



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

## **ADVISORY COMMITTEE MEETING**

**2 November 2018**

**10.30am**

**St John  
Water Walk Road, Greymouth**

## **AGENDA AND MEETING PAPERS**

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

## WEST COAST DISTRICT HEALTH BOARD

### ADVISORY COMMITTEE MEMBERS

Michelle Lomax (Joint Chair)  
Elinor Stratford (Joint Chair)  
Chris Auchinvole  
Jenny Black  
Lynnette Beirne  
Kevin Brown  
Sarah Birchfield  
Cheryl Brunton  
Paula Cutbush  
Helen Gillespie  
Chris Lim  
Jenny McGill  
Chris Mackenzie  
Joseph Mason  
Edie Moke  
Peter Neame  
Nigel Ogilvie  
Francois Tumahai

### EXECUTIVE SUPPORT

David Meates (*Chief Executive*)  
Karyn Bousfield (*Director of Nursing*)  
Ginny Brailsford (*Team Leader, Planning & Funding*)  
Gary Coghlan (*General Manager, Maori Health*)  
Mr Pradu Dayaram (*Medical Director, Facilities Development*)  
Michael Frampton (*Chief People Officer*)  
Carolyn Gullery (*Executive Director, Planning, Funding & Decision Support*)  
Dr Cameron Lacey (*Medical Director, Medical Council, Legislative Compliance and National Representation*)  
Dr Vicki Robertson (*Medical Director, Patient Safety and Outcomes*)  
Karalyn van Deursen (*Executive Director, Communications*)  
Stella Ward (*Chief Digital Officer*)  
Philip Wheble (*General Manager, West Coast*)  
Justine White (*Executive Director, Finance & Corporate Services*)  
Kay Jenkins (*Board Secretary*)

**WEST COAST ADVISORY COMMITTEE MEETING**  
**To be held at St John, Water Walk Road Greymouth**  
**Friday 2 November 2018 commencing at 10.30am**

## ADMINISTRATION

**10.30am**

Karakia

Apologies

1. **Interest Register**

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

2. **Minutes of the Previous Meeting**

- 10 August 2018

3. **Carried Forward/Action Items**

## REPORTS/PRESENTATIONS

**10.35am**

4. **Emergo Exercise Visit**

Jenny Ewing 10.35am – 10.55am  
*Emergency Manager, CDHB & WCDHB*

5. **Alliance Presentation**

Carolyn Gullery 10.55am – 11.25am  
*GM, Planning & Funding & Decision Support*

6. **Community and Public Health Update**

Gail McLauchlan 11.25am – 11.35am  
*Community and Public Health*

7. **Planning & Funding Update**

Carolyn Gullery 11.35am – 11.45am  
*GM, Planning & Funding & Decision Support*

8. **Alliance Update**

Karen Bousfield 11.45am – 11.55am  
*Director of Nursing*

9. **Maori Health Update**

Gary Coghlan 11.55am – 12.05pm  
*General Manager, Maori Health*

10. **Operational Update**

Philip Wheble 12.05pm – 12.15pm  
*General Manager, West Coast*

11. **Advisory Committee Finance Report – 30 September 2018**

Justine White 12.15pm – 12.25pm  
*Executive Director, Finance & Corporate Services*

## ESTIMATED FINISH TIME

**12.25pm**

## INFORMATION ITEMS

- 2018 Committee Work Plan (Working Document)
- West Coast DHB 2018 Meeting Schedule

## NEXT MEETING

**Date of Next Meeting:** To be confirmed when 2019 dates are approved

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

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

**WEST COAST DISTRICT HEALTH BOARD  
ADVISORY COMMITTEE MEMBERS  
INTERESTS REGISTER**



**Disclosure of Interest**

<p>Jenny Black <b>Board Chair</b></p>	<ul style="list-style-type: none"> <li>• Chair, Nelson Marlborough District Health Board</li> <li>• Life Member of Diabetes NZ</li> <li>• Chair, South Island Alliance Board</li> <li>• Chair, National DHB Chairs</li> </ul>
<p>Chris Auchinvole <b>Board Member</b></p>	<ul style="list-style-type: none"> <li>• Director Auchinvole &amp; Associates Ltd</li> <li>• Trustee, Westland Wilderness Trust</li> <li>• Trustee, Moana Holdings Heritage Trust</li> <li>• Justice of the Peace</li> <li>• Daughter-in-law employed by Otago DHB</li> </ul>
<p>Lynnette Beirne</p>	<ul style="list-style-type: none"> <li>• Patron of the West Coast Stroke Group Incorporated</li> <li>• Daughter employed as nurse for West Coast DHB</li> <li>• Chair of West Coast DHB Consumer Council</li> <li>• Consumer Representative on WCDHB Falls Coalition Committee</li> <li>• Consumer Representative on WCDHB Stroke Coalition Committee</li> <li>• Running a Homestay for DHB Students</li> <li>• Member, Accessible West Coast Coalition Group</li> <li>• Member of West Coast DHB Clinical Board as Consumer Council Chair</li> </ul>
<p>Sarah Birchfield</p>	<ul style="list-style-type: none"> <li>• West Coast Autism Support Group – Volunteer and Support Person</li> <li>• MS - Parkinsons New Zealand – West Coast Committee Member</li> <li>• Member, Accessible West Coast Coalition Group</li> <li>• Member West Coast DHB Consumer Council</li> </ul>
<p>Kevin Brown <b>Board Member</b></p>	<ul style="list-style-type: none"> <li>• Trustee, West Coast Electric Power Trust</li> <li>• Wife works part time at CAMHS</li> <li>• Patron and Member of West Coast Diabetes</li> <li>• Trustee, West Coast Juvenile Diabetes Association</li> <li>• Member Greymouth Riverside Lions Club</li> <li>• Justice of the Peace</li> <li>• Hon Vice President West Coast Rugby League</li> </ul>
<p>Cheryl Brunton</p>	<ul style="list-style-type: none"> <li>• Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board</li> <li>• Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago)</li> <li>• Member - Public Health Association of New Zealand</li> <li>• Member - Association of Salaried Medical Specialists</li> <li>• Member - west coast Primary Health Organisation Clinical Governance Committee</li> <li>• Member – National Influenza Specialist Group</li> <li>• Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation</li> <li>• Member – DISC Trust</li> </ul>

Paula Cutbush	<ul style="list-style-type: none"> <li>• Owner and stakeholder of Alfresco Eatery and Accommodation</li> <li>• Daughter involved in Green Prescriptions</li> <li>• Justice of the Peace</li> </ul>
Helen Gillespie <b>Board Member</b>	<ul style="list-style-type: none"> <li>• Employee, DOC – Healthy Nature, Healthy People Project Coordinator</li> <li>• Husband works for New Zealand Police</li> <li>• Member - Accessible West Coast Coalition Group</li> <li>• Member - Kowhai Project Committee</li> </ul>
Chris Lim	<ul style="list-style-type: none"> <li>• No interests to declare</li> </ul>
Michelle Lomax <b>Board Member</b>	<ul style="list-style-type: none"> <li>• Daughter is a recipient of WCDHB Scholarship</li> <li>• Community Law Canterbury - Part-time Advisor on Disability Issues</li> <li>• Streetwise Charitable Trust - Trustee</li> </ul>
Chris Mackenzie <b>Board Deputy Chair</b>	<ul style="list-style-type: none"> <li>• Development West Coast – Chief Executive</li> <li>• Horizontal Infrastructure Governance Group – Chair</li> <li>• Mainline Steam Trust – Trustee</li> <li>• Christchurch Mayors External Advisory Group - Member</li> </ul>
Jenny McGill	<ul style="list-style-type: none"> <li>• Husband employed by West Coast DHB</li> <li>• Peer Support – Mum4Mum</li> <li>• Member, Accessible West Coast Coalition Group</li> </ul>
Joseph Mason	<ul style="list-style-type: none"> <li>• Representative of Te Runanga o Kati Wae Wae Arahura</li> <li>• Employee Community and Public Health, Canterbury DHB</li> </ul>
Edie Moke <b>Board Member</b>	<ul style="list-style-type: none"> <li>• South Canterbury DHB – Appointed Board Member</li> <li>• Nga Taonga Sound &amp; Vision - Board Member (elected)</li> </ul> <p>Nga Taonga is the newly merged organisation that includes the following former organisations: The New Zealand Film Archive; Sounds Archives Nga Taonga Korero; Radio NZ Archive; The TVNZ Archive; Maori Television Service Archival footage; and Iwi Radio Sound Archives.</p>
Peter Neame <b>Board Member</b>	<ul style="list-style-type: none"> <li>• White Wreath Action Against Suicide – Board Member and Research Officer</li> <li>• Author and Publisher of “Suicide, Murder, Violence Assessment and Prevention” 2017 and four other books.</li> </ul>
Nigel Ogilvie <b>Board Member</b>	<ul style="list-style-type: none"> <li>• Managing Director, Westland Medical Centre</li> <li>• Shareholder/Director, Thornton Bruce Investments Ltd</li> <li>• Shareholder, Hokitika Seaview Ltd</li> <li>• Shareholder, Tasman View Ltd</li> <li>• White Ribbon Ambassador for New Zealand</li> <li>• Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre</li> <li>• Sister is employed by Waikato DHB</li> <li>• Board Member West Coast PHO</li> <li>• Wife is Board Member West Coast PHO</li> </ul>
Elinor Stratford <b>Board Member</b>	<ul style="list-style-type: none"> <li>• Clinical Governance Committee, West Coast Primary Health Organisation</li> <li>• Committee Member, Active West Coast</li> <li>• Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust</li> <li>• Trustee, Canterbury Neonatal Trust</li> <li>• Member, Arthritis New Zealand, Southern Regional Liaison Group</li> <li>• President, New Zealand Federation of Disability Information Centres</li> </ul>

	<ul style="list-style-type: none"> <li>• Member, West Coast Coalition Group</li> <li>• Chair, Kowhai Project Committee</li> <li>• MS - Parkinsons New Zealand – West Coast Committee Member</li> </ul>
<p>Francois Tumahai <b>Board Member</b></p>	<ul style="list-style-type: none"> <li>• Te Runanga o Ngati Waewae - Chair</li> <li>• Poutini Environmental - Director/Manager</li> <li>• Arahura Holdings Limited - Director</li> <li>• West Coast Regional Council Resource Management Committee - Member</li> <li>• Poutini Waiora Board - Co-Chair</li> <li>• Development West Coast – Trustee</li> <li>• West Coast Development Holdings Limited – Director</li> <li>• Putake West Coast – Director</li> <li>• Waewae Pounamu – General Manager</li> <li>• Westland Wilderness Trust – Chair</li> <li>• West Coast Conservation Board – Board Member</li> </ul>

**DRAFT**  
**MINUTES OF THE WEST COAST ADVISORY COMMITTEE**  
**held at St John, Water Walk Road, Greymouth**  
**on Friday 10 August 2018 commencing at 10.30am**

**PRESENT**

Michelle Lomax (Joint Chair – in the Chair); Elinor Stratford (Joint Chair); Chris Auchinvole; Lynnette Beirne; Jenny Black; Sarah Birchfield; Dr Cheryl Brunton; Paula Cutbush; Helen Gillespie; Chris Mackenzie; Joseph Mason; Edie Moke; Mary Molloy; and Peter Neame.

**APOLOGIES**

Apologies were received and accepted from: Kevin Brown; Chris Lim; Jenny McGill; Nigel Ogilvie; and Francois Tumahai.

**EXECUTIVE SUPPORT**

David Meates (Chief Executive); Karyn Bousfield (Director of Nursing); Kathy O'Neill (Team Leader, Planning & Funding); Gary Coghlan (General Manager, Maori Health); Philip Wheble (General Manager, West Coast); and Kay Jenkins (Minutes).

**IN ATTENDANCE**

Item 5 – Dr Brendan Marshall, Rural Generalist

Item 6 – Gail McLauchlan, Community & Public Health

Joseph Mason led the Karakia.

**1. INTEREST REGISTER**

**Additions/Alterations to the Interest Register**

There were no additions or alterations to the interest register.

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

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

**Perceived Conflicts of Interest**

There were no perceived conflicts of interest.

**2. MINUTES OF THE PREVIOUS MEETING**

**Resolution (5/18)**

(Moved: Edie Moke/Seconded: Mary Molloy - carried)

“That the minutes of the meeting of the West Coast Advisory Committee held on 29 June 2018 be confirmed as a true and correct record.”

**3. CARRIED FORWARD/ACTION ITEMS**

The Carried Forward/Action Items were noted.

**4. PATIENT STORY**

The Committee noted that the patient story is on hold until new stories can be recorded.



## 5. RURAL GENERALISM PRESENTATION

Dr Brendan Marshall, Rural Generalist, provided a presentation regarding to the Committee. The presentation included:

- Information around medical workforce sustainability
- Transalpine development
- What is a Rural Generalist?
- The Rural Generalist model
- The current workforce model
- The proposed model
- International examples
- Why this model?
- Advanced Diploma Obstetrics and Gynaecology and
- Next steps

The Committee were given the opportunity to ask questions of Dr Marshall.

The Chair thanked Dr Marshall for his presentation.

## 6. COMMUNITY & PUBLIC HEALTH UPDATE

Gail McLauchlan, Community & Public Health presented this report which was taken as read.

Ms McLauchlan highlighted in particular: Youth Health Development; the recruitment of a new Nutrition Health Promoter; the delivery of oral health and physical exercise messaging.

The update was noted.

## 7. PLANNING & FUNDING UPDATE

Kathy O'Neill, Team Leader, Planning & Funding, presented this update. The report provided the Committee with an update on progress made on the Minister of Health's Health and Disability priorities and the West Coast DHBs Annual Plan key priority areas as follows:

### Key Achievements

- **Health of Older Persons:** The West Coast DHB was invited to be part of the Ministry of Health Aged Residential Care (ARC) funding model review to discuss current and future models.
- **Raising Healthy Kids Health Target:** 100% of children identified as obese at their B4 School Check being offered a referral for further support.

### Key Issues & Associated Remedies

- **ESPI 2 | FSA (first specialist assessment):** There were 143 patients waiting over 120 days for their outpatient FSA at the end of May; again this was principally in orthopaedics. We are working on a recovery plan to try to resolve this and are engaging with the Ministry of Health.
- **Primary Care Smoking Health Target:** This quarter, 89% of people identified as smokers in primary care have been offered help to quit, missing the 90% target by just 1%. The PHO Smokefree Services Coordinator is working at an individual practice level to support and educate staff on the process and importance of this work.

Ms O'Neill advised that the DHBs System Level Measures Improvement Plan has been signed off by the Ministry of Health with very positive feedback and that the Annual Plan is now with the Ministry.

Discussion took place regarding the Health Targets and it was noted that the Minister confirmed yesterday that these are still performance targets for the DHBs.

Discussion took place regarding smoking targets and it was agreed that quarterly reporting would be provided around this.

Discussion also took place regarding B4School checks and the most appropriate place for these to take place is sometimes in the home. A request was made for some data regarding how many of these are being undertaken in homes.

The report was noted.

## **8. TRANSALPINE STRATEGIC DISABILITY ACTION PLAN UPDATE**

Kathy O'Neill, Team Leader, Planning & Funding, presented this update.

Ms O'Neill advised that the web page which is being updated in terms of accessibility will go live in September and the national "Health-Learn" went live earlier this week. It was noted that Health Learn is accessible across the whole South Island and is not just for DHBs as there is also a visitor access. Ms O'Neill commented that it is important to remember that this is just one type of learning and is not necessarily suitable for everyone but is a good platform.

Discussion took place regarding the employment of people with a disability and it was noted that People & Capability are working hard in terms of their people strategy to support this however there is still a lot of work to be undertaken in this area.

In regard to the CDHB Disability Steering Group Ms O'Neill commented that on the West Coast it was determined that the existing structures would be used and sit within the governance of the Alliance Leadership Team.

The report was noted.

## **9. ALLIANCE UPDATE**

This update was taken as read and noted.

## **10. OPERATIONAL UPDATE**

Philip Wheble, General Manager, West Coast, presented this update which was taken as read.

Mr Wheble highlighted the following as the most notable features of the report:

- While wait times for routine appointments in most areas are around 2 to 5 days; there have been significant delays in Westport. This is due to a combination of a couple of longer term GP's leaving recently, the continuing challenge generally of recruiting GP's and the more specific issues of recruiting locum doctors over the winter months.
- One of the key strategies in leading the way in the delivery of health care in the most rural district in the country is developing a rural generalist workforce. As we progress this work it is important that everyone understands the strategy and how this fits into the overall direction of the WCDHB. With this in mind we are developing some communications and themes around this.

Discussion took place regarding DNA rates and it was noted that the percentage of patients that did not attend outpatient clinics in June has seen a slight decrease from the prior month.

The update was noted.

## **11. ADVISORY COMMITTEE FINANCE REPORT**

Justine White, Executive Director, Finance and presented this report which was taken as read.

The report noted that the consolidated West Coast District Health Board financial result for the month of May 2018 was a deficit of \$600k, which was \$304k unfavourable to budget. The year to date position of a net deficit of \$2.737m is \$1.061m unfavourable to budget.

The report was noted.

## **12. BRIEFING – AERIAL 1080**

Dr Cheryl Brunton provided the Committee with a presentation regarding Aerial 1080. The presentation provided the following:

- What is 1080?
- Controls on the Use of 1080;
- The Role of the DHB Public Health Units;
- Public Health Permissions;
- 1080 drops in South Westland; and
- the intention to carry out field audits on these operations

The Chair thanked Dr Brunton for her presentation.

## **13. GENERAL BUSINESS**

Mary Molloy, Committee Member, tendered her resignation from the Committee.

The Chair thanked Mary for her contribution to the DHB over the years she has both a Committee and Board member.

## **INFORMATION ITEMS**

- Kia Ora Hauora Information
- 2018 Committee Work Plan (Working Document)
- West Coast DHB 2018 Meeting Schedule

There being no further business the meeting concluded at 12.35pm.

Confirmed as a true and correct record:

\_\_\_\_\_  
Michelle Lomax, Joint Chair

\_\_\_\_\_  
Date

## CARRIED FORWARD/ACTION ITEMS



### WEST COAST ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 2 NOVEMBER 2018

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	23 November 2017	Water Quality	On-going updates to be provided to the Committee	As required
2.	23 March 2018	Older Persons Health	Update	As required

### UPCOMING PRESENTATIONS

TOPIC	STATUS
Alliance Presentation	Today
Oral Health Update	Early 2019

**TO:** Chair and Members  
West Coast Advisory Committee

**SOURCE:** Community and Public Health

**DATE:** 2 November 2018

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Report Status – For:                      Decision                       Noting                       Information

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## 1. ORIGIN OF THE REPORT

This report is to provide the Committee with information regarding items of interest around Community and Public Health on the West Coast.

## 2. RECOMMENDATION

That the Advisory Committee:  
i notes the Community and Public Health Update

## 3. APPENDICES

Appendix 1:                      Community and Public Health Update

Report approved for release by:    Dr Cheryl Brunton, Public Health Specialist  
Community and Public Health

## REPORT to JOINT COMMITTEE COMMUNITY AND PUBLIC HEALTH (CPH)

October 2018

### Nutrition

Nutrition Bites are continuing to be produced and disseminated weekly. These consist of a key nutrition message and a low-cost, seasonal recipe. They are sent out to community newsletters, schools and healthcare professionals to include in newsletters, emails, intranet publications, in clinic and on social media.

Kia ora koutou/Greetings to all,

**Healthy meals in a hurry**  
In our busy world, taking time to purchase and prepare healthy food is not always our highest priority; inevitably from time to time we can be caught out by a deadline, a long day at work or lots of sports activities. It is easy and tempting to succumb to the temptation of takeaways - pay the money and you have an instant meal with no dishes! Sounds fantastic! However, most takeaways aren't cost effective and do not look after our health. An occasional takeaway meal is a treat - something to be enjoyed at the beach, with family and friends, rather than an everyday meal. You never know - by reducing the amount of takeaways you purchase you could be saving money!

Here are some 'healthy in a hurry' alternatives:

- Homemade pizzas with tomato paste, vegetables, lean meat and cheese
- Omelette- with lots of vegetables and served with a salad
- Cooked hot chicken, wholemeal rolls and coleslaw/salad
- Homemade burgers- with falafel/mushrooms, salad and wholemeal bread rolls
- Wraps-with chilli beans, salad and cheese
- Fish and chips- with frozen baked fish, oven baked wedges and salad
- Rice and tuna salad- brown rice (microwave packet), can of tuna and vegetables
- Poached eggs on toast with a handful of spinach
- Baked potato with chilli beans, cheese and salad
- Chickpea curry- canned lentils/chickpeas, can of Indian flavoured canned tomatoes and microwave packet rice with some vegetables


A good formula for a healthy, filling meal is:  
Grainy/starchy carbohydrates + good quality protein +vegetables/fruit +some healthy fat

Ngā mihi nui,  
Jade

**West Coast  
Nutrition Bites**



Community and Public Health



CPH nutrition health promoters have continued working with a men's group called 'Safe Men, Safe Families' to deliver cooking and nutrition sessions. These have been happening once every four weeks and it is envisaged there will be between four and six sessions in total. One of the highlights so far is introducing the group to canned beans and lentils, and their surprise at their taste, versatility and cost.

An Appetite for Life course is planned to start in Greymouth in October, with 15 participants enrolled who were primarily referred through a local personal trainer and primary care. Two cooking skills programmes will begin in Westport with Kō Wai Ahau programme and Alternative Education. There are also many early childhood workshops taking place, including Reefton, Fox Glacier and Franz Josef. The focus of these will be oral health, healthy lunchboxes and fussy eating.

### Physical Activity

CPH arranged and supported four community Tai Chi instructors to attend a workshop focussing on Tai Chi and falls Prevention. The instructors also completed their 2 yearly instructor certificate revalidation.

## Alcohol Licensing

Over the past few months, CPH's West Coast Alcohol Licensing Officer has been assisting our South Canterbury office with licensing work, initially covering the role there until a new Licensing Officer was appointed. He has since mentored and supported the new officer in their role.

CPH's Alcohol Licensing Officer and the Police carried out controlled purchase operations at licensed premises in the Grey and Buller Districts last month. A total of 16 premises were visited by the two underage volunteers. We are pleased to report that all these premises complied with the Sale and Supply of Alcohol Act 2012 and none sold alcohol to our volunteers.

## Healthy Public Policy

CPH attended and provided input into the Wellbeing Indicators Aotearoa hui and the Welfare Advisory Group hui held in Greymouth. CPH also coordinated and sent in an Active West Coast submission to the Wellbeing Indicators Aotearoa consultation run by Statistics New Zealand.

CPH has been involved in the development of the draft Accessible Te Tai Poutini West Coast Strategic Plan 2018 – 2021. We are in the process of seeking endorsement from the four councils and two runanga. Currently, Grey and Westland District Councils and Te Rūnanga o Makaawhio have endorsed it. Members of the Strategy Coalition, including CPH, are presenting to the Buller District Council on the 24<sup>th</sup> of October.

## Youth Development

CPH staff attended a hui to determine how rangatahi Māori voices and aspirations can be captured so that schools, agencies and communities can understand and support them. CPH has committed to assisting the process and has attended the first core-group hui to plan the way forward.

## Oranga Hā Tai Poutini Stop Smoking Service

Oranga Hā has worked hard in the community to encourage and support smokers to quit this year. The service offers personalised Smokefree support to help West Coasters stop smoking. The service includes face-to-face meetings, texting and group sessions. We have a stop smoking practitioner based at Poutini Waiora in Westport. The service also works closely with Coast Quit and WCDHB stop smoking practitioners.

### Data for Period 1<sup>st</sup> Jan – 30<sup>th</sup> Sept 2018

1.	Quarter (Jan-Mar)	Quarter (Apr-June)	Quarter (July-Sept)	Total
2. Clients referred	96	115	83	294
3. Clients enrolled*	93 (97% of referred) Māori 42 (45%)	107(93% of referred) Māori 43 (40%)	83 (100% of referred) Māori 30 (36%)	283 (96% of referred) Māori 115 (41%)
4. Set Target Quit Date	64 (69%)	55 (51%)	52 (62%)	171 (60%)
5. Clients quit **	29 (45%)	25 (45%)	13 (25%)	67 (39%)

\* # clients enrolled defined as a person who attends at least one session with a practitioner

\*\* Clients successfully quit defined as successfully quit at four weeks post Target Quit Date (CO validated)



**TO:** Chair and Members  
West Coast Advisory Committee

**SOURCE:** Planning & Funding

**DATE:** 2 November 2018

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Report Status – For:                      Decision                       Noting                       Information

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## 1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress made on the Minister of Health’s health and disability priorities and the key priority areas from the West Coast DHB’s Annual Plan.

## 2. RECOMMENDATION

That the Committee:

- i. notes the Planning & Funding Update.

## 3. SUMMARY

### ✓ Key Achievements

- **Health of Older Persons:** West Coast Nursing and Associate Allied Health Directors are bringing together health professionals from across the system next month to workshop what restorative and rehabilitative care should look like on the West Coast.
- **Elective Services:** The West Coast DHB surpassed its target to deliver 1,905 elective and arranged discharges in 2017/18; successfully delivering 1,962 such discharges in the financial year.
- **Health Target: ED Services:** The West Coast DHB remains well ahead of the 95% target for Emergency Department responsiveness, with 97.9% of patients admitted, discharged or transferred from Grey Base ED within six hours in September 2018.

### \* Key Issues & Associated Remedies

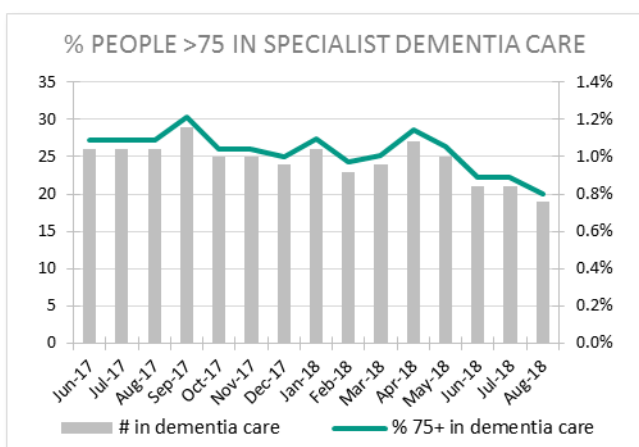
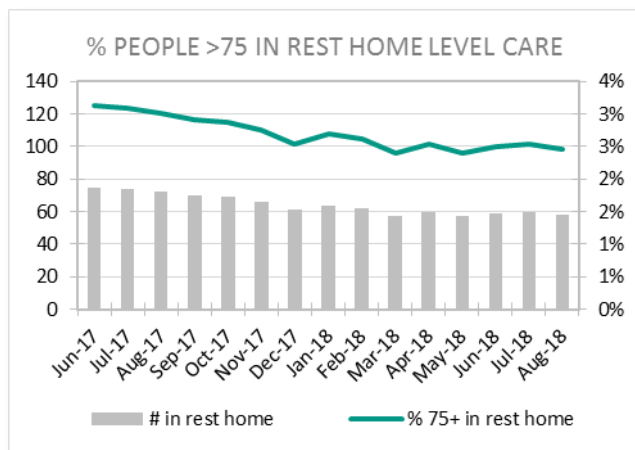
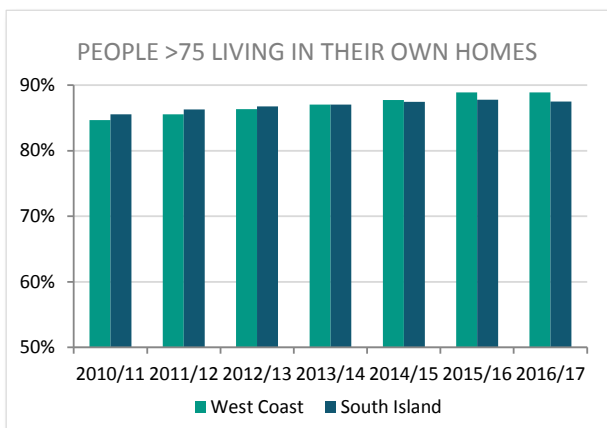
- **ESPI 2 | FSA (first specialist assessment):** There were 199 patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of August 2018. Of these, 178 were orthopaedic cases. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to service constraints. There remains a risk that we will face financial penalties for continued non-compliance.

**Report prepared by:** Planning & Funding

**Report approved for release by:** Carolyn Gullery, Executive Director, Planning & Funding & Decision Support



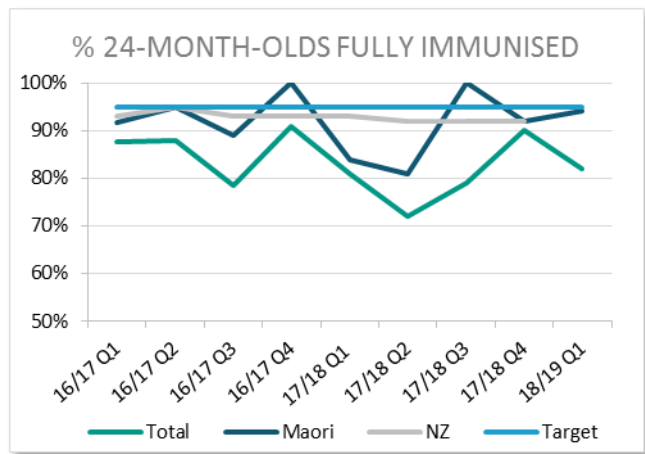
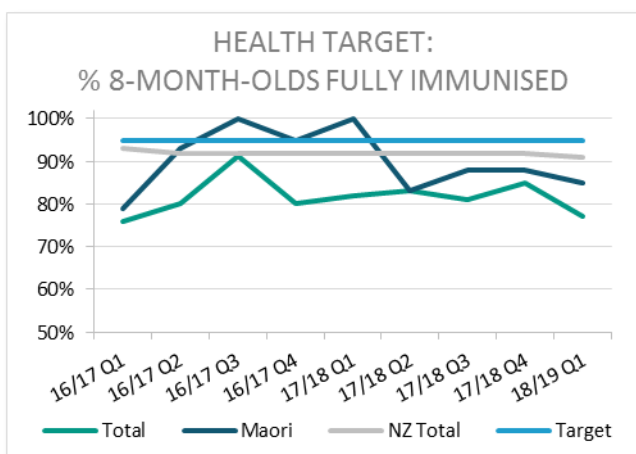
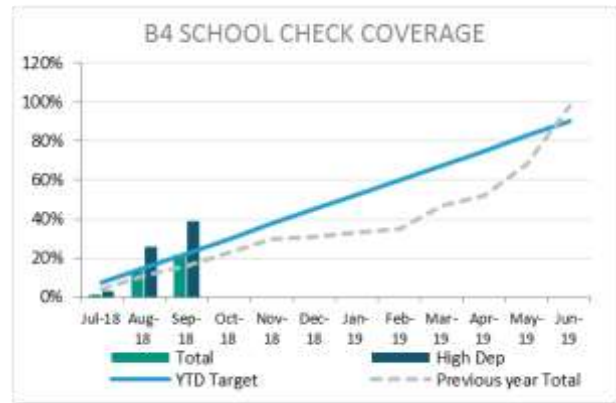
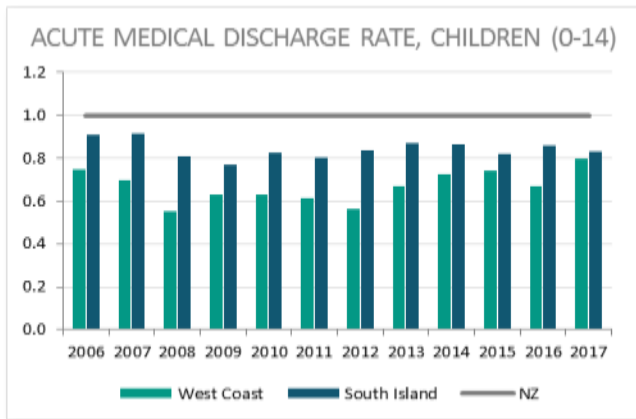
# Health of Older Persons



## Achievements / Issues of Note

Director of Nursing, Karyn Bousfield and Associate Director of Allied Health, Jane George are bringing together health professionals from across the system next month to workshop what restorative and rehabilitative care should look like on the West Coast. Facilitated by Professor Brian Dolan, this workshop will set out to develop a shared understanding of what rehabilitation is. The workshop will evaluate how each profession contributes to the rehabilitation journey and invite participants to step into the patient experience by using tools such as the #Last1000days and #endPJparalysis campaigns. With increased demand on acute hospital beds and a strong desire to deliver rehabilitation in the places that are most meaningful for our patients, this day will set the scene for the various schedules of work on the West Coast health system’s workplan for the coming years.

# Child, Youth & Maternity



## Achievements / Issues of Note

**% Eight Month- Olds Fully Immunised:** During Quarter One 77% of all eight-month-olds were fully immunised. Full coverage was achieved for Asian children. Opt-off (10.6%) and declines (7.4%) accounted for 18%. Five children were missed this quarter. This means 94% of the eligible (consenting) population were immunised.

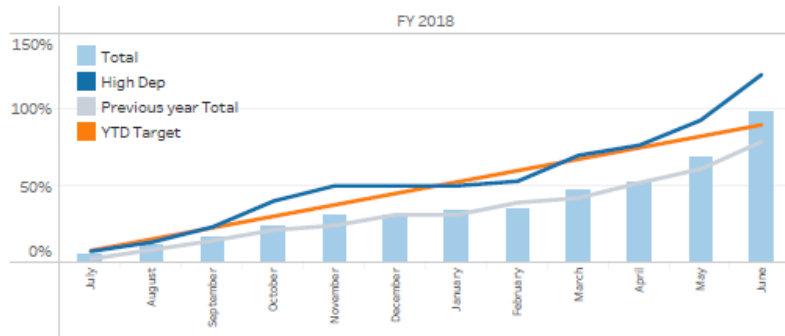
**% 24 Month- Olds Fully Immunised:** The DHB achieved 82% coverage this quarter with strong results for Pacific and Asian children (100%), we saw a high number of opt offs (10.8%) and declines (4.8%). This means there was 15.6% of the population that could not be reached. Only two children were missed this quarter.

**Breastfeeding:** Combined results from all Well Child Tamariki Ora providers are now available to the end of June 2018 and presented in the following pages for information. This is locally available data, ahead of that published by Ministry of Health.

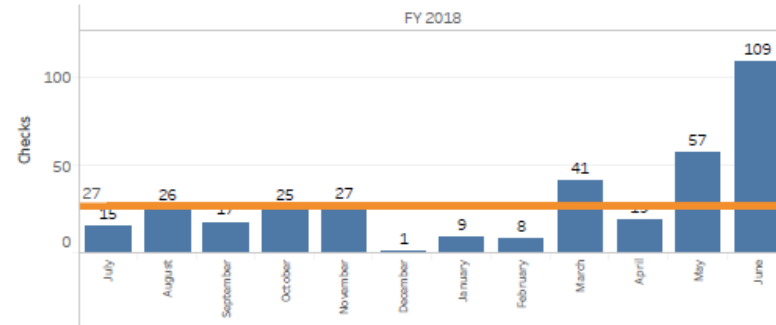
**B4 School Check Coverage:** The DHB has reached 22% (39% high deprivation) of the children eligible for a B4SC this year to date (76/344 total population and 12/31 for high deprivation group). Please refer to the following page for a breakdown.

## B4 School Checks completed on the West Coast

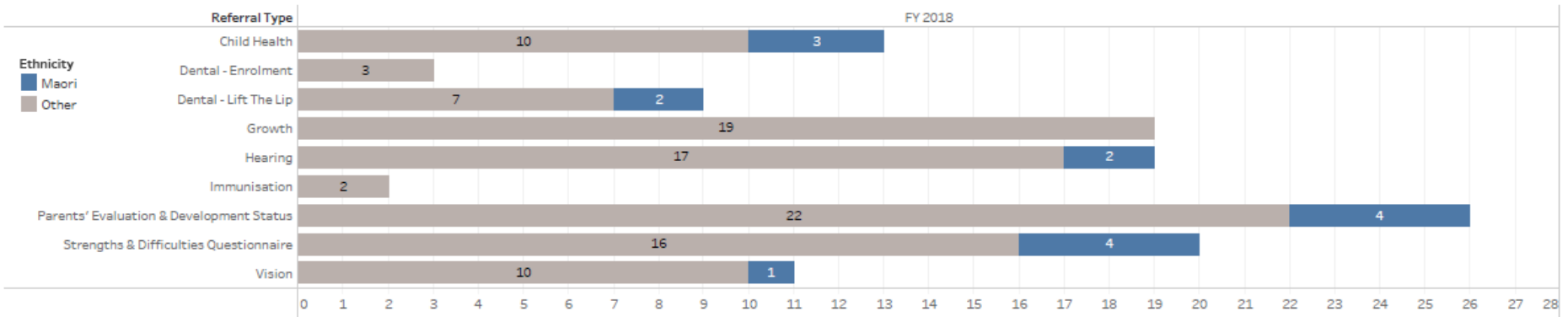
B4 SCHOOL CHECKS COVERAGE



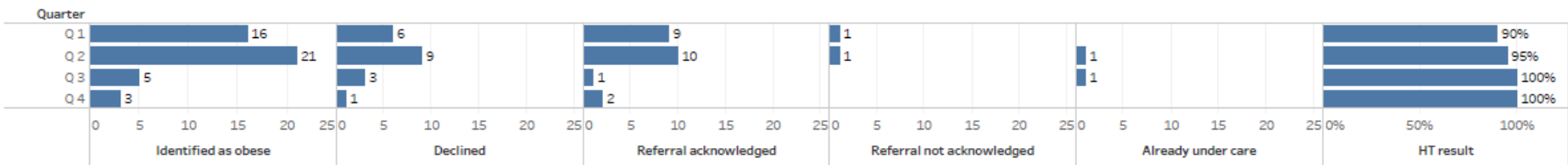
B4 School Checks Completed



## Referrals Made from B4 School Checks



## Raising Healthy Kids reporting to the Ministry of Health





## The B4 School Check

### *Purpose*

The purpose of the B4 School Check is to promote health and wellbeing in preschool children and identify behavioural, developmental or other health concerns that may adversely affect the child's ability to learn in the school environment.

### *Eligibility*

The B4 School Check is offered to all families with 4-year-old children. Most children will be assessed at age 4, but if they miss out they will be offered the existing School New Entrant check (hearing and vision screening as a minimum).

### *Content*

The B4 School Check is made up of the following:

#### **Child health and development**

Advice and support for parents about child health and development, covering:

- Child Health Questionnaire
- hearing screening
- vision screening
- oral health
- height and weight measurement
- developmental assessment (PEDS)
- behaviour assessment (completed by parents and teachers)

#### **Family and whānau care and support**

Focus on family health and wellbeing; relevant topics may include:

- alcohol and other drugs
- parenting skills and support
- supporting families to access income and housing assistance
- strengthening family relationships

- building social connectedness and social capital
- family violence assessment
- smokefree environment.

#### **Health education**

Covers:

- nutrition and physical activity
- immunisation
- child safety/injury prevention
- recognition of childhood illnesses
- parenting for child age and stage
- development
- oral health
- preparing for school



## The B4 School Check

### *Parents' Evaluation of Developmental Status (PEDS)*

The Parents' Evaluation of Developmental Status (PEDS) is a questionnaire for parents to detect developmental and behavioural problems in children from birth to eight years. As a surveillance tool rather than a screening tool, it is completed as part of all the Core checks, of which the B4SC is the last.

The PEDS has 10 general questions about behaviour, development, speech and language, and fine and gross motor skills (eg, 'Do you have any concerns about how the child talks and makes speech sounds?'). Parents fill in the questionnaire, and scoring is relatively easy with guidelines included with the questionnaire. The PEDS response forms are available in 13 languages but is not yet available in Māori or Pacific languages, however, the MoH are working with the tool's developer to address this.

### *Strengths and Difficulties Questionnaire*

The Strengths and Difficulties Questionnaire (SDQ) is designed to assess those aged 3–16 years. It has different versions, which vary according to the age of the children being assessed and whether a parent or teacher is to complete the questionnaire. The SDQ asks about the child's psychosocial attributes (positive and negative behaviours): emotional attributes, conduct, hyperactivity, peer relations and prosocial behaviour. It also asks about how the child's behavioural difficulties affect their life. The SDQ comprises five scales of five items each that refer to different emotions or behaviours, e.g. "Nervous or clingy in new situations, easily loses confidence" or "Has at least one good friend". The parent and/or teacher complete their respective questionnaire by marking each item as 'Not true', 'Somewhat true' or 'Certainly true'. The scales are scored to produce an overall score that indicates whether the child is likely to have a significant problem.

# Quarterly breastfeeding data | Local



**% BABIES EXCLUSIVELY OR FULLY BREASTFED AT DISCHARGE FROM MATERNITY UNIT**



		Q1	Q2	Q3	Q4
Number	Total	50/65	57/71	55/59	59/70
	Māori	20/23	8/9	6/6	9/10

**% BABIES EXCLUSIVELY OR FULLY BREASTFED AT 6 WEEKS (LOCAL DATA)**



		Q1	Q2	Q3	Q4
Number	Total	46/65	44/72	45/70	42/66
	Māori	11/11	9/15	10/15	2/7

**% BABIES EXCLUSIVELY OR FULLY BREASTFED AT 3 MONTHS (LOCAL DATA)**



		Q1	Q2	Q3	Q4
Number	Total	60/87	33/54	38/70	41/64
	Māori	13/21	5/13	5/8	6/8

**% BABIES RECEIVING BREASTMILK AT 6 MONTHS (LOCAL DATA)**

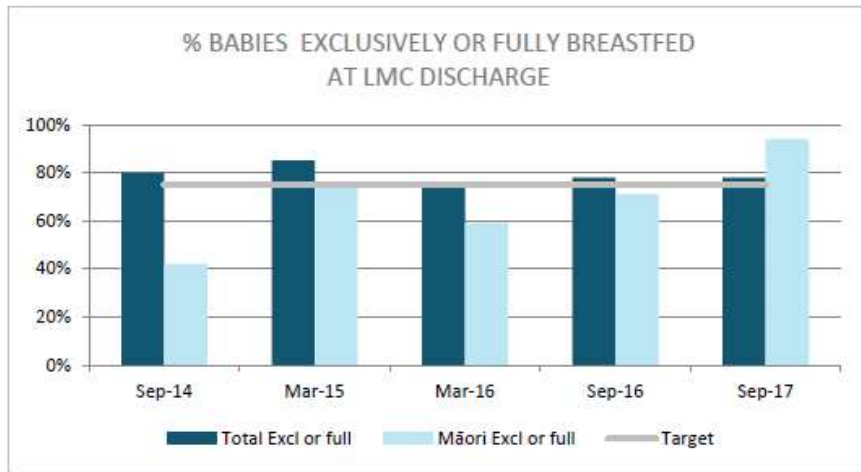
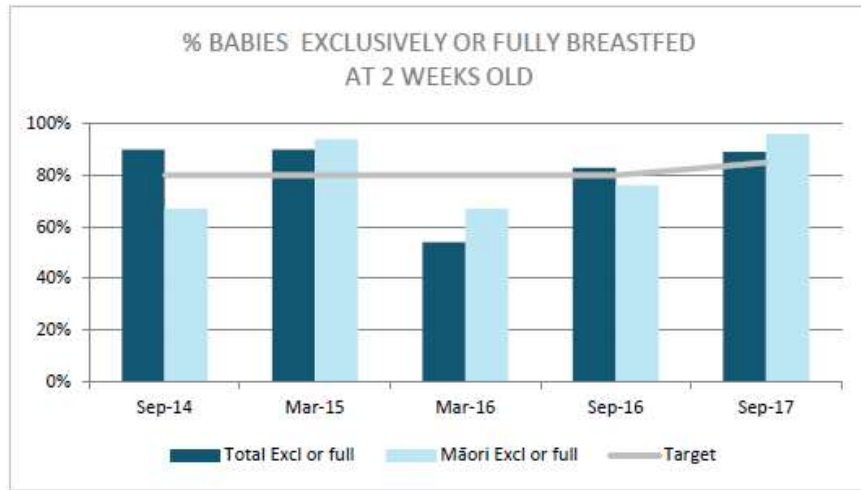


		Q1	Q2	Q3	Q4
Number	Total <sup>1</sup>	33/84	16/81	18/83	47/76
	Māori	5/16	1/18	5/13	9/17

<sup>1</sup> The Core check at which these data are collected takes place between 5-and 8 months and figures include babies who are partially breastfed i.e. weaning has begun.



## Monthly breastfeeding data | Ministry of Health



Data in these charts is sourced from the National Maternity Collection (MAT) which is submitted directly by self-employed Lead Maternity Carers (LMCs) through their invoice claims.

While the chart shows data for Sep 2017, the result actually reflects babies born between July and December 2016 (nine months earlier). The time period for these results reflects the date the result was published through the Well Child Tamariki Ora Quality Improvement Indicators (WCTO QIF). This is one of the well-known challenges in capturing accurate claims-based data, with the MAT collection always in arrears to allow time for LMCs to make claims.

This delay in reporting makes comparison to local data difficult for these two indicators.

# Mental Health

## Shorter waits for non-urgent mental health and addiction services for 0-19 year olds:

Mental Health Provider Arm				
	<= 3 weeks		<8 weeks	
Age 0-19	Target (%)	Achieved (%)	Agreed target (%)	Achieved (%)
Q4 16/17	80%	57.7%	95%	72.5%
Q2 17/18		68.6%		90.4%
Q3		69.2%		92.3%
Q4		70.4%		92.3%
Q1 18/19		71.3%		85.6%
Addictions (Provider Arm and NGO)				
	<= 3 weeks		<8 weeks	
Age 0-19	Target (%)	Achieved (%)	Target (%)	Achieved (%)
Q4 16/17	80%	62.5%	95%	79.2%
Q2 17/18		50%		70%
Q3		71.4%		85.7%
Q4		75.0%		100%
Q1 18/19		100%		100%

## Achievements / Issues of Note

### Primary Mental Health:

The PHO primary mental health team continues to be a valuable resource for the community and they are also supporting the DHB Mental Health Team by providing psychological interventions to people engaged in secondary care.

The following shows the referral numbers for the first quarter of the 18/19 period.

Number of referrals	Quarter One ( July – September)
Number of referrals (12-19)	113
Number of referrals (20+)	238

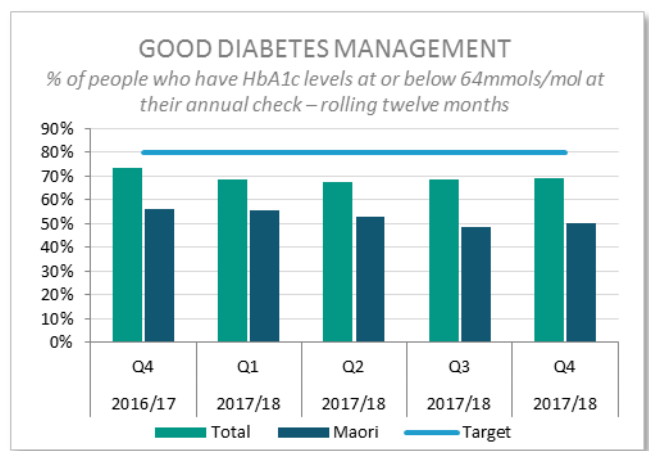
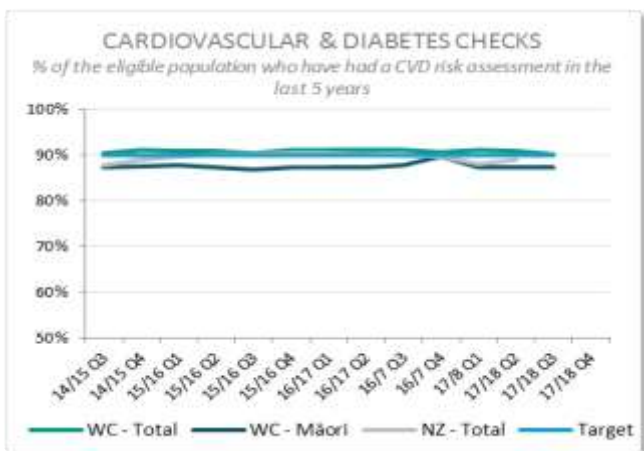
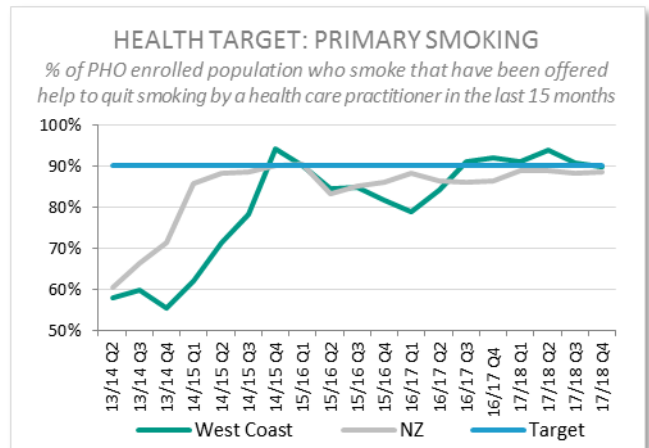
### Suicide Prevention:

The newly established coordination role, based at the PHO is already having an impact as outlined below:

- 30 people from the Greymouth community attended a suicide prevention training workshop and another is planned within the next 6 months
- Publicising mental health awareness week and targeting construction workers with 'mates looking after mates – let's talk about mental wellbeing'
- Promotion of wellbeing to students at Greymouth High
- Improving data collection of self-harm presentations
- Follow up for youth presenting with self-harm at ED to ensure needs are being met.



# Primary Care & Long-Term Conditions



## Achievements / Issues of Note

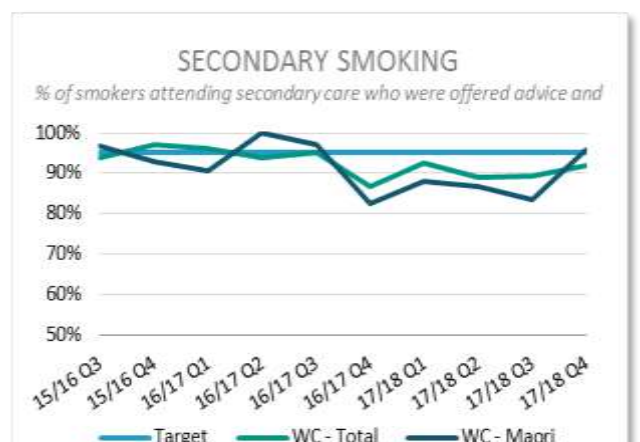
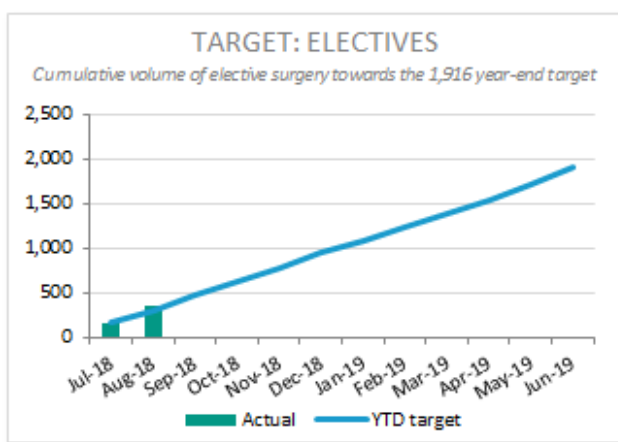
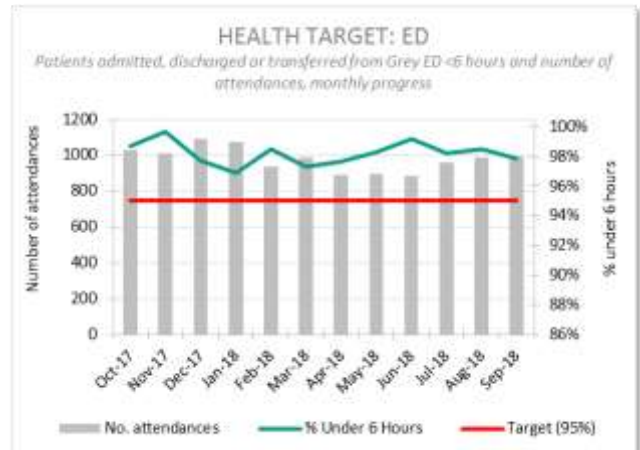
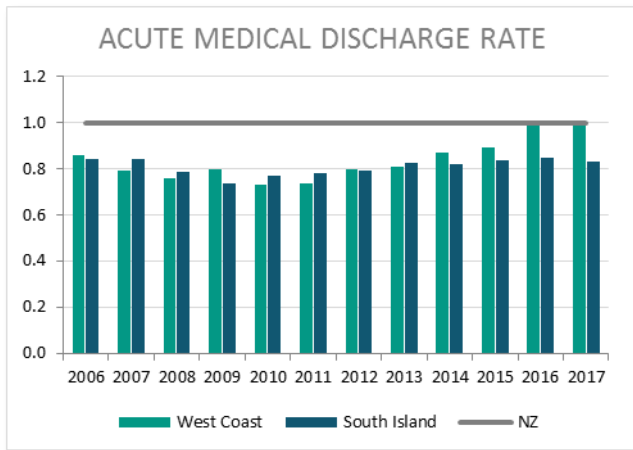
**Health Target | Primary Care Smoking:** The target was just missed in quarter 4 with 89% of people identified as smokers in the primary care having been offered help to quit. The high need and Māori cohorts were both at 88%.

**Cardiovascular and Diabetes Checks:** The West Coast DHB continued to maintain overall performance in Quarter 4 2017/18, with 89.8% of the eligible enrolled population having had a cardiovascular and diabetes risk assessment against the 90% target. Results for Māori remained slightly lower at 88.2% and the result for Māori men aged 35-44 years (the high priority group) is sitting at 72.5%. This is a focus area in our System Level Measures Plan for the coming year. It is measured quarterly.

**Diabetes Management:** Diabetes and its complications remain a significant and growing risk to the health of the West Coast population. Using the PHO-enrolled population, 1,054 people aged 15-74 with established diabetes had an annual review in general practices in the 12 months to 30 June 2018. Of these, 69% had good management of their diabetes<sup>1</sup>. The result for Māori among this group remained significantly lower at just 50% and further focus and support is needed to lift this rate. This is only measured quarterly.

<sup>1</sup> Defined by having an HbA1c level at or below 64mmol/L

# Secondary Care & System Integration



## Achievements / Issues of Note

**Health Target | ED:** The West Coast DHB continues to achieve this target with 97.9% of patients admitted, discharged or transferred from Grey Base ED within six hours in the month of September 2018. Of those attending in September, 86% were seen within just four hours.

**Former Health Target | Elective Services:** The West Coast DHB was 41 discharges ahead of the year-to-date target at the end of August 2018, with 348 elective and arranged surgeries having been undertaken (113% of year-to-date target). It is not envisaged that there will be any difficulties in meeting our year-end target of 1,916 elective surgical cases by 30 June 2019.

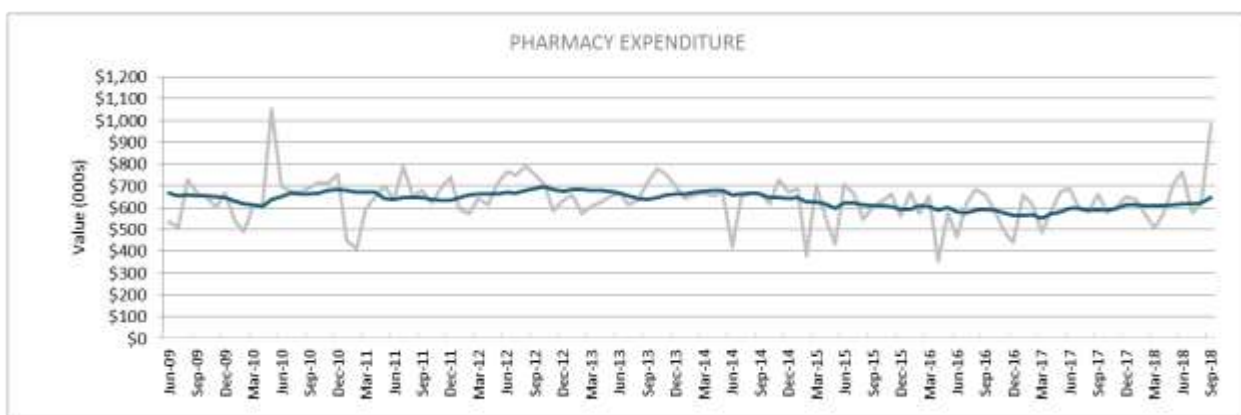
**ESPI Compliance | ESPI 2 (FSA - First Specialist Assessment):** There were 199 patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of August 2018. Of these, 178 were orthopaedic cases, with Plastics making up a further 19 cases. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to service constraints. There remains a risk that we will face financial penalties for continued non-compliance.

**ESPI Compliance | ESPI 5 (FSA to Treatment):** Seven plastic surgery patients were waiting over 120-days from FSA to surgical treatment as at the end of August 2018. An influx of patients referred to plastic surgery with high suspicion of cancer and of other urgent cases has meant those of lower priority have had extended wait times. Additional plastic surgery and outpatient sessions are being planned to address the back-log and keep pace with the increased demand.

**Secondary Smoking:** Quarter four results show that DHB staff provided 92.0% of all hospitalised smokers with smoking cessation advice and support, against the 95% national target (95.7% for Māori). The Smokefree Services Coordinator has been working with specific departments to review the ABC data capture process and performance has improved from last quarter.

## Financials

Expenditure trends for five major areas where cost and volumes are not capped are shown in the graphics below. Each graphic shows the monthly expenditure together with a rolling annual average to smooth out seasonality. The cost trend dating back to Jun 2009 is shown in each graphic.



### Achievements / Issues of Note

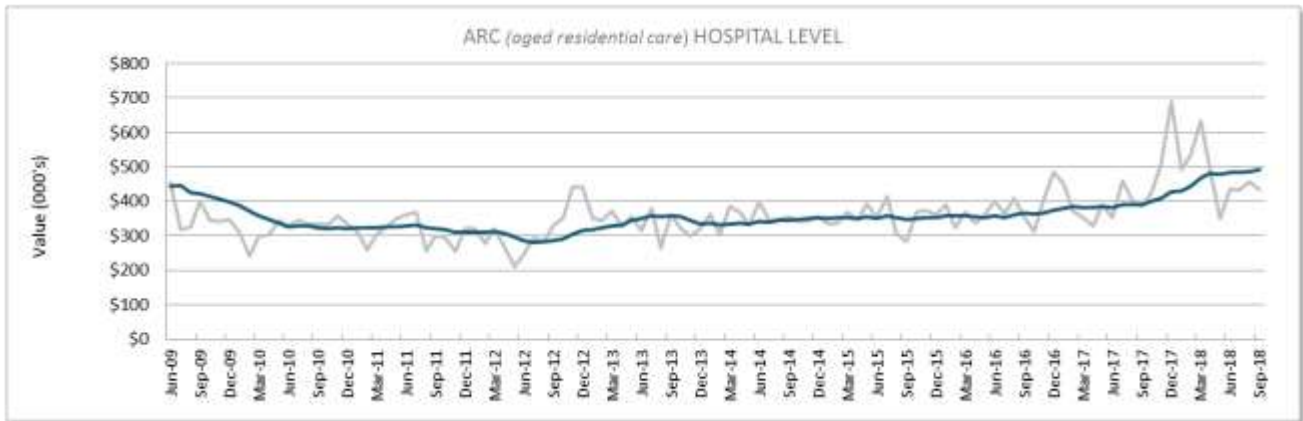
Community referred pharmaceutical expenditure had trended downwards since 2009. In early 2017, expenditure increased due to the introduction of additional government funding for new and high cost drugs (such as for cancer, hepatitis C and multiple sclerosis). This increase is expected to continue into 2018/19, as DHBs seek to improve patient outcomes through investing further in pharmacy services (e.g. medicines management and optimisation). Additional cost pressure may be placed on this area if the cost for dispensing increases.



### Achievements / Issues of Note

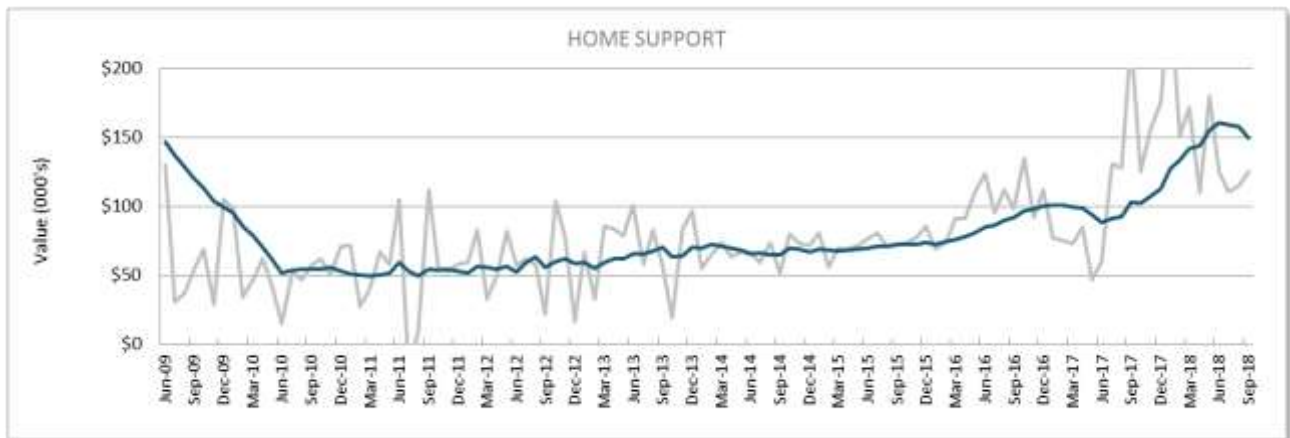
Since 2014 there has been a decreasing trend for rest home level beds however the opposite has occurred for hospital level care beds. The trend line will increase from 1 July 2018 as payments made to service providers include the costs for the support workers' pay equity settlement. The trend line will start to stabilise at the beginning of 2018/19.

# Financials



## Achievements / Issues of Note

Refer above to rest home level commentary. In addition to the long term trend and pay equity recognition, expenditure levels will increase in this service due to the recent transition of clients from the hospital owned facility to community facilities.



## Achievements / Issues of Note

Since July 2016 there has been cost growth in Home Support services. There are three primary components to this increase: increase in complexity and demand for services; a stepped payment increase to providers recognising in-between travel and guaranteed hours to workers; and, from July 2017, an additional increase recognising the support workers' pay equity settlement.

# Financials



## Achievements / Issues of Note

The fluctuation in actuals for transport and accommodation in the last quarter is due to the timing of an accounting adjustment.



## Achievements / Issues of Note

Since late in 2014, the contracting for this service changed from largely demand-driven bed-day contracts to capacity capped contracts. Since then there has been a smoothing in the expenditure trend line.

**TO: Chair and Members  
West Coast Advisory Committee**

**SOURCE: Alliance Leadership Team**

**DATE: 2 November 2018**

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Report Status – For:                      Decision                       Noting                       Information

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## 1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress made by the West Coast Alliance.

## 2. RECOMMENDATION

That the Committee;

- i. notes the Alliance Update; and
- ii. notes that a paper is being prepared regarding ALT's request to the Board around the extension of the Canterbury Disability Steering Group to include West Coast membership.

## 3. SUMMARY

Progress of Note:

### **Alliance Leadership Team (ALT)**

At their meeting in August the Alliance Leadership Team (ALT):

- Noted the update from People and Capability and highlighted the need for a West Coast specific recruitment and retention strategy which takes into account the unique circumstances of the West Coast Health System.
- Noted the Transalpine Disability Strategy Update. ALT agreed to ask the Board to consider: the extension of the Canterbury Disability Steering Group to include West Coast membership; and an audit of the new West Coast healthcare facilities from an accessibility lens, undertaken by consumers, before the completion of the buildings.
- Requested further work from the Transalpine Oral Health Steering Group to ensure Terms of Reference for the Service Development Group have a more obvious transalpine focus and address equity.
- Agreed to bring to the Board's attention resumption of the Mental Health Workstream under the Alliance.
- Noted the quarter 4 report against the System Level Measure (SLM) Improvement Plan and, while discouraged by the missed SLM milestone measures, reflected that the plan represents dedicated work done by Primary Care Teams and quarter 4 results are not an accurate reflection of the work undertaken throughout the rest of the year.

At their last meeting in September the Alliance Leadership Team (ALT):

- Endorsed the new Mental Health Workstream Terms of Reference and Workplan



- Noted the roll out of the advanced care plan and their support of this process. ALT further notes that difficulties around IT systems not talking to each other exist. Further investigation is needed. However it is encouraging that local workforce are receiving training in a Train the Trainer model.
- Agreed to invite the new Executive Director of Allied Health and the Director of Midwifery to join ALT for their expertise in their respective areas.

### **System Level Measures Framework Improvement Plan 2018/19**

This plan has now been accepted and approved by the Ministry of Health; it will be a key guiding document for Alliance activity in the 2018/19 year.

### **Recruitment of Independent Alliance Chairperson**

The Alliance partners, together with the Alliance Leadership Team, have agreed that following the resignation of Stella Ward as Chairperson, the Alliance will seek an Independent Chairperson. Adverts for this have been placed on the DHB Careers webpage as well as in the three local newspapers across the Coast. In October there will be a media release and this will be accompanied by Facebook coverage.

Dr Cheryl Brunton has agreed to act as Chairperson until such time as this role has been filled.

### **End of Year Report 17/18**

An End of Year Highlights & Opportunities report has been prepared reviewing the outcomes of the workstreams over the 17/18 year. This is attached for information.

**Report prepared by:** Jenni Stephenson, Planning & Funding

**Report approved for release by:** Karyn Bousfield, Acting Chair, Alliance Leadership Team

**TO:** Chair and Members  
West Coast Advisory Committee

**SOURCE:** General Manager, Maori Health

**DATE:** 2 November 2018

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Report Status – For:                      Decision                       Noting                       Information

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## 1. ORIGIN OF THE REPORT

This report is provided to Community & Public Health & Disability Support Advisory Committee and the Board as a regular update.

## 2. RECOMMENDATION

That the Board:  
i notes the Maori Health Update.

## 3. DISCUSSION

### **Maori Health Quarterly Report – Q1, 2018/19**

#### **Takarangi Cultural Competency – West Coast**

Moe Milne has assessed the first cohort of trainees with 7 participants having their portfolios assessed. A second cohort will be assessed in December. Moe was really happy with the quality of the portfolios and the strategy that the DHB has supported to support participants through. Julie Lucas has been approved as the first Takarangi Framework Assessor.

#### **Poutini Waiora**

Poutini Waiora is working within Grey Medical, High Street Medical and Buller Health to improve access to a variety of clinical programmes.

#### **Health Equity Assessment Tool**

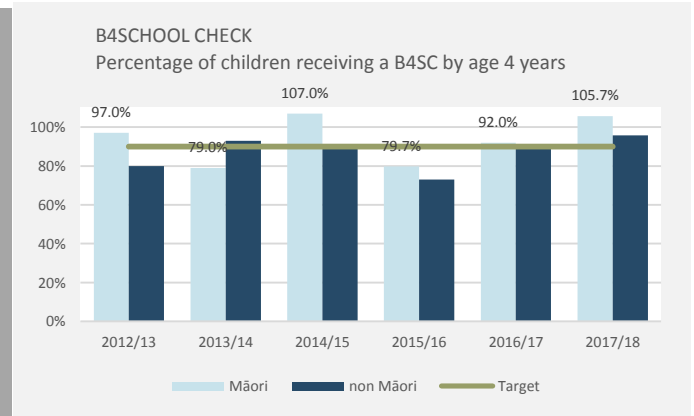
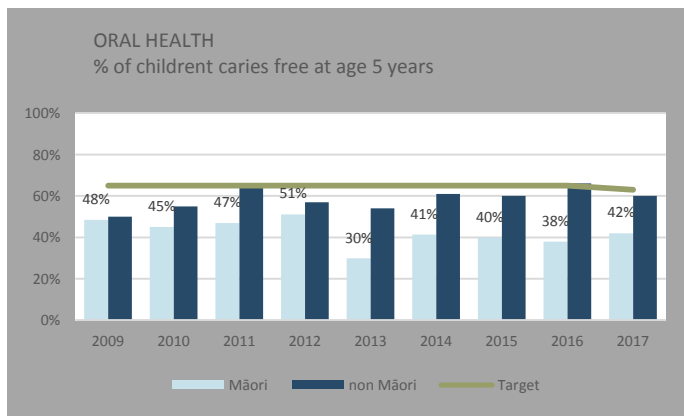
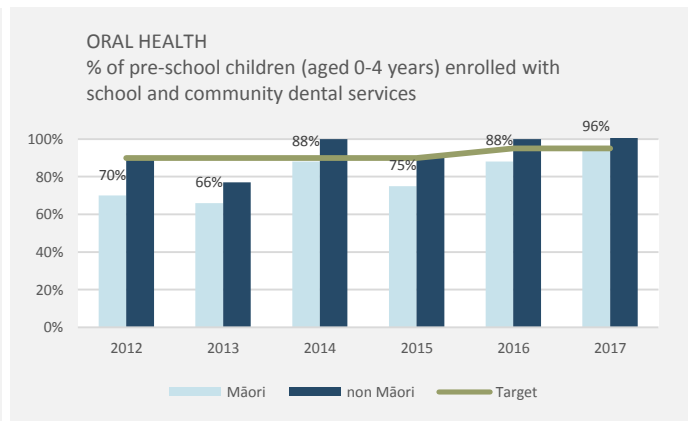
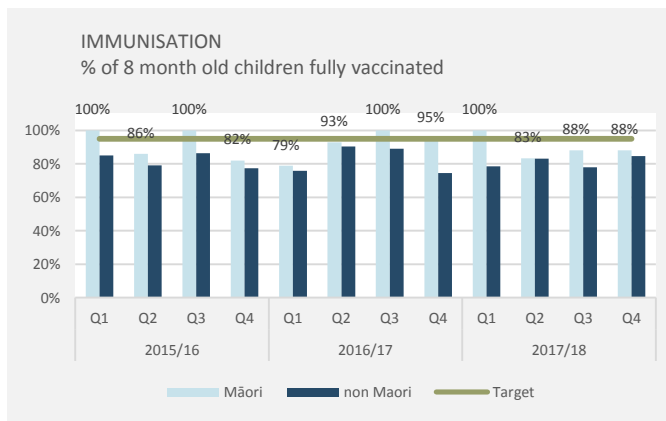
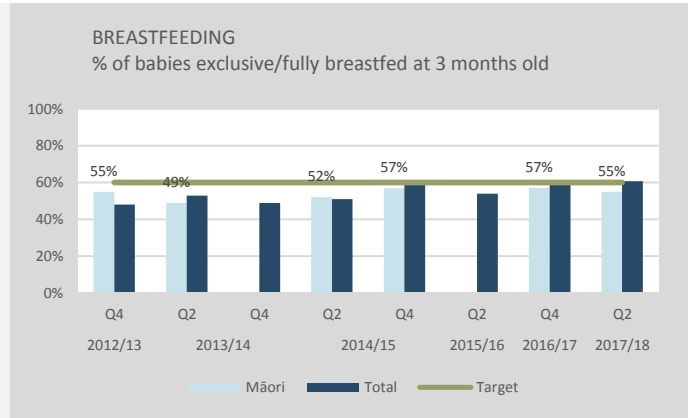
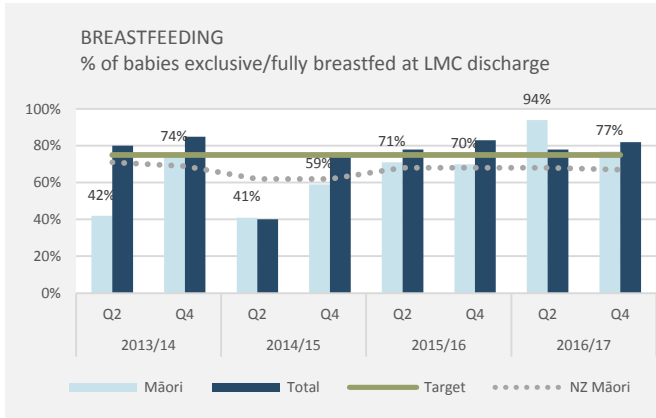
The Maori health team has been involved in training various groups in the use of the HEAT tool including, CDHB Recruitment team, West Coast PHO, Southern Planning and Integration Team (SPAIT). A session is planned for next month with the Buller Workstream

#### **Te Ara Mate Pukupuku Ki Te Waipounamu – Improving the Cancer Pathway for Maori**

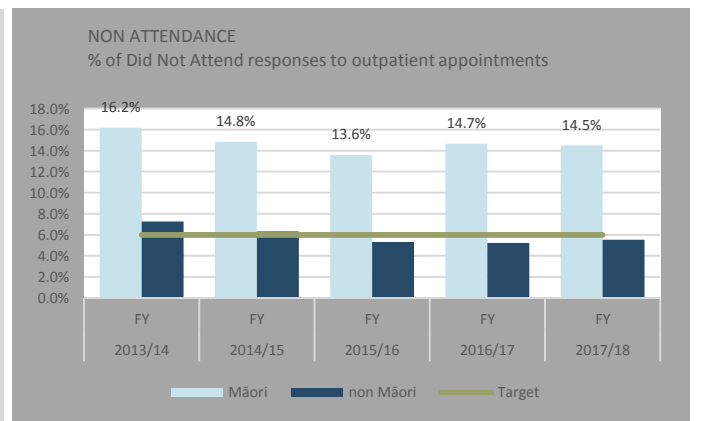
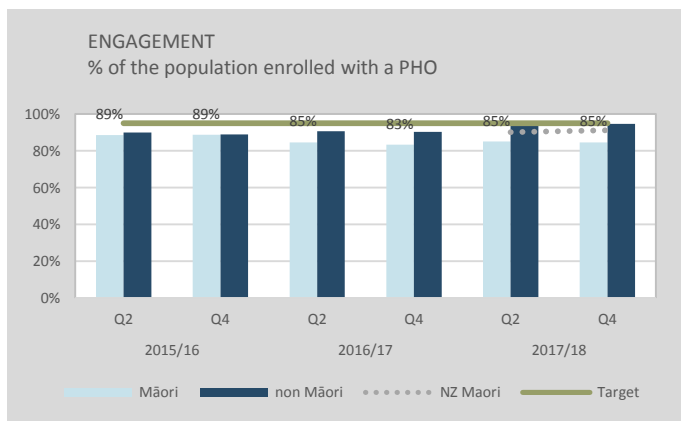
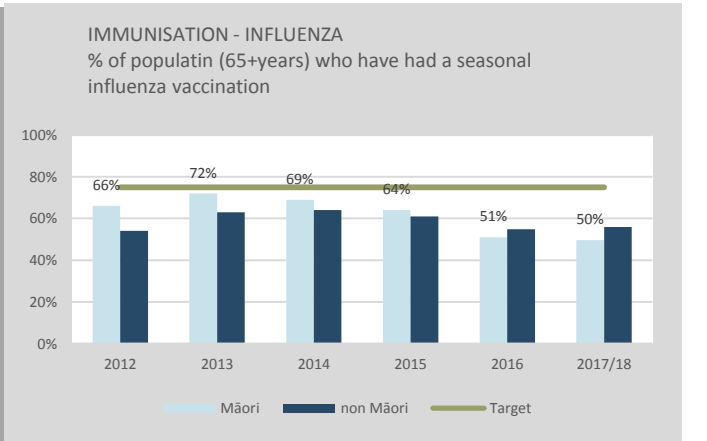
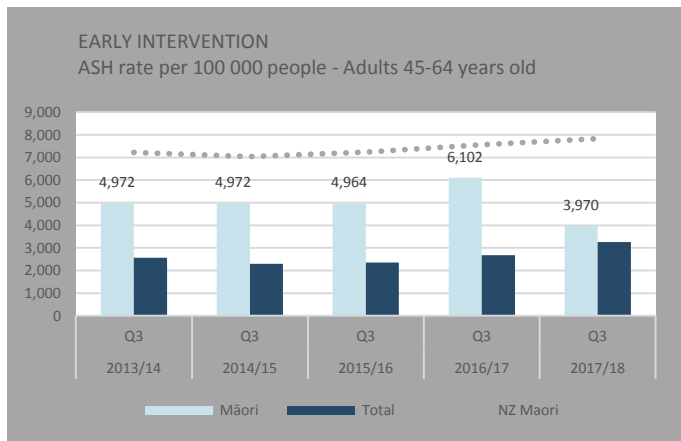
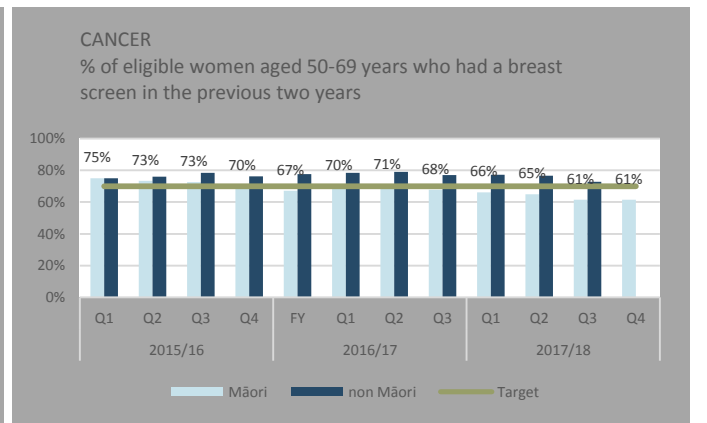
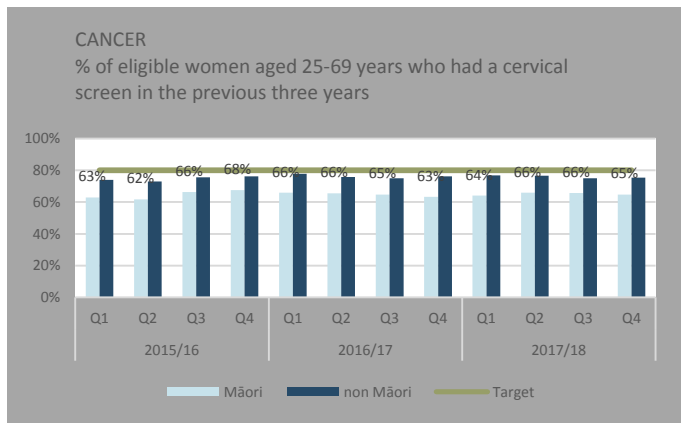
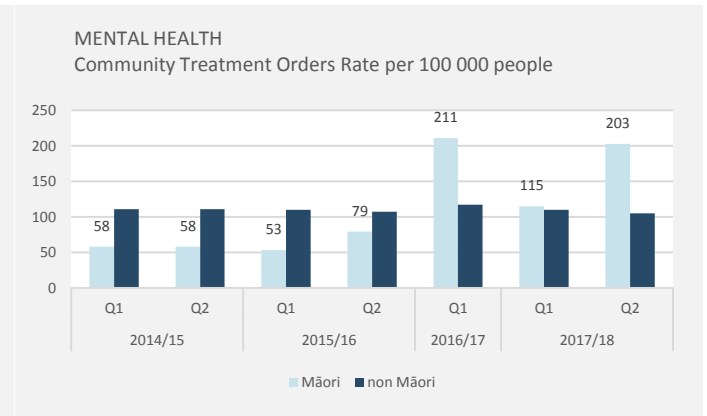
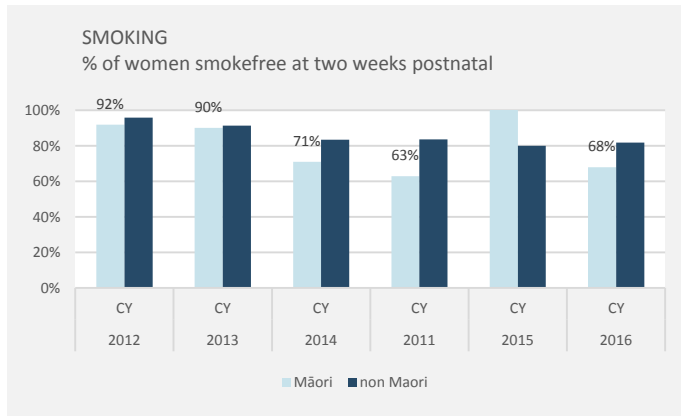
Dr Melissa Cragg is visiting the Coast at the end of October to deliver sessions to Poutini Waiora, High Street Medical and Grey Medical on Inequity within Cancer outcomes and Cancer care.



# Tamariki Health and Wellbeing



# Adult Health and Wellbeing



**TO:** Chair and Members  
West Coast Advisory Committee

**SOURCE:** General Manager, West Coast DHB

**DATE:** 2 November 2018

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Report Status – For:                      Decision                       Noting                       Information

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## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the West Coast Advisory Committee:

- i. notes the Management Report.

## 3. SUMMARY

This report is intended to:

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

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

The following are the most notable features of the report:

- Wait times in our GP practices have generally improved but there continues to be vulnerability around the GP workforce. There are a number of activities underway to address this and support our teams and our communities.
- South Westland is experiencing a “baby boom” and the LMC midwife that is providing care to those women is finding it challenging. After a multidisciplinary meeting it was agreed to readjust the model of care and have Rural Nurses and the SMO Rural Generalist doing some of the post-natal and antenatal appointments. We will assess the readjusted model of care in a couple of months.

**TO:** Chair and Members  
West Coast Advisory Committee

**SOURCE:** General Manager, West Coast DHB

**DATE:** 2 November 2018

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Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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- reflect a patient-centric view of services, being the ‘patient journey’ through the system; and
- provide greater clarity of, and focus on, key metrics.

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

The following are the most notable features of the report:

- Wait times in our GP practices have generally improved but there continues to be vulnerability around the GP workforce. There are a number of activities underway to address this and support our teams and our communities.
- South Westland is experiencing a “baby boom” and the LMC midwife that is providing care to those women is finding it challenging. After a multidisciplinary meeting it was agreed to readjust the model of care and have Rural Nurses and the SMO Rural Generalist doing some of the post-natal and antenatal appointments. We will assess the readjusted model of care in a couple of months.

#### 4. DISCUSSION

This Provider Arm Report includes base service level agreement volumes against delivery for the first three months of the 2018-19 financial year (excluding ACC-funded activity).

##### 4.1 Activity

###### Inpatient Volumes

Overall case-weighted discharge [CWD] throughput from Grey Base Hospital is down slightly by 2.7% from contracted year-to-date volume. Throughput in surgical specialties was down overall, with fewer acute orthopaedic and elective general surgery and gynaecology patients than anticipated. This was largely offset by higher throughputs in ophthalmology and in general medical and paediatric medical specialty services.

The split between acute and electives were as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
<b>Surgical</b>				
Acute	280.27	192.11	-88.16	-31.5%
Elective	308.19	246.35	-61.84	-20.1%
<b>Sub-Total Surgical:</b>	<b>588.46</b>	<b>438.46</b>	<b>-150.00</b>	<b>-25.5%</b>
<b>Medical</b>				
Acute	348.03	472.90	124.87	35.9%
Elective	0	0	0	0%
<b>Sub-Total Medical:</b>	<b>348.03</b>	<b>472.90</b>	<b>124.87</b>	<b>35.9%</b>
<b>TOTALS:</b>	<b>936.49</b>	<b>911.36</b>	<b>-25.13</b>	<b>-2.7%</b>

###### Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical services was down overall from contracted volumes during the first three months of the 2018/19 financial year. Among individual specialities, there have been fewer than anticipated locally-delivered outpatient follow-up orthopaedic, general surgery, general medical, dermatology and rheumatology attendances to date. First Specialist and follow-up attendances are up in ophthalmology, with most other specialities currently tracking to around anticipated volume.

The overall split between 1st visit and subsequent visit during the year were as follows:

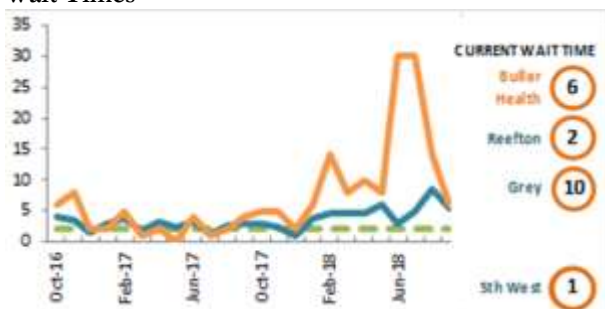
ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
<b>Surgical</b>				
1 <sup>st</sup> Visit	894	828	-66	-7.4%
Sub. Visit	1368	1197	-171	-12.5%
<b>Sub-Total Surgical:</b>	<b>2262</b>	<b>2025</b>	<b>-237</b>	<b>-10.4%</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	436	412	-24	-5.5%
Sub. Visit	962	752	-210	-21.8 %
<b>Sub-Total Medical:</b>	<b>1398</b>	<b>1164</b>	<b>-234</b>	<b>-16.7%</b>
<b>TOTALS:</b>	<b>3660</b>	<b>3189</b>	<b>-471</b>	<b>-12.8%</b>

## Outpatient Clinic DNA Rates

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend [DNA]	Percentage of patients did not attend [DNA]
September 2017	1593	1493	100	6.28%
October 2017	1732	1529	94	5.47%
November 2017	1818	1688	130	7.15%
December 2017	1273	1190	83	6.52%
January 2018	1458	1329	129	8.85%
February 2018	1578	1346	117	7.41%
March 2018	1545	1306	108	6.99%
April 2018	1721	1621	100	5.81%
May 2018	1839	1714	125	6.80%
June 2018	1743	1634	109	6.25%
July 2018	1536	1408	128	8.33%
August 2018	1621	1500	121	7.46%
September 2018	1566	1437	129	8.24%
<b>13 month rolling totals</b>	<b>21023</b>	<b>19195</b>	<b>1473</b>	<b>7.01% Average</b>

## Primary Care

### Wait Times



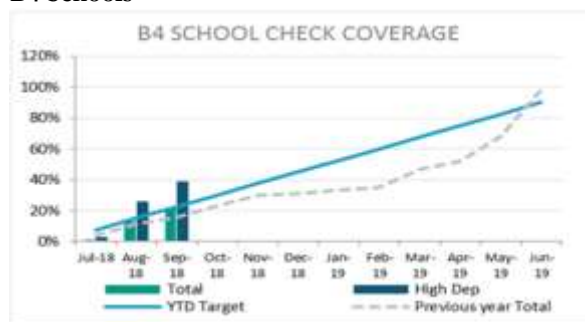
### MoH System Level Measures

Measure	Smoking Status record	CVRA	Brief Advice Given	NCSP Cervical Smear	NIR IMMs 8mths	Flu >65yr High needs
Target	90%	90%	90%	80%	95%	65%
Buller	97	87	83	72	94	56
Reefton	99	88	87	69	75	56
Grey Medical	99	88	99	75	70	60
South Westland	99	89	84	76	100	56

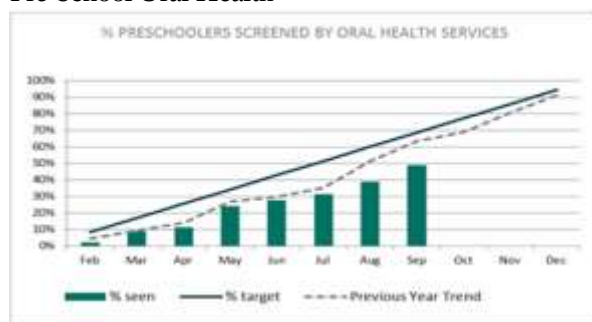
- Wait times are reducing as more GP's are coming in to the practices, particularly Grey and Westport but this continues to be an area of vulnerability. There are a number of activities occurring to look at addressing this vulnerability including:
  - The recruitment of Nurse Practitioners which is currently underway.
  - A working group that has been established at Grey Health to identify opportunities for improving operational efficiencies, releasing GP time, improving planned appointment waiting times and greater continuity for patients with long term conditions.
- The maternity service in South Westland between Rural Nurse Specialists, Midwives and Rural Hospital Generalists is increasing communication between clinicians resulting in an improved service for the community. A whanau room has been developed at Franz Josef to support clinics.
- The public health nurses in Grey will be moving into Grey Health and will be working as part of an integrated team with the primary care team. We are also expanding the use of the patient portal to include access to results for patients.

## Community

### B4 Schools



### Pre-School Oral Health



- In October the Grey Clinical Nurse Specialist team hosted Poutini Waiora staff to share kai and afterwards a korero about how they can work closer together for improving patient outcomes. This builds on the examples of collaboration already occurring and is part of our ongoing work to put the person at the centre of care. Our Grey Diabetes CNS has achieved Nurse Prescribing rights through Nursing Council and has good support and collaboration from our SMO's and General Practice.
- FIRST (Flexible Integrated Rehabilitation Support Team) is now underway in Westport with the first clients having positive results from the service.
- Grey District Nurses are attending the newly established vascular clinics in Greymouth with the goal of upskilling the nurses to provide nurse led clinics.

## 4.2 Workforce Update

### Rural Generalist Workforce Strategy

As a reminder of our Rural Generalist strategy from the last report, the key concepts of this strategy are:

- A rural generalist workforce is an integrated style of working across services, including the medical, allied and nursing professions.
- Each profession works to the full extent of their scope of practice, working as part of an inter-professional and multi-disciplinary team to provide services within a 'system of care' to our community.
- Developing a core workforce of rural generalists will ensure WCDHB has a more sustainable workforce, and people on the West Coast will have better care, closer to home.
- The rural generalism strategy sits alongside and is interwoven with the transalpine strategy that builds on the collaborative relationship between the West Coast and Canterbury DHBs.
- Rural generalism is part of the West Coast DHB's focus on continually providing better care for its community and professional development opportunities for its staff.

Over the coming months we will be looking in more detail around developing this further with our medical workforce. This month we have our Operations Manager and Dr Brendan Marshall looking at working examples in Australia to better understand how to operationalise this throughout our system.

### Nursing

- Culture and Communication – Hospital Services are looking at a number of initiatives at improving communication not only with patients but also between teams. Having researched gold standards in handovers for patients, the surgical ward is rolling out a trial from 1 November – handover at the patient bedside. This will replace the historical way of handing



over a patient in the office. Bedside handover ensures patients and their significant others get to participate in accounts of their health journey through the service. It gives the patient and significant other the chance to ask questions or make corrections to what is being said. This works well with IDEAL and once staff are feeling happy with this in the surgical ward, the medical ward will follow. The other initiative we are looking at is documentation and giving staff who would like to type up patient notes the ability to do so. One of our senior nurses in the surgical ward is going to research this and work on how it can be achieved.

- Enabling Workforce – As reported last month, CCU and CDHB ICU are working together to come up with a strategy on progressing training and the use of telemedicine when a ventilated patient stays at Grey Base. This type of model was very successful in Townsville Australia and can be cloned here on the Coast. The team from CDHB have been in touch and a meeting date is to be confirmed when ICU Christchurch is not at full capacity. Dates will be out shortly for 3 month updates for ventilator trained nurses. Scenario based education sessions around patient arrests in both the wards and the ED departments have been rolled out in the last couple of days; the staff are finding them very helpful.
- Clinical – Hospital Services has in the last two weeks settled with capacity being around 60-70% occupancy. The decrease in capacity has allowed training opportunities and catch-ups on auditing. Staff are enjoying the break and being back to normal FTE. IRR training last month has seen improvements in ward actualisation for Kahurangi and IPU. Foote Ward has increased their actualisation rate by 10% and 1:1 hours have dropped significantly due to our long term patient requiring high input of resource being transferred to Canterbury. Overall nursing within hospital services has decreased its sick leave hours by 44% and casual hours have decreased by 8.5% compared with last month.

### **Medical**

- We have had little interest in General Surgery or Physician vacancies but some interest in RHM vacancies and are working with several candidates for start dates in 2019.
- The RMO recruitment has been successful for 2019 and continues to remain strong with continued interest from RMOs.

### **Maternity**

- Over July and August, we had 42 births at Grey Hospital and 5 births at Kawatiri. From a total of 47 births, 33 were normal vaginal births, 3 instrumental births and 11 births by caesarean section (8 emergency and 3 elective).
- LMC midwives remain stable, however we had no applicants for a 0.7FTE fixed term core midwife position. One of our core midwives who works 0.8FTE is planning on becoming an LMC midwife by November and one of the LMC midwives is planning on returning as a core midwife which will balance the midwifery workforce on the Coast.
- The manager of Kawatiri birthing facility in Westport did not renew the employment contract that she had with 2 other midwives and encouraged both of them to become self-employed LMC midwives. Only one of them decided to become self-employed, that leaves Westport with a total of 2 LMC midwives.
- In July we had the emergency skills day training for core midwives and LMC midwives. We also facilitated in partnership with the Family Violence Coordinator the workshop “Power to protect” as part of the programme “Never Shake a Baby”. This workshop was held at Grey Hospital and had attendees from diverse multidisciplinary fields attend.



- The midwife educator facilitated the Newborn Life Support for RMIP medical students and midwifery students.
- South Westland is experiencing a “baby boom” and the LMC midwife that is providing care to those women is finding it challenging. After a multidisciplinary meeting it was agreed to readjust the model of care and have Rural Nurses and the SMO Rural Generalist doing some of the post-natal and antenatal appointments. We will assess the readjusted model of care in a couple of months.
- In August we received the Baby Friendly Hospital Initiative auditors at McBrearty and Kawatiri. We are waiting for the audit results.
- The Director of Midwifery attended the NZCOM conference in Rotorua and represented the WCDHB on promoting midwifery vacancies.
- We facilitated the “Safe Sleep” workshop in Westport that had attendees from diverse multidisciplinary fields.

### **Allied Health**

- Our Hospital Pharmacy service are partnering with the Smoking Cessation service to explore ways that Pharmacy can support patients on their journey to becoming smoke free, by pairing screening and ‘quit’ conversations when they undertake medicine reconciliation on inpatient wards.
- The transalpine new graduate physiotherapy recruitment process was largely successful this year, with contracts offered to two new graduates and a third possibility being explored. This will allow this year’s new graduates to continue to consolidate their skills in outpatient and community settings next year.
- Recruitment is also ongoing for Radiology, Diversional Therapy, Social Work, Psychology and Occupational Therapy across Hospital Services, Mental Health and Primary & Community teams.
- The Buller radiology service model continues to be demonstrating quality and efficiency, with a strong partnership between the MITs and nursing staff both in and out of clinic hours.
- Mortuary services are currently under review as a result of a change of contracting model within the Ministry of Justice.

### **Industrial Relations**

#### ***Negotiations Update:***

- *NZNO MECA:* The settlement has been ratified with a 36 month term expiring on 31 July 2020. The settlement is supported through an Accord between the Ministry of Health, DHBs and NZNO. Implementation is nearing completion.
- *NZRDA Union, Resident Medical Officers (RMOs):* Bargaining continued on 19 and 20 September 2018. The union tabled a proposed terms of settlement that would be acceptable to members. DHBs are reviewing the unions’ proposed offer of settlement and considering next steps.
- *SToNZ Union (NEW), Resident Medical Officers (RMOs):* Bargaining commenced on 12 and 13 September 2018 for the new Resident Medical Officers MECA. Bargaining has been reported as positive and focussed on joint interests around training and service design. Further bargaining was scheduled for 3 and 4 October 2018.
- *PSA Allied and Technical MECA:* Bargaining continued on 14 September 2018. DHBs are working through a potential package based on the NZNO settlement.

- *West Coast Support Services (SAWU, E tu)*: Currently working through costings and potential terms of settlement.

## Recruitment

New Vacancies	10
Total Open Vacancies	34
Appointed Vacancies	10

- *Nursing* – roles continue to get filled but vacancies continue to occur. Some higher level roles have attracted great candidates.
- *Allied Health* – applicant numbers have been dropping but have started to rise again towards the end of the year. Some hard to fill vacancies were filled this month.
- *Corporate* – roles continue to attract large numbers of suitable candidates for positions.
- *Medical* – the RMO recruitment has been very successful this year and are well staffed. Continued challenges in GP recruitment and locums are becoming increasingly difficult to source but the summer is looking positive.

### 4.3 Patient

#### Patient Transfers

- The number of tertiary patient transfers from Grey Base and Buller Hospitals remained steady with 53 in July and 52 in August. The majority of transfers in July were for medical patients and in August were mainly for medical and surgical patients, with the principal methods of transportation being via ambulance and pressurised aircraft.
- The main reason for the transfers in July and August was for ‘Specialty Care not available at Grey Base Hospital’.
- For patients transferred from Buller to Grey Base, the numbers increased from 18 in July to 24 in August. The majority of the transfers in July and August were for medical and surgical patients. These were transported to Grey Base via ambulance and private vehicle in July and via helicopter and ambulance in August.
- Patient transfers remained steady from Reefton to Grey Base with 3 in July and 2 in August. These were transported via ambulance and private vehicle.

# 4.4 Health Targets

## West Coast DHB health target report

Quarter 4 2017/18: April - June 2018



### What are the health targets?

The health targets are a set of national performance measures specifically designed to improve performance of the health sector in areas that reflect significant public and government priorities. They provide a focus for action. Three of the six health targets focus on patient access, and three focus on prevention. Health targets are reviewed annually to ensure they align with health priorities and targets are set nationally for all DHBs.

DHBs report progress to the Ministry quarterly, who in turn publish the targets online and in newspapers via a national league table.



### Shorter stays in ED

98%



Patients admitted, discharged or transferred ED within six hours. Target: 90%



The West Coast continues to achieve the ED health target, with 98% of patients admitted, discharged or transferred from ED within 6 hours during quarter four.

### Improved access to elective surgery

103%



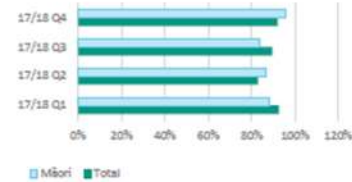
Patients receiving planned surgery. Year-end target: 1,905



The West Coast DHB finished the year having provided 1,962 elective surgical discharges, delivering 104% of planned discharges for 2017/18.

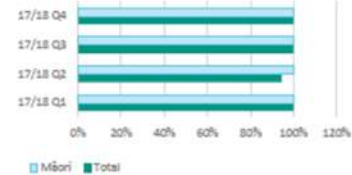
### Supplementary indicators

Better help for smokers to quit: secondary smoking



This was previously the health target: better help for smokers to quit in public hospitals

Better help for smokers to quit: maternity smoking



The Ministry sources this data for DHBs from the national Maternity Data Set. It should be noted that the source of the data only represents around 80% of all pregnancies nationally and the measure is still considered developmental, the results are provided

### Faster cancer treatment

80%



Patients getting their first cancer treatment within 62 days. Target: 90%



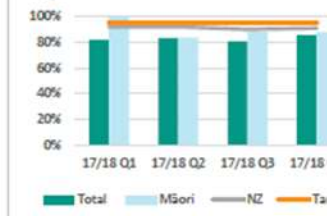
This quarter 80% of patients received treatment on time. Small numbers are challenging with this result reflecting only three patients who were not seen within the 62 day period. A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, or diagnostically challenging.

### Increased immunisation

85%



Eight-month-olds fully immunised. Target: 95%



Two children were missed this quarter and 96% of eligible (consenting) 8-month-olds were fully immunised. This is an increase on the previous quarter. Strong results were achieved for Asian (100%) tamaki.

### Better help for smokers to quit

88%



Patients in the community who smoke are offered help to quit. Target: 90%



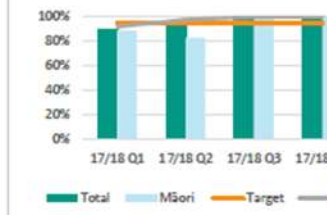
The DHB is disappointed to have not met the target this quarter. At an individual practice level, three of the seven practices have achieved the target with a fourth achieving 89%, missing the target by just two patients. The DHB notes the positive trend in the proportion of smokers who are recorded as having accessed cessation support.

### Raising healthy kids

100%



Children with obesity referred for support. Target: 95%



100% of children identified as obese at their Before School Check (BASC) were offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions for quarter four.

Updated 23/08/2018: Produced by Canterbury and West Coast DHB Planning and Performance team. PTO for data definitions.

## **Elective Services Patient Indicators [ESPI Compliance]**

### *ESPI 2 FSA (First Specialist Assessment)*

There were 199 patients waiting over 120 days for their outpatient First Specialist Assessment as at the end of August 2018. Of these, 178 were orthopaedic cases, with Plastics making up a further 19 cases. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to service constraints.

### *ESPI 5 (Treatment)*

Seven plastic surgery patients were waiting over 120 days from FSA to surgical treatment as at the end of August 2018. An influx of patients referred to plastic surgery with high suspicion of cancer and of other urgent cases has meant those of lower priority have had extended wait times. Additional plastic surgery and outpatient sessions are being planned to address the back-log and keep pace with the increased demand.

# MoH Elective Services Online

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

DHB Name: West Coast

	2017			2017			2017			2017			2018			2018			2018			2018			2018			2018								
	Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.			
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	14 of 14	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0			
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	47	6.6%	-47	51	6.4%	-51	81	7.4%	-81	99	10.8%	-99	100	11.1%	-100	122	12.2%	-122	138	12.8%	-138	152	14.6%	-152	143	13.6%	-143	146	12.3%	-146	183	16.5%	-183	199	17.4%	-199
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (pTT).	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	1	0.1%	-1
4. Patients given a commitment to treatment but not treated within the required timeframe.	3	1.4%	-3	5	2.1%	-5	4	2.1%	-4	1	0.5%	-1	3	1.5%	-3	3	1.5%	-3	9	4.4%	-9	12	6.0%	-12	14	7.0%	-14	7	3.4%	-7	8	2.3%	-8	7	2.9%	-7
5. Patients in active review who have not received a clinical assessment within the last six months.	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	0.0%	0
6. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	159	100.0%	0	150	100.0%	0	125	100.0%	0	143	100.0%	0	125	100.0%	0	117	100.0%	0	134	100.0%	0	129	100.0%	0	110	100.0%	0	213	100.0%	0	180	100.0%	0	132	100.0%	0

Data Warehouse Refresh Date: 28/Sep/2018

Report Run Date: 01/Oct/2018

**Notes:**

1. Before July 2016 the required timeframe for ESPI 1 is 10 working days, and from July 2016 the required timeframe for ESPI 1 is 15 calendar days.
2. Before July 2013 the required timeframe for ESPI 2 and ESPI 5 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 2 and ESPI 5 is 5 months and from January 2015 the required timeframe for ESPI 2 and ESPI 5 is 4 months.
3. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures. Medical specialities are currently included in ESPI 1, ESPI 2 and ESPI 5 but excluded from other ESPIs.
4. Before July 2016 ESPI 1 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less. DHB Level 'Non-compliant Red' status for ESPI 1 is temporarily removed from the 2016/17 year so from July 2016 ESPI 1 will be Green if 100%, and Yellow if less than 90%.
5. ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
6. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
7. ESPI 4 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
8. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 14.99%, and Red if 15% or higher.
9. ESPI 6 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
10. From 01 July 2015 the ESPI 8 calculation changed from the tools that were used to prioritise patients who exited during the month to the tools used to prioritise patients during the month. Please contact the Ministry of Health's Electives team if you have any queries about ESPIs [elective\\_services@moh.govt.nz](mailto:elective_services@moh.govt.nz).

## 4.5 Quality

Hospital Services Incidents recorded in Safety1st for the 3 months to September 2018



Safety1st Incident Forms Submitted				
Division: Grey/Westland				
General Event Type	Jul-18	Aug-18	Sep-18	
Behaviour and Safety	9	15	9	
Blood Product	0	0	0	
Drain and Tube	0	0	0	
Employee	5	13	6	
Facilities and Building and Property	2	1	2	
Fall	24	19	21	
Hazard Register	0	0	0	
Infection	0	0	2	
Intravascular Access Device	1	0	0	
Labour and Delivery	0	1	4	
Labs/Specimen	9	13	7	
Medication and IV Fluids	13	6	9	
Provision of Care	10	13	18	
Radiology	0	7	4	
Restraint Register	10	20	1	
Security	2	3	1	
Skin/Tissue	0	1	4	
Monthly Total	85	112	88	

Report prepared by:

Philip Wheble, General Manager West Coast DHB



# FINANCE REPORT FOR THE PERIOD ENDED 30 SEPTEMBER 2018



**TO:** Chair and Members  
West Coast Advisory Committee

**SOURCE:** Executive Director, Finance & Corporate Services

**DATE:** 2 November 2018

Report Status – For: Decision  Noting  Information

## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the Committee:

- i. notes the financial result and related matters for the period ended 30 September 2018.

## 3. DISCUSSION

The consolidated West Coast District Health Board financial result for the month of September 2018 was a deficit of \$433k, which was \$71k favourable to draft budget. The year to date net deficit of \$990k is \$146k favourable to draft budget.

	Monthly Reporting				Year to Date				Full Year 18/19
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
<b>Operating Revenue</b>									
Crown and Government sourced	12,009	11,829	180	1.5%	35,944	36,266	(322)	(0.9%)	143,889
Inter DHB Revenue	0	0	0	0.0%	1	0	1	0.0%	0
Inter District Flows Revenue	145	143	2	1.7%	435	438	(4)	(0.9%)	1,735
Patient Related Revenue	591	576	15	2.6%	1,704	1,766	(62)	(3.5%)	6,860
Other Revenue	48	59	(11)	(19.1%)	159	181	(22)	(12.1%)	741
<b>Total Operating Revenue</b>	<b>12,793</b>	<b>12,607</b>	<b>186</b>	<b>1.5%</b>	<b>38,243</b>	<b>38,651</b>	<b>(408)</b>	<b>(1.1%)</b>	<b>153,225</b>
<b>Operating Expenditure</b>									
Personnel costs	5,871	5,695	(176)	(3.1%)	17,423	17,410	(13)	(0.1%)	70,140
Outsourced Services	0	0	0	0.0%	0	0	0	0.0%	0
Treatment Related Costs	391	752	361	48.0%	1,771	2,306	535	23.2%	9,152
External Providers	3,530	3,249	(282)	(8.7%)	9,809	9,805	(4)	(0.0%)	39,125
Inter District Flows Expense	1,877	1,872	(5)	(0.3%)	5,619	5,613	(6)	(0.1%)	22,455
Outsourced Services - non clinical	111	111	0	0.1%	331	334	2	0.7%	1,334
Infrastructure and Non treatment related costs	987	962	(25)	(2.6%)	2,979	2,908	(72)	(2.5%)	12,587
<b>Total Operating Expenditure</b>	<b>12,767</b>	<b>12,640</b>	<b>(127)</b>	<b>(1.0%)</b>	<b>37,933</b>	<b>38,376</b>	<b>443</b>	<b>1.2%</b>	<b>154,793</b>
<b>Result before Interest, Deprn &amp; Cap Charge</b>	<b>26</b>	<b>(33)</b>	<b>59</b>	<b>(178.1%)</b>	<b>310</b>	<b>275</b>	<b>(35)</b>	<b>(12.7%)</b>	<b>(1,568)</b>
<b>Interest, Depreciation &amp; Capital Charge</b>									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	334	342	8	2.2%	925	1,025	100	9.8%	3,400
Capital Charge Expenditure	125	129	4	3.1%	375	387	12	3.1%	1,488
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>459</b>	<b>471</b>	<b>12</b>	<b>2.5%</b>	<b>1,300</b>	<b>1,412</b>	<b>112</b>	<b>7.9%</b>	<b>4,888</b>
<b>Net Surplus/(deficit)</b>	<b>(433)</b>	<b>(504)</b>	<b>71</b>	<b>14.1%</b>	<b>(990)</b>	<b>(1,136)</b>	<b>146</b>	<b>12.9%</b>	<b>(6,456)</b>
<b>Other comprehensive income</b>									
Gain/(losses) on revaluation of property									
<b>Total comprehensive income</b>	<b>(433)</b>	<b>(504)</b>	<b>71</b>	<b>14.1%</b>	<b>(990)</b>	<b>(1,136)</b>	<b>146</b>	<b>12.9%</b>	<b>(6,456)</b>

*in thousands of New Zealand dollars*



#### **4. APPENDICES**

Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cashflow

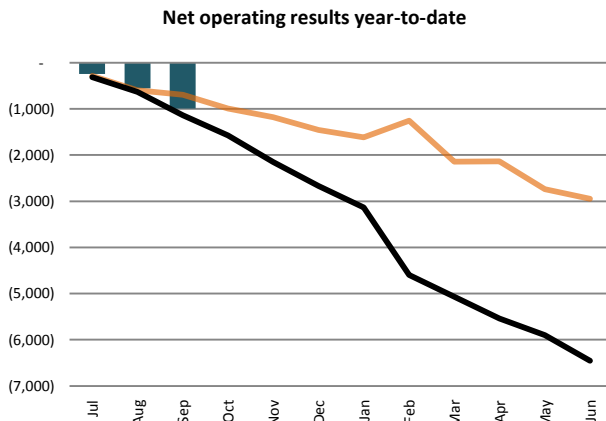
Report prepared by: Justine White, Executive Director, Finance & Corporate Services

# APPENDIX 1: FINANCIAL RESULT

## FINANCIAL PERFORMANCE OVERVIEW – SEPTEMBER 2018

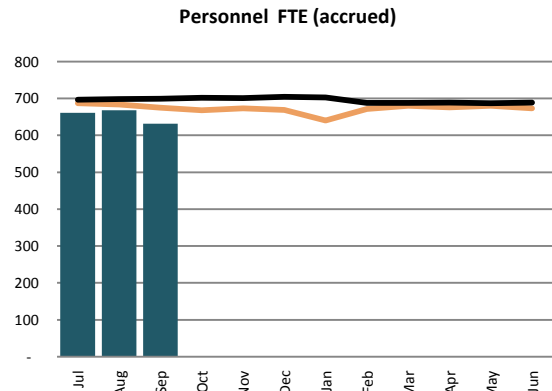
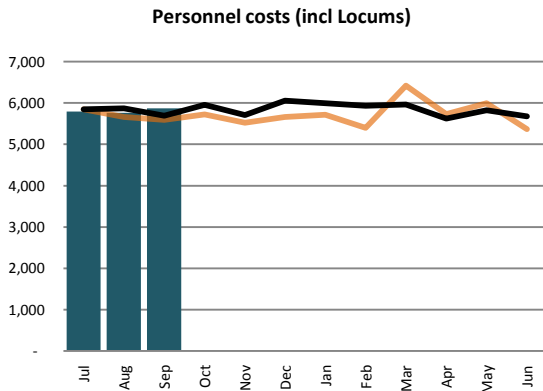
### Net operating results

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(433)	(504)	71	-14%	(990)	(1,136)	146	-13%



Over the last few financial years West Coast DHB has been in the process of implementing our new model of care in readiness for our new Grey Health Hospital/IFHC. Full implementation needs to be co-ordinated with the completion of the new facility. New ways of working need to be embedded before we move into the new facility. Our draft plan has been submitted based on the building being completed in the 1st quarter of 2019, delays in the rebuild not only increase the cost of the build (influencing out-years capital charge and depreciation costs), but will impact operational expenditure where we have either factored savings; or periods costs of embedding new models of care in our old facility in our draft plan. These efficiencies are at risk as the facilities delays continue, and will impact detrimentally on our planned financial results.

### Personnel costs & FTE

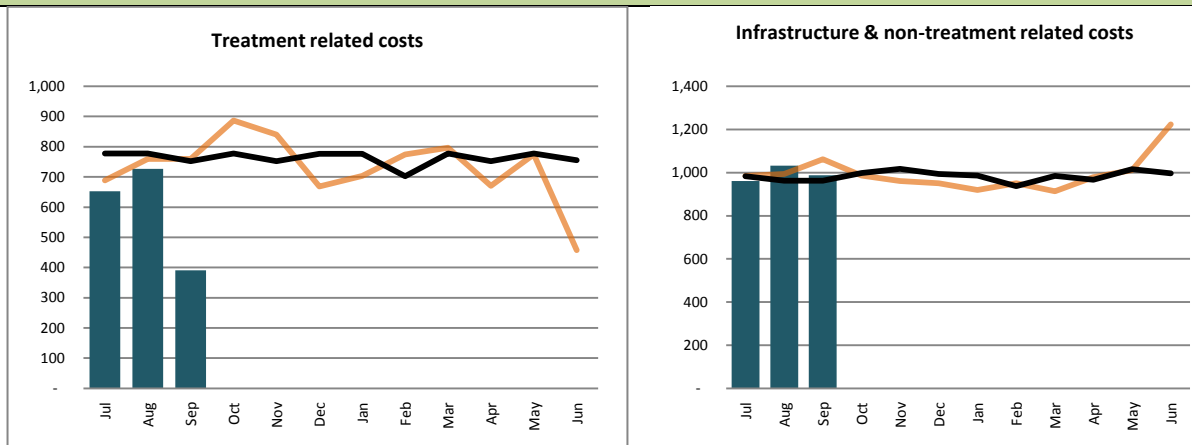


### KEY RISKS AND ISSUES:

Although better use of stabilised rosters and leave planning has been embedded within the business, there remains reliance on short term placements, which are more expensive than permanent staff.

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

## Treatment and non-treatment related costs



### KEY RISKS AND ISSUES:

Expenditure has reported a YTD favourable variance of \$415K. This is driven by \$350K Pharmac hospital payment received in September 2019, lower dispensing volumes in High cost pharmaceuticals, PCTs and lower volume of air-transfers over the last 3 months. The trend in lower volumes in Pharmaceuticals and Air transfers are not expected this to continue for the remainder of the year as timing influences this category significantly. Overall we are continuing to monitor to ensure overspend in non-treatment related costs is limited where possible.

## Financial position

	Month Actual £'000	Month Budget £'000	Month Variance £'000		Annual Budget £'000
Equity	24,718	24,553	165	1%	99,913
Cash	12,187	9,801	2,386	24%	6,463

### KEY RISKS AND ISSUES:

The equity and cash position compared to budget reflect the delay in commencing the Grey Base rebuild. Our available cash is reflecting the artificial inflation due to the delayed capex spend due to the delay in the Grey rebuild.

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

For period ending

30 September 2018

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 18/19
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
<b>Operating Revenue</b>									
Crown and Government sourced	12,009	11,829	180	1.5%	35,944	36,266	(322)	(0.9%)	143,889
Inter DHB Revenue	0	0	0	0.0%	1	0	1	0.0%	0
Inter District Flows Revenue	145	143	2	1.7%	435	438	(4)	(0.9%)	1,735
Patient Related Revenue	591	576	15	2.6%	1,704	1,766	(62)	(3.5%)	6,860
Other Revenue	48	59	(11)	(19.1%)	159	181	(22)	(12.1%)	741
<b>Total Operating Revenue</b>	<b>12,793</b>	<b>12,607</b>	<b>186</b>	<b>1.5%</b>	<b>38,243</b>	<b>38,651</b>	<b>(408)</b>	<b>(1.1%)</b>	<b>153,225</b>
<b>Operating Expenditure</b>									
Personnel costs	5,871	5,695	(176)	(3.1%)	17,423	17,410	(13)	(0.1%)	70,140
Outsourced Services	0	0	0	0.0%	0	0	0	0.0%	0
Treatment Related Costs	391	752	361	48.0%	1,771	2,306	535	23.2%	9,152
External Providers	3,530	3,249	(282)	(8.7%)	9,809	9,805	(4)	(0.0%)	39,125
Inter District Flows Expense	1,877	1,872	(5)	(0.3%)	5,619	5,613	(6)	(0.1%)	22,455
Outsourced Services - non clinical	111	111	0	0.1%	331	334	2	0.7%	1,334
Infrastructure and Non treatment related costs	987	962	(25)	(2.6%)	2,979	2,908	(72)	(2.5%)	12,587
<b>Total Operating Expenditure</b>	<b>12,767</b>	<b>12,640</b>	<b>(127)</b>	<b>(1.0%)</b>	<b>37,933</b>	<b>38,376</b>	<b>443</b>	<b>1.2%</b>	<b>154,793</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>26</b>	<b>(33)</b>	<b>59</b>	<b>(178.1%)</b>	<b>310</b>	<b>275</b>	<b>(35)</b>	<b>(12.7%)</b>	<b>(1,568)</b>
<b>Interest, Depreciation &amp; Capital Charge</b>									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	334	342	8	2.2%	925	1,025	100	9.8%	3,400
Capital Charge Expenditure	125	129	4	3.1%	375	387	12	3.1%	1,488
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<b>Net Surplus/(deficit)</b>	<b>(433)</b>	<b>(504)</b>	<b>71</b>	<b>14.1%</b>	<b>(990)</b>	<b>(1,136)</b>	<b>146</b>	<b>12.9%</b>	<b>(6,456)</b>
<b>Other comprehensive income</b>									
Gain/(losses) on revaluation of property									
<b>Total comprehensive income</b>	<b>(433)</b>	<b>(504)</b>	<b>71</b>	<b>14.1%</b>	<b>(990)</b>	<b>(1,136)</b>	<b>146</b>	<b>12.9%</b>	<b>(6,456)</b>

in thousands of New Zealand dollars

### APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at	30 September 2018				
in thousands of New Zealand dollars					
	Actual	Budget	Variance	%Var	Prior Year
<b>Assets</b>					
<b>Non-current assets</b>					
Property, plant and equipment	24,488	26,041	(1,553)	(6.0%)	25,341
Intangible assets	580	533	47	8.8%	446
Work in Progress	5,172	4,796	376	7.8%	4,796
Other investments	519	519	(0)	(0.0%)	519
<b>Total non-current assets</b>	<b>30,759</b>	<b>31,889</b>	<b>(1,130)</b>	<b>(3.5%)</b>	<b>31,102</b>
<b>Current assets</b>					
Cash and cash equivalents	12,187	9,801	2,386	24.3%	11,724
Patient and restricted funds	54	54	(0)	(0.4%)	54
Inventories	1,080	1,200	(120)	(10.0%)	1,058
Debtors and other receivables	5,051	3,643	1,408	38.7%	3,725
Assets classified as held for sale	0	0	0	0.0%	0
<b>Total current assets</b>	<b>18,372</b>	<b>14,698</b>	<b>3,674</b>	<b>25.0%</b>	<b>16,561</b>
<b>Total assets</b>	<b>49,131</b>	<b>46,587</b>	<b>2,544</b>	<b>5.5%</b>	<b>47,663</b>
<b>Liabilities</b>					
<b>Non-current liabilities</b>					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,518	2,446	(72)	(2.9%)	2,443
Other	71	71	(0)	(0.2%)	71
<b>Total non-current liabilities</b>	<b>2,589</b>	<b>2,517</b>	<b>(72)</b>	<b>(2.9%)</b>	<b>2,514</b>
<b>Current liabilities</b>					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	10,039	8,957	(1,082)	(12.1%)	8,503
Employee entitlements and benefits	11,785	10,559	(1,226)	(11.6%)	10,939
<b>Total current liabilities</b>	<b>21,824</b>	<b>19,517</b>	<b>(2,307)</b>	<b>(11.8%)</b>	<b>19,442</b>
<b>Total liabilities</b>	<b>24,413</b>	<b>22,034</b>	<b>(2,379)</b>	<b>(10.8%)</b>	<b>21,956</b>
<b>Equity</b>					
Crown equity	85,994	85,993	(1)	(0.0%)	85,994
Other reserves	25,681	25,680	(1)	(0.0%)	25,681
Retained earnings/(losses)	(86,957)	(87,121)	(164)	(0.2%)	(85,968)
Trust funds	0	0	0	0.0%	0
<b>Total equity</b>	<b>24,718</b>	<b>24,553</b>	<b>(165)</b>	<b>(0.7%)</b>	<b>25,707</b>
<b>Total equity and liabilities</b>	<b>49,131</b>	<b>46,587</b>	<b>2,544</b>	<b>5.5%</b>	<b>47,663</b>

in thousands of New Zealand dollars

## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

30 September 2018

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var
<b>Cash flows from operating activities</b>								
Cash receipts from Ministry of Health, patients and other revenue	12,481	12,577	(96)	(0.8%)	38,087	38,561	(474)	(1.2%)
Cash paid to employees	(5,308)	(5,695)	387	6.8%	(16,008)	(17,411)	1,403	8.1%
Cash paid to suppliers	(386)	(1,824)	1,438	78.8%	(5,224)	(5,546)	321	5.8%
Cash paid to external providers	(3,393)	(3,249)	(145)	(4.5%)	(9,669)	(9,805)	136	1.4%
Cash paid to other District Health Boards	(2,014)	(1,872)	(142)	(7.6%)	(6,216)	(5,613)	(603)	(10.7%)
<b>Cash generated from operations</b>	<b>1,380</b>	<b>(62)</b>	<b>1,441</b>	<b>(2340.9%)</b>	<b>970</b>	<b>186</b>	<b>784</b>	<b>422.2%</b>
Interest paid	0	(0)	0	100.0%	0	(0)	0	100.0%
Capital charge paid	0	(129)	129	100.0%	0	(387)	387	100.0%
<b>Net cash flows from operating activities</b>	<b>1,380</b>	<b>(191)</b>	<b>1,570</b>	<b>(823.7%)</b>	<b>970</b>	<b>(202)</b>	<b>1,172</b>	<b>(581.4%)</b>
<b>Cash flows from investing activities</b>								
Interest received	27	30	(3)	(8.8%)	83	91	(8)	(8.5%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(216)	(608)	392	64.4%	(399)	(1,811)	1,412	(78.0%)
Acquisition of intangible assets	2	0	2	0.0%	(192)	0	(192)	
<b>Net cash flows from investing activities</b>	<b>(193)</b>	<b>(578)</b>	<b>385</b>	<b>(66.6%)</b>	<b>(508)</b>	<b>(1,720)</b>	<b>1,212</b>	<b>70.5%</b>
<b>Cash flows from financing activities</b>								
Proceeds from equity injections	0	0	0	0.0%	0	0	0	0.0%
Repayment of equity	0	0	0	0.0%	0	0	0	0.0%
<b>Cash generated from equity transactions</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>
Borrowings raised								
Repayment of borrowings	0	0	0	0.0%	0	0	0	0.0%
Payment of finance lease liabilities	0	0	0	0.0%	0	0	0	0.0%
<b>Net cash flows from financing activities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>
<b>Net increase in cash and cash equivalents</b>	<b>1,187</b>	<b>(769)</b>	<b>1,955</b>	<b>(254.4%)</b>	<b>463</b>	<b>(1,923)</b>	<b>2,387</b>	<b>(124.1%)</b>
Cash and cash equivalents at beginning of period	11,000	10,569	431	4.1%	11,724	11,724	0	0.0%
<b>Cash and cash equivalents at end of period</b>	<b>12,187</b>	<b>9,800</b>	<b>2,386</b>	<b>24.3%</b>	<b>12,187</b>	<b>9,800</b>	<b>2,387</b>	<b>24.4%</b>

in thousands of New Zealand dollars

	<b>23 March</b>	<b>11 May</b>	<b>29 June</b>	<b>10 August</b>	<b>28 September</b>	<b>2 November</b>
<b>STANDING ITEMS</b>	Karakia Interests Register Confirmation of Minutes Carried Forward Items Patient Story	Karakia Interests Register Confirmation of Minutes Carried Forward Items Patient Story	Karakia Interests Register Confirmation of Minutes Carried Forward Items Patient Story	Karakia Interests Register Confirmation of Minutes Carried Forward Items Patient Story		Karakia Interests Register Confirmation of Minutes Carried Forward Items
<b>REPORTS</b>	Operational Update Planning & Funding Update Community & Public Health Update Alliance Update Hospital Services Finance Report	Operational Update Community & Public Health Update Planning & Funding Update Maori Health Update Alliance Update Finance Update	Operational Update Community & Public Health Update Planning & Funding Update Maori Health Dashboards Alliance Update Finance Report Health Target Report Q3	Community & Public Health Update Planning & Funding Update Alliance Update Finance Report Operational Update Briefing – Aerial 1080		Community & Public Health Dashboards Planning & Funding Update Alliance Update Finance Report Operational Update
<b>PRESENTATIONS</b>	Transalpine Services	Consumer Council Presentation Mental Health Update	Facilities Presentation	Rural Generalism Presentation		Alliance Presentation
<b>DISABILITY REPORTING</b>	Disability Support Services Newsletter		Disability Support Services Newsletter	Disability Action Plan Update		Disability Support Services Newsletter (Not yet available – will be e-mailed to members)
<b>INFORMATION ITEMS</b>	Committee Work Plan 2018 Schedule of Meetings	Committee Work Plan 2018 Schedule of Meetings	Committee Work Plan 2018 Schedule of Meetings	Committee Work Plan 2018 Schedule of Meetings		Committee Work Plan 2018 Schedule of Meetings



**REVISED FEBRUARY 2018****WEST COAST DHB – MEETING SCHEDULE****FEBRUARY – DECEMBER 2018**

DATE	MEETING	TIME	VENUE
Friday 9 February 2018	BOARD MEETING	10.15am	St John, Water Walk Rd, Greymouth
Friday 23 March 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 23 March 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 26 April 2018	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 11 May 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 11 May 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 7 June 2018	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 29 June 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 29 June 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 26 July 2018	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 10 August 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 10 August 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 13 September	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 28 September	Workshop	10.30am	St John, Water Walk Rd, Greymouth
Friday 28 September 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 25 October 2018	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 2 November 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 2 November 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 6 December 2018	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 14 December 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth

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

**REVISED FEBRUARY 2018**