to provide regular updates to the Board.	CPHAC Chairman	Ongoing	
5.	2 April 2004	Organise DAP Workshop for Advisory Committees	General Manager Planning & Funding	May 2004	
7.4	2 April 2004	Prepare a paper on the creation of a Sponsorship Policy for WCDHB.	Chief Executive / General Manager Planning & Funding	May 2004	
8.1	2 April 2004	Arrange for the DAP to be circulated to Board members as an In Committee document, not for distribution outside the Board.	Chief Executive	ASAP	
9.1	2 April 2004	Report back at the next meeting on expenditure in relation to capital projects in the In Committee section of the meeting.	Chief Executive	May 2004	
11.2	2 April 2004	Arrange distribution of the draft Disability Action Plan to all Board members.	General Manager Planning & Funding	ASAP	
11.2	2 April 2004	Place the advertisement for the DSAC vacancy in the Grey Evening Star and Westport News as well as the Messenger.	Chief Executive	ASAP	
11.2	2 April 2004	Prepare a paper indicating when Advisory Committee members were appointed and the length of their term in preparation for this year's elections.	Chief Executive	May 2004	
12	2 April 2004	Release media statement on the achievement on ranking second nationally in relation to electives.	Communications Officer	ASAP	
12	2 April 2004	Release media statement on the achievement on ranking highly in patient satisfaction survey.	Communications Officer	ASAP	

BOARD CORRESPONDENCE MARCH TO APRIL 2004

Date:	Sender:	Details:	Response Date	Response Details
24 March 2004	Kathryn Cannan, Member – Hospital Advisory Committee	DHB Sponsorship from McDonalds.		
7 April 2004	All Advisory Committee Members	District Annual Plan Workshop – 19 May 2004.		
7 April 2004	Pauline Barnett, Senior Lecturer, University of Otago	Health Reforms 2000 Evaluation Project.		
8 April 2004	Gordon Davies, Deputy Director-General, DHB Funding & Performance – MoH	Chairs Conference information held 15 March 2004.		
8 April 2004	Gordon Davies, Deputy Director-General, DHB Funding & Performance – MoH	Indemnity for Board members under section 90 of the New Zealand Public Health & Disability Act 2000 (the Act).		
26 April 2004	Gareth Rees, CPHAC Committee Member	Advising of his resignation from the Community & Public Health Advisory Committee	26 April 2004	John Luhrs thanked Gareth for his contribution to CPHAC on behalf of the WCDHB.

CHAIRMAN'S REPORT

The Chairman will give a written update at the West Coast DHB meeting on Friday 7th May 2004.

CHIEF EXECUTIVE'S REPORT

RECRUITMENT / VACANCIES FOR MARCH / APRIL 2004

POSITION	STATUS
Senior Medical Staff	
General Surgeon	The Interview Committee have interviewed two potential candidates. Letters of offer sent. One candidate for a one year term with view to extend and the other candidate for a 6 month term with view to extend. Locum cover supporting permanent surgeon through until the end of July 2004.
O&G	O&G commences 1 June 2004 until 1 February 2005. The Interview Committee are in the process of setting up two interviews for two potential candidates.
GPs Buller	Position advertised One letter of offer has been sent for a two year term with a view to permanent. One locum due to start in April for 2 months. A further two locums due to start in June for a 6 month period. One locum due to start 1 October 2004 until 31 March 2005.
GP Karamea	Actively recruiting. West Coast DHB is providing Karamea Trust Curriculum Vitaes of potential candidates.
GP Dobson	Interviews in progress
GP South Westland	Position Advertised
GP Grey Medical Centre	Position Advertised
Nursing Staff	
EN Buller	Position Advertised
EN Seaview	Position Advertised
Practice Nurse Buller Medical Services	No applicants
Psych Assistant	Position Advertised
RNs Theatre	Position Advertised
Mental Health	
Service Development Co-ordinator	Position Advertised
Key TACT worker	Interviews in progress
A&D Counsellor CMH	Short listing

POSITION	STATUS
Allied Health	
Social Work Child Worker	Short listing
Dietician	Position Advertised
Other	
Community Liaison Officer	Position Advertised

2004/05 DISTRICT ANNUAL PLAN (DAP) UPDATE

The Ministry has now provided feedback on our first draft of the DAP. Overall there was nothing unexpected in the feedback and our second draft due on 25th May will incorporate responses to the Ministry letter.

MRSA

Post discharge, we identified MRSA in a patient who received a procedure in Grey Base Hospital. Further investigation has identified one staff member with MRSA and environmental swabs have identified the organism in our theatre areas. This has resulted in cancellation of some theatre lists and patients with elective procedures will be rescheduled. At the time of writing approximately thirty surgical cases have been postponed. Our infection control staff have overseen contact tracing of patients and staff who could be at risk, infection control has also overseen environmental investigation and cleaning of affected areas. Each area where the organism has been found received three separate cleans with special cleaning agents and is then swabbed to ensure it is MRSA negative.

LABORATORY MECA NEGOTIATIONS

Negotiations were satisfactorily concluded between the 16 DHB parties, New Zealand Blood Service and the Medical Laboratory Workers Union before the planned strike action. The agreement has now been ratified. The process was lengthy and challenging but demonstrates that Multi Employer Collective Agreements (MECAs) are achievable where all parties are realistic in their expectations and cognisant of the issues and constraints the other parties face.

DHB ELECTIONS

The DHB elections will be held in conjunction with the local body elections on 9th October this year under the STV method “at –large”.

The Board is now required to:-
(1) Appoint the electoral officer and
(2) Determine the ranking of candidates on voting papers

With regard to the electoral officer the Westland District Council (which undertook the WCDHB election responsibility in 2001) has advised it is agreeable to its Electoral Officer, Richard Colin Simpson, being the electoral officer for the 2004 elections. This arrangement is suitable to the

Buller and Grey District Councils. The arrangement will be embodied in a standard form Memorandum of Understanding, developed by the Ministry to be used by all DHBs.

RECOMMENDATION

THAT the West Coast District Health Board appoints the electoral officer of the Westland District Council, Richard Colin Simpson, as the electoral officer for the 2004 election and authorises the Chief Executive or his delegate to execute all necessary documents to attend to this and other matters relating to the election process.

With regard to the order of candidates (candidate nominations open on 23rd July) the Board may choose one of:-

(a) alphabetical (by surname)
(b) pseudo-random (candidates' names are "drawn out of a hat" and that order applies to all voting documents)
(c) random (a different order of candidates appears on each voting document)

If the Board makes no resolution here the candidates' names must be arranged in alphabetical order of surname.

If the random order is chosen the electoral officer attends to the setting of the order as soon as practicable after the Close of Nominations or the Closing of the Electoral Rolls (both occur on 20th August 2004) and the public is entitled to attend when the order is determined.

RECOMMENDATION

THAT the West Coast District Health Board adopts the [insert from (a), (b), or (c) above] **order of candidate names.**

GRAFTON PROPOSAL – BULLER HEALTH SERVICES

The Buller District Council (BDC) received a request from the Inangahua Community Board to include Reefton in the review of Health Services in Buller. Following negotiations Grafton has advised BDC if the inclusion of Reefton in the proposal does not generate significant additional work for Grafton, there will be no additional cost. However, in the event Grafton incurs significant additional time it has offered to charge up to a maximum total capped additional fee of $13,000 (GST exclusive). The BDC proposes that this potential additional cost be shared 60(WCDHB)/30(BDC) i.e. in the same ratio as the contribution to the fee for the project with Reefton excluded. From a WCDHB planning perspective it makes sense to consider issues relating to the whole of the Buller rather than to exclude part. The consultation process enables community input and it would seem odd to exclude some committees from effectively having a say whilst others do. Further, it will be difficult to consider the requirements for health services in other parts of the Buller without considering the whole.

The BDC considered the inclusion of Reefton at its meeting on 22nd April and confirmed it wishes to proceed with this and is now looking to the West Coast DHB for a similar approach and, should funding be required, a contribution from West Coast DHB of up to a maximum figure of $8,667 (excluding GST) for this purpose.

RECOMMENDATION

THAT the West Coast District Health Board supports the inclusion of Reefton area in the Grafton Review so that the review encompasses the entire Buller Region and agrees, should funding be required, it will contribute on the same ratio as the original agreement 60(WCDHB)/30(BDC) up to a maximum sum of $8,667 (GST exclusive) for this additional work and delegates to the Chief Executive to finalise the arrangement.

EXTERNAL MEETINGS

- Laboratory MECA Negotiations – Wellington (2 days)
- DHB CEO Forum – Auckland
- Community and Public Health – Greymouth
- South Island Chairs & CEOs / SISSAL – teleconference
- Diabetes West Coast – Hokitika and Greymouth
- Southern Alliance - teleconference

Author: Chief Executive – 26 April 2004

TUMU WHAKARAE HUI – NATIONAL DHBS MAORI MANAGERS MEETING

On the 17th to the 19th of March the General Manager Maori Health attended the National DHBs Maori Managers Hui in Auckland. The hui was co-hosted by Auckland DHB, Counties Manukau DHB, Waitemata DHB and Northland DHB in Auckland.

Presentations made on the first day were by Dr Nigel Murray, the Deputy Chief Executive and this was followed by a tour of the Auckland City Hospital. Dr Jonathon Koea spoke on the subject of clinical indicators, followed by Kris McDonald, General Manager Maori Health on Maori workforce development. Dr John Wellingham, Chronic Care Management and Chad Brown, General Manager Maori Health for Accident Compensation Corporation. Dr Sylvia Van Altvorst, a Maori Psychiatrist, gave a very interesting presentation regarding Maori Mental Health Issues.

South Island Maori Managers reported regional feedback that the following were the key priority areas in terms of Maori health development in the South Island:

- Iwi Governance
- Workforce Development
- Maori Health Plans
- Improving investment in Maori health
- Maori providers
- PHO development

Other developments in the South Island included the appointment of a General Manager Maori Health for Southland and Canterbury have started the process to recruit a General Manager Maori Health.

Members of Tumu Whakarae belong to various national work streams and are currently working on important issues such as PHO development, mainstream responsiveness and funding and planning. The General Manager Maori Health West Coast is a member of the funding and planning service workstream.

WHAKATATAKA: PATHWAYS OF CARE AND BEST PRACTICE

On the 12th of May 2004, Brian Emery of Brian Emery and Associates will be visiting the West Coast DHB. Brian has been contracted by the Ministry of Health to review Pathways of Care within DHBs and to facilitate the sharing of existing guidelines for clinicians to help ensure the clinical and cultural competence of services to Maori patients. The Maori Health Department has been busy organising the programme for Brian to meet with various members of the Management team as well as medical personel and allied health professionals.

ETHNICITY DATA TRAINING

Planning is currently underway to provide two workshops for ethnicity data training in Greymouth and Buller. All attendees will be surveyed to determine their evaluation of these workshops. The facilitators for this training are, Melanie Penny, Research and Planning Analyst and Jenny Hanson, Professional Practice Co-ordinator.

It is envisaged that these training sessions will continue on an ongoing basis for all staff to attend. It is also important that a South Island regional approach is taken to support the work that each DHB is currently doing in terms of ethnicity data collection. The General Manager Maori Health will be discussing this matter with the South Island Maori Managers at the regional South Island Maori Managers' hui in Greymouth on the 13th and 14th of May.

ORAL HEALTH HUI – 20TH AND 21ST MAY

These hui were originally scheduled for March however unfortunately they were postponed. They have now been rescheduled for 20th and 21st May 2004. The Research and Planning Analyst and the General Manager Maori Health have met with the Manager of Rata Te Awhina Trust and positive collaboration is happening between the Maori provider and the WCDHB on this very important issue.

MAORI HEALTH WORKFORCE STOCKTAKE, SKILLS AND SERVICE NEEDS ANALYSIS

A contract has been signed between Mokowhiti Consultancy and the Canterbury DHB. The project steering group will be Te Herenga Hauora o te waka Aorangi the – Southern Regional DHB Maori Managers. Among the deliverables are a review on what is happening for Maori on a national basis, e.g. Te Raupuawai, Te Rau Matatini, etc. stock take of the Maori health workforce in the South Island, skill analysis, service needs analysis, workforce requirements, gap analysis, strategies for recruitment and retention for Maori health workers in the South Island, salary and conditions, benchmarking and career development pathways. It is anticipated that the final report

will be ready in July 2004. This is a positive initiative in the South island in relation to Maori health workforce development, and would be difficult to do on the West Coast given the limited resources available.

Author: Kaiarahi / General Manager Maori Health – 26 April 2004

FINANCE REPORT

Financial Overview March 2004

	Actual Month	Budget Month	Variance	Variance	Last Yr Month	Actual YTD	Budget YTD	Variance	Variance	Last Yr YTD	Full Yr Forecast	Full Yr Budget	Full Yr Act Last Yr
REVENUE													
Provider	4,316	4,266	50	1.2%	4,060	38,372	38,249	123	0.3%	34,320	51,174	51,007	47,319
Governance & Administration	80	84	(4)	(4.4%)	78	743	745	(2)	(0.3%)	732	995	998	966
Funds	2,407	2,414	(7)	(0.3%)	1,103	19,722	19,857	(135)	(0.7%)	8,067	26,919	27,101	10,999
	6,803	6,763	40	0.6%	5,241	58,837	58,851	(14)	(0.0%)	43,119	79,088	79,106	59,284
EXPENSES													
Provider													
Personnel	2,718	2,603	(115)	(4.4%)	2,487	23,174	23,323	149	0.6%	21,874	31,298	31,222	29,424
Outsourced Services	272	297	25	8.4%	346	2,810	2,669	(141)	(5.3%)	2,808	3,746	3,559	3,983
Clinical Supplies	447	453	6	1.3%	491	4,147	4,052	(95)	(2.3%)	3,815	5,454	5,407	5,148
Infrastructure	1,050	996	(54)	(5.4%)	845	8,899	9,020	121	1.3%	7,624	12,009	12,032	10,879
	4,487	4,349	(138)	(3.2%)	4,169	39,030	39,064	34	0.1%	36,121	52,507	52,220	49,434
Governance & Administration	143	168	25	14.9%	135	1,252	1,425	173	12.1%	1,001	1,744	1,938	1,349
Funds	2,499	2,403	(96)	(4.0%)	1,129	19,631	19,814	183	0.9%	8,116	26,924	27,026	10,822
	7,129	6,920	(209)	(3.0%)	5,433	59,913	60,304	391	0.6%	45,238	81,175	81,184	61,605
Net Result	(326)	(157)	(169)	107.4%	(192)	(1,076)	(1,452)	376	(25.9%)	(2,119)	(2,087)	(2,078)	(2,321)

OPERATING RESULTS

The month of March 2004 resulted in a deficit of $326k, which was $169k adverse to budget ($157k). Provider and funder arms were below budget (provider $92k and funder arm $103k) with Governance and Admin being $25k better than budget.

The year to date March 2004 result ($1,076k deficit) is $376k better than budget ($1,452k). All areas are better than budget (provider by $133k, governance and administration $195k and funder arm $49k.

REVENUE

Revenue for the month of $6,803k is $40k (0.6%) above budget of $6,763k.

Provider revenue is up $50k (1.5%) on budget after assuming overproduction (except for capacity contracts) can be offset against underproduction, except where constrained by the mental health ring fence (i.e. that overproduction in other areas can not be offset against underproduction in mental health). Funder revenue is $7k below budget.

Year to date (March 2004) revenue is in line with budget. Provider revenue is $123k higher than budget primarily due to increased ACC and maternity income while funds revenue is down $135k due to Rata/Plunket contract being paid direct by MoH as opposed to being devolved. (This decrease is matched by decreased expenditure).

EXPENSES

Expenses for the month ($7,129k) were $209k (3.0%) above budget ($6,920k).

Provider expenses for the month of March 2004 are over budget by $138k (3.2%). Increases in personnel costs of $115k (primarily Medical personnel of $72k were partially offset by a decrease in outsourced services of $25k). Clinical supplies are in line with budget after increases in Orthopaedic costs were offset by other clinical cost savings. Infrastructure costs are above budget by $54k mainly due to facilities costs ($37k) and professional fees ($11k).

Funds expenditure was above budget by $96k (4%)with the expenditure from devolution of funding responsibility for care of the elderly DSS services being higher than previous months.

Year to date (March 2004) expenses ($59,913k) are below budget ($60,304k) by $391k (0.6%) with savings in all three arms of the organisation.

2004-05 DISTRICT ANNUAL PLAN (DAP)

The Ministry have requested an explanation on additional expenditures provided for in the DAP. This will be provided to assist their review.

FORECAST

Our year to date result ($376k better than budget) indicates our year end result will be in line with the revised 2003/04 DAP target of $2.078M. It is important to note that our ability to maintain and achieve the target is dependant on a number of factors, such as our continued ability to obtain medical cover for paediatrics, our ability to access locum cover for other services as needed, and actuarial report on employee entitlements.

STATEMENT OF FINANCIAL POSITION

Current liabilities remain unconventionally high due to RHMU financing for $11.2m being of a short term nature and due for renewal in June 2004. We are currently preparing a new loan application to RHMU for a $11.2m loan facility commencing 1 July 2004.

Overall our Balance Sheet has improved due to the revaluation with our debt to debt plus equity ratio now at 48.1% compared with 78.3% last year but current liabilities remain unacceptably high due to delays in finalising long term funding.

CASHFLOW

The Ministry of Health has issued us with $1.5M of equity in support of our planned deficit ($2.078M). Although cashflow remains adequate for current activities, we are preparing an equity application for the additional $578k in line with the Boards' resolution last month.

CAPEX

Approved capital expenditure remains well within budget levels.

DEBTORS

Debtors remain in control. The increase in the value of our debtors year to date is directly attributable to increased Ministry of Health funding, including the devolution of funding responsibility for care of the elderly DSS services.

Author: General Manager Finance – 26 April 2004

DHB CONSOLIDATED - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF MARCH 2004

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Revenue													
Core MoH Funding	5,838	5,826	12	0.2%	4,416	50,580	50,470	110	0.2%	36,198	68,054	67,911	49,993
Other MoH Funding	674	662	12	1.9%	525	5,980	5,886	94	1.6%	4,337	8,003	7,874	5,683
Patient / Consumer Sourced	234	239	(5)	(2.1%)	234	1,857	2,173	(316)	(14.5%)	2,224	2,471	2,892	3,113
Non Health Related	57	36	21	58.3%	66	420	322	98	30.4%	360	560	429	495
	6,803	6,763	40	0.6%	5,241	58,837	58,851	(14)	(0.0%)	43,119	79,088	79,106	59,284
Payments to Providers	2,499	2,403	(96)	(4.0%)	1,129	19,630	19,814	184	0.9%	8,116	26,926	27,026	10,822
Personnel Costs													
Medical Personnel	606	534	(72)	(13.5%)	443	4,598	4,764	166	3.5%	4,175	6,120	6,341	5,429
Nursing Personnel	1,055	1,047	(8)	(0.8%)	1,013	9,478	9,447	(31)	(0.3%)	8,973	13,048	12,744	12,159
Allied Health Personnel	638	630	(8)	(1.3%)	638	5,540	5,632	92	1.6%	5,234	7,378	7,493	7,115
Support Personnel	99	97	(2)	(2.1%)	99	887	860	(27)	(3.1%)	833	1,181	1,145	1,125
Management / Admin	409	383	(26)	(6.9%)	355	3,329	3,391	62	1.8%	3,164	4,504	4,538	4,247
	2,807	2,691	(116)	(4.3%)	2,548	23,832	24,094	262	1.1%	22,379	32,230	32,261	30,075
Outsourced Services	285	307	22	7.2%	359	2,931	2,759	(172)	(6.2%)	2,903	3,910	3,681	4,110
Clinical Supplies													
Treatment Disposables	78	92	14	15.2%	100	759	825	66	8.0%	732	1,013	1,101	1,018
Diagnostic Supplies	12	12	0	0.0%	8	97	106	9	8.5%	97	130	142	132
Instruments & Equipment	85	86	1	1.2%	96	773	765	(8)	(1.0%)	742	1,030	1,019	1,016
Pt Appliances, Implants, Prostheses	120	80	(40)	(50.0%)	119	939	707	(232)	(32.8%)	681	1,175	945	872
Other Clinical & Client Costs	152	183	31	16.9%	168	1,579	1,649	70	4.2%	1,563	2,107	2,200	2,110
	447	453	6	1.3%	491	4,147	4,052	(95)	(2.3%)	3,815	5,454	5,407	5,148
Infrastructure Costs													
Hotel Services, Laundry & Cleaning	218	213	(5)	(2.3%)	213	1,988	1,917	(71)	(3.7%)	1,950	2,663	2,556	2,611
Facilities	296	259	(37)	(14.1%)	222	2,432	2,337	(95)	(4.1%)	1,895	3,285	3,115	3,083
Transport	94	92	(2)	(2.2%)	92	801	828	27	3.3%	758	1,076	1,107	1,088
IT Systems & Communication	102	100	(2)	(2.0%)	85	868	899	31	3.4%	855	1,157	1,199	1,132
Democracy	16	30	14	46.7%	25	175	270	95	35.2%	183	234	361	246
Professional Fees & Expenses	46	59	13	22.0%	30	346	474	128	27.0%	333	493	653	488
Other Operating Costs	319	313	(6)	(1.9%)	239	2,763	2,859	96	3.4%	2,051	3,747	3,818	2,802
	1,091	1,066	(25)	(2.3%)	906	9,373	9,584	211	2.2%	8,025	12,653	12,809	11,450
Expenses Total	7,129	6,920	(209)	(3.0%)	5,433	59,913	60,304	391	0.6%	45,238	81,175	81,184	61,605
Surplus (Deficit)	**(326)**	**(157)**	**169**	**(107.4%)**	**(192)**	**(1,076)**	**(1,452)**	**(376)**	**25.9%**	**(2,119)**	**(2,087)**	**(2,078)**	**(2,321)**

DHB PROVIDER ARM - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF MARCH 2004

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Revenue													
Core MoH Funding	3,466	3,440	26	0.8%	3,236	31,166	30,869	297	1.0%	27,259	41,542	41,147	37,792
Other MoH Funding	563	551	12	2.2%	525	4,979	4,885	94	1.9%	4,493	6,668	6,539	5,938
Patient / Consumer Sourced	234	239	(5)	(2.1%)	234	1,857	2,173	(316)	(14.5%)	2,224	2,471	2,892	3,113
Non Health Related	53	36	17	47.2%	65	370	322	48	14.9%	344	493	429	476
	4,316	4,266	50	1.2%	4,060	38,372	38,249	123	0.3%	34,320	51,174	51,007	47,319
Personnel Costs													
Medical Personnel	606	534	(72)	(13.5%)	443	4,598	4,764	166	3.5%	4,175	6,120	6,341	5,429
Nursing Personnel	1,055	1,047	(8)	(0.8%)	1,013	9,478	9,447	(31)	(0.3%)	8,973	13,048	12,744	12,159
Allied Health Personnel	638	630	(8)	(1.3%)	638	5,540	5,632	92	1.6%	5,234	7,378	7,493	7,115
Support Personnel	99	97	(2)	(2.1%)	99	887	860	(27)	(3.1%)	833	1,181	1,145	1,125
Management / Admin	320	295	(25)	(8.6%)	294	2,671	2,620	(51)	(1.9%)	2,659	3,571	3,499	3,596
	2,718	2,603	(115)	(4.4%)	2,487	23,174	23,323	149	0.6%	21,874	31,298	31,222	29,424
Outsourced Services	272	297	25	8.4%	346	2,810	2,669	(141)	(5.3%)	2,808	3,746	3,559	3,983
Clinical Supplies													
Treatment Disposables	78	92	14	15.2%	100	759	825	66	8.0%	732	1,013	1,101	1,018
Diagnostic Supplies	12	12	0	0.0%	8	97	106	9	8.5%	97	130	142	132
Instruments & Equipment	85	86	1	1.2%	96	773	765	(8)	(1.0%)	742	1,030	1,019	1,016
Pt Appliances, Implants, Prostheses	120	80	(40)	(50.0%)	119	939	707	(232)	(32.8%)	681	1,175	945	872
Other Clinical & Client Costs	152	183	31	16.9%	168	1,579	1,649	70	4.2%	1,563	2,107	2,200	2,110
	447	453	6	1.3%	491	4,147	4,052	(95)	(2.3%)	3,815	5,454	5,407	5,148
Infrastructure Costs													
Hotel Services, Laundry & Cleaning	217	212	(5)	(2.4%)	212	1,975	1,908	(67)	(3.5%)	1,942	2,663	2,544	2,598
Facilities	296	259	(37)	(14.1%)	222	2,427	2,335	(92)	(4.0%)	1,893	3,285	3,112	3,080
Transport	90	86	(4)	(4.7%)	86	743	782	39	5.0%	702	998	1,045	1,022
IT Systems & Communication	99	99	0	0.0%	84	863	895	32	3.6%	852	1,151	1,194	1,128
Interest	175	170	(5)	(2.8%)	93	1,498	1,590	92	5.8%	806	2,007	2,114	1,100
Professional Fees & Expenses	38	27	(11)	(40.7%)	5	214	245	31	12.7%	207	304	325	309
Other Operating Costs	135	143	8	5.4%	143	1,179	1,266	87	6.9%	1,222	1,600	1,698	1,642
	1,050	996	(54)	(5.4%)	845	8,899	9,020	121	1.3%	7,624	12,009	12,032	10,879
Expenses Total	4,487	4,349	(138)	(3.2%)	4,169	39,030	39,064	34	0.1%	36,121	52,507	52,220	49,434
Allocated from Governance & Admin	79	75	(4)	(5.3%)	57	699	675	(24)	(3.6%)	269	932	900	381
Surplus (Deficit)	**(250)**	**(158)**	**(92)**	**57.9%**	**(166)**	**(1,357)**	**(1,490)**	**133**	**(8.9%)**	**(2,070)**	**(2,265)**	**(2,113)**	**(2,496)**

DHB GOVERNANCE AND ADMIN - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF MARCH 2004

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Revenue	80	84	(4)	(4.4%)	78	743	745	(2)	(0.3%)	732	995	998	966
Personnel Costs													
Management / Admin	89	88	(1)	(1.1%)	61	658	771	113	14.7%	505	932	1,039	651
Outsourced Services	13	10	(3)	(30.0%)	13	121	90	(31)	(34.4%)	95	164	122	127
Infrastructure Costs													
Transport	4	6	2	33.3%	6	58	46	(12)	(26.1%)	56	78	62	66
IT Systems & Communication	3	1	(2)	(200.0%)	1	5	4	(1)	(25.0%)	3	6	5	4
Professional Fees & Expenses	8	32	24	75.0%	25	132	229	97	42.4%	126	189	328	179
Other Operating Costs	12	7	(5)	(71.4%)	6	120	61	(59)	(96.7%)	49	165	85	99
Democracy	14	24	10	41.7%	23	158	224	66	29.5%	167	209	297	223
	41	70	564	805.7%	61	473	564	91	16.1%	401	648	777	571
Expenses Total	143	168	25	14.9%	135	1,252	1,425	173	12.1%	1,001	1,744	1,938	1,349
Allocated to Provider	(79)	(75)	4	(5.3%)	(57)	(699)	(675)	24	(3.6%)	(269)	(932)	(900)	(381)
Surplus (Deficit)	**16**	**(9)**	**25**	**(271.4%)**	**0**	**190**	**(5)**	**195**	**(3900.0%)**	**0**	**87**	**(40)**	**(2)**

DHB FUNDER ARM - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF MARCH 2004

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Personal Health													
Funding Received	4,237	4,161	76	1.8%	3,379	38,094	37,455	639	1.7%	26,810	50,793	49,941	36,997
Provider Payments	(4,126)	(4,151)	25	(0.6%)	(3,405)	(38,075)	(37,412)	(663)	1.8%	(26,859)	(50,749)	(49,866)	(36,822)
	111	11	101	938.4%	(26)	19	43	(24)	(54.9%)	(49)	44	75	175
Mental Health													
Funding Received	776	774	3	0.3%	677	6,950	6,962	(12)	(0.2%)	6,144	9,267	9,282	8,270
Provider Payments	(787)	(774)	(13)	1.7%	(677)	(6,927)	(6,962)	35	(0.5%)	(6,144)	(9,286)	(9,282)	(8,270)
	(11)	0	(11)	0.0%	0	23	0	23	0.0%	0	(19)	0	0
Disability Support													
Funding Received	809	812	(4)	(0.5%)	0	4,851	4,874	(23)	(0.5%)	0	7,277	7,311	0
Provider Payments	(1,009)	(812)	(197)	24.2%	0	(4,853)	(4,874)	21	(0.4%)	0	(7,280)	(7,311)	0
	(200)	0	(200)	0.0%	0	(2)	0	(2)	0.0%	0	(3)	0	0
Funds Management													
Funding Received	84	80	4	4.5%	77	745	724	21	2.9%	686	993	965	919
Interest on Funds Account	8	0	8	0.0%	1	52	0	52	0.0%	16	69	0	17
Allocation to DHB Governance	(84)	(80)	(4)	4.5%	(78)	(745)	(724)	(21)	2.9%	(702)	(993)	(965)	(936)
	8	0	8	0.0%	0	52	0	52	0.0%	0	69	0	0
Surplus (Deficit)	**(92)**	**11**	**(103)**	**(959.4%)**	**(26)**	**92**	**43**	**49**	**115.4%**	**(49)**	**91**	**75**	**175**

DHB CONSOLIDATED - STATEMENT OF FINANCIAL POSITION AS AT MARCH 2004

	Actual	Budget	Variance	Variance	Last Yr Act
Current Assets					
Cash	1,668	390	1,278	327.7%	1,869
Short term Investments	1,256	906	350	38.6%	905
Debtors & Prepayments	6,978	5,675	1,303	23.0%	4,366
Inventory	607	602	5	0.8%	570
Assets for Sale	364	364	0	0.0%	388
	10,873	7,937	2,936	37.0%	8,098
Non Current Assets					
Land & Buildings	20,562	21,444	(882)	(4.1%)	13,112
Equipment (incl IT)	5,359	4,952	407	8.2%	4,499
Vehicles	180	149	31	20.8%	175
Investments	2	0	2	0.0%	2
	26,103	26,545	(442)	(1.7%)	17,788
Current Liabilities					
Accounts Payable	7,018	4,698	2,320	49.4%	6,006
Employee Entittlements	3,330	3,431	(101)	(2.9%)	3,297
Current Portion of Term Loans	11,511	11,607	(96)	(0.8%)	9,397
	21,859	19,736	2,123	10.8%	18,700
Net Funds Employed	**15,117**	**14,746**	**371**	**2.5%**	**7,186**
Term Liabilities					
Employee Entittlements	2,238	1,880	358	19.0%	1,849
Term Loans	215	0	215	0.0%	2,287
	2,453	1,880	573	30.5%	4,136
Crown Equity					
Crown Equity	42,630	43,147	(517)	(1.2%)	40,069
Retained Earnings	(30,011)	(30,326)	315	(1.0%)	(37,672)
Trust Funds	45	45	0	0.0%	653
	12,664	12,866	(202)	(1.6%)	3,050
Net Funds Employed	**15,117**	**14,746**	**371**	**2.5%**	**7,186**

DHB CONSOLIDATED - STATEMENT OF CASHFLOWS FOR THE MONTH OF MARCH 2004

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD
Operating Activities										
Operating Reciepts	7,056	6,754	302	4.5%	4,703	56,990	57,428	(438)	(0.8%)	43,344
Payments to Personnel	3,094	2,675	(419)	(15.7%)	2,286	23,543	24,062	519	2.2%	22,261
Payments to Providers	1,976	1,527	(449)	(29.4%)	840	11,488	11,811	323	2.7%	7,658
Interest & Capital Charge	157	176	19	10.6%	3	747	1,609	862	53.6%	906
Payments to Suppliers, GST, etc	2,670	2,287	(383)	(16.7%)	1,550	20,874	21,089	215	1.0%	12,103
Operating Payments	7,897	6,664	(1,233)	(18.5%)	4,679	56,652	58,570	1,918	3.3%	42,928
Net Cashflow from Operating	**(841)**	**89**	**(930)**	**(1041.0%)**	**24**	**338**	**(1,142)**	**1,480**	**(129.6%)**	**416**
Investing Activities										
Sale of Fixed Assets	0	0	0	0.0%	0	1	0	1	0.0%	715
Increase (Decrease) in Investments	350	0	350	0.0%	0	350	4	346	8650.0%	902
Purchase of Fixed Assets	288	230	(58)	(25.0%)	49	1,464	2,072	608	29.3%	694
Net Cashflow from Investing	**(638)**	**(230)**	**292**	**(126.9%)**	**(49)**	**(1,813)**	**(2,076)**	**955**	**(46.0%)**	**(881)**
Financing Activities										
Financing Reciepts										
Equity Injections	0	0	0	0.0%	0	1,500	2,078	(578)	(27.8%)	2,500
Loans Raised	0	0	0	0.0%	0	11,195	(290)	11,485	(3960.3%)	8,866
	0	0	0	0.0%	0	12,695	1,788	10,907	610.0%	11,366
Financing Payments										
Repaid Debt	5	0	(5)	0.0%	5	11,372	0	(11,372)	0.0%	9,460
	5	0	(5)	0.0%	5	11,372	0	(11,372)	0.0%	9,460
Net Cashflow from Financing	**(5)**	**0**	**(5)**	**0.0%**	**(5)**	**1,323**	**1,788**	**(465)**	**(26.0%)**	**1,906**
Opening Cash	3,152	531	2,621	493.6%	1,899	1,820	1,820	0	0.0%	428
Net Cashflow	(1,484)	(141)	(643)	456.3%	(30)	(152)	(1,430)	1,970	(137.8%)	1,441
Closing Cash	**1,668**	**390**	**1,978**	**507.0%**	**1,869**	**1,668**	**390**	**1,970**	**505.0%**	**1,869**

WEST COAST DISTRICT HEALTH BOARD DEBT REGISTER
AS AT MARCH 2004

Lender's name	**RHMU**	**BNZ**	**Toyota**	**BNZ**
Loan Identified As	Renewal	CT Scanner	Lease	Overdraft
Debt Amount - face value	$11,195,000	$208,853	$185,312	$1,500,000
Instrument type	Term Loan	Amortised Loan	Lease	Overdraft
Fixed / Floating interest rate	Fixed	Fixed	Fixed	Floating
Fixed rate	5.49%	8.64%	Various	
Floating rate base and margin				8.95%
Interest payment frequency	Quarterly	Quarterly	Monthly	Daily
Covenants (Debt to Debt + Equity ratio)	55%	55%		55%
Covenants (Interest Cover EBID)	1.3x	2.5x		3.0x
Next Payment Due				Yes
When	30/6/04	28/2/04	17th of month	any time
How much	$11,195,000	$26,140	$9,607	any amount
Next Rollover / Refinance Due				
When	30/6/04	N/A		
How much	$11,195,000	N/A		
Plan	Refinance RHMU	Pay off over 5 years		

Upcoming Loan Repayments

May 2004	BNZ CT Scanner	$	26,140
June 2004	Term Loan Fixed	$	11,195,000

(Excludes Overdraft and Lease Payments)

Interest Rate Hedging

The West Coast DHB has engaged in a 5 year interest rate swap, effectively fixing the refinancing rate of $4.3M of its RHMU loan at 6.83% per annum for 5 years. This swap comes into effect 1 July 2004.

WEST COAST DISTRICT HEALTH BOARD
CASH FLOW FORECAST AS AT 16 APRIL 2004

Fortnight Ended	02/05/2004	16/05/2004	30/05/2004	13/06/2004	27/06/2004	13/07/2004	27/07/2004	10/08/2004	24/08/2004
Opening Balance	**2,949,972**	**(599,028)**	**1,684,945**	**(886,695)**	**1,037,278**	**(1,608,222)**	**675,751**	**(1,969,749)**	**1,028,084**
Cash In									
Revenue	250,000	4,717,973	950,000	4,717,973	950,000	4,717,973	850,000	4,677,973	740,000
Loan Funds	-	-	-	-	-	-	-	-	-
Equity	-	-	-	-	500,000	-	-	-	-
Asset Sales	-	-	-	-	-	-	-	-	-
Cash Out									
Payroll Costs	1,160,000	860,000	860,000	860,000	1,160,000	860,000	860,000	280,000	860,000
Creditors Payments	1,300,000	1,274,000	1,613,500	1,634,000	1,913,500	1,274,000	1,613,500	1,074,000	1,613,500
GST	300,000	-	300,000	-	300,000	-	300,000	-	-
PAYE / ACC	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000
Loan & Interest Pmts	317,000	-	26,140	-	-	-	-	26,140	-
Capex	422,000	-	422,000	-	422,000	-	422,000	-	422,000
Closing Balance	**(599,028)**	**1,684,945**	**(886,695)**	**1,037,278**	**(1,608,222)**	**675,751**	**(1,969,749)**	**1,028,084**	**(1,427,416)**

Assumptions

That $500K of Equity will be received in June

That disputed air transfer team charges from Canterbury DHB will be paid.

WEST COAST DISTRICT HEALTH BOARD
DIRECTORS SCHEDULE

SUMMARY OF EXPENDITURE YEAR TO DATE TO 31 MARCH 2004
Note: Figures GST exclusive

	Actual	Budget	Variance	Annual Budget
Directors Fees	126,563	139,500	-12,937	186,000
Directors Expenses				
Travel Expenses	16,529	14,247	2,282	18,996
Other	2,697	16,281	-13,584	21,708
Total	19,226	30,528	-11,302	40,704
Advisory Committee Costs	24,739	78,003	-53,264	104,000
TOTAL EXPENSES	43,965	108,531	-64,566	144,704
WCDHB BOARD OF DIRECTORS FEES & EXPENSES	$170,528	$248,031	($77,503)	$330,704

Financial Performance Indicators for March 2004

		Month Actual	Month Budget	Month Last Yr
Net result after tax	$000	-326	-157	-192
Net Result/Net Funds Employed % (Annualised)	%	-25.9	-12.8	-32.1
Earnings* /Net Funds Employed % (Annualised)	%	5.5	20.2	8.2
Revenue/Net Funds Employed (Annualised)	times	5.4	5.5	8.8
Debt** /Debt + Equity (BNZ definition)	%	65.8	62.7	88.2
Debt*** /Debt + Equity (CFA definition)	%	48.1	47.4	79.3
Revenue/Fixed Assets (Annualised)	times	3.1	3.1	3.5
Interest cover	times	1.3	4.6	1.4

* Earnings = operating surplus/(deficit) before interest, capital charge, tax and depreciation.
** Debt exclusive of Overdraft - Bank of New Zealand definition of Debt / Debt + Equity
*** Arranged Debt inclusive of Overdraft - Crown Funding Agency definition of Debt / Debt + Equity

NOTES

1 Net result as a percentage of Net Funds Employed-
Provides a projected annual return on Long Term Funding based on current months performance.

2 Earning / Net Funds Employed-
Provides a projected annual return, from normal operations, as a percentage of Long Term Funding, based on current months performance.

3 Debt to Debt + Equity Ratio
A measure that indicates the extent to which assets are financed by debt (excluding any overdraft balance). (This is consistent with the Bank of New Zealand definition of debt).

4 Interest Cover-
Shows ability to meet interest expense from Operating Surplus. Calculated as: operating surplus before interest, capital charge and depreciation divided by interest expense.

Author: Accounting / Finance Manager – 26 April 2004

GLOSSARY OF FINANCIAL TERMS

Assets - Economic resources owned or controlled by the WCDHB, as a result of past transactions, for the entity's future benefit.

Current Assets are those assets that are expected to be converted into cash in the next accounting period, i.e. within the next 12 months.

Non Current Assets are long-term assets that are held for use in the productive process and are not expected to be converted into cash in the next accounting period.

CAPEX (Capital Expenditure) - The Purchase of non-current assets.

Capital Charge – All DHBs are required to pay capital charge in order to recognize the cost of financial resources vested in them by the Crown. Capital Charge is levied at 11% per annum on the DHBs Crown equity balance. Capital charge is equivalent to the value of dividends and capital gains that shareholders would normally require from a private organization.

Debt - An obligation of WCDHB to pay a sum of money within a specified time.

Debt to Debt + Equity Ratio - A measure that indicates the extent to which assets are financed by debt. (Excluding any overdraft balance). (This is consistent with the Bank of New Zealand definition of debt).

Equity (Owners Equity, Shareholders Funds) - A claim against the assets of the WCDHB. Represents a residual claim to all assets not claimed by holders of external liabilities.

FTE - Full Time Equivalent employees

Interest Cover - Shows ability to meet interest expense from Operating Surplus. Calculated as: *Operating surplus before interest, tax & depreciation divided by interest expense.*

Liabilities - An amount owed by WCDHB to non-owners.

Current Liabilities are obligations to pay an amount or perform a service in the next accounting period, i.e. within the next 12 months.

Non-Current Liabilities are those obligations requiring settlement beyond the next accounting period.

Net Funds Employed - The total of Non current Liabilities plus Total Shareholders' Funds.

NHPIDE (Nursing Hours Per Inpatient Day Equivalent) - Nursing Hours is the sum of total hours spent in direct patient care over each shift. Calculated as: *Actual Nurse hours divided by total inpatient bed days.*

Operating Surplus- Surplus attributable to ordinary and continuing operations.

Leave Liability – The total amount of accrued leave benefits owing to employees. Covers Annual, Long Service and Parental leave as well as Retirement Gratuities and Lieu days owing.

WCDHB ADVISORY COMMITTEES MEETINGS

NOTE: THE ADVISORY COMMITTEES MEETINGS THAT WERE ADVERTISED FOR 14TH APRIL 2004 HAVE BEEN POSTPONED TO COINCIDE WITH A WORKSHOP ON THE WCDHB DRAFT DISTRICT ANNUAL PLAN - TO BE HELD ON WEDNESDAY 19TH MAY 2004.

DRAFT MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING

HELD IN THE BOARD ROOM, CORPORATE OFFICE, WEST COAST DISTRICT HEALTH BOARD ON FRIDAY 2ND APRIL 2004 AT 8:05 AM

PRESENT:
Christine Robertson, Chair
June Robinson, WCDHB Member
Gregor Coster, WCDHB Member
Kathryn Cannan
Barbara Beckford
Margaret Moir

IN ATTENDANCE:
John Luhrs, Chief Executive
John Vaile, WCDHB Member
Marguerite Moore, WCDHB Member
Julie Kilkelly, WCDHB Member
Ebel Kremer, General Manager Operations
John Goulding, General Manager Finance (for part)
Jenny Hanson, Professional Practice Co-ordinator (for part)
Alison McDougall, Minute Secretary

APOLOGIES:
Tamai Sinclair, WCDHB Member
June Robinson, WCDHB Member (for lateness)

Karakia by Christine Robertson

1. WELCOME, APOLOGIES & AGENDA

The Chair welcomed everyone to the meeting. Apologies were received from Tamai Sinclair.

Moved: Margaret Moir, Seconded: Barbara Beckford

It was RESOLVED to accept the apologies.

2. DISCLOSURES OF ADVISORY COMMITTEE MEMBERS' INTERESTS

Christine Robertson

- First line should now read, *"As self employed person, does work on contract for"*

June Robinson entered the meeting at 8:06am

3. FEEDBACK FROM BOARD PLANNING SESSION

The Chair advised that she is deviating from the agenda in order to more thoroughly explain the new format and feedback from the Board Planning Session.

At the Board Planning Session the Board discussed the roles of all advisory Committees with regard to TOR and in light of feedback from committee members.

Following the above and based on a paper the Chair presented to the Board, it was agreed that there would be a trial period during which the HAC agenda would have one item with a focus on strategic and governance issues, arising from issues identified by HAC members through their reading of HAC papers and as referred to HAC by the Board. Members were advised that member raised matters would be on future agenda to allow time for any management papers to be developed. This did not preclude more operational agenda items from being presented as per guidelines for general business. She also included a guide of timeframes for discussion of items. Arising out of the Board discussion on advisory committees, the idea was floated to involve the Advisory Committees in a workshop on the DAP process. The workshop would go over how the DAP is developed. The Chair advised she is not sure of the timeframe for this workshop but imagines it will be discussed at today's Board meeting.

4. MINUTES OF THE LAST MEETING

The Chair and Chief Executive apologised that the incorrect minutes were distributed to Committee members in the papers. The correct minutes were circulated. The following changes / amendments were noted:

- Item 3, second point the change should now read, *"The Chair added that the HAC minutes usually go into the Board meeting papers and reiterated that HAC's role is in monitoring only unless directed by the Board"*.

Moved: Barbara Beckford, Seconded: Margaret Moir

It was RESOLVED that subject to the above changes the Minutes of the Hospital Advisory Committee meeting held 27th January 2004, were a true and correct record of the meeting.

5. MATTERS ARISING / ACTION & RESPONSIBILITY LIST

ENT / Surgical Bus Issues – Flow Chart to be distributed
The General Manager Operations advised that this has not been completed as the new GP Liaison has only just been appointed and not started in the role. The GP Liaison will be involved in disseminating it to the GPs. This will be placed on the Action & Responsibility list for 4th June 2004.

Provide figures to HAC on stat dispensing outcomes, at three monthly and six monthly intervals including supply outage and a selection of appropriate clinical indicators
Ongoing

Maori Health Plan/reporting progress in implementing.
The Chair advised that the General Manager Maori Health is likely to provide an update at the next meeting. At the last HAC meeting, CPHAC was given a role in looking at Maori Health objectives.

Community statistics for mental health
The Chief Executive tabled the statistics on behalf of the General Manager Mental Health Services and advised that this is the format for reports to be presented in the future. The Chair suggested that HAC really needs these documents before the meeting in order to have the time to look at the statistics for strategic and governance issues.

Progress report or snapshot picture of the accident or incident issues classified under quality
The Chair advised that at a previous meeting HAC members were informed that there were areas that were given a quality category but would not be seen in the accident and incident report and that Mark Bowen was to give a snapshot picture of this. The PA to CEO advised that the information is not available as Mark Bowen is away at a conference and this information will be brought back to HAC at the June meeting.

6. CORRESPONDENCE

The Chair advised that no correspondence has been received or sent.

7. STRATEGIC GOVERNANCE MATTERS

The Chair explained that she particularly wanted this item to be included on the agenda in order for Committee members to discuss items they identify in the Committee papers in terms of strategic or governance issues. The first section will be for flagging items members have picked up in the current papers and which will appear on later agenda, with the approval of the whole committee, and allowing management time to research the matter. The second section relates to items that have been flagged at previous meetings and those referred to the committee by the Board.

7.1 Items Arising From Current Meeting Papers Requiring Attention at Future Meetings

The Chair advised that when reading through papers if an issue is identified which Committee members see as a possible pattern forming and would like to find out what management is doing about it then this is the place on the agenda to raise it. The Committee, as a whole can then decide whether or not there is further consideration at following meetings. A Committee member queried if these issues could come from the Board papers also. The Board Chair clarified that issues can only be identified from the HAC papers.

The Chair acknowledged that as this is the first time this item has been on the agenda Committee members may feel unclear about the process and possible items. The Chair is happy to be contacted to discuss the matter further including any items for the next agenda. The Committee was in agreement. The Chair informed HAC that issues that are strategic or governance related should be discussed here and operational issues be discussed in General Business. The General Manager Operations advised he supports the concept, however would like to point out that management should be provided sufficient time to pull together the information required. The Chair advised that if a major issue is identified it will be carried over to the next meeting to allow management to work on it.

7.2 Items From Previous Meetings / Items Referred to HAC From Board

7.2.1 Trendcare

The Chair advised that this item was referred by the Board and Jenny Hanson, Professional Practice Co-ordinator would provide an update on the progress of

implementing the system throughout the DHB and how it is being evaluated in terms of being useful for rostering. What is the value of this tool to the DHB and is it having an impact on budgets? The Board requires a report on this issue and what HAC is doing to monitor it. The Chair handed the floor to Jenny Hanson to provide HAC with an update.

Jenny Hanson advised that Trendcare was authorised and purchased in 2000 by a previous Director of Nursing with a view to providing a more accurate and consistent method of measuring workload. Initially in 2000 there were five other DHBs using Trendcare but since 2000 14 other DHBs have installed the system. Trendcare originated in Australia and is now also being used in Thailand and looking to moving into the UK.

Jenny advised that the system enables work distribution amongst nurses at a ward level. Data is entered in two stages to anticipate requirements for patients for the next 24 hours care and predict the required hours for safe patient care. Patients are categorised in the best pathway for their condition. WCDHB currently uses around 20 pathways however the system has the capacity for around 50. Each nurse who delivers patient care on the ward completes the patient data at the end of their shift and actualises the work that was delivered and time taken to complete tasks such as medication, hygiene, etc. This is an average and every patient is unique so there is the ability to add additional time. This time is predicted by the Nurse Leader at the beginning of each shift using fair and equal distribution and identifying skill mix. Leaders meet daily with staff to identify whether they are over or under resourced. Decisions are made regarding clinical safety and if the need for more staff is required. Nurses complete a patient handover sheet for each shift and the system also provides for an education record to track progress of Practising Certificates and reporting.

In December 2003 an upgrade to the system was provided with new opportunities for data collection. The upgrade provided enhanced reporting and a computer generated rostering system. The next update pack will include discharge planning and diet sheets. The system can produce 50 standard reports and several have been found which are key to utilise available daily, fortnightly and monthly data, giving the ability to print and provide a set of fortnightly reports which are discussed with the General Manager Operations. The reports break nursing hours down to a clinical and non-clinical level and reports can be prepared for the entire hospital. There are now a variety of hospitals in New Zealand using this software and Jenny advised she is part of a user group for the software which meets quarterly. At this stage the software is only used at Grey Base Hospital however Jenny and the General Manager Operations have discussed putting the software into peripheral hospitals as well so reporting is the same for all WCDHB hospitals.

Gregor Coster queried in terms of benchmarking which other DHBs are using Trendcare. Jenny advised that the DHB we are aligning ourselves with most closely with is Wairarapa followed by Taranaki. Gregor suggested HAC be provided with a good overview of data for monitoring.

The General Manager Operations informed HAC that there is a need to be careful in one sense, as it is a management and operational tool. He is not sure what value there would be in bringing reports to the Committee and that there should be a high degree of comfort that management and nursing are working together to manage resources. Once reports are produced regularly for meetings there is a tendency for wanting more and the reports produced for the General Manager Operations would provide too much detail. If the Committee would like a high level overview this may be useful but he is unsure it would be appropriate to go down to a ward level.

The Chair advised that HAC does not want that detail but would like to know of progress in evaluating whether it would be useful for peripheral hospitals and for use as a rostering tool. There is also the issue of ensuring the organisation is not using a tool that is providing a lot of data but not adding value.

A Committee member queried what the ultimate aim of using the software would be. Jenny Hanson responded that the ultimate aim is to provide a fair nursing workload and to keep an appropriate safe level of care looking at individual patient acuity. The software looks at the amount of time taken to perform functions for each patient. A nurse will carry a workload of 1 to 6 but ordinarily this doesn't differentiate between how much care patients require. When nurses categorise patients they are reporting on fair distribution of workload. The General Manager Operations advised that when looking at reports if he sees a variation which stands out, such as too many staff on one day, he can signal to nurse leaders they are being monitored and ensure there is a safe level of practice. If the call on nurses has been huge then he can look for explanations as to why. Jenny Hanson advised that the fortnightly meetings she has with the General Manager Operations can provide clarification on these. The Committee member queried if the DHB has enough qualified staff. Jenny advised that there is a nationwide shortage of nurses however it is not altering care at this stage.

A Committee member suggested this is a very medical model of patient acuity as a means of estimating nursing time and queried if there is the capacity to alter data collection fields in terms of ethnicity data collection. Jenny advised that it is a generic tool so it isn't able to look at unique patients. The system does have the ability to add in time that a nurse may spend with the whanau of a client but it can't be unique for specific patients. There is a degree of flexibility with fields although this is not specifically identified.

The Chief Executive raised that this is a tool not only for nursing but that it should be suggesting variance analysis for significant variances between services. Of particular interest is of what one service does in relation to another. As benchmarking develops it can provide information on how the DHB performs against Wairarapa.

Gregor Coster raised that the advantage of benchmarking with Wairarapa is that it also has a New Zealand population so is comparative.

A Committee member suggested she would expect to hear some analysis of the benefits and some of the things HAC might see are an addition to a better management of the nursing resource and better job satisfaction for nurses and patient satisfaction.

Julie Kilkelly entered the meeting at 8:47am

John Vaile queried if this is used across nursing including Mental Health and Casualty. Jenny advised that a lot of the data generated in Casualty is retrospective and therefore would be increasing workload without gain. Mental Health has been discussed with the General Manager Mental Health Services and Mental Health has a system they are happy with. Jenny advised that Reefton is being looked at as the next hospital to use the system as the cost will be negligible as the equipment required is already there so the only expense would be the cost of training. Buller is different as it doesn't have it the capacity to run the system in terms of cabling. Foote ward has the capacity in terms of equipment but for Dunsford ward this is not the case as new cables and PCs are required.

A Committee member queried whether the nursing staff are happy with the system. Jenny advised that when the system first came in staff were hesitant and a lot of that was based around IT skills. It now takes staff around 5 to 10 minutes to actualise patients at the end of the day and takes a little longer for nurse leaders to predict care required. The Committee member queried if there is some way of tracking patients who make complaints and matching back how much care they received. Jenny advised she has not done analysis on this. The Chief Executive advised that around 100 complaints are lodged a year through the complaints database and he is comfortable that there isn't a major problem.

A Committee member raised that it is an opportunity to capitalise on the effectiveness of Whakatataka and if ethnicity data is collected at the time of admission it should be quite simple to match up. The amount of time and cultural component is a useful tool.

The Chair asked for a summary from Committee members of what they are asking for in terms of reporting.

Gregor Coster indicated that some of the issues he is thinking of may require further discussion with management. It would be useful to report in terms of benchmarking with Wairarapa when this information becomes available and report about progress in terms of involving peripheral hospitals on using the tool. There should be continued management and nurse clinician involvement and analysis on the benefits of Trendcare in patient and nurse satisfaction.

A Committee member queried whether or not the software has paid for itself. The Chair advised that she expects that would be a management discussion but it is an item to add to the list and evaluate value added to the organisation.

The Chair thanked Jenny for attending the meeting and bringing the Committee up to speed but recognises there is more work to be done in terms of reporting to HAC.

The Committee endorsed the following as being the items they wished to see in their report on Trendcare.

- HAC has asked for a report on benchmarking against Wairarapa, which is of a comparable size.
- HAC report to include significant variances between services and reasons for same
- HAC has asked for a report on the progress of implementing Trendcare in peripheral hospitals.
- HAC is reassured there will be ongoing reporting on interpretation and utilisation of results. NB I do not have this on my list but have
- HAC to see that there is on-going collaboration between WCDHB management and nurse clinicians
- HAC would like to consider an analysis of data including patient and nurse satisfaction related to the use of this tool.
- HAC report to include an assessment of effectiveness in relation to ethnic/cultural needs
- HAC has asked for an evaluation of Trendcare overall and its value in general to WCDHB in conjunction with management.
- HAC report to include other such items as may be determined by the Chair of the DHB in conjunction with management

7.2.2 Credentialling of Senior Medical Staff

The General Manager Operations informed HAC that he has consulted with the majority of senior medical staff on the process the DHB is implementing. He has had the opportunity to modify the process and is developing a Committee that will take on an overview function. The communications strategy has been formulated and the process for inclusion of community and Maori representatives on the Committee. The Committee will meet fortnightly to monitor the process. A Project Co-ordinator has been engaged who is working alongside each doctor on a regular basis. He is also looking at getting external expertise as required and having an expert to sit on the Committee and visit every six weeks or so. The General Manager Operations advised that he would like to have the process completed by the end of this year, identifying each doctor's scope of practice and then work with professional colleges and bodies for credentialling.

The Chair asked HAC what it would like to see in terms of reporting. A Committee member suggested a verbal update might be enough. A Committee member expressed interest in following the process and its development and the actual credentialling process and how willing staff are to take part. The General Manager Operations advised that the majority of staff have been positive, even though it is a statutory requirement, there is also willingness and desire to complete the exercise.

The Chair advised she would like to see some sort of template as to what HAC wants to have reported and when these issues are completed by. Gregor Coster suggested there would be a project plan so the General Manager Operations could report on the progress of the project milestones. He also suggested that HAC should be involved in the monitoring of implementation of the process. Gregor complimented clinicians and management on progress in regard to credentialling. The Chair advised she will write a letter of congratulations on behalf of HAC to be sent to the clinicians involved.

Action: Chair

Julie Kilkelly suggested that the template for reporting be similar to the template that was used for the development of the PHO. The Chair also suggested that a similar template was prepared by the General Manager Planning and Funding for reporting on the DAP. A Committee member if HAC should also be looking for training needs to be identified to fill gaps in doctors' scope of practice. The Chair advised she was worried that this gets into budgetary concerns about training needs and this should be a management/Board issue. As a result of the discussion the following is HAC's requirement for its report on credentialling.

Mohammed Shahadat entered the meeting at 9:04am

Management to create a template to use for reporting to HAC on project process milestones.

Action: General Manager Operations

7.2.3 Health and Disability Standards

The Chair advised that page 21 provides some background on this issue. The Chief Executive informed HAC that the report summarises the position that all evaluation documents will be sent to Verification New Zealand in late April. The date for the audit is likely to be late June or early July and certification will be completed well within the time required. The Chief Executive advised that he and Mark Bowen met with Verification NZ about three weeks ago. Verification NZ already provide audit services to the DHB as an audit agency. The Chair opened the floor for general comments.

Gregor Coster noted for HAC's information that this is a matter referred to HAC by the Board. Management and staff should be congratulated on progress to date and it will give the Board comfort to know that the process is on track and going well. The Chair suggested that a template of milestones similar to the credentialling one may be required.

The Chief Executive advised that the process so far is right in terms of action points. The next step is to ensure the desktop exercise has been undertaken followed by the on site audit. At that point there will be feedback on the audit so there will be more comprehensive reporting to HAC on partially or not achieved items.

The Chair asked for an update as to feedback from the desktop exercise and whether or not there are areas identified as needing work. The Chief Executive advised that as it is a desktop exercise it will depend on what the auditor has to say and then confirm that the DHB is on track for the on site audit. The Chair requested a summary of the auditor's comments for the desktop exercise and timeframes to meet gaps that have been identified be reported back to HAC.

A Committee member queried if this is the most critical audit. The Chief Executive advised it is important the DHB receives certification and he is confident of work to be done to date. It is important that the DHB has certification by October. The Committee member stressed that if the provider arm of the DHB didn't get certification it would be worrying. The Chief Executive confirmed that throughout the country if certification is not gained by DHBs then there would be ramifications. The audit process also provides an opportunity to review practices so it is also beneficial to view it as a learning process. The Chair queried if it is to be a three year accreditation. The Chief Executive advised this was a matter discussed with Verification NZ and their experience to date is that it has been a matter for the Ministry and remains to be seen how long it will be granted for. It could be perceived that depending on the size of the provider it could be shorter to ensure there are regular audits. The Chair thanked staff for the work they are doing in this process and requested feedback in the June HAC papers.

The Chair reiterated that the report required by HAC will contain a summary of the auditor's comments from the desktop exercise and timeframes to meet gaps that have been identified.

Action: Chief Executive

8. CHIEF EXECUTIVE'S REPORT

The Chair asked the Chief Executive if there is anything he wishes to comment on. The Chief Executive advised he has been distracted with laboratory workers negotiations on a national level, which he is hoping is nearly at the end of the process.

8.1 Recruitment

The section on the General Surgeon was queried including what the locum cover consists of. The General Manager Operations advised that at present the DHB has a full compliment of general surgeons and the pressure is on retaining that number between now and the end of April to beginning of May as some of the locums are due to leave again. He advised he is vigorously trying to attract other locums and there are one or two potential candidates that are seeking posts for 6 months to one year. The issue was raised that it is obvious that when a locum surgeon sees a patient who then goes to surgery before the locum leaves and is taken over by the replacement locum it is possible to lose the connection. The Chair noted this is a management issue which needs addressing to prevent people falling through the cracks.

The Chief Executive noted that WCDHB ranked second nationally in delivery of elective surgical volumes at 31 January 2004. He advised he is pleased with performance to date and congratulations are to go to the General Manager Operations for this.

A Committee member noted the recent resignation of an O&G and queried the implications this may have for services. The General Manager Operations advised that the DHB is certainly attracting locums and there is still one permanent O&G.

A Committee member queried progress with recruitment of GPs in Buller and Karamea. The General Manager Operations advised he has not been too involved personally with Karamea as the General Manager Primary Services/Director of Nursing is looking at this. In Buller the General Manager Primary Services/Director of Nursing has undertaken numerous interviews with GPs and from memory there are two locums due to start after getting sign off by the Medical Council. The General Manager Primary Services/Director of Nursing has indicated that the applicants were positive with a desire to come to the West Coast. The Chief Executive advised that it is his understanding of the report on page 23 that until sign off from the Medical Council this is not certain.

A newspaper article in the Westport News with the headline "Delay May Have Cost Buller GPs" was brought to the attention of the committee. In this article it was reported that the Rural GP Network had asked for information for recruitment of GPs in Buller and the information was not passed on. When the information was received it wasn't the type of information required. The Chief Executive stated that it is not his intention to get into who provided what to whom except to say the Rural GP Network has all the information required to provide both short, long term and permanent GP services. There has been very good communication in recent weeks between the General Manager Primary Services/Director of Nursing and CEO of the Rural GP Network. The Chief Executive advised he is mindful the Network have a very limited number of locums. When it was last discussed the Network informed the Chief Executive they had around 20 locums to cover approximately 400 GP positions. The Network is also looking for permanent GP positions for Buller.

The need for a GP for South Westland was also raised and this is reported in the section on nursing on page 35. The General Manager Operations advised that the recruitment process for that GP has certainly been started. The Chief Executive advised that the resignation of that GP is consistent with the end of the contract entered into by the GP so it is not unexpected.

A Committee member queried whether or not the O&G who has resigned was also under contract. The General Manager Operations confirmed the O&G was on an open ended contract and chose to resign.

8.2 Official Information Requests

A query was made about an Official Information Request on page 24 of the report that notes part of a request made by the National Party in relation to the Board and Committees was refused, in terms of what the problem in supplying the information was. The Chief Executive advised that it would have been refused either because the information is publicly available in Board reports or alternatively it may be that the DHB would be required to generate information as opposed to distilling it from information already available. The Act provides for this. The Chief Executive advised he would investigate the reasons the request was refused and report back at the next meeting. The General Manager Operations advised it also depends on how the question was phrased.

Action: Chief Executive

Another Westport News Article with the headline "WCDHB Flouts Information Act" was shown to the committee. The article does not refer to this particular month and there is an explanation from the Chief Executive on the situation in the article. The Chair advised that this is probably more of a Board issue and it would be appropriate to raise the issue there, preferably as part of an In Committee discussion. The Chief Executive advised that he and the management team take the Official Information Act very seriously and advised that the response was provided but not in time.

Mohammed Shahadat left the meeting at 9:20am

8.3 Complaints

John Vaile questioned the accuracy of the complaints statistics as he is aware there is currently a complaint that has not been resolved which concerns him and not reported in these statistics. The Chief Executive suggested that the matter be discussed outside the meeting and that the complaint John is referring to is not a patient complaint. The Chief Executive noted that WCDHB was the highest ranking DHB nationally in patient satisfaction for the quarter to 31 December 2003.

8.4 Nursing

Gregor Coster advised he was impressed to see the number of services provided by the District Nursing Service.

Mohammed Shahadat rejoined the meeting at 9:37am

The Chief Executive was asked whether or not the professional development training being held in Greymouth would be taking place at other hospitals as well. The General Manager Operations advised that it is his understanding the courses are available in Greymouth only.

The Chair asked for clarification on the abbreviation of NIN. Gregor Coster advised this is the Neighbourhood Nursing Project.

The Chair advised that Dobson patients should not be classified as special area patients as Dobson has not been such for a long time. The issue is the difference between resident and non resident practice patients.

Moved: June Robinson, Seconded Margaret Moir

It was RESOLVED to accept the Chief Executive's Report

The General Manager Finance joined the meeting at 9:42am

9. FINANCE REPORT

The General Manager Finance informed HAC that the key change with this report is that it has been updated with DAP figures so the lower target as agreed with the Ministry of Health is in these figures and he still believes it is achievable. At the moment the DHB is performing better than budgetted for and still on target to achieve budget.

The General Manager Finance advised that an item which is not in his report is that WCDHB is collaborating with Southland and Otago DHBs on a new financial system which is more user friendly and will make it easier to generate reports. The General Manager Finance also advised he will be asking the Board at this afternoon's meeting for equity for funding. The Chief Executive noted that in terms of additional equity the amount is an amount originally flagged to the Ministry and they have agreed in part to date. Gregor Coster advised that the Board is seeking deficit support for $2.7m for the budget.

9.1 Contracts

A Committee member queried why the Rata and Plunket contracts are being paid direct to the Ministry rather than being devolved. The General Manager Finance advised that this is more in the Planning and Funding area so he is not sure of the specifics but advised that there are some contracts that the Ministry still holds nationally on behalf of DHBs. WCDHB is in constant contact with the Ministry about these contracts. He advised that there are some DHBs that also hold contracts on behalf of other DHBs.

Julie Kilkelly left the meeting at 9:47am

9.2 Holidays Act

A Committee member queried what budgetary effect the new holiday pay legislation will have. The General Manager Finance advised that at this stage it is difficult to quantify. Other DHBs have analysed data and WCDHB should be similar but he envisages a 3 – 5 % increase. The

Committee member queried if this would have an effect on the end of year numbers. The General Manager Finance advised it would add some cost to this financial year. The Chief Executive advised that DHBNZ is looking at setting up codes to track over time the actual effect of the new legislation. The General Manager Operations informed HAC that different DHBs have different employment contracts and it will depend on who is rostered on for public holidays. The Committee member asked if HAC could see something on this at the next meeting.

Action: General Manager Finance

Moved: Barbara Beckford, Seconded: Margaret Moir

It was RESOLVED to accept the Finance Report

10. OPERATIONAL INDICATORS

10.1 Maternity Figures

Marguerite Moore queried the figures on maternity on page 61 and whether it is possible that some of those who deliver in Grey are Buller patients and if these Buller statistics are then lost. The Chair advised that if women are delivered in Greymouth it would be on clinical grounds. Marguerite Moore suggested that they deliver in Grey because they are at risk but is concerned about the number of women who come to Grey to deliver and how it will affect services being provided in Buller. The Chair advised that changes to and delivery of services are more of a Board issue and in terms of HAC she does not see the value in obtaining more detail about Buller as it is not part of HAC's role. She questioned the Committee for their views in terms of figures on deliveries. Gregor Coster advised he believed there is a real danger in gaining too much detail and highlighted that clinical decision making is behind it and advised that HAC should be careful not to stand in midwives territory. He does not believe it would be helpful to drill the information down further.

10.2 Medical / Surgical Services

Gregor Coster advised with regard to the graph on page 62, management and clinicians should be complimented on overachievement in performance. This has placed the DHB very high nationally and as of the end of January this DHB is second in delivery of surgical values. The Chair also advised it is good to see good things being evidenced in the papers.

Gregor Coster advised that the graph on the bottom of page 64 indicates that the DHB is underperforming in relation to day patients. The Chief Executive advised that a general observation is that it is always a challenge to produce a high level of day patient care and one factor in this is the huge distances many patients need to travel. The DHB cannot expect them to travel still affected by surgery.

Gregor Coster advised he enjoyed reading the patient satisfaction survey results but what is missing is inter-DHB comparisons and requested the Chief Executive update HAC on the state of play. The Chief Executive advised that WCDHB is first or second at 93% or 94% satisfaction. Gregor Coster advised that HAC should note this to the Board and congratulated clinicians and management.

11. KEY ISSUES / ITEMS OF INTEREST TO REPORT TO THE BOARD

Recommendations to the Board

No recommendations.

Reporting Back on Board Referred Items

Trendcare

HAC was given a very comprehensive background on the use of Trendcare in the organisation by Jenny Hanson. As a result of the discussion it was explored what HAC would like in terms of reporting which would then be covered in the HAC report to the Board.

- HAC has asked for a report on benchmarking against Wairarapa, which is of a comparable size.
- HAC report to include significant variances between services and reasons for same
- HAC has asked for a report on the progress of implementing Trendcare in peripheral hospitals.
- HAC is reassured there will be ongoing reporting on interpretation and utilisation of results. NB I do not have this on my list but have
- HAC to see that there is on-going collaboration between WCDHB management and nurse clinicians
- HAC would like to consider an analysis of data including patient and nurse satisfaction related to the use of this tool.
- HAC report to include an assessment of effectiveness in relation to ethnic/cultural needs
- HAC has asked for an evaluation of Trendcare overall and its value in general to WCDHB in conjunction with management.
- HAC report to include other such items as may be determined by the Chair of the DHB in conjunction with management

Credentialling

- HAC is pleased with the progress in implementing credentialling as the process outlined in the papers presented to HAC give an appropriate comfort level. HAC has asked for template to be prepared showing project milestones for reporting back to HAC.

Health and Disability Standards

- HAC is pleased to report the progress that appears to be made as outlined in the HAC papers and HAC will be receiving reports.
- HAC is pleased to here of collaboration to be undertaken with Southland and Otago DHBs in relation to a new finance system.
- HAC discussed new holiday legislation and how it will impact on WCDHB.
- HAC would like to congratulate staff on elective services volumes and acknowledge that WCDHB are second best in the country as at end of January.
- HAC is pleased to acknowledge the result of the patient satisfaction survey and results that are consistently near the top and receive reports on items where the DHB may have scored less.

Seeking Board Approval for Further Advisory Committee Consideration of an Item
No approval sought.

11. NEXT MEETING DATE

4 June 2004 at 8:00am. Venue, Corporate Office Boardroom, Greymouth

12. ATTENDANCE AND ADMINISTRATION FORMS

Actioned.

There being no further business the meeting concluded at 10:09am

ACTION & RESPONSIBILITY LIST

Task	Who Involved/Responsible	Completion Date	Action
ACTION & RESPONSIBILITIES FROM THE 2ND APRIL 2004 MEETING			
ENT / Surgical Bus Issues – Flow Chart to be distributed	General Manager Operations	4 June 2004	
Provide figures to HAC on stat dispensing outcomes, at three monthly and six monthly intervals including supply outage and a selection of appropriate clinical indicators.	General Manager Operations	As soon as information is available.	
Maori Health Plan/reporting progress in implementing	Kaiarahi	Ongoing	
Progress report or snapshot picture of the accident or incident issues classified under quality.	Quality Risk Manager	4 June 2004	
Write a letter of congratulations on behalf of HAC to be sent to the clinicians involved in the credentialling of senior medical staff.	Chair	4 June 2004	
Create a template to use for reporting to HAC on credentialling project milestones and the actual process taken to set up a committee.	General Manager Operations	4 June 2004	
Provide a summary of auditor's feedback in relation to Health and Disability Standards accreditation and actions being taken to address any issues so identified	Chief Executive	4 June 2004	
Investigate the reasons the Official Information request from the National Party in relation to the Board and Committees was refused and provide verbal report at next meeting.	Chief Executive	4 June 2004	
Report on the effect the new Holidays Act will have on the budget.	General Manager Finance	4 June 2004	

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.