



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

## **ADVISORY COMMITTEE MEETING**

**11 May 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

Mary Molloy

Peter Neame

Nigel Ogilvie

Francois Tumahai

### EXECUTIVE SUPPORT

David Meates (*Chief Executive*)

Karyn Bousfield (*Director of Nursing*)

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 11 May 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 Meetings**
- 3. **Carried Forward/Action Items**
- 4. **Patient Story**

## REPORTS/PRESENTATIONS

**10.40am**

- |     |  |   |                   |
|-----|--|---|-------------------|
| 5.  | <b>Community and Public Health Update</b>                | Gail McLauchlan<br><i>Community and Public Health</i>             | 10.40am – 10.50am |
| 6.  | <b>Planning &amp; Funding Update</b>                     | Carolyn Gullery<br><i>General Manager, Planning &amp; Funding</i> | 10.50am – 11.00am |
| 7.  | <b>Maori Health Update</b>                               | Gary Coghlan<br><i>General Manager, Maori Health</i>              | 11.00am – 11.10am |
| 8.  | <b>Operational Update</b>                                | Philip Wheble<br><i>General Manager, West Coast</i>               | 11.10am – 11.20am |
| 9.  | <b>Advisory Committee Finance Report – 31 March 2018</b> | Philip Wheble<br><i>General Manager, West Coast</i>               | 11.20am – 11.30am |
| 10. | <b>Alliance Update</b>                                   | Karen Bousfield<br><i>Director of Nursing</i>                     | 11.30am – 11.40pm |
| 11. | <b>Consumer Council Presentation</b>                     | Lynnette Beirne<br><i>Chair, Consumer Council</i>                 | 11.40pm – 12noon  |
| 12. | <b>Mental Health Update Presentation</b>                 | Cameron Lacey<br><i>Medical Director</i>                          | 12noon – 12.15pm  |
| 13. | <b>General Business</b>                                  | Michelle Lomax<br><i>Joint Chair</i>                              | 12.15pm – 12.20pm |

## ESTIMATED FINISH TIME

**12.20pm**

## INFORMATION ITEMS

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

## NEXT MEETING

**Date of Next Meeting:** Friday 29 June 2018

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>• President 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> </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>• Information Consultant for West Coast Disability Resource Service</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>
Mary Molloy	<ul style="list-style-type: none"> <li>• Spokesperson for Farmers Against 1080</li> <li>• Executive Member - Ban 1080 Political Party</li> <li>• Director, Molloy Farms South Westland Ltd</li> <li>• Trustee, L.B. &amp; M.E. Molloy Family Trust</li> </ul>
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>• Chairman, Life Education Trust</li> <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>

<p>Elinor Stratford <b>Board Member</b></p>	<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> <li>• Member, West Coast Coalition Group</li> <li>• Chair, Kowhai Project Committee</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 23 March 2018 commencing at 10.30am**

**PRESENT**

Elinor Stratford (Joint Chair – in the Chair); Michelle Lomax (Joint Chair); Jenny Black; Lynnette Beirne; Kevin Brown; Sarah Birchfield; Cheryl Brunton; Paula Cutbush; Helen Gillespie; Chris Lim; Jenny McGill; Chris Mackenzie; Joseph Mason; Mary Molloy; Peter Neame; Nigel Ogilvie; and Francois Tumahai.

**APOLOGIES**

Apologies were received and accepted from Chris Auchinvole and Edie Moke.

**EXECUTIVE SUPPORT**

David Meates (Chief Executive) (from 11.25am); Karyn Bousfield (Director of Nursing); Gary Coghlan (General Manager, Maori Health); Pradu Dayaram (Medical Director); Cameron Lacey (Medical Director); Melsissa Macfarlane (Team Leader, Accountability, Planning & Funding); Stella Ward (Executive Director of Allied Health); Philip Wheble (General Manager, West Coast); and Kay Jenkins (Minutes).

**IN ATTENDANCE**

Item 4 – Kerry Marshall, Community & Public Health.

**WELCOME**

Jenny Black, Board Chair, welcomed everyone to the meeting being the first meeting of the new Committee structure. She commented that the idea of having one Committee was to try to achieve a Committee that can view the whole system on the West Coast rather than in silos which is the way the organisation operates.

Michelle Lomax, Joint Chair, advised that due to the change of date for the Advisory Committee meeting, Gail Howard was no longer available to attend meetings so has resigned from the Committee. She thanked Gail for her contribution to the DHB on the Hospital Advisory Committee over a number of years.

Gary Coghlan to lead the Karakia.

**1. INTEREST REGISTER**

**Additions/Alterations to the Interest Register**

Mary Molloy advised that she is no longer an Executive Member of Wildlands, Biodiversity Management Group Inc.

Sarah Birchfield asked that the West Coast Special Olympics be deleted from her interests and advised that she is now a member of the West Coast DHB Consumer Council. She also advised that her interest “MS – Parkinsons” was missing the “MS”.

Lynnette Beirne advised that she is now a member of the West Coast Clinical Board due to being Chair of the Consumer Council.

## **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 (1/18)**

(Moved: Sarah Birchfield/Seconded: Jenny McGill - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 23 November 2017 be confirmed as a true and correct record.”

### **Resolution (2/18)**

(Moved: Michelle Lomax/Seconded: Chris Lim - carried)

“That the minutes of the meeting of the Hospital Advisory Committee held on 23 November 2017 be confirmed as a true and correct record.”

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

It was agreed that Aged Care and Mental Health be added to the Carried Forward List.

The Carried Forward/Action Items were noted.

## **4. COMMUNITY & PUBLIC HEALTH UPDATE**

Kerry Marshall, Community & Public Health, presented this update on the following topics:

### **Emergency Response**

Last month saw Community and Public Health stand up its emergency management structure in response to the severe weather events associated with ex-tropical cyclones Fehi and Gita. Our staff worked closely with the West Coast DHB's Incident Management Team on each occasion and we were also supported from our Christchurch office. Our initial roles were to provide public health advice to the general public and the Civil Defence teams at each council and to act as liaison within their Emergency Operations Centres. We have also provided support to the West Coast DHB's welfare functions, including psychosocial recovery. The latter is an area where we can draw on the expertise of our Christchurch colleagues which is based on evidence and the experience of community recovery from the 2010 and 2011 earthquakes, the Kaikoura earthquake and the Port Hills fires. We have taken the opportunity to debrief our response to the two recent weather events and identified ways in which we can make our response even more efficient and effective. We were pleased to note that even in the short time between the events, we were able to make improvements in our communications and links with other agencies, including the DHB.

### **Smokefree Public Places**

Community and Public Health, as a member of Healthy West Coast, Active West Coast and the West Coast Tobacco Free Coalition made written and verbal submissions to the Grey District Council's proposed Smoke Free Public Places Policy. At their meeting on Monday 12 February, Council voted unanimously to adopt the Policy which covers outdoor spaces including the new Greymouth Town Square.

### **Smokefree Families – Little Lungs, Pūkahukahu Iti**

Community and Public Health and the West Coast Primary Health Organisation have completed work on the Little Lungs Pūkahukahu Iti project with West Coast early childhood centres. Little Lungs is a smokefree initiative to support smokefree homes and cars and aims to reduce the health effects of second hand smoke on children's developing lungs. Workshops have been held with staff from sixteen early childhood centres from Buller, Grey and Westland Districts. Early childhood centres have been provided with resources and support to help them have conversations with parents and whānau to encourage them not to smoke around their tamariki.

### **Smokefree Enforcement**

Community and Public Health's Smokefree Enforcement Officer undertook further training in Christchurch in January. The training included involvement in three controlled purchase operations and tobacco retailer compliance visits. We will carry out tobacco retailer education visits on the West Coast during March in preparation for future local controlled purchase operations.

### **Improving Environments for Walking and Cycling Across the Coast**

Community and Public Health has been working with the three District Councils to bring Rod Tolley to the West Coast. Rod is the Director of Walk 21 and is an expert in building flourishing communities by focussing on creating walking friendly environments. He will be spending time in each of the three districts during March, and will work with each Council and give a public presentation in each centre.

### **Alcohol Licensing**

The annual Hokitika Wildfoods Festival will be held on 10<sup>th</sup> March. This is one of the largest events on the Coast and we have worked with the organisers over the years to help reduce alcohol-related harm related to the event. As usual, our alcohol licensing officer has been liaising with the Westland District Licensing Inspector and the West Coast Police Prevention Manager about the Special Licence applications for this year's event. Along with these licensing partners, we will be providing pre-festival 'Sale and Supply of Alcohol Act 2012' compliance training sessions for the groups involved in the sale and supply of alcohol at the festival. These include members of a West Coast rugby club who operate the beer tent and members of a West Coast Volunteer Fire Brigade who are operating the wine tent at the festival. We will also be involved in alcohol monitoring at the event and in the township during the day and evening.

### **Nutrition for All Ages**

Community and Public Health's nutrition health promoters are working in partnership with the Heart Foundation to provide intensive support to Early Childhood Centres on the West Coast. Two Early Childhood Centres have recently fulfilled the criteria to receive their Healthy Heart Awards, one at Pa-Harakeke (Gold) level and one at Rito (Bronze) level. These will be awarded at the end of March. Many other centres are working towards their awards with great passion and commitment.

An Appetite for Life course is due to start in Hokitika in the first week of March, with 16 participants enrolled. This course is being provided in response to a request from an Early Childhood Centre, which identified the growing interest amongst parents and community members in continuing the learning begun at our early childhood centre nutrition sessions.

Discussion took place regarding people smoking outside premises and it was noted that there is a complaints procedure in place and it is important that any issues are brought to the attention of the Community & Public Health Smokefree team.

The Committee congratulated Community & Public for the Little Lungs Pūkahukahu Iti initiative.

The report was noted.

## 5. PLANNING & FUNDING UPDATE

Melissa Macfarlane, 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

- **ED Health Target:** Performance remains well above target, with a monthly result of 97% of patients admitted, discharged or transferred from Grey Base ED within six hours in January 2018.
- **Cardiovascular Risk Assessment Checks:** The West Coast DHB continued to achieve target for this measure, with 90.9% of PHO-enrolled patients having had their cardiovascular risk assessment completed within the last 5 years, as at the end of the December 2017.
- **ESPI 5 | First Specialist Assessment (FSA) to treatment:** 100% of West Coast patients received treatment within 120 days of their First Specialist Assessment at 31 December 2017.

### Key Issues & Associated Remedies

- **ESPI 2 | FSA:** There were 99 orthopaedic patients waiting over 120 days for their outpatient FSA at the end of December. This places us in risk of financial penalty for non-compliance. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to service constraints. We are currently working on a recovery plan to try to resolve this and are engaging with the Ministry of Health with the orthopaedic general manager in order to keep them informed of the resource issue.

Discussion took place regarding: Immunisation; B4 School Checks; and Secondary Care Smokers. It was noted that the Smokefree Coordinator has a focus on this and also this is the first time that the Secondary Care Smokers target has not been met nationally.

In regard to B4 School Checks it was noted that some of the disability community had not attended these due to the environment not being "client friendly". Feedback regarding this will be provided to the team to address this issue.

Discussion also took place regarding the graph on page 8 regarding Mental Health residential care. It was noted that it is not expected that there would be a lot of fluctuation in this area as people are supplied with supported living arrangements so they can become more independent.

The report was noted.

## 6. ALLIANCE UPDATE

Stella Ward, Executive Director of Allied Health, presented this update which was taken as read and provided the following information:

### Alliance Leadership Team (ALT)

At their meeting in December the ALT:

- Noted that the workstreams are on track with some vulnerabilities in resourcing which have been allocated to the ASG to find solutions.
- Had a substantial conversation about Telehealth and improving the relationships between Canterbury, the West Coast, and the wider South Island, including how to champion this work.

- Endorsed unanimously the importance of a focus on health literacy across our health system and that we add this as a core element for all workstreams to consider as part of their activity.
- Endorsed the Community Health Model of Care document.

At their meeting in February the ALT:

- Noted the fantastic work being done in Palliative Care to increase the profile and capacity of services.
- Was pleased to note that the Community Health Project is on track
- Agreed to sharing their recommendations to the Board with the Consumer Council and the inclusion of consumers as representatives on the Workstreams

### **Health of Older Persons**

- The bone density scanner has been installed and is being utilised. A specialist visited the West Coast and facilitated several education sessions covering use of the scanner and osteoporosis. These were well attended by clinicians, including primary practice.
- The Palliative Care team presented to the Aged Residential Care Forum on Te Ara Whakapiri: Principles and guidance on the last days of life. This covered best practice components and considerations required to promote quality care at the end of life. It also includes a toolkit of checklists, flowcharts, tools and patient resources to support this approach.
- The issues regarding Aged Residential Care facilities have been stabilised.

### **Integrated Family Health Service (IFHS) Workstreams (Primary & Community Project, Buller & Reefton)**

- Tatau Pounamu representative has been appointed to the Buller IFHS workstream.
- A review of the merged Greymouth Medical Centre general practice and the new planned/unplanned process has commenced with an initial meeting with the full practice team, and individual feedback forms completed by the staff. Data is now being gathered to inform the effectiveness of the new process and any areas requiring attention.
- An all day workshop was held in Buller, facilitated by Carol Limber, to look at ambulance referral pathways, transport options and the role of the St John clinical hub on the West Coast. This was a useful day which generated a number of actions to progress this work

### **Healthy West Coast (HWC)**

- Work has begun to review how alcohol use is captured and reported at Greymouth ED. This follows a request for an update from the South Island Alcohol Working Group.
- Healthy West Coast has made a submission to the Grey District Council's consultation on their proposed Smokefree Policy. This submission supports the policy in intent but has made some suggestions in regards to practical application.
- Following the successful funding application by WestREAP, supported by HWC, five "Moving Smart" workshops have been held in Greymouth, Hokitika and Whataroa during February aimed at supporting parents, whānau and teachers of young children to understand the importance physical play has on developing healthy children.

### **Child and Youth**

- The Health Target "Raising Healthy Kids" has been met by the West Coast for the first time in Q2 2017-18 with all children identified as obese at their B4School Check being offered a referral for support.
- The vacancy for the B4SC Coordinator role has been filled. It is anticipated this will reduce the impact on the service, however there is now a backfilling process underway leaving a gap in the Public Health Nursing team.
- The Community & Public Health Mental Wellbeing and Healthy Relationships Health Promoter has resigned. This position also covered the co-facilitator of the Youth Health Action Group. Discussions are underway to understand how best to support the work of this group for the rest of this year.
- The Ministry for Children Oranga Tamariki are in the process of establishing a Youth Team across the top of the South Island in response to the growing needs in this age group. The team

will work with at risk youth in a proactive way with an aim to prevent behaviours progressing to the level of Justice system intervention.

### **Pharmacy**

- People enrolled in the Long-Term Conditions Pharmacy Service for ongoing adherence support from their pharmacist currently number 750, short of the workstream's target of 900 for 2017/18. There is a need for more Medicines Use Reviews for those particularly at-risk from poor medicines management, for instance following discharge from hospital.

Ms Ward highlighted in particular the work around Telehealth, the focus on Health Literacy and the engagement with the Consumer Council.

An update was provided regarding Aged Residential Care.

The report was noted.

## **7. OPERATIONAL UPDATE**

Philip Wheble, General Manager, West Coast, provided this update which was taken as read. Mr Wheble provided the Committee with an overview of the effects of the recent storms and commented that the way teams had worked together across the system and whole of the West Coast had been great and much appreciated. He acknowledged in particular the work to move patients out of Dunsford on two occasions and thanked everyone involved.

He highlighted that the data around radiation oncology had been included elsewhere in this report and will be included separately in the next report. He also commented that the report showed a decrease in outpatient appointments for December and this is due to this being dealt with on the day and follow up appointments were not always necessary.

It was noted that DNA rates were up in January however this was expected due to the Christmas break. It was also noted that work is taking place to find out why attendance is down for B4 School checks.

The update was noted.

*David Meates joined the meeting at 11.25am*

## **8. ADVISORY COMMITTEE FINANCE REPORT**

Justine White, General Manager, Finance, presented this report which was taken as read.

It was noted that the consolidated West Coast District Health Board financial result for the month of February 2018 was a surplus of \$360k, which was \$82k unfavourable to budget and that the year to date position of a net deficit of \$1.252m is \$92k unfavourable to budget.

A query was made regarding how much the capital charge for the Grey and Buller facilities would cost the DHB and it was noted that this would be a 6% charge.

## **9. TRANSALPINE SERVICES PRESENTATION**

Philip Wheble, General Manager, West Coast, introduced Hamish Brown, Operations Manager who provided the Committee with a presentation on Transalpine Services.

Discussion took place regarding Locums and the point was made that it is important to be thoughtful when using the term “Locums” as some of the clinicians coming to the West Coast are actually part of the service models and it is also important to note that visiting specialists will continue to be part of the future of the West Coast health system whereas Locums should decrease.

It was noted that the Transalpine Service is not about hospitals, but about systems and also the ability to attract and retain staff is really important. The importance of the use of Telehealth was also noted which provides a different level of services and also access to Tertiary services.

The Chair thanked Hamish for his presentation.

## **10. GENERAL BUSINESS**

Elinor Stratford, Joint Chair, advised:

- that the Disability System Transformation has been delayed;
- there was a Health & Disability NGO forum in Wellington last week opened by the Minister of Health and the Acting Director General of Health was also in attendance. The guest speaker was Dr Lance O’Sullivan who presented on iMoko which is an innovative approach developed utilising technology to deliver high quality basic health services with a focus on communities with high needs - particularly vulnerable children;

It was also noted that Autism Awareness week is in April and a walk in recognition of this will commence at 10am on 1 April from Karoro Domain

## **INFORMATION ITEMS**

- Disability Support Services Newsletter – February 2018
- 2018 Committee Work Plan (Working Document)
- West Coast DHB 2018 Meeting Schedule

There being no further business the meeting concluded at 12.10pm.

Confirmed as a true and correct record:

\_\_\_\_\_  
Elinor Stratford, Joint Chair

\_\_\_\_\_  
Date

**WEST COAST ADVISORY COMMITTEE  
CARRIED FORWARD/ACTION ITEMS AS AT 11 MAY 2018**

	<b>DATE RAISED/ LAST UPDATED</b>	<b>ACTION</b>	<b>COMMENTARY</b>	<b>STATUS</b>
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
3.	23 March 2018	Mental Health	Update	As required

**UPCOMING PRESENTATIONS**

<b>TOPIC</b>	<b>STATUS</b>
Transalpine Services	On Today's Agenda
Consumer Council	11 May 2018
Facilities Presentation	29 June 2018
Rural Generalist Project Update	10 August 2018
Oral Health Update	28 September 2018

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

**SOURCE:** Community and Public Health

**DATE:** 11 May 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 BOARD ADVISORY COMMITTEE  
COMMUNITY AND PUBLIC HEALTH (CPH)****April 2018****Visitor promotes physical activity and healthy communities**

Dr Rod Tolley is a geographer, sustainable transport researcher and conference director of Walk 21, a global organisation which works to support the development of 'walkable communities' as a means to achieving healthy and vibrant communities. CPH worked with the three District Councils, WestREAP, Development West Coast and others to bring Rod to the Coast, ten years after his first visit, to work with Councils, run 'walkshops' and make presentations to promote walkability.



Thirty-five people attended the walkshop in Greymouth (photo above). Rod spent some time with council staff in the afternoon then approximately 50 people attended his public presentation in council chambers. In Westport, Rod worked alongside an urban design special project. He also presented to Council staff and some Councillors and provided a public presentation to 20 attendees. The Buller Mayor showed great interest in signing the Walk 21 Charter. At least 16 people turned up to the walkshop in Hokitika which generated a lot of conversations, questions and public engagement. Rod spent time with council staff and a community member of the South Westland Cycletrail project group. A further 13 people attended his evening presentation.

Rod's ideas have been discussed in local media, and in at least one community action group meeting in Hokitika. CPH is asking each of the councils to consider becoming a signatory to the Walk 21 [www.walk21.com](http://www.walk21.com)

**Building healthy public policy**

CPH has made a submission to the Grey District Council's Long Term Plan. Our submission included comments on improving water supplies, planning for climate change and a request that Council consider becoming a signatory to the Walk 21 Charter. CPH also led Active West Coast's submission on the Plan and focused on promoting physical activity opportunities, offering assistance to implement Council's new Smokefree Public Places Policy and promoting youth development.

## **Nutrition**

An Appetite for Life course is in its final week in Hokitika with 16 participants and a very high level of engagement and some significant lifestyle changes made by attendees. There is plenty of interest for future courses in all three districts.

Our nutrition health promoters are due to start a pilot project with a local school working towards it becoming water and milk only. This is important to improve oral health and nutrition outcomes. The project will involve working collaboratively with teachers, students and the wider community and aims to link water with health, well-being and the environment. We will be evaluating this pilot with a view to extending it to more schools on the Coast later in the year. CPH will also be providing weekly nutrition 'bytes' to three West Coast schools to publish in their weekly newsletter in response to the needs of the community. The focus of these will be simple, easy to understand nutrition messages and a low-cost recipe using seasonal produce. It is envisaged these will link with the school curriculum and generate whānau conversations, whilst encouraging seasonal eating.

CPH is planning to run three early childhood nutrition workshops with various early learning centres and their parents in May. These are a part of a wrap-around approach to improve nutrition outcomes for under-5s and their whānau.

## **Alcohol licensing**

CPH staff worked with Police and the Westland District Licensing Inspector to monitor alcohol at the Hokitika Wildfoods Festival, and also at licensed premises in Hokitika over the Festival weekend. A controlled purchase operation took place at the Festival and on and off-licence premises in the town. We are very pleased to report that there were no sales of alcohol to our underage volunteers at the Festival or elsewhere and that the Festival this year was a great event with very few alcohol-related problems.

## **Smoke-free enforcement**

CPH staff carried out compliance visits to tobacco retailers across the West Coast in March and early April. This was followed by a controlled purchase operation on the 17-19<sup>th</sup> April where 43 retailers were visited. Unfortunately three of the retailers sold to our underage volunteer, despite the recent visits to remind them of their responsibilities.

## **Child-focused school partnership meetings pilot in Westport**

In response to growing concern about poor communication between professionals and issues with cohesion of services for at risk children, CPH's Health Promoting Schools Facilitator and a senior Social Worker in School have facilitated a pilot of fortnightly school partnership meetings between the principal, public health nurse, social worker in schools and resource teacher of learning and behaviour at Westport North and Westport South primary schools (with support from the Ministry of Education and Oranga Tamariki). These meetings are designed to help identify lead workers and develop plans for at risk tamariki/rangatahi and their whānau. Feedback received from participants after the first term pilot was positive and included the following "*The communication between professionals helps and contributes to the feeling that the responsibility of work around students/families is collective, rather than each individual worker*"; "*Everyone is kept in the loop, and can see how they contribute to the bigger plan/community response*"; it is "*good to have other sets of ideas, eyes and opinions shared*"; and that the "*depth of combined thinking is positive in building up resources*". The meetings were unanimously supported and will continue as the year progresses.

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

**SOURCE:** Planning & Funding

**DATE:** 11 May 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 notes the Planning & Funding Update.

## 3. SUMMARY

### ✓ Key Achievements

- **ED Health Target:** Performance remains well above target, with a monthly result of 97.3% of patients admitted, discharged or transferred from Grey Base ED within six hours in March 2018.
- **Elective Services Health Target:** West Coast DHB remains ahead of target for the year to date for delivery of elective surgery, with 1262 elective and arranged procedures delivered to the end of February 2018.

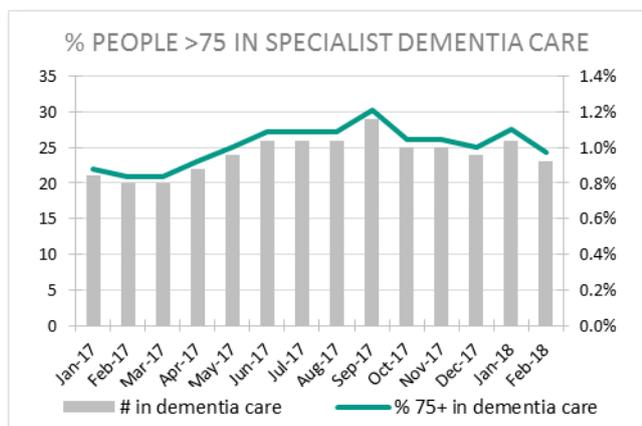
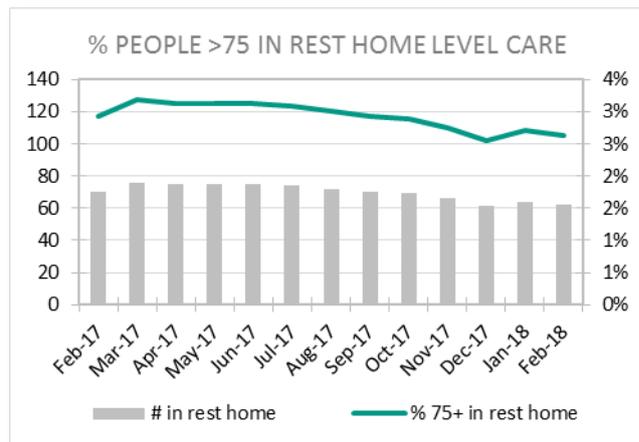
### ✗ Key Issues & Associated Remedies

- **ESPI 2 | FSA (first specialist assessment):** There were 122 patients waiting over 120 days for their outpatient FSA at the end of February; principally in orthopaedics. This places us in risk of financial penalty for non-compliance. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar challenges. We are currently working on a recovery plan to try to resolve this and are engaging with the Ministry of Health.

**Report prepared by:** Planning & Funding

**Report approved for release by:** Carolyn Gullery, General Manager, Planning & Funding

# Health of Older Persons

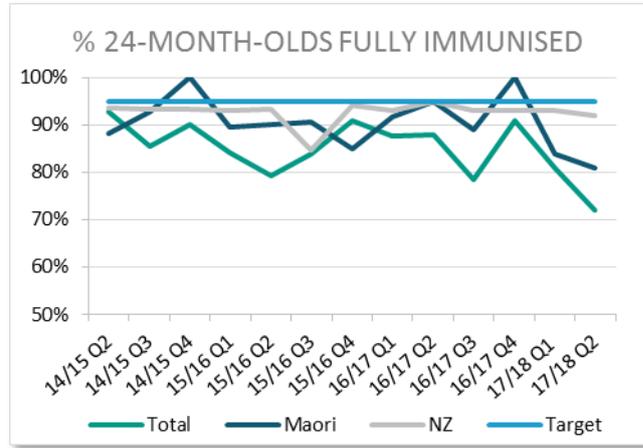
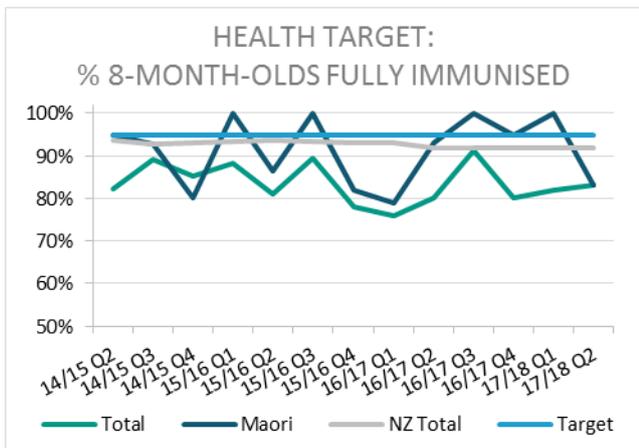
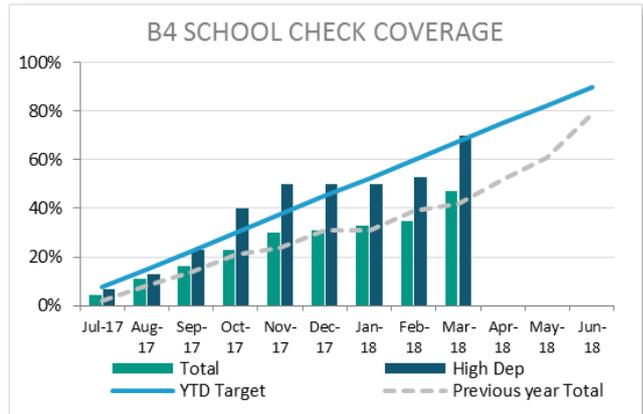
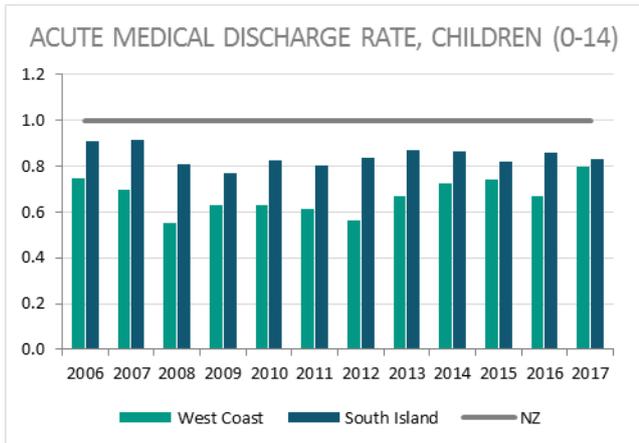


## Achievements / Issues of Note

Three West Coast Aged Residential Care (ARC) facilities, one each in Westport, Greymouth and Hokitika, have accepted an overarching palliative care in ARC agreement. This signals their commitment to upskilling staff to be more capable of caring for people at the end of their life, and able to support family and whānau through this period.

The Ministry of Health is holding a series of workshops in May on the future direction of models of care for the home and community support sector. West Coast DHB has a representative attending the South Island workshop. We look forward to sharing and learning with our South Island and Ministry colleagues.

# Child, Youth & Maternity



## Achievements / Issues of Note

**Immunisation:** Preliminary data for quarter 3 indicates that while the DHB has not met the 95% health target, just five children were missed and 94% of eligible (consenting) 8-month-olds were fully immunised. This is an increase on the previous quarter and strong results were achieved for Pacific (100%), Asian (100%) and Māori (95%) tamariki.

**B4 School Check Coverage:** 169 children (including 21 high deprivation children) had received their B4 School Check by the end of March 2018. This brings the result to 47% (70% high deprivation) against a year to date target of 68%—an improvement on this time last year.

A further 29 children have received a B4SC at the Gloriavale Christian Community. These children are not included in the MoH reported total at the Community’s request. Inclusion of these in the current total brings progress to 55%.

**Breastfeeding:** Breastfeeding rates at 3 months show 61% of West Coast babies are fully breastfed (57% for Māori) against the 65% target. This is ahead of the National average of 59% (45% Māori).

A South Island wide stocktake of activities to support Breastfeeding has now been completed by the South Island Alliance. The final report is expected in May.

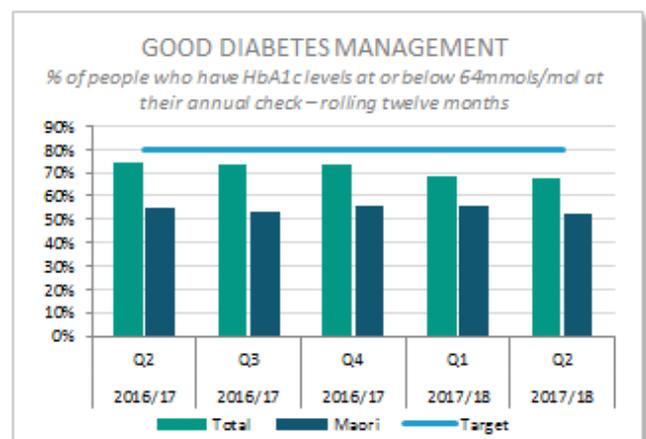
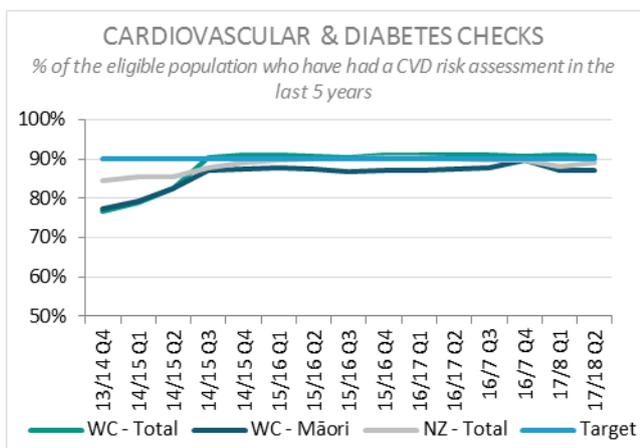
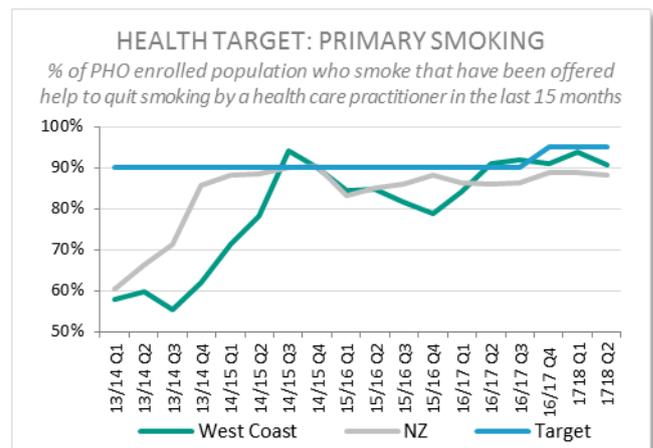
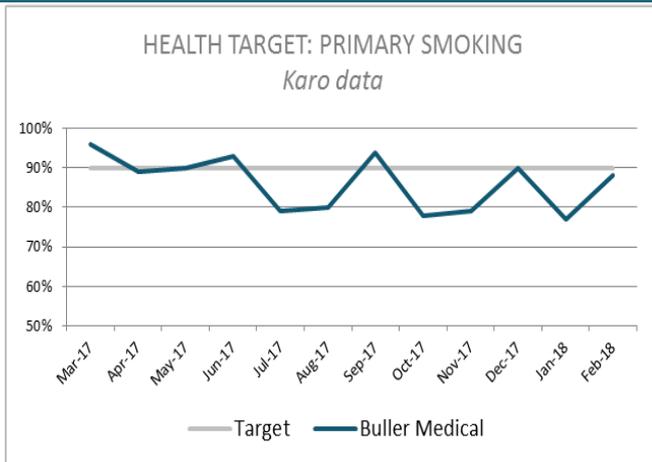
# Mental Health

## Achievements / Issues of Note

**Future Services:** A report summarising themes from the stakeholder workshops has been circulated with discussion forums planned. Once the next round of feedback is processed a final model of care report will be developed. This will provide the platform for implementation planning. Contracted providers are involved and aware that in the future a refreshed range of services may be sought to align with the model of care.

**Child and Adolescent Mental Health Services:** Staff vacancies are impacting on the provision of services and while recruitment occurs, collaboration with the PHO and Adult Mental Health Services has increased to cover gaps.

# Primary Care & Long-Term Conditions



## Achievements / Issues of Note

**Health Target | Primary Care Smoking:** As previously reported, the target was again exceeded in Quarter 2 for total population (91%), as well as High Needs (91%), and met for Māori (90%). Data for Quarter 3 is expected in the coming weeks.

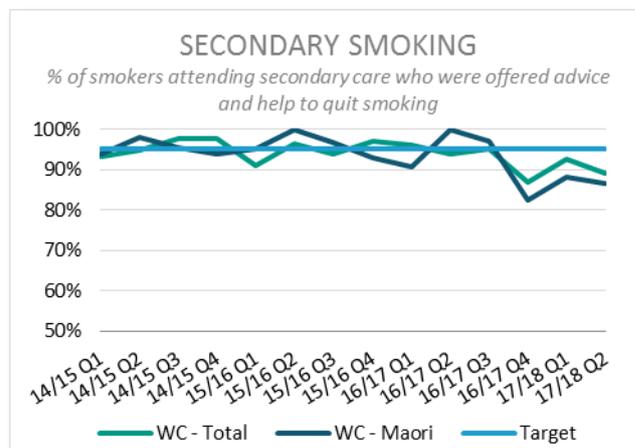
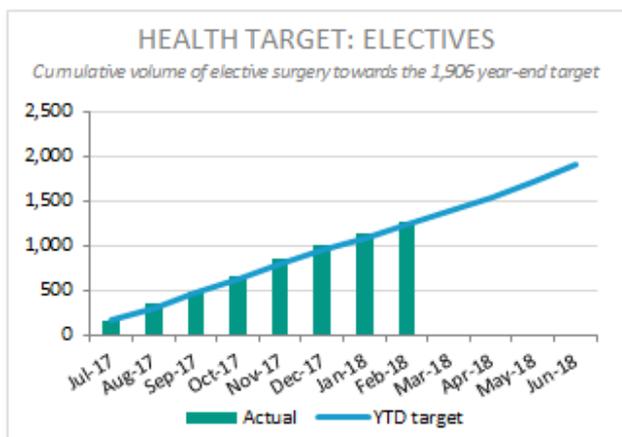
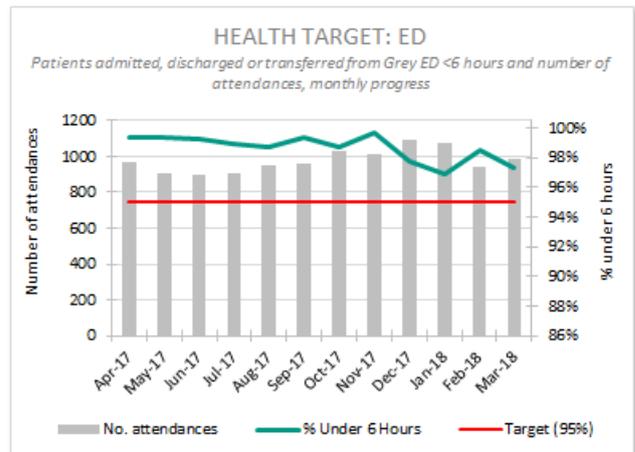
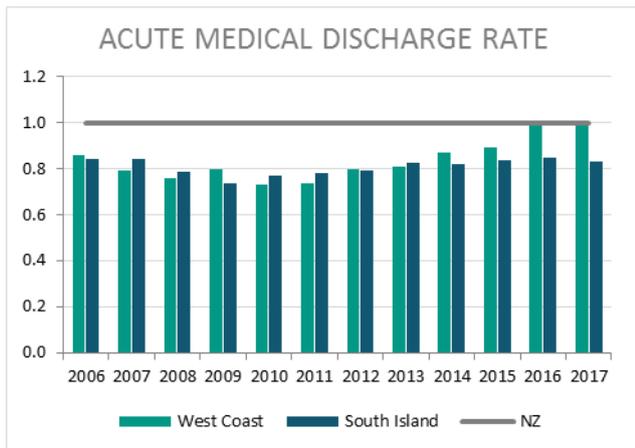
**Cardiovascular and Diabetes Checks:** As previously reported, the West Coast DHB continued to maintain overall performance in Quarter 2 2017/18, with 90.9% of the eligible enrolled population having had a cardiovascular and diabetes risk assessment against the 90% target. Data for Quarter 3 is expected in the coming weeks.

**Diabetes Management:** As previously reported, 1,035<sup>1</sup> people had an annual diabetes review in in the 12-months to 30 December 2017. Of these, 67.5% had good management of their diabetes<sup>2</sup>. Data for Quarter 3 is expected in the coming weeks.

<sup>1</sup> Using the PHO-enrolled population

<sup>2</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 97.3% of patients admitted, discharged or transferred from Grey Base ED within six hours in the month of March (Target: 95% within 6 hours). Of those attending in March, 88% were seen within four hours. For the 2017/18 year to date, 98.4% of patients attending our Grey Base ED have been seen and attended within six hours.

**Secondary Smoking:** Quarter two results show that West Coast DHB staff provided 86.3% of all hospitalised smokers with smoking cessation advice and support against the 95% national target (86.7% for Māori). The Smokefree Services Coordinator has been working with specific departments to review the ABC data capture process.

**Health Target | Electives:** The West Coast DHB was 32 discharges ahead of year-to-date target at the end of February, with 1262 elective and arranged surgeries having been undertaken (102.3% of year-to-date target). It is not envisaged that there will be any difficulties in meeting the elective surgery target of 1,905 discharges by 30 June 2018.

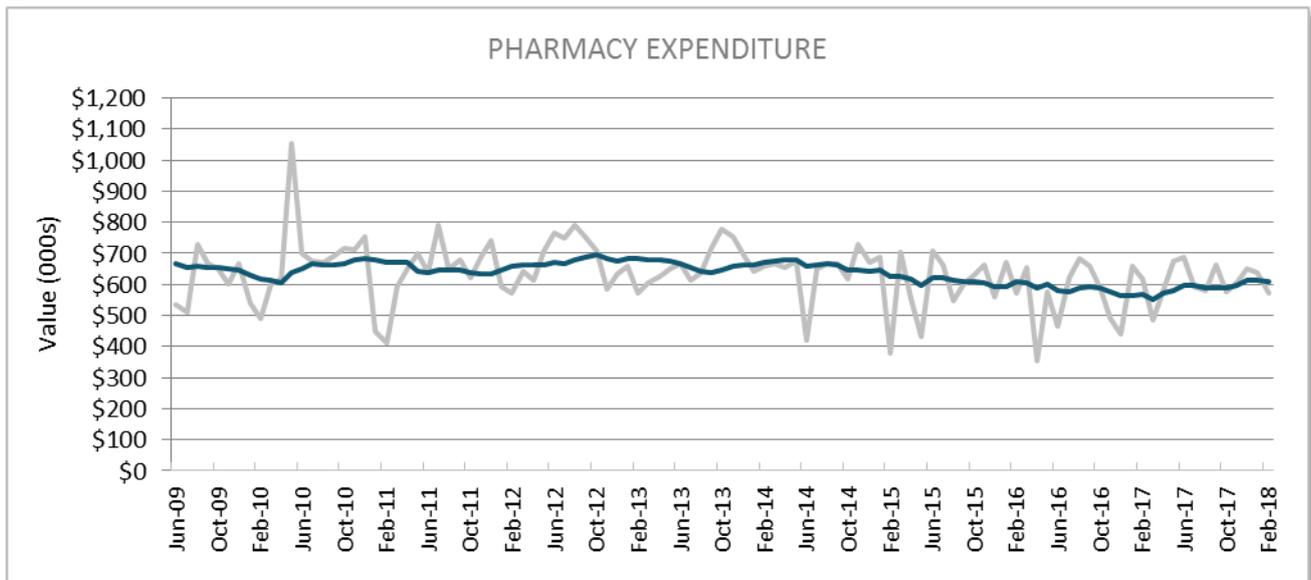
**ESPI Compliance | ESPI 2 (FSA - First Specialist Assessment):** There were 122 patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of February 2018. Of these, 119 were orthopaedic cases. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to service constraints. Work on a recovery plan and engagement with the Ministry of Health is continuing.

**ESPI Compliance | ESPI 5 (FSA to Treatment):** Three patients were waiting over 120-days from FSA to surgical treatment as at the end of February 2018; one general surgery and two orthopaedic cases. These results were within compliance tolerance levels, at 1.5% of total wait listed cases overall.

# Financials

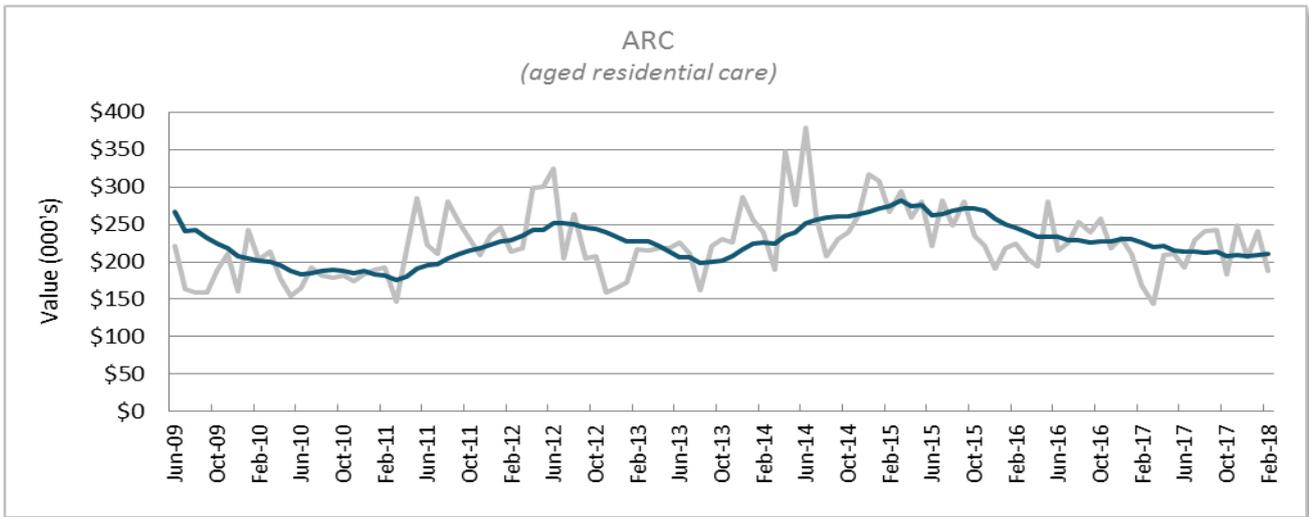
## Graphics for specific expenditure categories

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



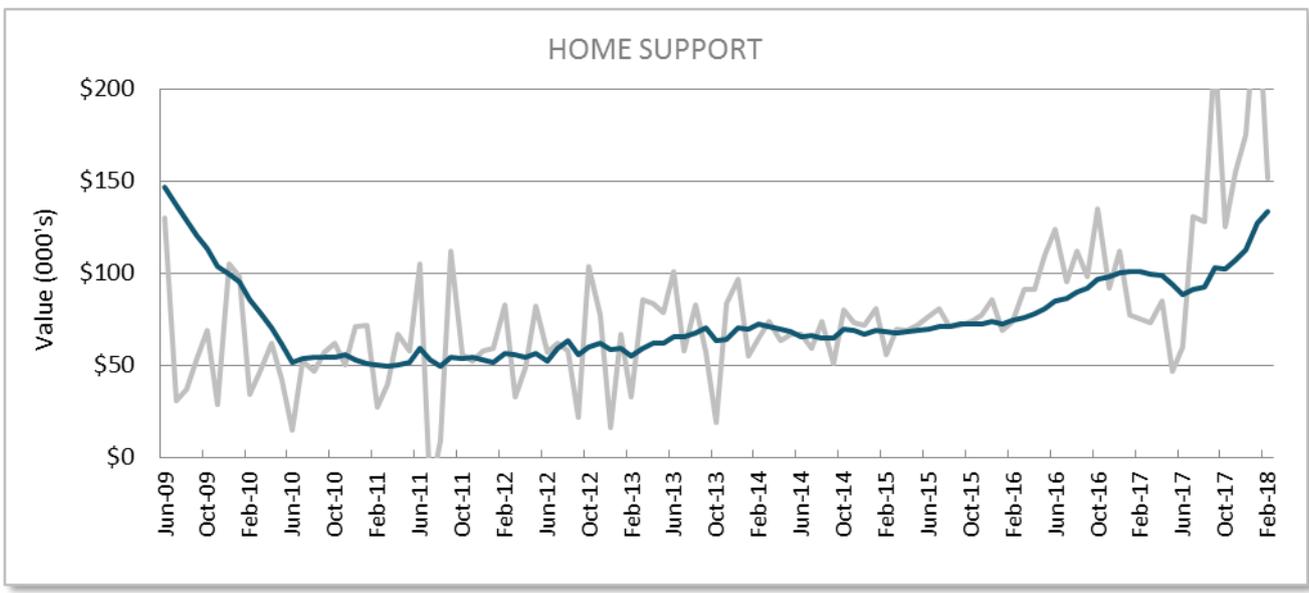
## Achievements / Issues of Note

The trend for community referred pharmaceutical expenditure decreased since 2019. This has trend started reversing since early 2017 as 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 expenditure increase is expected to continue with the additional funding continuing into 2018/19, and as DHBs seek to improve patient outcomes through investing further in pharmacy services (e.g. medicines management and optimisation). Additional cost pressure will be placed on this area as the cost for dispensing is currently under negotiation.



**Achievements / Issues of Note**

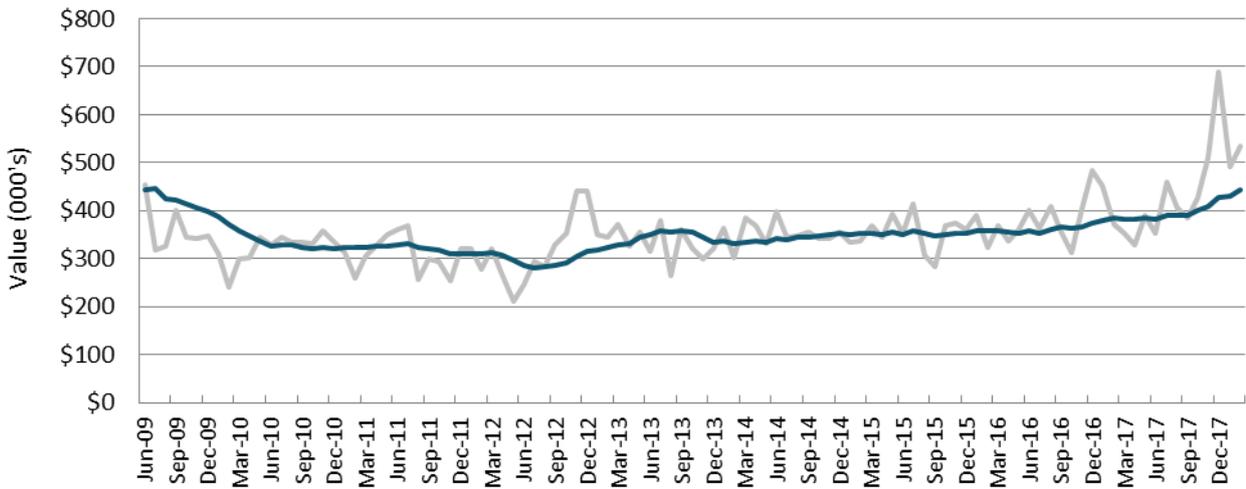
Since 2014 there has been a decreasing trend for rest home level beds however the opposite has occurred for hospital level care beds. The trend line will increase from the 1 July 2018 as payments made service provider include the costs for the support workers' pay equity settlement. The trend line will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



**Achievements / Issues of Note**

Since July 2016 there has been cost growth in this service. There are three components to this increase. An increase in demand for the service together with a stepped increase to providers recognising in-between travel and guaranteed hours to workers. Then from July 2017, there has been an additional increase recognising the support workers' pay equity settlement.

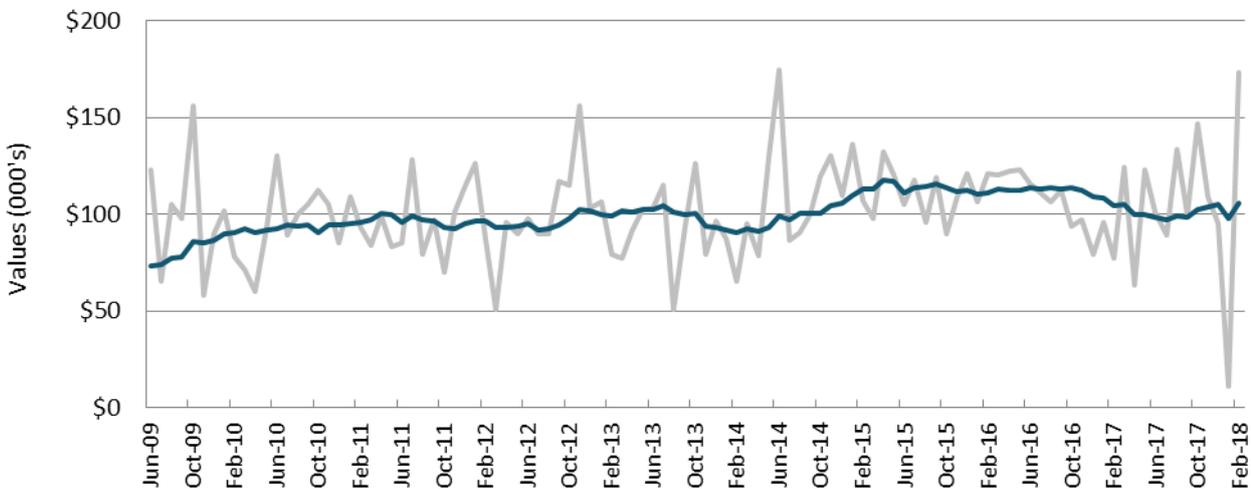
ARC (aged residential care) HOSPITAL LEVEL



**Achievements / Issues of Note**

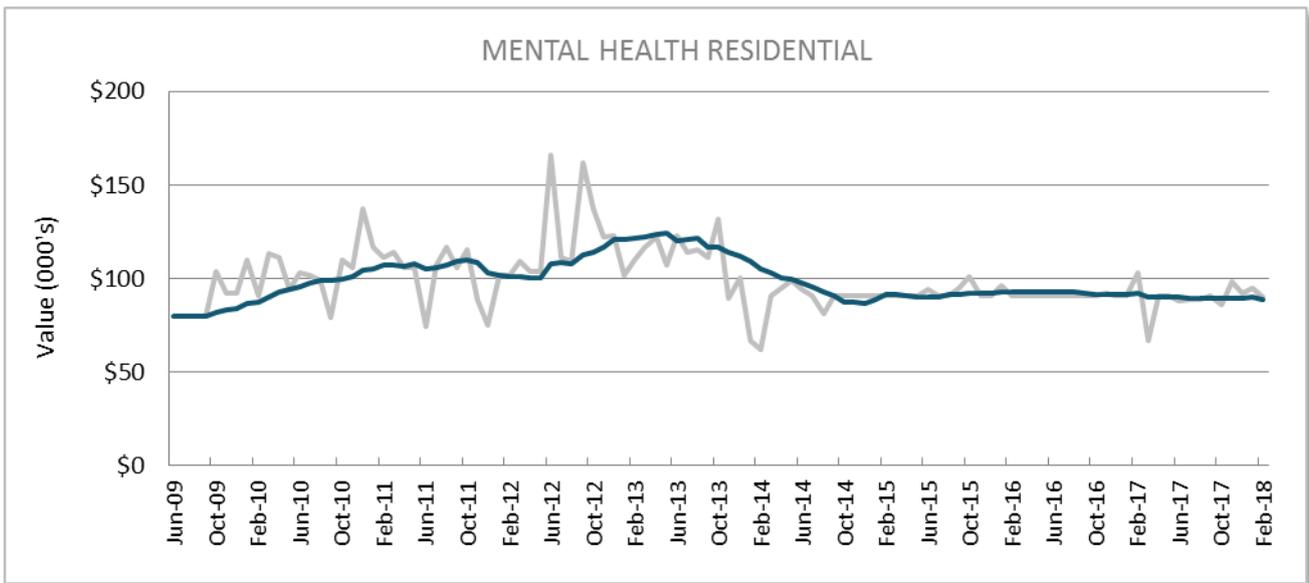
Refer above to rest home level commentary. In addition to the long term trend and pay equity recognition, expenditure levels will increase in this service due to the recent transition of clients from the hospital owned facility to community facilities.

TRANSPORT & ACCOMMODATION



**Achievements / Issues of Note**

The major fluctuation in actuals 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. Since then there has been a smoothing in the expenditure trend line.

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

**SOURCE:** General Manager, Maori Health

**DATE:** 11 May 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 the West Coast Advisory Committee as a regular update.

## 2. RECOMMENDATION

That the Board:  
i notes the Maori Health Plan Update.

## 3. DISCUSSION

# Maori Health Quarterly Report – Q2, 2017/18

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

A 2<sup>nd</sup> Wananga was held at Arahura Marae on the 1<sup>st</sup> and 2<sup>nd</sup> March. There were 21 participants including Nurse Managers, Nurses, Mental Health workers and Social Workers. The feedback has been extremely positive. The challenge we have now is to ensure that the pathway is supported for the completion of portfolios which evidence the change in practice.

### **Poutini Waiora Spirometry clinics**

Regular Spirometry clinics are being coordinated by the Whanau ora Nurses, the recent clinic in Greymouth engaged 10 Maori in the Clinic. Additionally to the spirometry check there were several who were booked in for other health screening such as cervical, flu immunisation, heart checks and smoking cessation services.

Two new grad Nurses attended and participated by taking BP, updating dashboards and booking in overdue appointments.

### **Te Ara Mate Pukupuku Ki Te Waipounamu – Improving the Cancer Pathway for Maori – 10/11 May 2018**

Dr Melissa Cragg will be on the West Coast on Thursday May 10<sup>th</sup> and Friday May 11<sup>th</sup> to provide a further update on this piece of work at education sessions planned at the DHB. We encourage you to come and learn about the findings from the project that was undertaken across the South Island and to participate in an interactive workshop that will have a direct relevance on day to day practice with whanau.

### **Smoking Cessation – Oranga Ha/Coast Quit/DHB Hospital Service**

The Oranga Ha service is achieving good results for Quarter 2 with Maori making up 14.6% of enrolments (25) with a 57% 4 week validated quit rate. Additionally 15 Maori were enrolled in the Coast Quit programme in Quarter 2. 11.9% (10) of DHB Cessation referrals were Maori.

## Kia ora Hauora Rangatahi Placement – Educators Breakfast

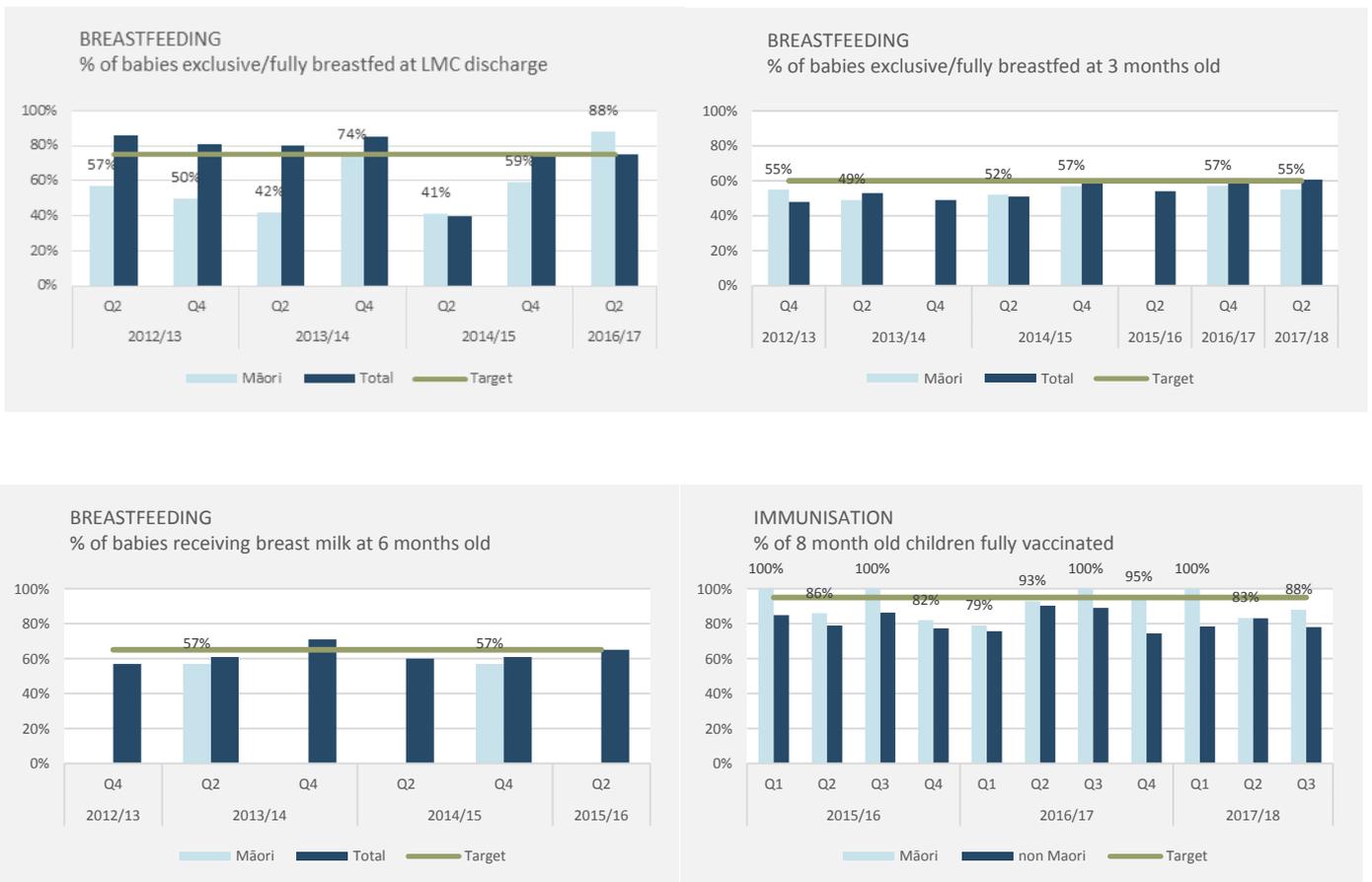
The West Coast DHB hosted Kia ora Hauora at a breakfast on the 10<sup>th</sup> April. The intention was to engage with the health and education sector to promote the programme and to encourage schools to build a formal relationship with Kia ora Hauora that will identify pathways for Rangatahi into careers in the health sector, the Rangatahi Placement Programme being one of these.

The infographic below shows the level of data that the Kia ora Hauora Programme is capturing and some of the benefit to date. We also know that 75% of Rangatahi who attend the Rangatahi placements with DHBs go on to study in health and we are now beginning to see new grads coming to work at the West Coast DHB who attended our first West Coast DHB Rangatahi Placement.

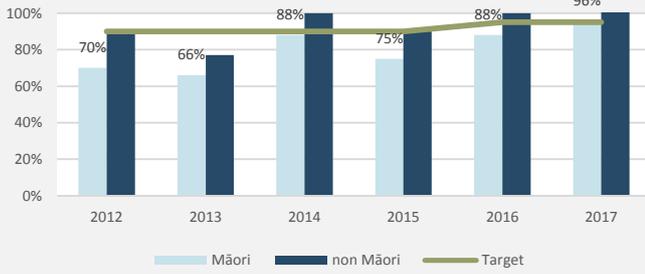
## Cervical Screening

Some great work is occurring in the practices in achieving equity with the enrolled Maori population around cervical screening. As at January 2018 76% of the enrolled Maori population had been screened with 77% European, 82% Pacific Island, and 73% Asian. A multi-pronged approach has been taken with the practices working with the Poutini Waiora Whanau ora nurses to target those overdue who are not engaging, practices also have more smear takers. Additionally the High Needs Cervical Screener is providing access via community clinics to vulnerable groups.

## Tamariki Health and Wellbeing



**ORAL HEALTH**  
% of pre-school children (aged 0-4 years) enrolled with school and community dental services

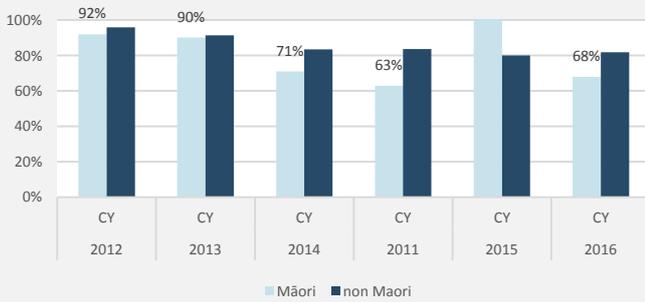


**EARLY INTERVENTION**  
ASH rate per 100 000 people - Children 0-4 years old

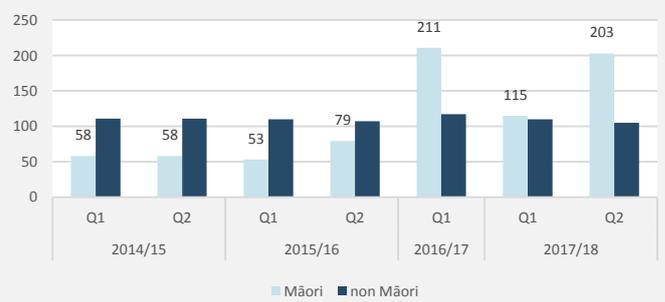


## Adult Health and Wellbeing

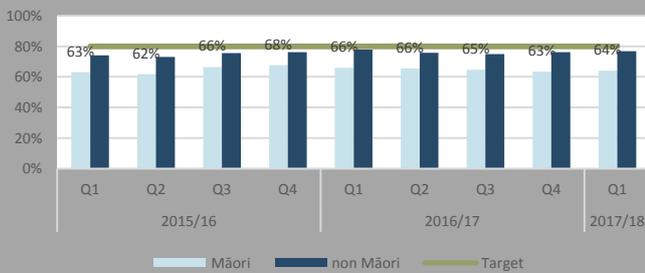
**SMOKING**  
% of women smokefree at two weeks postnatal



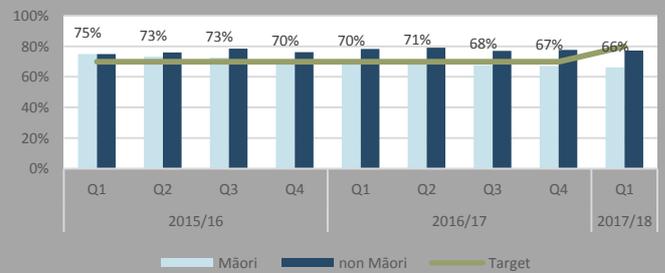
**MENTAL HEALTH**  
Community Treatment Orders Rate per 100 000 people



**CANCER**  
% of eligible women aged 25-69 years who had a cervical screen in the previous three years



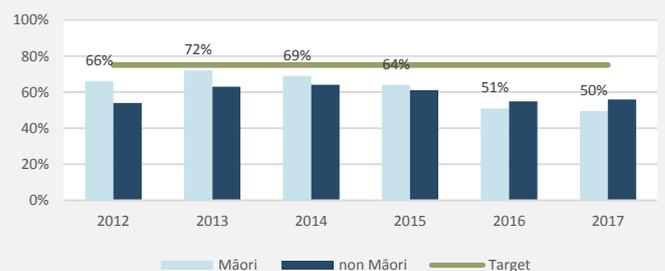
**CANCER**  
% of eligible women aged 50-69 years who had a breast screen in the previous two years



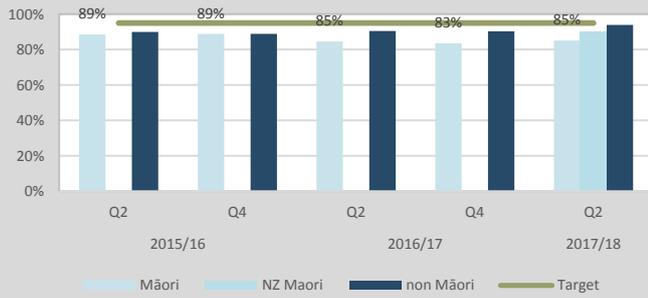
**EARLY INTERVENTION**  
ASH rate per 100 000 people - Adults 45-64 years old



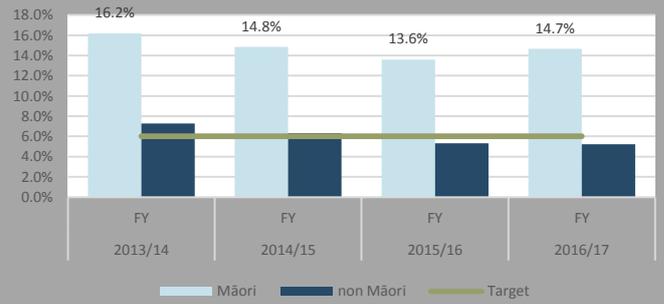
**IMMUNISATION - INFLUENZA**  
% of population (65+ years) who have had a seasonal influenza vaccination



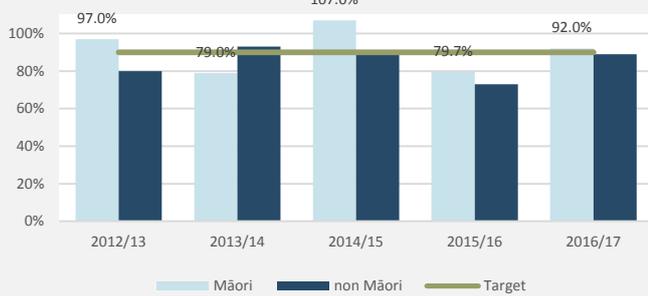
**ENGAGEMENT**  
% of the population enrolled with a PHO



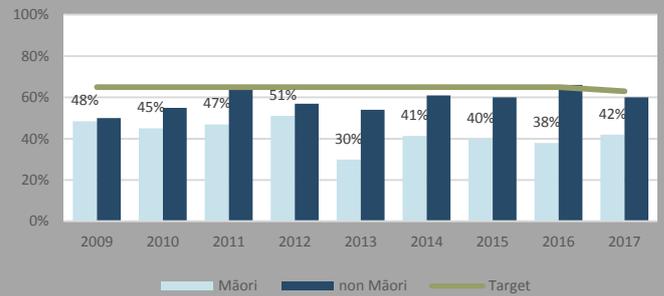
**NON ATTENDANCE**  
% of Did Not Attend responses to outpatient appointments



**B4SCHOOL CHECK**  
Percentage of children receiving a B4SC by age 4 years



**ORAL HEALTH**  
% of children caries free at age 5 years



**KIA ORA HAUORA TE WAIPOUNAMU**  
Regional Hub Data

**TOTAL # ON DATABASE**

**586**

**TOTAL # TERTIARY**  
298

**TOTAL # SECONDARY**  
107

**TOTAL # COMMUNITY**  
181

**455** OR 77.6% FEMALE  
**131** OR 22.4% MALE

**# OF GRADUATES SO FAR THIS YEAR**

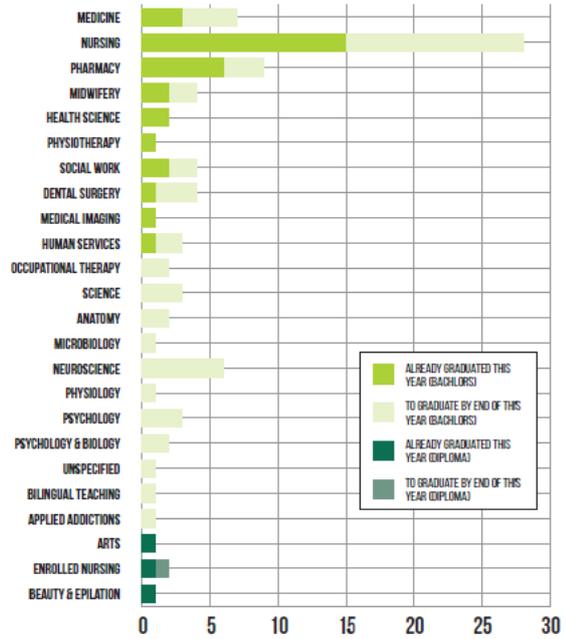
**BACHELORS 34** **DIPLOMAS 3**

**37**

**# OF GRADUATES BY END OF 2018**

**BACHELORS 55** **DIPLOMAS 1**

**56**



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

**SOURCE:** General Manager West Coast DHB

**DATE:** 11 May 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:

- The Rural Generalist Medical Workforce project has been presented at HWNZ and soon at DHB Shared Services. We are looking at the details of operationalising this in the coming months.
- The WCDHB has successfully grown our second Nurse Practitioner. Congratulations to Jennie Bell who will be working in the acute zone and primary care.

## 4. DISCUSSION

### 4.1 Activity

#### Inpatient Volumes

Overall case-weighted discharge [CWD] throughput from Grey Base Hospital is up by 12.6% in the nine months of 31 March 2018. Throughput in surgical specialties remains down overall, with fewer acute orthopaedic and elective gynaecology patients to date than anticipated. This continues to be offset by significantly higher throughputs 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	840.82	685.39	-155.43	-18.5%
Elective	924.56	809.45	-115.11	-12.4%
<b>Sub-Total Surgical:</b>	<b>1765.38</b>	<b>1494.84</b>	<b>-270.54</b>	<b>-15.3%</b>
<b>Medical</b>				
Acute	1044.08	1670.08	626	60.0%
Elective	0	0	0	0%
<b>Sub-Total Medical:</b>	<b>1044.08</b>	<b>1670.08</b>	<b>626</b>	<b>60.0%</b>
<b>TOTALS:</b>	<b>2809.46</b>	<b>3164.92</b>	<b>355.46</b>	<b>12.6%</b>

#### Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical First Specialist Assessment services remain up overall during the first 9 months of 2017/18, but down for follow-ups. Among individual specialities, there have been fewer locally-delivered outpatient orthopaedic, general surgery, general medical, and rheumatology follow-up attendances. First Specialist Attendances remain up most notably against year-to-date target in general medicine, plastics surgery, and ophthalmology. Most other specialities tracked around anticipated volume; however, there have been only limited dermatology and gastroenterology clinic attendances.

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

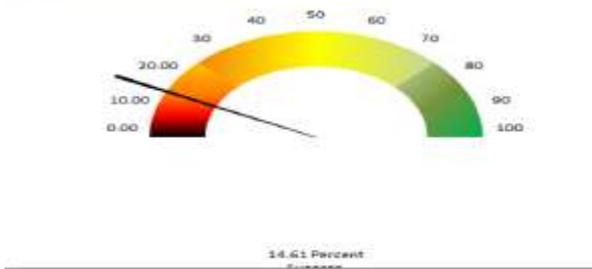
ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
<b>Surgical</b>				
1 <sup>st</sup> Visit	2644	2709	65	4.5%
Sub. Visit	4065	3262	-803	-19.7%
<b>Sub-Total Surgical:</b>	<b>6709</b>	<b>5971</b>	<b>-738</b>	<b>-11.0%</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	1282	1514	232	18.1%
Sub. Visit	2739	2434	-305	-11.1%
<b>Sub-Total Medical:</b>	<b>4021</b>	<b>3948</b>	<b>-73</b>	<b>-1.8%</b>
<b>TOTALS:</b>	<b>10,730</b>	<b>9919</b>	<b>-811</b>	<b>-7.6%</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]
March 2017	1528	1424	104	6.81%
April 2017	1520	1410	110	7.24%
May 2017	1782	1670	110	6.17%
June 2017	1476	1406	70	4.74%
July 2017	1558	1458	100	6.42%
August 2017	1921	1799	122	6.35%
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%
<b>13 month rolling totals</b>	<b>20782</b>	<b>19048</b>	<b>1377</b>	<b>6.62% Average</b>

- The percentage of patients that did not attend (DNA) outpatient clinics in March has decreased by 2% since January which is pleasing to see.

Appointments booked > 42 Days

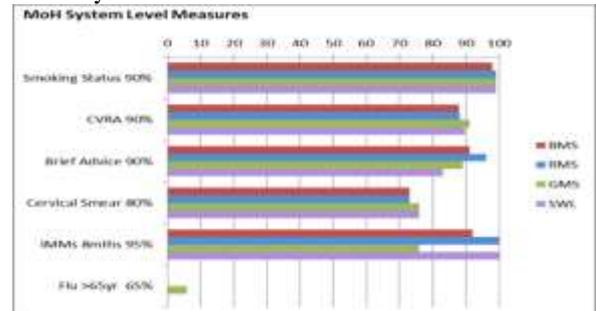


### Primary Care

#### Wait Times



#### MoH System Level Measures



High waiting times in Buller, Grey and South Westland for routine appointments are a result of our inability to provide the clinical sessions we target. Work is continuing around how we can improve our recruitment and retention of doctors.

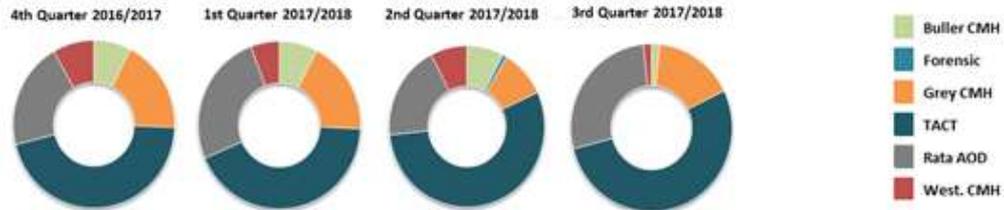
### Mental Health Services

#### New Services Users

The number of service users whose first presentation has no preceding contact with the organisation within 5 years prior to the date of presentation

KPI	2nd Quarter 2016-2017	3rd Quarter 2016-2017	4th Quarter 2016-2017	1st Quarter 2017-2018	2nd Quarter 2017-2018	3rd Quarter 2017-2018
New service users	135	95	105	106	105	96

KPI	Target	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
New Service Users	N/A	23	42	44	35	29	41	36	38	36	31	28	34	34

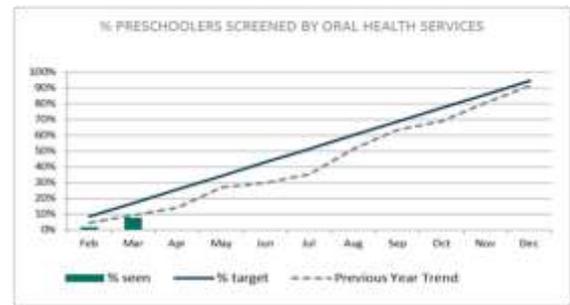


## Community

### B4 Schools



### Pre-School Oral Health



## 4.2 Workforce Update

### Nursing

- Recruitment in ED remains challenging; this has been heightened with the resignation of the CNM, Lynley McInroe. Lynley had been with the DHB for 42 years and we wish her well with her new adventures. Chrysantha Pereira will be acting into this role while recruitment takes place.
- Work has been done on safe staffing levels throughout the mental health services; recruitment continues in this area
- NZNO negotiations continue and preparation has started for contingency planning for the impending strike.
- The WCDHB has successfully grown our second Nurse Practitioner. Congratulations to Jennie Bell who will be working in the acute zone and primary care.
- Trial devices are being utilised in secondary services for the rollout of Patient Trak and the national EWS (Early Warning Score).
- Documentation and medication has been the focus this month for the CNMs. Whilst we have made improvements we still have a way to go. Some great audit tools have been designed to help the CNM follow progress. This is verbally reported on in monthly KPI meetings.

### Medical

- Recruitment remains challenging in some specialties – Anaesthetic recruitment is healthy and we are now fully staffed; both General Surgery and General Medicine remain challenging although we have stable locum cover and some offers out at present. We have had some interest in our General Surgery vacancy from international medical graduates but this pathway remains challenging.
- We have commenced discussions around a transalpine General Physician model.
- The RMO workforce is fully recruited for most of 2018 even with the additional resource required for RDA MECA schedule 10 changes – bargaining for the RDA MECA commenced in late February. The annual recruitment cycle has commenced and we have reasonable interest for 2019 from RMOs.
- The Rural Generalist Medical Workforce project has been presented at HWNZ and soon at DHB Shared Services. We are looking at the details of operationalising this in the coming months.

### **Maternity**

- In March we had 18 births at Grey hospital and 1 birth at Kawatiri. From a total of 19 births, 10 were normal vaginal births, 5 instrumental births and 4 births by caesarean section (3 emergency and 1 elective caesarean sections).
- A midwife that was already on our casual list accepted our offer for a 0.4 FTE permanent position as a core midwife. We would benefit from having at least one more midwife on our casual workers list to cover all sorts of leave. The Westport midwives remain stable - a meeting has been had and a plan put in place ahead of the contract review in July.
- The maternity data collection group is continuously improving the data collection process and is meeting regularly. The national maternity monitoring group met in February 2018 and congratulated the West Coast DHB on our considerable improvement on clinical indicators data collection.
- The midwife educator provided neonatal resuscitation training for new RMO's and registered nurses. We also had training on transporting a patient by helicopter.

### **Allied Health**

- Physiotherapy services continue to be constrained with the department at 40% staffed, having received the resignation of a senior therapist since the last report. As more ACC contracts are taken up by national providers, who do not have local workforce, the DHB may have difficulty retaining staff.
- Work is progressing to further utilise Allied Health Assistants across the hospital, community and mental health settings. Conversations are commencing with Careerforce to explore flexibility within their training structure to better equip the rural workforce.
- Recruitment is also ongoing for Radiology, Psychology and Occupational Therapy across Hospital Services, Mental Health and Primary & Community teams.
- Consultation is continuing to ensure all options for Radiology provision at the Buller campus have been considered.
- Front line staff recruitment challenges continue impacting on the ability of Allied Health managers and leaders to focus on the non-clinical tasks of their roles such as budgets, change processes and workforce development.

### **Industrial Relations**

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

- *NZNO MECA:* There have been a number of developments following the rejection of the proposed settlement offer by members at the end of March. An Independent Panel Process (IPP) was confirmed in April and the panel has since heard submissions from NZNO and the DHBs. The IPP panel is expected to provide a draft report on 7 May, followed by a final report. DHBs anticipate making an offer to the union the week of 28 May. In the meantime, NZNO has commenced balloting members on industrial action.
- *NZRDA Union, Resident Medical Officers (RMOs):* Next bargaining dates have been confirmed as 1/2 May and two further days on 22/23 May have been tentatively scheduled.
- *PSA Allied and Technical MECA:* Small working groups have been established and it is likely bargaining will reconvene when the work is completed and NZNO bargaining has progressed.
- *West Coast Support Services (SAWU, E tū):* First day of bargaining was on 23 March 2018. Most issues resolved but unlikely to finalise before NZNO.

### **Recruitment**

New Vacancies	18
Total Open Vacancies	34
Appointed Vacancies	14

- *Nursing* – roles continue to get filled but vacancies continue to occur. Particular area of higher vacancies and challenges in sourcing suitable candidates is mental health services with several roles at various stages of recruitment.
- *Allied Health* – some key roles have been filled recently but others still present challenges in finding suitable candidates. Advertising continues across all areas of the service.
- *Corporate* – roles continue to attract large numbers of suitable candidates for positions. Senior roles prove harder to fill with limited number of applications.
- *Medical* – continued challenges in GP recruitment but locums are generally sourced without too much difficulty given enough notice of staffing deficits.

### **4.3 Patient**

#### **Patient Transfers**

- The number of tertiary patient transfers from Grey Base and Buller Hospitals decreased from 56 in January to 46 in February 2018. The majority of transfers in January were for medical and orthopaedic patients and in February were for medical and surgical patients, with the principal methods of transportation being via ambulance and pressurised aircraft.
- The main reason for the transfers in January and February 2018 was for ‘Specialty Care not available at Grey Base Hospital’.
- For patients transferred from Buller to Grey Base, the numbers remained steady at 19 in January and 20 in February 2018. The majority of these transfers were for medical and orthopaedic patients and were transported to Grey Base predominantly via hospital board car and helicopter in January and hospital board car in February 2018.
- There were 12 patient transfers from Reefton to Grey Base in January and 1 in February 2018. These transfers were mostly for medical patients and were transported to Grey Base via private vehicle in January and hospital board car in February 2018.
- All figures provided include those recorded as transferring via private motor vehicle.

## 4.4 Health Targets

### Health Target progress

#### Quarterly & progress data

Target	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Target	Current Status	Progress
 <p><b>Shorter Stays in ED</b> Patients admitted, discharged or transferred from an ED within 6 hours<sup>1</sup></p>	100%	99%	99%	99%	95%	✓	The West Coast continues to achieve the ED health target, with 99% of patients admitted, discharged or transferred from ED within 6 hours during quarter two. <b>Q3 Preliminary</b> - The DHB is on track to achieve this target in Q3.
 <p><b>Improved Access to Elective Surgery</b> West Coast's volume of elective surgery</p>	1,441	1,979	458	995	1,905	✓	This quarter, West Coast DHB provided 995 elective surgical discharges, delivering 105.2% of planned discharges. <b>Q3 Preliminary</b> - The West Coast DHB continues to be on track with the health target with preliminary data for February 32 discharges ahead of year-to-date target. The cumulative year-to-date delivery is 1,262 elective surgical discharges, 102.3% of planned discharges.
 <p><b>Faster Cancer Treatment</b> Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer</p>	83%	56%	69%	80%	90%	*	Performance against the health target continued to increase this quarter to 80% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. This is the second quarter under the new target and definition. Small numbers are challenging with this result reflecting only three patients who were not seen within the 62 day period. <b>Q3 Preliminary</b> - Early data suggests performance is similar to Q3.
 <p><b>Increased Immunisation</b> Eight-month-olds fully immunised</p>	91%	80%	82%	83%	95%	*	This quarter 83% of all eight-month-olds were fully immunised against the 90% target—a 1% increase on the previous quarter. Strong results were achieved for NZE and Asian tamariki while only 83% of Māori tamariki were vaccinated. Opt-off (10) and declines (1) accounted for 11 or 12.6% this quarter and continue to make meeting this target impossible <b>Q3 Preliminary</b> – Data for Q3 indicates that the DHB has just missed the 95% health target. Five children were missed.
 <p><b>Better Help for Smokers to Quit</b> Hospitalised smokers receiving help and advice to quit<sup>2</sup></p>	92%	91%	94%	91%	90%	✓	West Coast health practitioners have reported giving 4,623 smokers cessation advice in the 18 months ending December 2017. This represents 90.6% of smokers against the 90% target. The DHB has exceeded the target this quarter not only for total population but also for Māori and High Needs <b>Q3 Preliminary</b> – The West Coast DHB continues to meet this health target with preliminary data for Q3 reflecting 90% of smokers receiving cessation advice

<sup>1</sup> Greymouth Emergency Department only

<sup>2</sup> Results may vary due to coding processes. Reflects result as at time of reporting to MoH.

Target		Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Target	Current Status	Progress
 <b>Raising Healthy Kids</b> Percent of obese children identified at B4SC offered a referral for clinical assessment and healthy lifestyle interventions	17%	81%	90%	95%	95%	✓	Performance continues to improve, meeting target for the first time with 95% of children identified as obese at their before school check offered a referral for healthy lifestyle intervention. <b>Q3 Preliminary</b> – 100% of children identified as obese at their Before School Check (B4SC) were offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions for Q3.	

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

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

There were 122 patients waiting over 120 days for their outpatient First Specialist Assessment as at the end of February 2018. Of these, 119 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 non-compliance. Work on a recovery plan and engagement with the Ministry of Health on this issue is continuing.

### *ESPI 5 (Treatment)*

Three patients were waiting over 120 days from FSA to surgical treatment as at the end of February 2018; 1 general surgery and 2 orthopaedic cases. These results were within compliance tolerance levels, at 1.5% of total wait listed cases overall.

# MoH Elective Services Online

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

DHB Name: West Coast

	2017			2017			2017			2017			2017			2017			2017			2017			2017			2018			2018					
	Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb		
	Level	Status %	Imp. Req.																																	
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	16 of 16	100.0%	0	16 of 16	88.9%	2	18 of 18	100.0%	0	14 of 14	100.0%	0																								
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	1	0.1%	-1	22	2.5%	-22	24	2.8%	-24	40	4.6%	-40	1	0.1%	-1	14	1.7%	-14	47	5.5%	-47	51	5.4%	-51	61	7.4%	-61	99	10.6%	-99	109	11.1%	-109	122	12.2%	-122
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0	0.0%	0	2	0.1%	-2	1	0.1%	-1	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			
5. Patients given a commitment to treatment but not treated within the required timeframe.	1	0.6%	-1	2	0.9%	-2	4	2.3%	-4	3	1.7%	-3	8	5.2%	-8	2	1.0%	-2	3	1.4%	-3	5	2.1%	-5	4	2.1%	-4	1	0.5%	-1	3	1.4%	-3	3	1.6%	-3
6. Patients in active review who have not received a clinical assessment within the last six months.	0	X	0	0	X	0	0	0.0%	0	0	0.0%	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0			
8. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	139	100.0%	0	154	100.0%	0	118	100.0%	0	129	100.0%	0	108	100.0%	0	181	100.0%	0	159	100.0%	0	150	100.0%	0	125	100.0%	0	145	100.0%	0	126	100.0%	0	119	100.0%	0

Data Warehouse Refresh Date: 30/Mar/2018

Report Run Date: 03/Apr/2018

### Notes:

- Before July 2018 the required timeframe for ESPI 1 is 10 working days, and from July 2018 the required timeframe for ESPI 1 is 15 calendar days.
  - 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...
  - ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures. Medical specialties are currently included in ESPI 1, ESPI 2 and ESPI 5 but excluded from other ESPIs.
  - Before July 2018 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 for the 2016/17 and 2017/18 years so from July 2016 ESPI 1 will be Green if 100%, and Y
  - 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.
  - 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.
  - 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 0.99%, and Red if 1% or higher.
  - ESPI 6 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.
  - ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
  - 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 March 2018



<b>GREY / WESTLAND</b>			
<b>Grey Base &amp; Reefton Hospitals</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Behaviour & Safety	1	1	0
Blood Product	0	0	0
Drain and Tube	0	0	1
Employee	2	3	1
Facilities, Building & Property	2	0	0
Fall	7	8	8
Hazard Register	0	0	0
Infection	0	1	1
Intravascular Access Device	0	0	0
Labs / Specimen	2	6	8
Labour and delivery	1	1	2
Medication and IV Fluids	5	8	4
Provision of Care	3	7	3
Radiology	0	2	5
Restraint	0	2	0
Security	0	1	0
Skin / tissue	2	1	6
<b>Totals</b>	<b>25</b>	<b>41</b>	<b>39</b>

- Falls, Medication and Lab/Specimen increased over the period; the Falls Prevention Group has detailed data for analysis. This report is tabled at Clinical Quality Improvement Team (CQIT) meetings monthly and further analysed for trends.

Report prepared by:

Philip Wheble, General Manager West Coast DHB

# ADVISORY COMMITTEE FINANCE REPORT - 31 MARCH 2018



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

**SOURCE:** Finance

**DATE:** 11 May 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 31 March 2018.

## 3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of March 2018 was a deficit of \$887k, which was \$672k unfavourable to budget. The year to date position of a net deficit of \$2.139m is \$764k unfavourable to budget.

The table below provides the breakdown of March's result.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	7,216	6,994	222	✓	64,796	63,153	1,643	✓
Governance & Administration	77	69	8	✓	1,088	621	467	✓
Funder	5,201	5,278	(77)	✗	46,011	47,501	(1,490)	✗
	12,494	12,341	153	✓	111,895	111,275	620	✓
<b>EXPENSES</b>								
Provider								
Personnel	6,259	5,439	(820)	✗	50,017	48,679	(1,338)	✗
Outsourced Services	13	12	(1)	✗	97	106	9	✓
Clinical Supplies	796	698	(98)	✗	6,874	6,246	(628)	✗
Infrastructure	1,048	1,036	(12)	✗	9,664	9,513	(151)	✗
	8,116	7,185	(931)	✗	66,652	64,544	(2,108)	✗
Governance & Administration	77	69	(8)	✗	656	620	(36)	✗
Funder	4,817	4,895	78	✓	43,284	43,820	536	✓
<b>Total Operating Expenditure</b>	13,010	12,149	(861)	✗	110,592	108,984	(1,608)	✗
<b>Surplus / (Deficit) before Interest, Depn &amp; Cap Charge</b>	(516)	192	(708)	✗	1,303	2,291	(988)	✗
<b>Interest, Depreciation &amp; Capital Charge</b>	371	407	36	✓	3,442	3,666	224	✓
<b>Net surplus/(deficit)</b>	(887)	(215)	(672)	✗	(2,139)	(1,375)	(764)	✗

#### **4. APPENDICES**

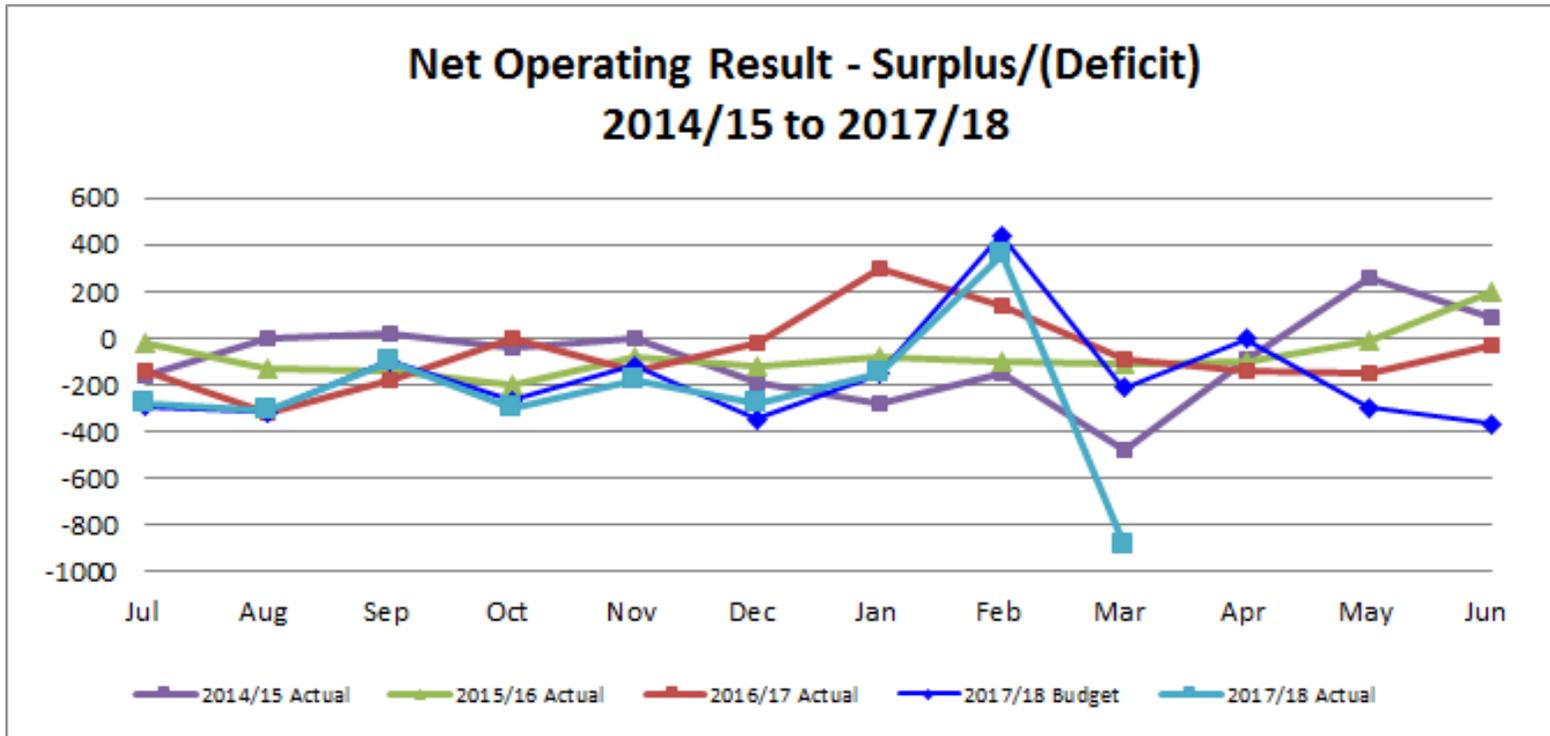
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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

**APPENDIX 1: FINANCIAL RESULT**

**FINANCIAL PERFORMANCE OVERVIEW – MARCH 2018**

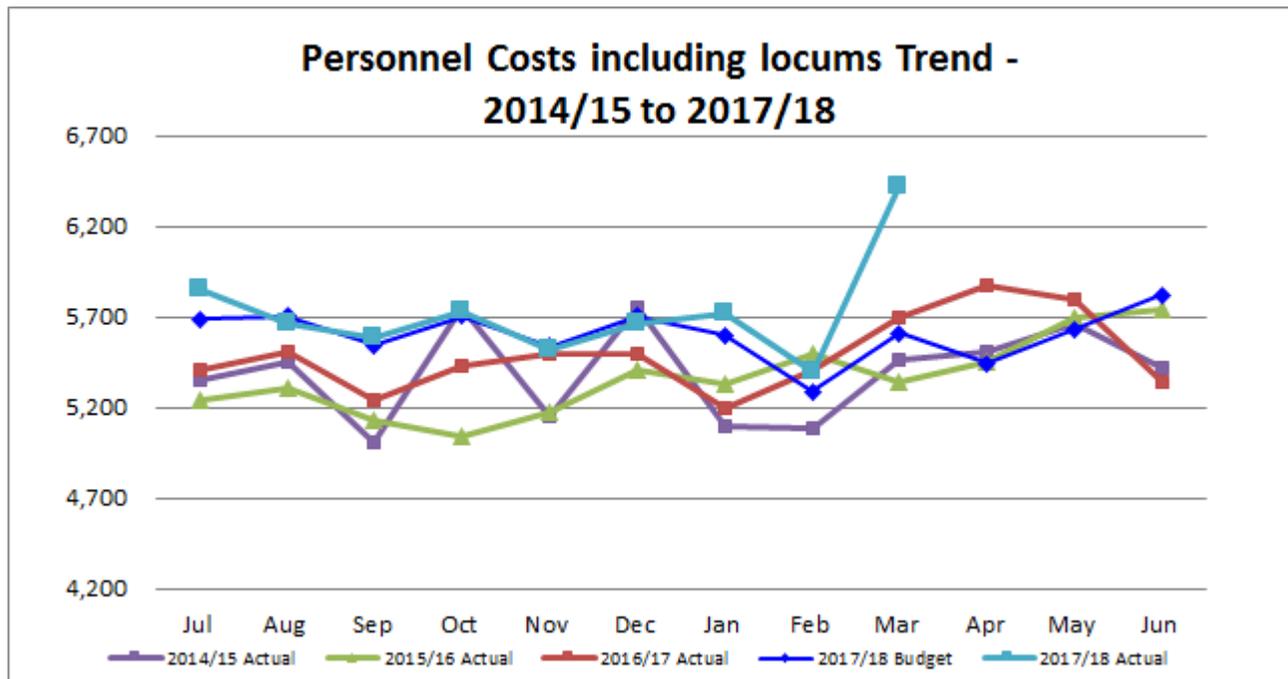
	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance	
	\$'000	\$'000	\$'000	%	\$'000	\$'000	\$'000	%
Surplus/(Deficit)	(887)	(215)	(672)	313% X	(2,139)	(1,375)	(764)	56% X



We have submitted an Annual Plan with a planned deficit of \$2.041m, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016, the actual funding provided for the 2017/18 year, and the anticipated delays in regard to plans for ARC/Dunsford Ward in Buller.

## PERSONNEL COSTS (including locum costs)

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Medical	1,607	1,512	(95)	-6% X	13,783	13,379	(404)	-3% X
Nursing	2,911	2,289	(622)	-27% X	22,021	20,747	(1,274)	-6% X
Allied Health	970	984	14	1% ✓	8,250	8,731	482	6% ✓
Support	180	94	(85)	-91% X	901	835	(66)	-8% X
Management & Admin	754	745	(9)	-1% X	6,580	6,645	64	1% ✓
<b>Total</b>	<b>6,421</b>	<b>5,625</b>	<b>(797)</b>		<b>51,536</b>	<b>50,337</b>	<b>(1,199)</b>	

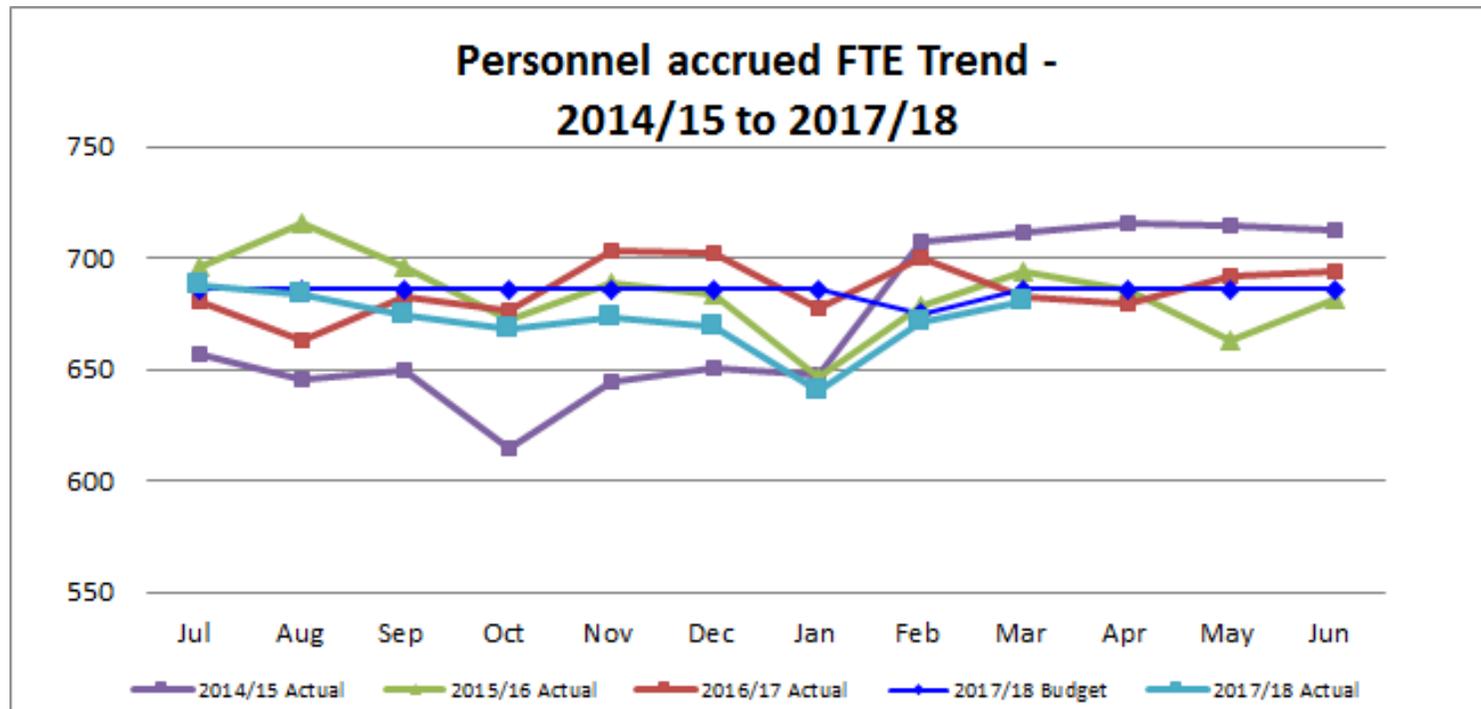


Personnel expenses (combined employee costs and outsourced services) reported an unfavourable result of \$817K this month. The bulk of this variance is related to one-off exit costs associated with the closure of the Dunsford age-related care facility. The remaining overspend was driven from our continued reliance on locums due to vacant positions in our medical workforce, forcing reliance on locum cover.

**KEY RISKS AND ISSUES:** Although better use of stabilised rosters and leave planning has been embedded within the business, this stability is frustrated by continued turnover, and planned leave in the smaller services, this requires reliance on short term placements, which are more expensive than permanent staff.

## PERSONNEL ACCRUED FTE

	Month Actual	Month Budget	Month Variance		YTD Average FTE Actual	YTD Average FTE Budget	YTD Variance	
Medical	40	39	(1)	-2%	40	39	(1)	-3%
Nursing	326	325	(0)	0%	323	325	2	1%
Allied Health	170	178	9	5%	167	178	11	6%
Support	18	18	1	3%	17	18	1	4%
Management & Admin	128	126	(2)	-2%	124	126	2	1%
<b>Total</b>	<b>681</b>	<b>686</b>	<b>6</b>		<b>672</b>	<b>686</b>	<b>14</b>	



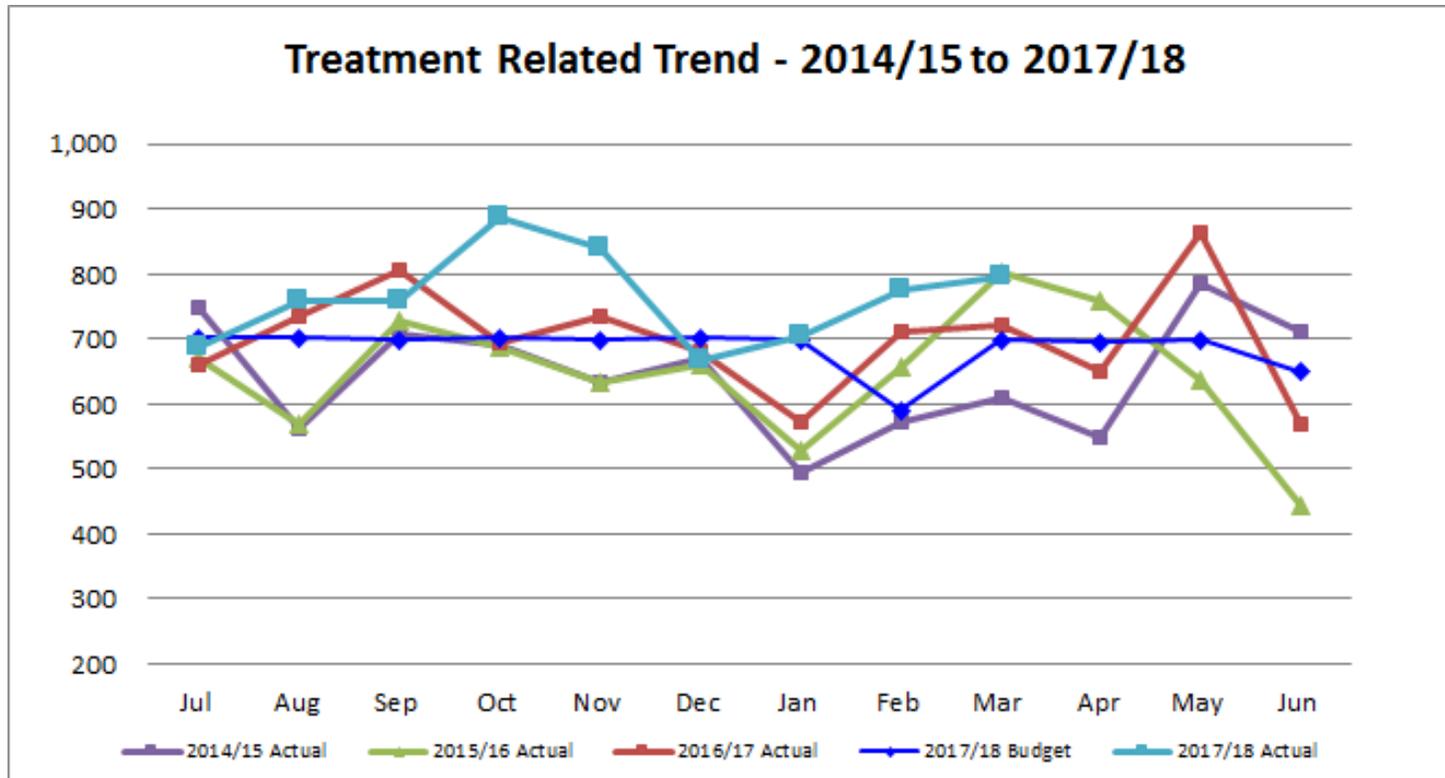
Accrued FTE is influenced by leave taken throughout the period, the current period results are impacted by general employee churn and recruitment of staff in the Buller region.

NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

**KEY RISKS AND ISSUES:** 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 are monitoring intensively to ensure that we remain under the cap, especially with the anticipated facilities development programme.

## TREATMENT RELATED COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Treatment related costs	796	698	(98)	-14% X	6,875	6,246	(629)	-10% X

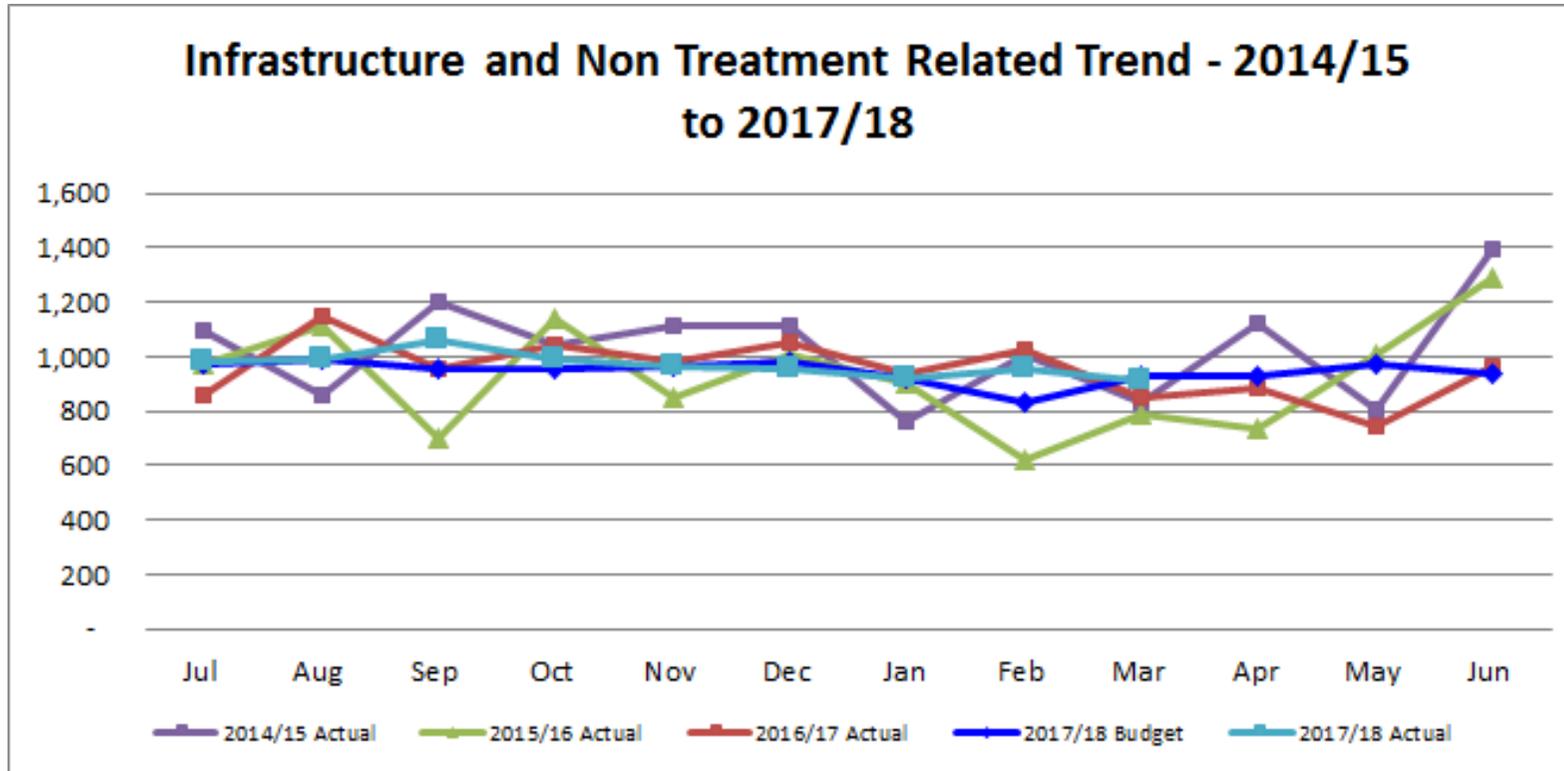


Treatment related costs are unfavourable to budget for the month. The unfavourable variance reflects the continued trend in the use of high cost medicines (oncology and rheumatology pharmaceuticals), and air retrieval costs. In March 2018 we had unplanned expenditure on radiology equipment which also contributed to the unfavourable variance.

**KEY RISKS AND ISSUES:** High cost treatments particularly in oncology and rheumatology medicines has caused significant concern on costs in this category, we are continuing to review to define areas for cost reductions.

## INFRASTRUCTURE AND NON TREATMENT RELATED COSTS

	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance			
	\$'000	\$'000	\$'000	%			\$'000	\$'000	\$'000	%
Non Treatment related costs	913	931	18	2%	✓	8,720	8,492	(228)	-3%	✗

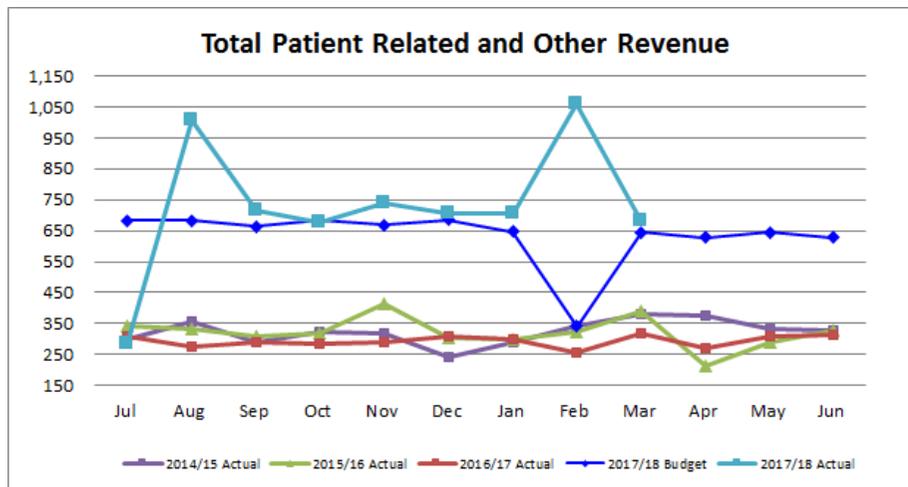


No major variance to report for this month. This category of expenditure is closely monitored to ensure appropriate plans are in place to remain on budget over the year.

**KEY RISKS AND ISSUES:** Timing influences this category significantly, however overall we are continuing to monitor to ensure overspend is limited where possible.

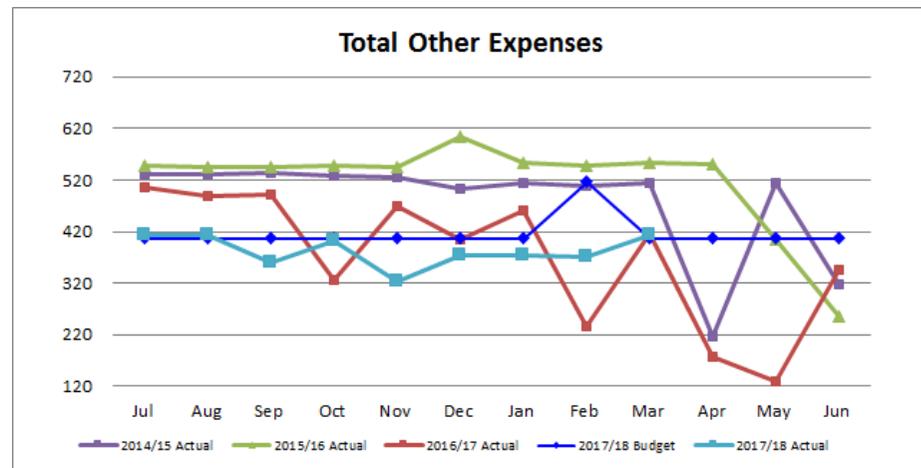
## OTHER REVENUE & OTHER COSTS

	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance	
	\$'000	\$'000	\$'000	%			\$'000	\$'000
Interest Received	33	35	(2)	-7%	288	315	(27)	-8%
Donations	0	-	0	0%	1	-	1	0%
Rental	32	16	17	105%	138	142	(4)	-3%
Other	28	18	9	100%	681	169	512	304%
<b>Total Other Revenue</b>	<b>93</b>	<b>69</b>	<b>24</b>	<b>34%</b>	<b>1,108</b>	<b>626</b>	<b>482</b>	<b>77%</b>
Interest Expense	-	-	-	0%	-	-	-	0%
Depreciation	254	283	29	10%	2,362	2,550	188	7%
Capital Charge Expense	160	124	(36)	-29%	1,080	1,116	36	3%
<b>Total Other Costs</b>	<b>414</b>	<b>407</b>	<b>(7)</b>	<b>-2%</b>	<b>3,442</b>	<b>3,666</b>	<b>224</b>	<b>6%</b>



Other Revenue this month has been impacted by the variable nature of presentations, clinics and other facilities where co-payments are sourced.

**KEY RISKS AND ISSUES:** Ensuring co-payments are recovered continues to be an area of focus for the WCDHB. Co-payments stretch from contributions to meals on wheels to partial recovery of clinical services and full recovery from non-eligible patients.



Generally Other Costs are in line with budget.

**KEY RISKS AND ISSUES:** Prior to the shift to the new build in 2018, assets not expected to transfer to the new facility will be identified. Any assets not required by the WCDHB in Greymouth will be reallocated to other centres and clinics or otherwise dealt with.

## FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		Annual Budget \$'000
Equity	22,966	25,165	(2,199)	-9% <span style="color: red;">✘</span>	104,272
Cash	11,370	10,625	745	7% <span style="color: blue;">✔</span>	12,687

**KEY RISKS AND ISSUES:** The equity and cash position compared to budget reflect the delay in commencing the Grey Base rebuild.

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

For period ending

31 March 2018

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 17/18	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
<b>Operating Revenue</b>										
Crown and Government sourced	11,671	11,554	117	1.0%	104,031	104,044	(13)	(0.0%)	138,695	137,591
Inter DHB Revenue	1	0	1	0.0%	13	0	13	0.0%	1	2
Inter District Flows Revenue	142	142	0	0.0%	1,282	1,278	4	0.3%	1,706	1,661
Patient Related Revenue	588	576	12	2.1%	5,460	5,326	133	2.5%	7,017	2,666
Other Revenue	93	69	24	34.4%	1,108	626	482	77.0%	834	851
<b>Total Operating Revenue</b>	<b>12,495</b>	<b>12,341</b>	<b>154</b>	<b>1.2%</b>	<b>111,894</b>	<b>111,274</b>	<b>620</b>	<b>0.6%</b>	<b>148,252</b>	<b>142,771</b>
<b>Operating Expenditure</b>										
Personnel costs	6,421	5,607	(815)	(14.5%)	51,536	50,177	(1,359)	(2.7%)	67,073	65,887
Outsourced Services	0	0	(0)	0.0%	2	0	(2)	0.0%	0	(9)
Treatment Related Costs	796	698	(98)	(14.1%)	6,875	6,246	(629)	(10.1%)	8,288	8,402
External Providers	3,190	3,211	20	0.6%	29,153	28,629	(524)	(1.8%)	38,162	35,843
Inter District Flows Expense	1,627	1,685	58	3.4%	14,131	15,192	1,061	7.0%	20,258	17,317
Outsourced Services - non clinical	20	18	(2)	(11.9%)	174	160	(15)	(9.2%)	214	229
Infrastructure and Non treatment related costs	913	931	18	1.9%	8,720	8,580	(140)	(1.6%)	11,412	11,446
<b>Total Operating Expenditure</b>	<b>12,968</b>	<b>12,149</b>	<b>(819)</b>	<b>(6.7%)</b>	<b>110,591</b>	<b>108,983</b>	<b>(1,608)</b>	<b>(1.5%)</b>	<b>145,406</b>	<b>139,116</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>(473)</b>	<b>192</b>	<b>(665)</b>	<b>(345.7%)</b>	<b>1,303</b>	<b>2,291</b>	<b>988</b>	<b>43.1%</b>	<b>2,846</b>	<b>3,655</b>
<b>Interest, Depreciation &amp; Capital Charge</b>										
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0	343
Depreciation	254	283	29	10.2%	2,362	2,550	188	7.4%	3,400	3,373
Capital Charge Expenditure	160	124	(36)	(28.7%)	1,080	1,116	36	3.2%	1,488	739
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>414</b>	<b>407</b>	<b>(7)</b>	<b>(1.7%)</b>	<b>3,442</b>	<b>3,666</b>	<b>224</b>	<b>6.1%</b>	<b>4,888</b>	<b>4,455</b>
<b>Net Surplus/(deficit)</b>	<b>(887)</b>	<b>(215)</b>	<b>(672)</b>	<b>(312.6%)</b>	<b>(2,139)</b>	<b>(1,375)</b>	<b>(764)</b>	<b>(55.6%)</b>	<b>(2,041)</b>	<b>(800)</b>
<b>Other comprehensive income</b>										
Gain/(losses) on revaluation of property										
<b>Total comprehensive income</b>	<b>(887)</b>	<b>(215)</b>	<b>(672)</b>	<b>(312.6%)</b>	<b>(2,139)</b>	<b>(1,375)</b>	<b>(764)</b>	<b>(55.6%)</b>	<b>(2,041)</b>	<b>(800)</b>

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

**As at**

31 March 2018

*in thousands of New Zealand dollars*

	Actual	Budget	Variance	%Variance	Prior Year
<b>Assets</b>					
<b>Non-current assets</b>					
Property, plant and equipment	21,930	22,875	(946)	(4.1%)	23,623
Intangible assets	440	389	51	13.1%	636
Work in Progress	4,491	3,194	1,297	40.6%	3,194
Other investments	567	567	0	0.0%	0
<b>Total non-current assets</b>	<b>27,427</b>	<b>27,025</b>	<b>402</b>	<b>1.5%</b>	<b>27,453</b>
<b>Current assets</b>					
Cash and cash equivalents	11,370	10,625	745	7.0%	10,811
Patient and restricted funds	56	74	(18)	(24.5%)	72
Inventories	1,055	1,007	48	4.8%	1,060
Debtors and other receivables	4,102	5,122	(1,020)	(19.9%)	4,992
Assets classified as held for sale	0	0	0	0.0%	0
<b>Total current assets</b>	<b>16,583</b>	<b>16,828</b>	<b>(245)</b>	<b>(1.5%)</b>	<b>16,935</b>
<b>Total assets</b>	<b>44,010</b>	<b>43,853</b>	<b>157</b>	<b>0.4%</b>	<b>44,387</b>
<b>Liabilities</b>					
<b>Non-current liabilities</b>					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,915	2,703	(211)	(7.8%)	2,779
Other	70	70	(0)	(0.0%)	70
<b>Total non-current liabilities</b>	<b>2,984</b>	<b>2,773</b>	<b>(211)</b>	<b>(7.6%)</b>	<b>2,848</b>
<b>Current liabilities</b>					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	8,648	6,350	(2,297)	(36.2%)	6,875
Employee entitlements and benefits	9,413	9,564	152	1.6%	9,557
<b>Total current liabilities</b>	<b>18,060</b>	<b>15,915</b>	<b>(2,146)</b>	<b>(13.5%)</b>	<b>16,431</b>
<b>Total liabilities</b>	<b>21,045</b>	<b>18,688</b>	<b>(2,357)</b>	<b>(12.6%)</b>	<b>19,280</b>
<b>Equity</b>					
Crown equity	86,062	87,493	1,431	1.6%	86,062
Other reserves	22,082	22,082	0	0.0%	22,082
Retained earnings/(losses)	(85,178)	(84,410)	768	0.9%	(83,036)
Trust funds	0	0	0	0.0%	0
<b>Total equity</b>	<b>22,966</b>	<b>25,165</b>	<b>2,199</b>	<b>8.7%</b>	<b>25,108</b>
<b>Total equity and liabilities</b>	<b>44,010</b>	<b>43,853</b>	<b>158</b>	<b>0.4%</b>	<b>44,387</b>

## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

31 March 2018

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date			
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance
<b>Cash flows from operating activities</b>									
Cash receipts from Ministry of Health, patients and other revenue	12,517	12,320	198	1.6%	11,356	112,500	110,876	1,624	1.5%
Cash paid to employees	(5,938)	(6,137)	199	3.2%	(5,777)	(51,393)	(51,197)	(196)	(0.4%)
Cash paid to suppliers	(3,035)	(1,772)	(1,263)	(71.2%)	(938)	(15,710)	(14,808)	(903)	(6.1%)
Cash paid to external providers	(1,634)	(3,180)	1,546	48.6%	(2,679)	(26,511)	(28,621)	2,110	7.4%
Cash paid to other District Health Boards	(3,183)	(1,688)	(1,495)	(88.5%)	(1,388)	(15,633)	(15,193)	(440)	(2.9%)
<i>Cash generated from operations</i>	(1,273)	(458)	(815)	177.9%	574	3,252	1,057	2,195	207.8%
Interest paid	0	0	0	0.0%	(57)	0	0	0	0.0%
Capital charge paid	0	(124)	124	100.0%	(68)	(687)	(1,116)	429	38.4%
<b>Net cash flows from operating activities</b>	(1,273)	(582)	(691)	118.7%	449	2,565	(59)	2,624	(4422.3%)
<b>Cash flows from investing activities</b>									
Interest received	33	35	(2)	(6.6%)	41	328	315	13	4.3%
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0	0.0%
Acquisition of property, plant and equipment	(211)	(208)	(3)	(1.5%)	(29)	(2,335)	(1,872)	(463)	24.7%
Acquisition of intangible assets	0	0	0		0	0	0	0	
<b>Net cash flows from investing activities</b>	(178)	(173)	(5)	3.1%	12	(2,006)	(1,557)	(449)	(28.9%)
<b>Cash flows from financing activities</b>									
Proceeds from equity injections	0	0	0	0.0%	0	0	1,432	(1,432)	100.0%
Repayment of equity	0	0	0	0.0%	0	0	0	0	0.0%
<i>Cash generated from equity transactions</i>	0	0	0	0.0%	0	0	1,432	(1,432)	100.0%
Borrowings raised					0				
Repayment of borrowings	0	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>	0	0	0	0.0%	0	0	0	0	0.0%
Net increase in cash and cash equivalents	(1,451)	(755)	(696)	92.2%	461	559	(186)	745	(399.8%)
Cash and cash equivalents at beginning of period	12,821	11,380	1,441	12.7%	8,733	10,811	10,811	(0)	(0.0%)
<b>Cash and cash equivalents at end of year</b>	11,370	10,625	745	7.0%	9,194	11,370	10,625	745	7.0%

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

**SOURCE:** Alliance Leadership Team

**DATE:** 11 May 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.

## 3. **SUMMARY**

Progress of Note:

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

At their last meeting in March the ALT:

- Received a presentation detailing the fantastic work being done by Norma Campbell and her team in the Maternity, Midwifery, and transalpine services space and look forward to hearing about the progression of this work
- Received an update from Cameron Lacey and recognised the importance and breadth of the Mental Health Project. They look forward to future updates as this piece of work progresses.
- Noted the opportunities for the West Coast arising from the Pharmacy action plan.
- Noted the establishment of a Smokefree Public Places policy by the Grey District Council.
- Endorsed the terms of reference for the Hub project. The Hub represents a single, integrated rural health service centre for the West Coast. Its role is to support the IFHS with information and resource to best meet the local needs of their communities

### **Health of Older Persons**

- The workstream Terms of Reference and membership have been reviewed to ensure that the right people are engaged and are committed to achieving the outcomes of the workplan.

### **Integrated Family Health Service (IFHS) Workstreams (Primary & Community Project, Buller & Reefton)**

- Children of parents enrolling in the Mental Health Long Term Conditions Programme at Buller Health are being identified and offered support to keep them well. Where consent has been given these children are being referred and supported and work continues to gain consent for others.
- The final combined workshop for Poutini Waiora and CCCN took place in March. This was a positive meeting resulting in the development of six recommendations that, once implemented, will promote a more integrated and collaborative working relationship between the two services.

### **Healthy West Coast (HWC)**

- The South Island Breastfeeding report completed by the South Island Alliance Programme Office has now been released with recommendations to strengthen breastfeeding support initiatives. This will be considered by HWC and actions will be aligned to local initiative where appropriate.

### **Child and Youth**

- The DHB was invited to hear about the development of a new digital strategy by Plunket and this was encouraging with some innovations which will be useful in the Coast context. In also provided some positive reassurance that some barriers to information will soon be resolved.
- The newly established Youth Team at Oranga Tamariki are now working with young people who are at risk of entering the Youth Justice system. These young people will also be offered a Gateway assessment where appropriate.
- A recent review of the ED Child Injury Assessment process has resulted in some improvements being made to the way this process is documented and has enhanced responsiveness.

### **Pharmacy**

- DHBs have completed consultation with pharmacists and others on a proposal, 'Delivering on the Pharmacy Action Plan', for future pharmacist services contracts and collaborative service development both nationally and locally. Pharmacist feedback is currently being assessed. There was some interest from pharmacists in greater scope for local service development (e.g. delegation by rural general practitioners to rural pharmacists of responsibility for therapy continuation), but also some concern about the implications of allowing in future the separate provision of medicines supply and pharmacist clinical roles.

Report prepared by:

Jenni Stephenson, Planning & Funding

Report approved for release by:

Stella Ward, Chair, Alliance Leadership Team

	<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 Patient Story	Karakia Interests Register Confirmation of Minutes Carried Forward Items Patient Story
<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	Hospital Services Dashboards Community & Public Health Dashboards Planning & Funding Dashboards Maori Health Dashboards Alliance Dashboards Finance Dashboards Health Target Report Q3	Hospital Services Dashboards Community & Public Health Dashboards Planning & Funding Dashboards Alliance Dashboards Finance Dashboards	Hospital Services Dashboards Community & Public Health Dashboards Planning & Funding Dashboards Maori Health Dashboards Alliance Dashboards Finance Dashboards Health Target Report Q4	Hospital Services Dashboards Community & Public Health Dashboards Planning & Funding Dashboards Alliance Dashboards Finance Dashboards
<b>PRESENTATIONS</b>	Transalpine Services	Consumer Council Mental Health Update	Facilities	Rural Health Services	Oral Health	
<b>DISABILITY REPORTING</b>	Disability Support Services Newsletter		Disability Action Plan Update Disability Support Services Newsletter	Disability Support Services Newsletter	Disability Support Services Newsletter	Disability Action Plan Update Disability Support Services Newsletter
<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	Committee Work Plan 2019 Schedule of Meetings

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

DATE	MEETING	TIME	VENUE
<del>Friday 9 February 2018</del>	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	Advisory Committee Meeting	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**