



West Coast

– District Health Board –

Te Poari Hauora a Rohe o Tai Poutini

ADVISORY COMMITTEE MEETING

10 August 2018

10.30am

**St John
Water Walk Road, Greymouth**

AGENDA AND MEETING PAPERS

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

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 ADVISORY COMMITTEE MEETING
To be held at St John, Water Walk Road Greymouth
Friday 10 August 2018 commencing at 10.30am

ADMINISTRATION

10.30am

- Karakia
- Apologies
- 1. **Interest Register**
Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.
- 2. **Minutes of the Previous Meetings**
- 3. **Carried Forward/Action Items**
- 4. **Patient Story**

REPORTS/PRESENTATIONS

10.35am

- | | | |
|---|--|-------------------|
| 5. Rural Generalism Presentation | Dr Brendan Marshall
<i>Rural Generalist</i> | 10.35am – 11.05am |
| 6. Community and Public Health Update | Gail McLauchlan
<i>Community and Public Health</i> | 11.05am – 11.15am |
| 7. Planning & Funding Update | Melissa Macfarlane
<i>Team Leader, Planning & Performance</i> | 11.15am – 11.25am |
| 8. Transalpine Strategic Disability Action Plan Update | Kathy O'Neill
<i>Team Leader, Planning & Funding</i> | 11.25am – 11.35am |
| 9. Alliance Update | Stella Ward
<i>Chair, Alliance Leadership Team</i> | 11.35am – 11.40am |
| 10. Operational Update | Philip Wheble
<i>General Manager, West Coast</i> | 11.40am – 11.50am |
| 11. Advisory Committee Finance Report – 31 July 2018 | Justine White
<i>Executive Director, Finance & Corporate Services</i> | 11.50am - 12noon |
| 12. Briefing – Aerial 1080 | Cheryl Brunton
<i>Medical Officer of Health</i> | 12noon - 12.10pm |

ESTIMATED FINISH TIME

12.10pm

INFORMATION ITEMS

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

NEXT MEETING

Date of Next Meeting: Friday 2 November

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 DISTRICT HEALTH BOARD ADVISORY COMMITTEE MEMBERS INTERESTS REGISTER



Disclosure of Interest

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

Paula Cutbush	<ul style="list-style-type: none"> • Owner and stakeholder of Alfresco Eatery and Accommodation • Daughter involved in Green Prescriptions • Justice of the Peace
Helen Gillespie Board Member	<ul style="list-style-type: none"> • Employee, DOC – Healthy Nature, Healthy People Project Coordinator • Husband works for New Zealand Police • Member - Accessible West Coast Coalition Group • Member - Kowhai Project Committee
Chris Lim	<ul style="list-style-type: none"> • No interests to declare
Michelle Lomax Board Member	<ul style="list-style-type: none"> • Daughter is a recipient of WCDHB Scholarship
Chris Mackenzie Board Deputy Chair	<ul style="list-style-type: none"> • Development West Coast – Chief Executive • Horizontal Infrastructure Governance Group – Chair • Mainline Steam Trust – Trustee • Christchurch Mayors External Advisory Group - Member
Jenny McGill	<ul style="list-style-type: none"> • Husband employed by West Coast DHB • Peer Support – Mum4Mum • Member, Accessible West Coast Coalition Group
Joseph Mason	<ul style="list-style-type: none"> • Representative of Te Runanga o Kati Wae Wae Arahura • Employee Community and Public Health, Canterbury DHB
Edie Moke Board Member	<ul style="list-style-type: none"> • South Canterbury DHB – Appointed Board Member • Nga Taonga Sound & Vision - Board Member (elected) <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"> • Spokesperson for Farmers Against 1080 • Executive Member - Ban 1080 Political Party • Director, Molloy Farms South Westland Ltd • Trustee, L.B. & M.E. Molloy Family Trust
Peter Neame Board Member	<ul style="list-style-type: none"> • White Wreath Action Against Suicide – Board Member and Research Officer • Author and Publisher of “Suicide, Murder, Violence Assessment and Prevention” 2017 and four other books.
Nigel Ogilvie Board Member	<ul style="list-style-type: none"> • Managing Director, Westland Medical Centre • Shareholder/Director, Thornton Bruce Investments Ltd • Shareholder, Hokitika Seaview Ltd • Shareholder, Tasman View Ltd • White Ribbon Ambassador for New Zealand • Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre • Sister is employed by Waikato DHB • Board Member West Coast PHO • Wife is Board Member West Coast PHO
Elinor Stratford Board Member	<ul style="list-style-type: none"> • Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust

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

DRAFT
MINUTES OF THE WEST COAST ADVISORY COMMITTEE
held at St John, Water Walk Road, Greymouth
on Friday 29 July 2018 commencing at 10.45am

PRESENT

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

APOLOGIES

Apologies were received and accepted from Helen Gillespie; Cheryl Brunton; Jenny McGill and Chris Lim.

EXECUTIVE SUPPORT

Karyn Bousfield (Director of Nursing); Michael Frampton (Chief People Officer); Melissa Macfarlane (Team Leader, Planning & Performance); Kylie Parkin (Portfolio Manager, Maori Health); Stella Ward (Executive Director, Allied Health); Philip Wheble (General Manager, West Coast); and Kay Jenkins (Minutes).

IN ATTENDANCE

Item 5 – Mark Newsome, Director, Facilities Development.

Francois Tumahai led the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

There were no additions or alterations to the interest register.

Declarations of Interest for Items on Today's Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (4/18)

(Moved: Nigel Ogilvie/Seconded: Edie Moke - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 11 May 2018 be confirmed as a true and correct record.”

3. CARRIED FORWARD/ACTION ITEMS

A query was made regarding the Kia Ora Hauora statistics to be provided as part of the Maori Health Update. It was noted that unfortunately the information was not received in time to be included in the report and more information will be provided at the next meeting.

The Carried Forward/Action Items were noted.

4. PATIENT STORY

Lynnette Beirne shared some of her experiences of health services with the Committee.

5. FACILITIES PRESENTATION

Mark Newsome, Director, Facilities Development, provided a presentation regarding facilities projects. The presentation included the following:

- An update of the current position in regard to the Grey Hospital project. It was noted that Construction of Grey facility is well advanced, however the project programme is delayed with completion expected first quarter 2019.
- Positive relationships with partner agencies have enabled the DHB to retain elements that otherwise may have been value managed out.
- Health & Safety processes within the project are excellent, with no major issues to date.
- Procurement of all FF & E items is well advanced.
- Planning for migration to new facility well advanced but dependent on completion date.
- Migration and commissioning requires coordination with CDHB to ensure alignment with facility migration and commissioning in Christchurch.
- In regard to the new solution to provide accommodation for 130 staff Expressions of Interest have been sought from interested vendors for a design and build option, with the second stage of this process about to begin. It is anticipated that the preferred vendor will be selected in about 6 week's time.
- An update on the current position in regard to the Buller facility was also provided and it was noted that re-engagement of clinical & support staff will recommence the design process with the next steps being: Confirmation of the Concept design; Confirmation of the site; Quantity Surveyor cost estimate; Approval by West Coast Partnership Group; Ministerial approval for capital; and the commencement of the next rounds of the design phase.

The Chair thanked Mr Newsome for his presentation.

6. COMMUNITY & PUBLIC HEALTH UPDATE

This report was taken as read and noted.

7. PLANNING & FUNDING UPDATE

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

Key Achievements

- Health Targets: Performance remains positive against the national health targets. The DHB achieved four for the six health national targets in quarter three.

Results were well above target for the Shorter Stays in ED, the Improved Access to Elective Surgery and Raising Healthy Kids targets.

The DHB missed only a few patients for the Faster Cancer Treatment (3 patients) and Increased Immunisation targets (six children).

A refreshed health target dashboard for quarter 3 is provided for the Committee's review, as a separate item on the agenda.

Key Issues & Associated Remedies

- ESPI 2 | FSA (first specialist assessment): There were 138 patients waiting over 120 days for their outpatient FSA at the end of March; again, principally in orthopaedics. This places the DHB at risk of financial penalty for non-compliance. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar challenges.

Work is currently taking place on a recovery plan to try to resolve this and engagement is underway with the Ministry of Health around this.

Discussion took place regarding breastfeeding and it was noted that the national data from Plunket around these statistics shows that the West Coast is not out of line with national figures around this. A request was made for a regular update to be provided to the Committee on Breastfeeding and it was noted that the current reports are being re-scoped and this will be included in the new format.

Discussion also took place regarding B4School checks and Jenni Stephenson provided the Committee with an overview of the graphs provided in the report and advised that as at 20 June 2018 the DHB has overachieved on the high dependency target and assuming that everyone attended their scheduled appointments this week the yearly target will be achieved.

The report was noted.

8. HEALTH TARGET REPORT

Melissa Macfarlane, Team Leader, Planning & Performance, presented the Health Target Report for Quarter 3.

Ms Macfarlane advised that this is a new report and includes the six national health targets and two supplementary measures: the hospital Better help for Smokers to Quit measure (a former Health Target), and the maternity Better help for Smokers to Quit measure (a new national developmental measure). The national Health Target league tables, previously published in the paper have not been released by the Ministry this year and this report identifies the national performance for each target to enable the Committee to compare the West Coast performance and will be prepared and circulated following the end of each quarter.

It was noted that the West Coast achieved four of the six national targets in the third quarter: Shorter Stays in ED, Improved Access to Elective Surgery, Better Help for Smokers to Quit and Raising Healthy Kids. The DHB received an outstanding rating from the Ministry, for the Raising Health Kids target, having achieved 100%.

The DHB missed two targets this quarter, the Faster Cancer Treatment and Increased Immunisation targets.

Performance against the Increased Immunisation measure decreased slightly from 83% to 81%. The challenges for the West Coast in delivering against this target are well understood and just six children were missed this quarter.

Performance improved against the Faster Cancer Treatment measure, from 80% to 81% against the 90% target. Small numbers have a dramatic impact on this measure with the result referring to just three people who were seen outside the target time. A breach analysis is undertaken for every non-compliant case.

The report was noted.

9. ALLIANCE UPDATE

Stella Ward, Executive Director of Allied Health, presented this update which was taken as read.

It was recognised that the System Level Measures Framework Improvement Plan was signed off at the Alliance Leadership Team meeting last evening and that work is continuing around the Annual Planning process.

It was also noted that this will be Stella's last meeting as Chair of the Alliance Leadership Team due to her change of role to Chief Digital Officer.

The report was noted.

10. MAORI HEALTH UPDATE

Kylie Parkin, Portfolio Manager, Maori Health, presented this report which was taken as read. Ms Parkin provided an update regarding Takarangi Cultural Competency training advising that a 2nd Wananga was held at Arahura Marae on 1 & 2 March. It was noted that there were 21 participants including Nurse Managers, Nurses, Mental Health workers and Social Worker and that the feedback has been extremely positive. It was also noted that the challenge ahead is to ensure that the pathway is supported for the completion of portfolios which evidence the change in practice.

She also advised that work was also taking place around Annual Planning with a strong emphasis on including equity throughout the plan.

Discussion took place regarding recent publicity about the smoking rate amongst pregnant Maori women and it was noted that this has been targeted for quite some time and there is also a focus on working with the younger Maori population around smoking.

The update was noted.

11. OPERATIONAL UPDATE

Philip Wheble, General Manager, West Coast, presented this update.

He highlighted that:

- There is an ongoing challenge in recruiting GP's to the West Coast to provide the targeted number of sessions. This means for routine appointments the wait times are increasing in Greymouth and Westport. The team continues to work hard to find locum and permanent GP's to fill these gaps. and
- A leadership training framework has been developed for our nursing leaders and will be commencing in July.

A query was made regarding data around non-urgent mental health appointments and it was noted that this data is really improving through Health Connect South Mental Health Solution and it is hoped that this can be provided in the next report. It was also noted that there is a focus on looking at the time for clients to get community support once they have been discharged from an inpatient service.

Mr Wheble advised that preparation is well underway around contingency planning for the upcoming strike action. It was noted that Life Preserving Services have been agreed.

The report was noted.

12. ADVISORY COMMITTEE FINANCE REPORT

Stella Ward, Executive Director, Allied Health, presented this report which was taken as read.

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

The report was noted.

13. BRIEFING – AERIAL 1080

In Dr Brunton's absence this briefing was deferred until the next meeting.

INFORMATION ITEMS

- Disability Support Services Newsletter
- 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

CARRIED FORWARD/ACTION ITEMS



WEST COAST ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 10 AUGUST 2018

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	23 March 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.	29 June 2018	Kia Ora Hauora	Statistics for West Coast	Included in today's papers as an information item
4.	29 June 2018	1080	Update (carried forward from June meeting)	On today's agenda

UPCOMING PRESENTATIONS

TOPIC	STATUS
Rural Generalism Project	On Today's Agenda
Oral Health Update	2 November 2018
Alliance Presentation	2 November 2018

TO: Chair and Members
West Coast Advisory Committee

SOURCE: Community and Public Health

DATE: 10 August 2018

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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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 WCDHB JOINT COMMITTEE COMMUNITY AND PUBLIC HEALTH (CPH)

July 2018

Nutrition

Barrytown School has taken part in a “water and milk only” schools pilot project delivered weekly over Term 2 by CPH’s nutrition health promoter. The full primary school has 26 students and two classes – one senior and one junior. Since the introduction of the programme, noticeable results can already be seen at the school, and parents have commented that their children are changing their habits at home, too. Principal Rachael Whyte said, “This is a great programme that engages the students and makes them think about what goes into their bodies. It would be fantastic to see this being used in other schools”. 92% of students agreed that they now think more about what they put into their bodies than before, and recommend other schools participate in the project. Runanga Primary School will be the next to take part in this project.

CPH’s staff were also busy providing nutrition education to other groups across the lifespan in June and July. A six week Appetite for Life Course for Kawatiri kaumātua facilitated by CPH staff with the assistance of Poutini Waiora was attended by 17 Kaumātua. Everyone who attended enjoyed how the programme was adjusted to include hands on cooking lessons. Eating what was made was an added bonus. Learning how to plan easy, healthier meals was well received by all.



In Hokitika, CPH’s nutrition health promoter ran an education session (along with tasting of healthy recipes) for a joint session of the Westreap Mums’n’Bubs and Pipsqueaks groups. The session was attended by 24 parents (and their children!).



Alcohol

CPH's Alcohol Licensing Officer, along with Police and the Westland District Licensing Inspector, have commenced discussion with 'Destination Westland Limited', who have taken over the organisation and operation of Hokitika Wildfoods Festival from Westland District Council, regarding the alcohol licensing aspects of the 2019 festival. Their aim is to ensure that the festival is an enjoyable event for all and alcohol-related harm is minimised.

Smoke-Free Enforcement

Earlier this month, CPH's Smoke-free Enforcement Officer (SFEO) finished conducting six monthly compliance visits to tobacco retailers across the West Coast. This was followed by a Controlled Purchase Operation (CPO) later in the month in South Westland. All eight tobacco retailers tested in this CPO refused to sell cigarettes to the under-age volunteer. It's important to remember that retailers are required to comply with the law, so 100% compliance is expected.

Healthy Public Policy

CPH made several submissions to the Grey District Council, including on reviews of Speed Limits By-law, Class 4 Gaming Venue Policy, the TAB Board Venue Policy and the Parking Strategy. CPH requested that the Council undertake a Social Impact Assessment on their Gaming Venue and TAB Venue Policies and offered to assist with this, as we have done previously. We also made submissions on the draft Long Term Plans of the Grey and Westland District Councils and the West Coast Regional Council. CPH also facilitated Active West Coast's submissions to all these consultations.

Youth Health Development

In response to community partnership meetings in Buller and Grey to increase connection and collaboration, CPH hosted and facilitated a Youth Development sector-wide networking day under the banner of Ara Taiohi (Ara means 'pathway, lane, and passage way to/from' and taiohi means 'young person'). A range of agencies and services attended from health, schools, councils, education, social services, justice, mental health, church and youth work. The objectives of networking, sharing organisational information, and setting shared objectives to contribute to across the Coast were met with enthusiasm. In addition, the participants were given an hour's workforce development on understanding the adolescent brain, using a presentation developed by the Brainwave Trust, which was well received.

Physical Activity

CPH has worked with Cycle Advocates Network (CAN) and the Westland Safe Community Coalition and West Coast Road Safety members to arrange and promote safe cycle courses in Hokitika and Greymouth. CPH provided the base for the Grey course while Safer Westland provided the base for the Hokitika course. Six community members participated in these courses. CPH linked Buller Sports Trust with CAN and a course is being planned for Westport. CPH responded to a request to provide a weekend tai chi learning workshop during the Karamea Winter Learning Festival. Six people took part in the workshop and we provided other resources to assist in the participants' ongoing practice of tai chi.

TO: Chair and Members
West Coast Advisory Committee

SOURCE: Planning & Funding

DATE: 10 August 2018

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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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

- i. That the Committee:
notes the Planning & Funding Update.

3. SUMMARY

✓ Key Achievements

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

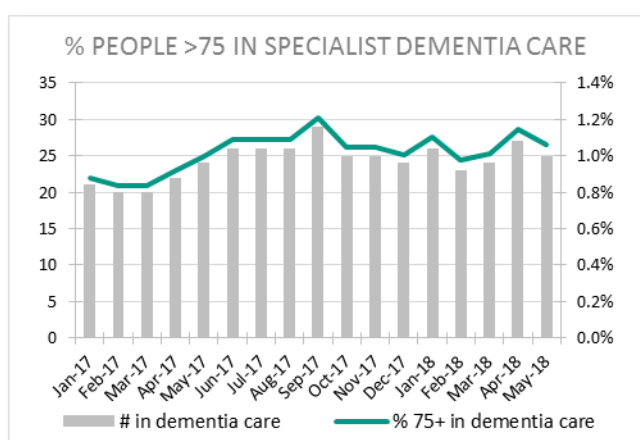
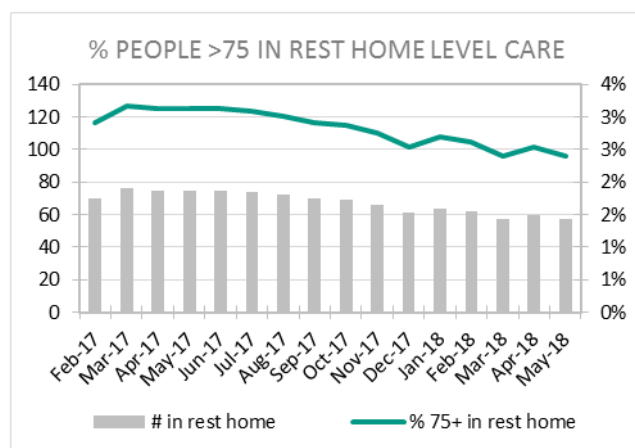
✕ Key Issues & Associated Remedies

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

Report prepared by: Planning & Funding

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

Health of Older Persons



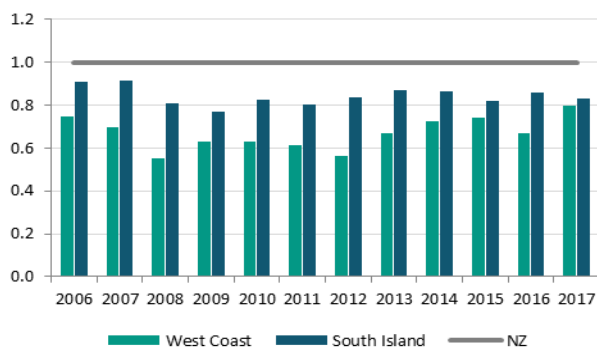
Achievements / Issues of Note

Aged Residential Care (ARC) facility, Dixon House has been certified to provide Hospital Level of Care. This additional certification increases hospital level of care bed numbers across the West Coast and giving West Coast residents more options. We continue to have less capacity in terms of Dementia level rest home beds. Options are being explored with our local ARC providers to improve access to dementia care for the West Coast community.

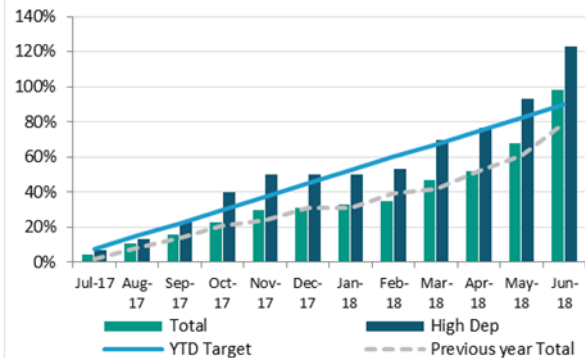
The West Coast DHB was invited to be part of the Ministry of Health ARC funding model review; this took place in Christchurch on the 17th of July. The forum discussed how the existing funding model works and how a funding model can help shape where we want to be in the future.

Child, Youth & Maternity

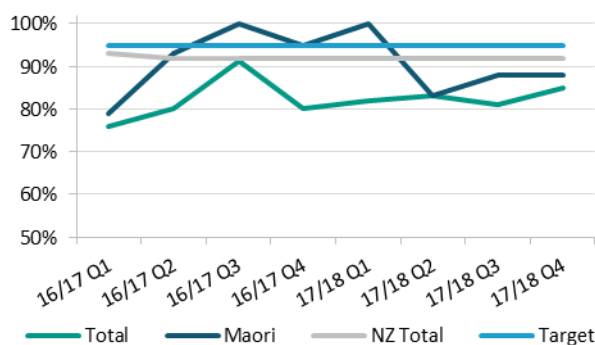
ACUTE MEDICAL DISCHARGE RATE, CHILDREN (0-14)



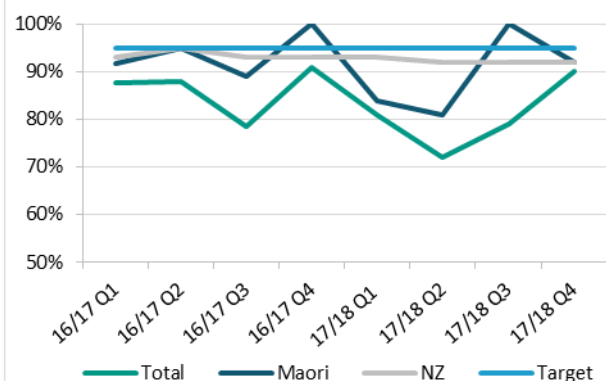
B4 SCHOOL CHECK COVERAGE



HEALTH TARGET:
% 8-MONTH-OLDS FULLY IMMUNISED



% 24-MONTH-OLDS FULLY IMMUNISED



Achievements / Issues of Note

% Eight Month- Olds Fully Immunised: During Quarter Four 85% of all eight-month-olds were fully immunised. Full coverage was achieved for Asian children. Opt-off (8.3%) and declines (4.2%) accounted for 12.5%. Two children were missed this quarter. This means 98% of the eligible (consenting) population were immunised.

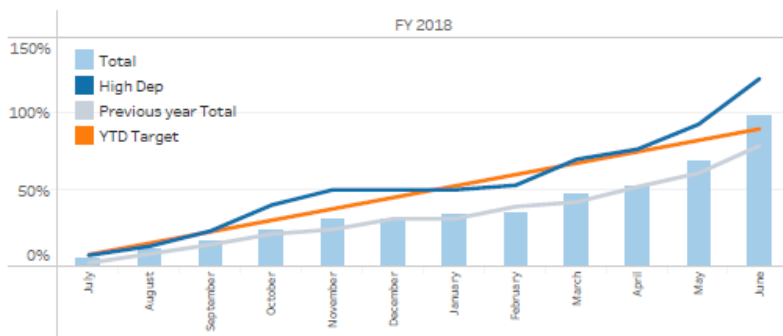
% 24 Month- Olds Fully Immunised: The DHB achieved 90% coverage this quarter with strong results for New Zealand European (97%), we saw a high number of opt offs (5) and no declines. This means there was only 6.2% of the population that could not be reached. Three children were missed this quarter.

Breastfeeding: The South Island Well Child Tamariki Ora quality improvement steering group are conducting research about Māori and Pasifika women's experiences' of breastfeeding. This will include interviewing women across the South Island that have breastfed or chosen not to breastfeed in the last year. An invitation to recruit participants has been shared with the West Coast Well Child Tamariki Ora workforce as well as Lead Maternity Carers, Breastfeeding Advocates and the Child & Youth Workstream.

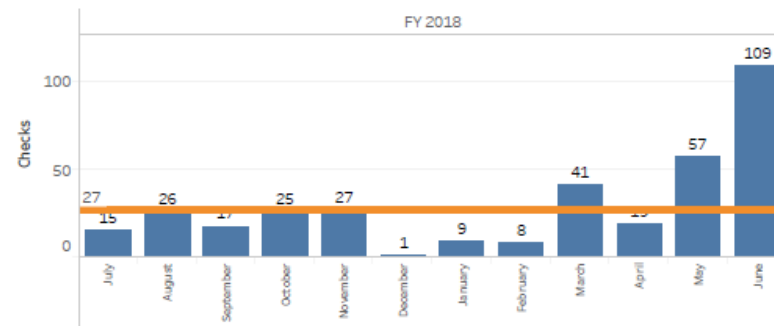
B4 School Check Coverage: The DHB has reached 98% (123% high deprivation) of the children eligible for a B4SC this year (354/362 total population and 37/27 for high deprivation group). Please refer to the following page for a breakdown. Also included in this breakdown are the raw numbers contributing to the DHB performance against the Raising Healthy Kids Health Target. The DHB achieved the Raising Health Kids health target again in quarter four with 100% of children identified as obese at their B4 School Check being offered a referral for further support.

B4 School Checks completed on the West Coast

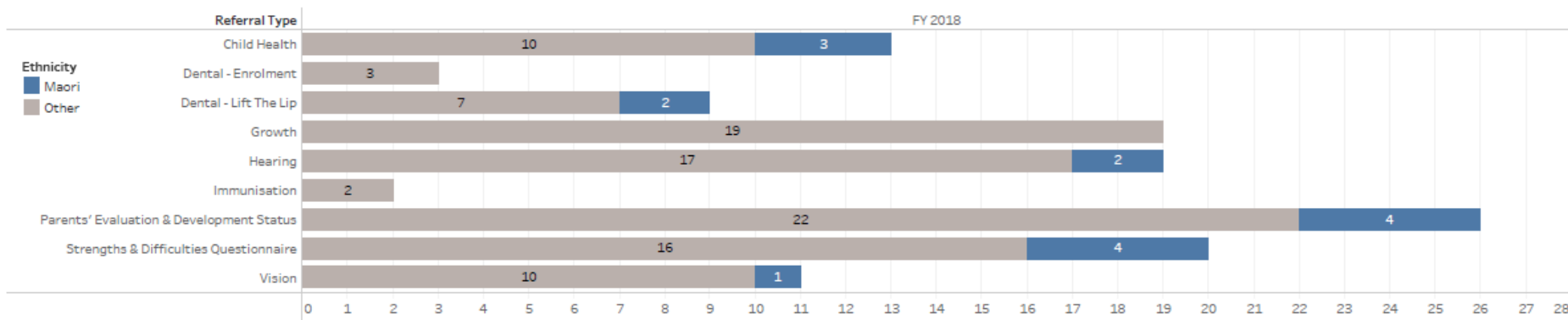
B4 SCHOOL CHECKS COVERAGE



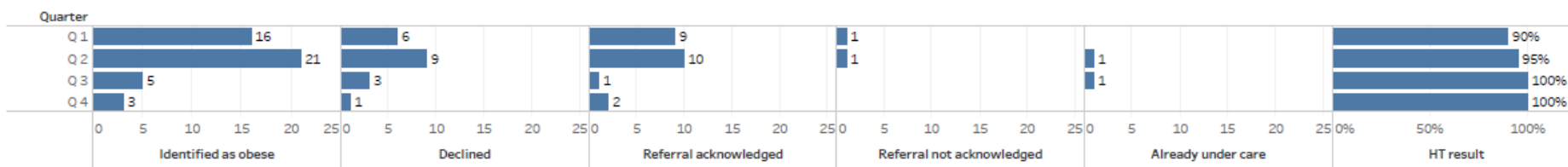
B4 School Checks Completed



Referrals Made from B4 School Checks



Raising Healthy Kids reporting to the Ministry of Health



Mental Health

Mental Health Provider Arm

	12-19 Years			0-19 Years			20-64 Years			65+			Grand Total		
	Client seen	Percentage (%)	Cumm %	Client seen	Percentage (%)	Cumm %	Client seen	Percentage (%)	Cumm %	Client seen	Percentage (%)	Cumm %	Client seen	Percentage (%)	Cumm %
<=3 weeks	89	80%	80.2%	133	70.4%	70.4%	230	90.6%	90.6%	37	97.4%	97.4%	400	83.2%	83.2%
3-8 weeks	15	14%	93.7%	43	22.8%	93.1%	17	6.7%	97.2%	1	2.6%	100.0%	61	12.7%	95.8%
>8 weeks	7	6%		13	6.9%		7	2.8%		0	0.0%		20	4.2%	
Total	111	100%		189	100.0%		254	100.0%		38	100.0%		481	100.0%	

Provider Arm Alcohol and Drug

	12-19 Years			0-19 Years			20-64 Years			65+			Grand Total		
	Client seen	Percentage (%)	Cumm %	Client seen	Percentage (%)	Cumm %	Client seen	Percentage (%)	Cumm %	Client seen	Percentage (%)	Cumm %	Client seen	Percentage (%)	Cumm %
<=3 weeks	3	75.0%	75.0%	3	75.0%	75.0%	56	70.9%	70.9%	1	100.0%	100.0%	60	71.4%	71.4%
3-8 weeks	1	25.0%	100.0%	1	25.0%	100.0%	12	15.2%	86.1%	0	0.0%	100.0%	13	15.5%	86.9%
>8 weeks	0	0.0%		0	0.0%		11	13.9%		0	0.0%		11	13.1%	
Total	4	100.0%		4	100.0%		79	100.0%		1			84	100.0%	

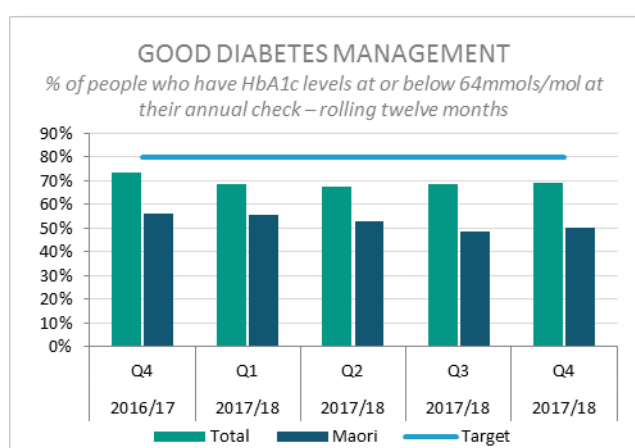
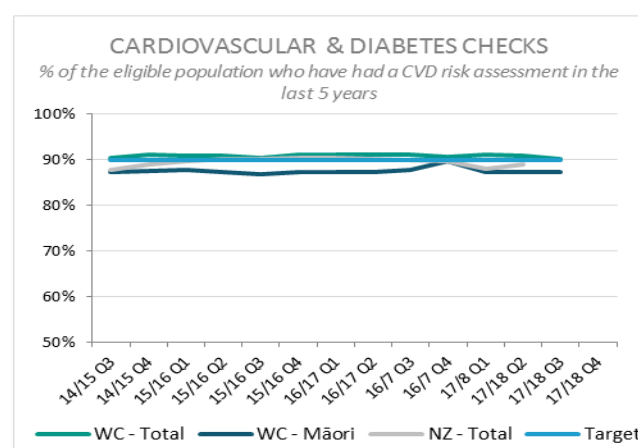
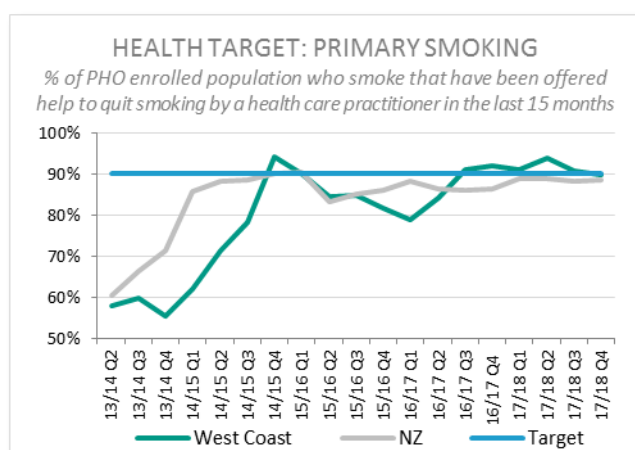
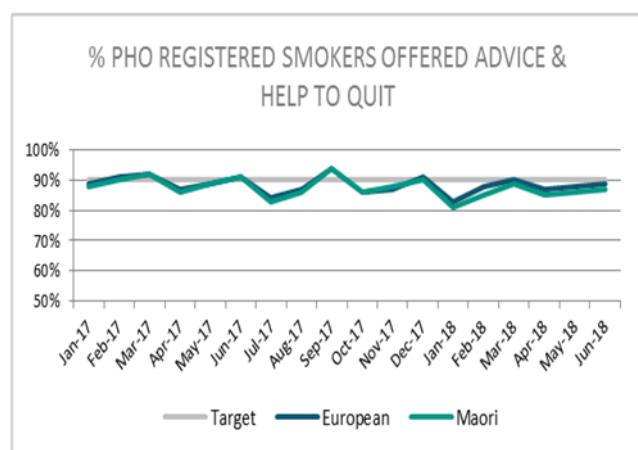
Achievements / Issues of Note

The wait time data for non-urgent referrals is provided to us by Ministry of Health from the national mental health data set which the DHB and other mental health providers submit to monthly. The period covered is twelve months to the end of March 2018.

Targets for non-urgent response is 80% of people seen within three weeks and 95% seen within eight weeks.

The tables show that while we are closer to meeting waiting time targets across mental health services we have a larger gap across alcohol and other drug (AOD) services. This reflects the high demand for AOD services, we are looking to increase what is available across the community in the coming months

Primary Care & Long-Term Conditions



Achievements / Issues of Note

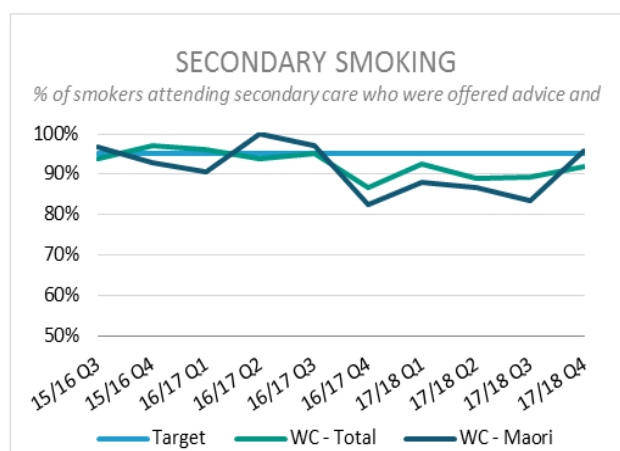
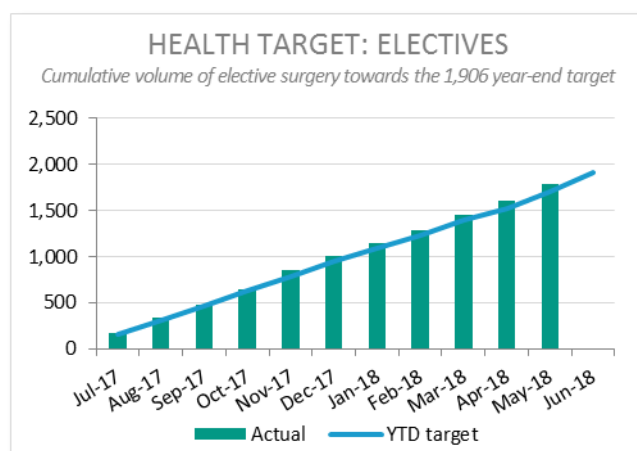
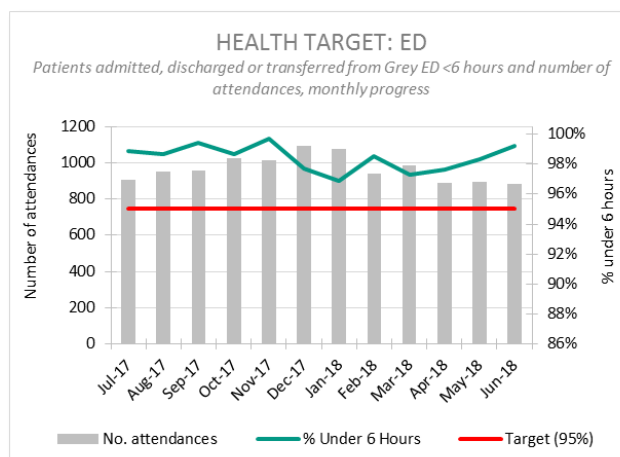
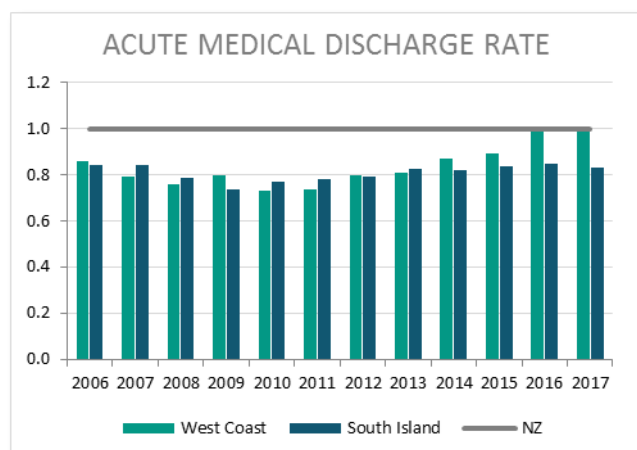
Health Target | Primary Care Smoking: The target was just missed in quarter 4 with 89% of people identified as smokers in the primary care having been offered help to quit. The high need and Māori cohorts were both at 88%.

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

Diabetes Management: Diabetes and its complications remain a significant and growing risk to the health of the West Coast population. Using the PHO-enrolled population, 1,054 people aged 15-74 with established diabetes had an annual review in general practices in the 12 months to 30 June 2018. Of these, 69% had good management of their diabetes¹. The result for Māori among this group remained significantly lower at just 50% and further focus and support is needed to lift this rate.

¹ 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 99.2% of patients admitted, discharged or transferred from Grey Base ED within six hours in the month of June 2018. The average for the 2017-18 financial year was 98.4%. Of those attending in June, 90.5% were seen within just four hours (89.2% for the financial year).

Health Target | Electives: The West Coast DHB was 85 discharges ahead of year-to-date target at the end of May, with 1,790 elective and arranged surgeries delivered (105% of year-to-date target). It is not envisaged that there will be any difficulties in meeting the target of 1,905 discharges by 30 June 2018 when the annual figures are reconciled.

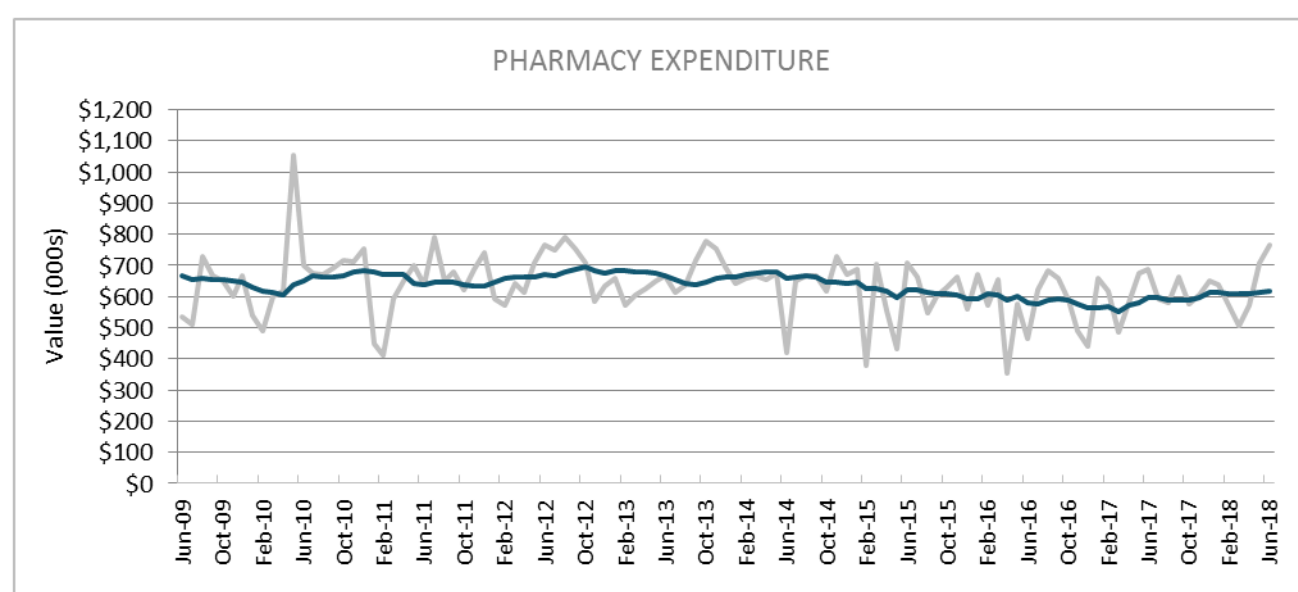
ESPI Compliance | ESPI 2 (FSA - First Specialist Assessment): There were 143 patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of May 2018. Of these, 134 were orthopaedic cases. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to service constraints. There remains a risk that we will face financial penalties for non-compliance for 2017-18. Work on a recovery plan and engagement with the Ministry of Health on this issue is continuing.

ESPI Compliance | ESPI 5 (FSA to Treatment): Fourteen plastic surgery patients were waiting over 120-days from FSA to surgical treatment as at the end of May 2018. An influx of patients referred to plastic surgery with high suspicion of cancer and of other urgent cases has meant those of lower priority have had extended wait times. A visiting plastic surgery theatre session is scheduled for late July, with additional surgery and outpatient sessions being planned for periods thereafter to address the back-log and keep pace with the increased demand.

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

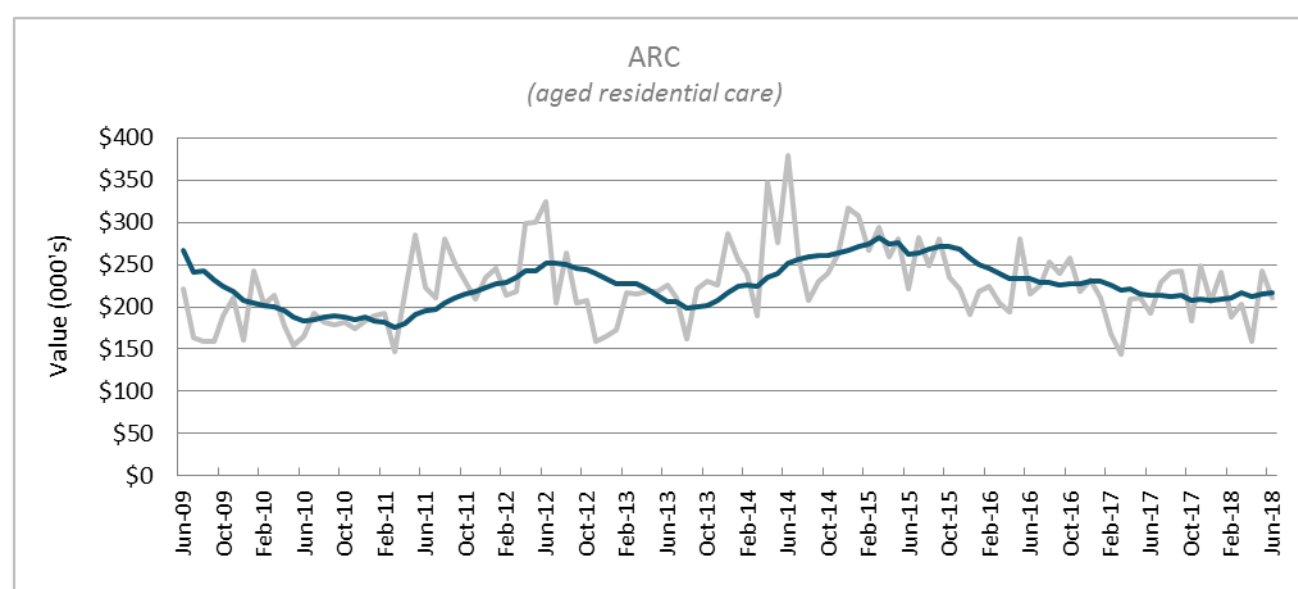
Financials

Expenditure trends for five major areas where cost and volumes are not capped are shown in 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

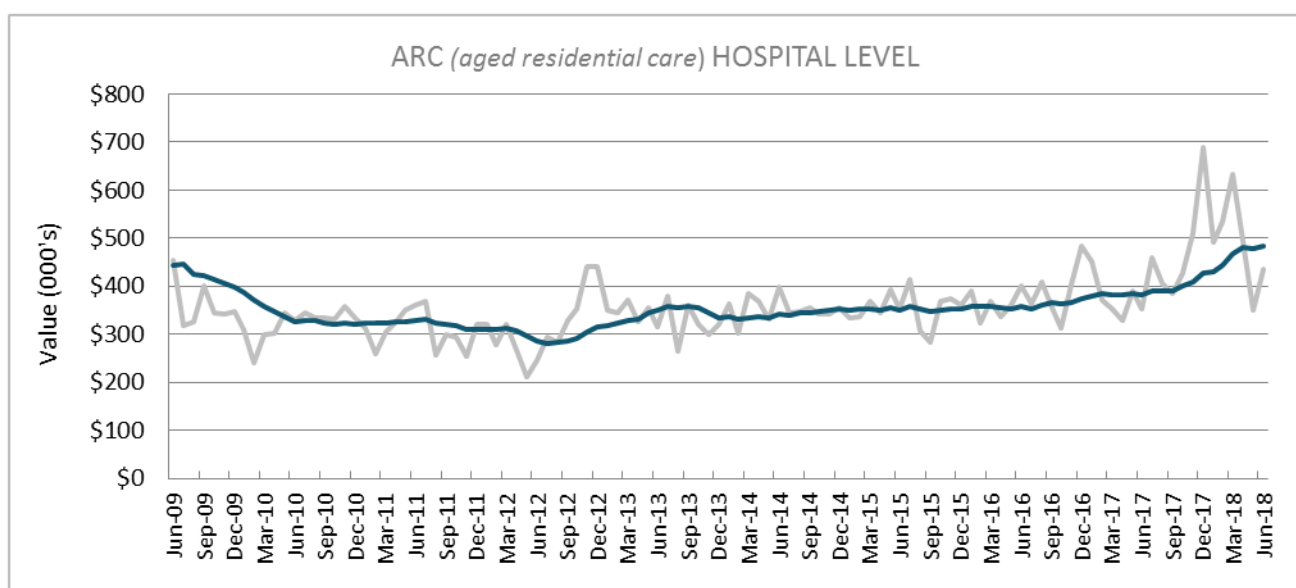
Community referred pharmaceutical expenditure had trended downwards since 2009. This downward trend started reversing in early 2017 as expenditure increased due to the introduction of additional government funding for new and high cost drugs (such as for cancer, hepatitis C and multiple sclerosis). This 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 may be placed on this area as the cost for dispensing is currently under negotiation.



Achievements / Issues of Note

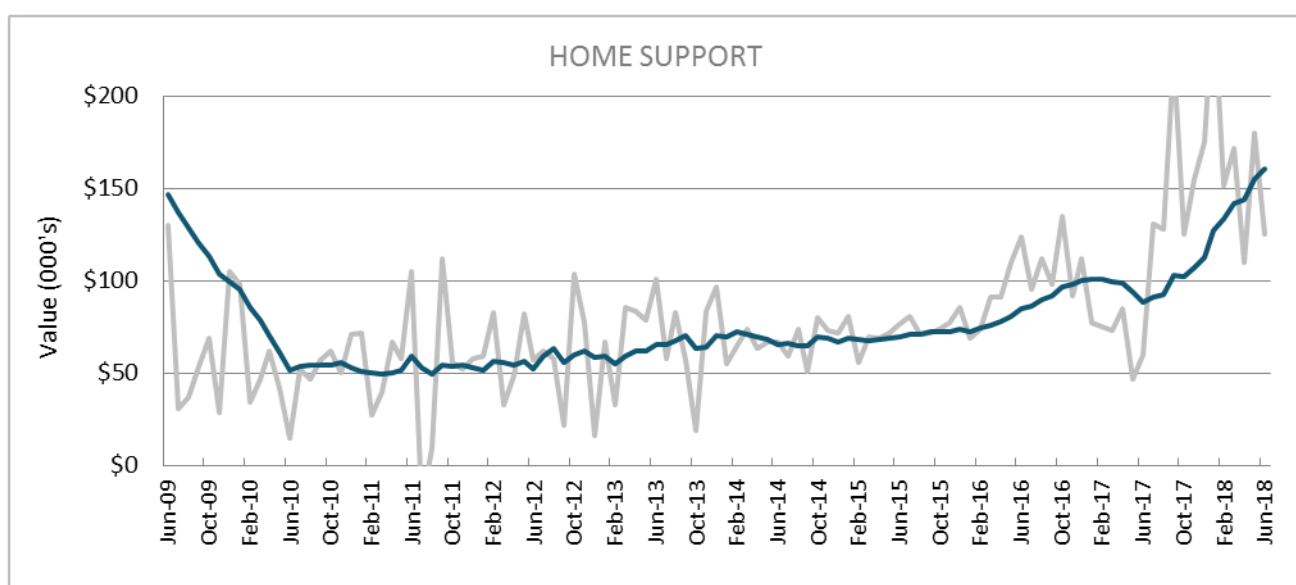
Since 2014 there has been a decreasing trend for rest home level beds however the opposite has occurred for hospital level care beds. The trend line will increase from the 1 July 2018 as payments made to service providers include the costs for the support workers' pay equity settlement. The trend line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

Financials



Achievements / Issues of Note

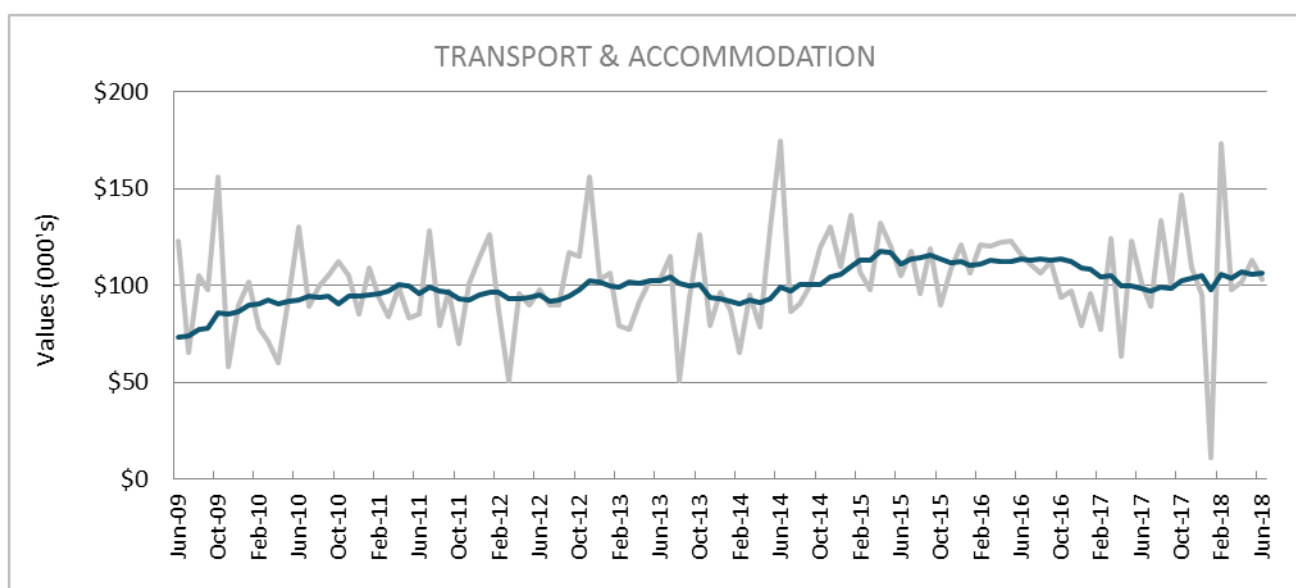
Refer above to rest home level commentary. In addition to the long term trend and pay equity recognition, expenditure levels will increase in this service due to the recent transition of clients from the hospital owned facility to community facilities.



Achievements / Issues of Note

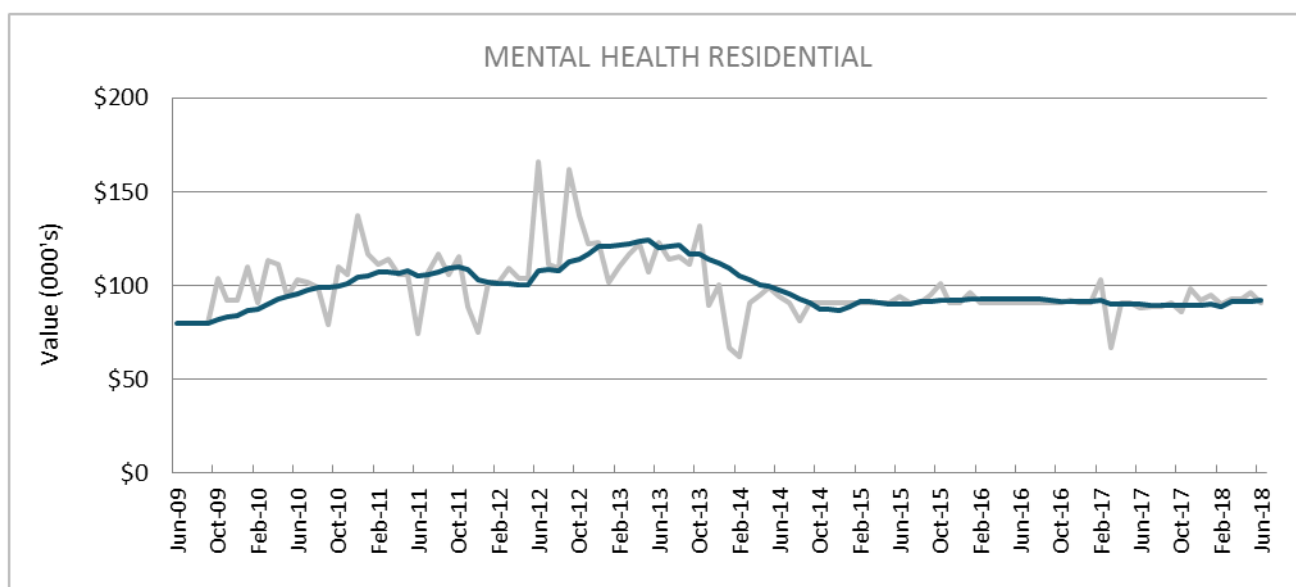
Since July 2016 there has been cost growth in Home Support services. There are three primary components to this increase: increase in demand for services; a stepped payment increase to providers recognising in-between travel and guaranteed hours to workers; and, from July 2017, an additional increase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

Financials



Achievements / Issues of Note

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



Achievements / Issues of Note

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

TO: Chair and Members
West Coast Advisory Committee

SOURCE: Planning and Funding

DATE: 10 August 2018

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

In March and April 2016 the West Coast and Canterbury DHB Boards approved the Transalpine Strategic Disability Action Plan 2016 -2026 and subsequently approved in September 2016 that the governance structure would sit within the Alliance Leadership Team.

It was envisaged that this approach would expand the scope of the plan to the wider health system not just the DHB's. Implementation of the plan would occur wherever applicable, using the existing alliance structure of the Work Streams and Service Level Alliances (SLA's). It is important to note however that this did not mean that the implementation and evaluation of the Action Plan would sit solely with the Alliance Leadership Team as many of the objectives require progressing within the DHB.

This report provides the West Coast Advisory Committee with an update on the progress of achieving the objectives of the Transalpine Health Disability Action Plan for the DHBs and the wider health system.

2. RECOMMENDATION

That the Committee:

- i. notes the progress of achieving the Priority Actions of the plan; and
- ii. notes the intent to refresh the priority actions following consultation (which will include an update on the governance and implementation structure).

3. SUMMARY

The Disability Action Plan has been designed to recognise that many of the objectives require substantial and sustained focus and effort to achieve the transformational change required. Therefore the plan has three distinct and essential component; the strategic vision and position statement; the overarching objectives for the 10 year period of 2016 -2026 and priority actions for a two year period to 2018 (that are necessary to begin to achieve the overarching objectives of the plan).

All of these components were developed following consultation with people with disabilities, their families and providers of services for people with a disability in Canterbury and the West Coast districts.

The priority actions are focused into four main areas:

- Employing more people with disability
- Improving disability awareness for all staff
- Accessible buildings and services
- Improving communication – content, technology and language style

A summary update is provided on each of these areas and identifies areas for future work.

4. DISCUSSION

Improving Disability Awareness for all Staff

There are currently four disability focused modules on the eLearning website, Healthlearn which is available to all West Coast DHB, Primary Care and NGO staff. Two of the modules are mandatory for all DHB staff (Health and Disability Consumer Rights and Open Disclosure) and two are voluntary (Working with People with an Intellectual Disability and Disability Responsiveness, Working with People with a Disability). The later module has been added in the last six months in a purposeful effort to meet this objective of the action plan.

There are plans to improve the modules offered on Health learn and to expand the training being offered beyond this platform as it is known that some staff groups are less likely to access Healthlearn or find the learning method appropriate for their needs. This work is being led by People and Capability who are forming a Canterbury and West Coast Diversity Moderation Group to review and recommend content of modules and also to identify other training opportunities where disability awareness training can be added or enhanced.

This group will include Maori and Pacific members along with other members who will bring different perspectives that reflect our diverse communities. It is likely that their role will expand to include elements of disability awareness to other learning modules - not necessarily those that are only disability focused. The development of the Diversity Moderation Group forms part of the 2018/19 District Annual Plan and will require implementation and evaluation during the coming 12 months.

Accessible Building and Services

a. Accessible Buildings

The following summary has been provided by Mark Newsome, West Coast DHB

“The new hospital and IFHC has been built to comply with New Building Standard, NZ building code, Grey District Council requirement and takes into account the Australasian Health Facility Guidelines.

Access to the Hospital and IFHC is via accessible pathways and doorways. Patient spaces and rooms have been designed and built with accessibility in mind in regard to room sizes, bathrooms and toilets, along with corridor widths and doorways, and car parking. Wayfinding follows the 2015 DHB Strategy and Guidelines which accounts for the different needs of people with a disability or temporary impairment”.

Further to this consideration needs to be given to furniture and fittings which can transfer an accessible building footprint into a layout that is not accessible for many of our community. Advice has been provided to Site Development to include an audit as soon as is practical by those recognised as specialists in the area of disability related accessibility, Be Accessible or Barrier Free.

b. West Coast Accessibility Coalition – Accessibility Strategy

Over the last year members of the West Coast DHB, Planning and Funding and Community and Public Health have been part of a West Coast Accessibility Coalition which has developed a draft Strategy and Action Plan for an accessible West Coast.

The Coalition has members represented from across the district including Council, local health and social service providers. The draft Strategy is to be circulated for community consultation following the Coalitions next meeting on 9 August 2018. The DHB will asked for their feedback once the Strategy and action plan are finalised.

In the future it is hoped by the current Coalition members that the DHB will formally identify their membership to be part of the Coalition and that they will become a signatory to the West Coast Accessibility Strategy, which will commit to having actions to include accessibility as a priority for the DHB.

Employing More People with a Disability

During the consultation phase in the development of the Transalpine Disability Action Plan the need for DHB's to be a leader in employing people with a disability was one of the most frequently expressed priorities for the DHB to action. People and Capability (P&C) who are a Division which cover both Canterbury and the West Coast DHB's along with the Canterbury DHB Disability Steering Group have been identifying ways to improve performance in this area.

There are several projects underway which will be transferable to the West Coast once they are operational.

a. Project Search

Project Search is an internationally successful programme which started in a hospital setting in the United States. Project Search is targeted at school leavers (up to age 24 years) with a disability who enter an internship in employer organisations that adopt the Project Search framework. The framework supports both the intern and the employer for on the job training and experience e.g. it is a mixture of skill development and work experience and uses established funding streams to pay the intern a meaningful wage. The ultimate goal is that the internship will lead to permanent employment in either the host organisation or in one similar.

Project Search is commencing in Canterbury DHB through a collaboration between the DHB, CCS Disability Action and the Blind Foundation. The Canterbury DHB will be the host employer organisation and has employed a Project Search Co-ordinator to engage with managers, ensure processes are in place to support the intern within the Project Search framework and to work with schools etc. to identify suitable interns.

CCS Disability Action and the Blind Foundation have purchased the license for Project Search so are sponsors of the programme and are invested in achieving successful outcomes for the interns. As all parties in the collaboration are transalpine it is anticipated that Project Search could become a programme offered to school leavers on the West Coast as well. The Canterbury DHB Disability Steering Group is hoping the Project Search programme can be widened to include more than school leavers.

b. West Coast DHB as an Employer

Members of the Canterbury DHB Disability Steering Group have identified a range of resources that will be used to inform hiring managers (within the Canterbury and West Coast DHB's) on appropriate approaches and processes that will provide greater equity for people with a disability who seek and are successful in being employed by the DHB. These resources will be developed

into a training module and it is hoped that this training will become mandatory for all managers who have the responsibility to recruit new staff.

Improving Communication – Content, Technology and Language Style

a. Communication Plan

A Transalpine Disability Communication Plan is identified as a priority in the Action Plan. Regular communication to the disability sector in Canterbury on all relevant disability related issues and events is occurring however implementation in the West Coast has been delayed due to a lack of a dedicated local resource. It is anticipated this will be resolved very soon.

b. Accessible Website

The DHB's Communications Team identified that the Canterbury and West Coast DHB websites were not accessible for people with a range of sensory and cognitive disabilities. The Executive Management Teams approved a review of these sites and this was completed by the Blind Foundation. Based on the recommendations the websites have been upgraded to meet accessibility standards.

c. Easy Read

Transferring documents into easy read also forms part of the Disability and the Communication Plan. The most efficient and sustainable way to achieve this is to train members of the Communications team on how to transform standard text into full easy read. This action requires further consideration before progressing.

Additional Points of Note

- The Director of Quality and Patient Safety Canterbury and West Coast DHB formally recommended to the Health Quality and Safety Commission that the identification of whether the person has a disability should be included as part of the patient demographic information collected on the Patient Satisfaction Surveys. The rationale was that we have no way of identifying whether people with disabilities and their families have a different experience to those without a disability. The recommendation has been agreed by the Commission and they have included this in their work plan.
- The Ministry of Health is currently seeking submissions on changes to the NHI. One element being proposed is that disability status is collected as part of the other demographic information. The outcome of consultation will be of great interest as currently being able to understand the journey and experience of the health system for people with a disability generally relies on 'people stories'. While these narratives are powerful, the absence of qualitative data makes systems planning and evaluation for people with a disability more challenging.
- A priority action in the [West Coast Canterbury Health and Disability Action plan](#) is to develop a Canterbury and West Coast Policy on the use of sign language and access to interpreters (10.4, page 23). The Corporate Quality and Patient Safety Team has assisted in reviewing the current [Clinical Management – Booking and requesting interpreters](#) and an updated draft is currently out for consultation.
- The Work Plans of the Work Streams and Service Level Alliances do not always evidence a focus on disability however, as part of the Alliance Leadership Teams four key lenses, where opportunities present the needs of people with disabilities is included.

For example as previously reported, following a question from the West Coast Advisory Committee, a review of the B4 School Check (B4SC) process was undertaken with the B4SC Coordinator, Planning& Funding and the Service Manager, Ministry of Education (MoE). The

review sought to understand the current process for families invited to a B4SC where the child has a disability that might affect the way a B4SC is completed for them. There was agreement that an additional question would be asked at the time of initial contact to draw out any considerations. It was also agreed that the MoE services could approach these families to seek consent to share information with the B4SC team regarding how best to support access to a B4SC. This might be arrangement to complete the check at home or at a time that works better around other needs or in an environment that is quieter than the one-stop shop model often provides. It is anticipated that this two-sided approach will encourage more families to take up a B4SC as well as making the experience a positive one.

- The priority actions are currently being refreshed with a survey to the disability community and other key stakeholders to be circulated in the next few months of 2018. This refresh will need to consider the wider impact of national initiatives such as DSS System Transformation and different priorities identified by DSS such as access to respite services.

5. CONCLUSION

While there has been progress against each of the four priority areas it is timely to consider the current governance and implementation structure. Despite limited disability focused actions it is recommended that ALT remains as a part of the governance structure. Opportunity clearly exists for further engagement with ALT on the achievements to date and how we can better engage with the Workstreams and Service Level Alliances.

Given there is also work occurring in Canterbury through the Disability Steering Group that is likely to be transferrable to the West Coast it seems prudent to explore whether having members from the West Coast on the Steering Group will invite earlier engagement in projects and processes. There is also the potential to have those members engaged in earlier conversations about approaches and projects being developed and whether they are appropriate for implementation on the West Coast. It is proposed both these elements are worked through in more detail as a part of a refresh of the plan and that this comes back to the Committee for their endorsement following consultation.

Report prepared by: Kathy O'Neill, Team Leader, Planning and Funding

Report approved for release by: Stella Ward, Chief Digital Officer/Executive Director of Allied Health Scientific and Technical

TO: Chair and Members
West Coast Advisory Committee

SOURCE: Alliance Leadership Team

DATE: 10 August 2018

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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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 June the Alliance Leadership Team (ALT):

- Commended Margot van Mulligan on her excellent presentation on Australasian Rehabilitation Outcomes Centre data and the issues identified, concerns raised, and recommendations submitted.
- Noted continued concerns in regards to workforce; particularly in our ability to retain staff despite attracting good candidates for locums for example. The ALT plans to discuss this in depth at the August meeting.
- Congratulated those involved in the development of the System Level Measures Plan 18/19 and noted its completion and on time submission.
- Thanked Fran Cook for the excellent work she has done to date.
- Wished to highlight that the Community Health Project is now at risk.
- Thanked Stella Ward for her outstanding service in chairing the ALT and wished her all the best in her new role.
- Noted that there will be recruitment of an independent chair for ALT.

System Level Measures Framework Improvement Plan

This plan has been developed by the Alliance to address a suite of specific health outcomes. The plan is now in its third iteration and builds on achievements in prior years.

Initial feedback from the Ministry of Health is encouraging and this plan, once completed, will be a key guiding document for Alliance activity in the 2018/19 year.

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

- The Reefton IFHC workstream has placed additional focus on reducing rural isolation and a need to simplify health provider registration in order to support that.
- An evaluation of the inclusion of Mental Health into the Long Term Conditions Programme at Buller Medical has now been complete. It shows overall success with improved health outcomes for patients enrolled.

Healthy West Coast (HWC)

- The workstream were pleased to receive the Food Security Workshop report.
- The workstream were pleased to note the continued achievement of the Raising Healthy Kids Health Target.

Child and Youth

- The workstream were pleased to hear about the Community of Wellbeing pilot that has now commenced and are looking forward to a report on how this is progressing at the next workstream meeting in early August.

Report prepared by: Jenni Stephenson, Planning & Funding

Report approved for release by: Stella Ward, Chair, Alliance Leadership Team

TO: Chair and Members
West Coast Advisory Committee

SOURCE: General Manager West Coast DHB

DATE: 10 August 2018

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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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:

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

4. **DISCUSSION**

Volumes

This Provider Arm Report includes base service level agreement volumes against delivery for the 2017-18 financial year to 30 June 2018 (excluding ACC-funded activity).

Inpatient Volumes

Overall case-weighted discharge [CWD] throughput from Grey Base Hospital is up by 2.1% in 2017-2018 from contracted volume. Throughput in surgical specialties was down overall, with fewer acute orthopaedic and elective gynaecology patients than anticipated. This was offset by significantly higher throughputs in ophthalmology and in general medical and paediatric medical specialty services.

The split between acute and electives was as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	1121.09	846.21	-274.88	-24.5%
Elective	1232.75	1051.13	-181.62	-14.7%
Sub-Total Surgical:	2353.84	1897.34	-456.50	-19.4%
Medical				
Acute	1392.11	1929.17	537.06	38.6%
Elective	0	0	0	0%
Sub-Total Medical:	1392.11	1929.17	537.06	38.6%
TOTALS:	3745.95	3826.5	80.56	2.1%

Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical services ended down overall from contracted volumes during 2017/18. Among individual specialities, there has been fewer than anticipated locally-delivered outpatient orthopaedic, general surgery, gynaecology, general medical, ENT and rheumatology follow-up attendances. First Specialist Attendances were up most notably against target in general medicine, plastic surgery, and ophthalmology. Most other specialities tracked around anticipated volume; however, there were only limited dermatology and gastroenterology clinic attendances.

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

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1 st Visit	3525	3484	-41	-1.2%
Sub. Visit	5420	4369	-1051	-19.4%
Sub-Total Surgical:	8945	7853	-1092	-12.2%
Medical				
1 st Visit	1709	1688	-21	-1.3%
Sub. Visit	3609	3158	-451	-12.5 %
Sub-Total Medical:	5318	4846	-472	-18.9%
TOTALS:	14,263	12,699	-1564	-10.9%

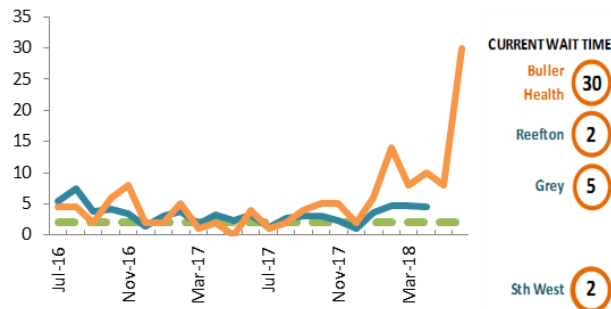
Outpatient Clinic DNA Rates

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]
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%
April 2018	1721	1621	100	5.81%
May 2018	1839	1714	125	6.80%
June 2018	1743	1634	109	6.25%
13 month rolling totals	21255	19513	1387	6.52% Average

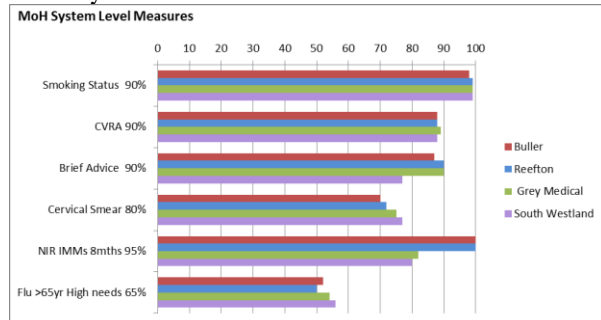
- The percentage of patients that did not attend (DNA) outpatient clinics in June has seen a slight decrease from the month prior.

Primary Care

Wait Times



MoH System Level Measures



While wait times for routine appointments in most areas are around 2 to 5 days we have significant delays in Westport. This is due to a combination of a couple of our longer term GP's leaving recently, the continuing challenge generally of recruiting GP's and the more specific issues of recruiting locum doctors over the winter months. While Grey is not as bad the team is low on GP resourcing and this has impacted on wait times and the workload of those that continue to provide the service. The DHB is working hard to resolve the immediate issues through recruitment and looking at options such as the greater use of Nurse Practitioners across the Coast and improved recruitment strategies.

Mental Health KPI's Dashboard



Admissions

Admissions known to the service for 7 days prior admission and seen within 7 days prior admission

	Q2, 2017/18	Q3, 2017/18	Q4, 2017/18	Q1, 2018/19
Known & Seen	50%	55%	43%	47%
Others	50%	44%	56%	52%

Admissions

Average HoNOS T12 score (inpatient) of patients discharged

	Q2, 2017/18	Q3, 2017/18	Q4, 2017/18	Q1, 2018/19
Inpatient discharges	47	36	41	9
Compliant admissions	44	35	33	8
Compliant discharges	45	34	32	7
Discharged with improvement	38	31	28	6
Discharged with deterioration	4	3	4	0

Admissions

Acute admissions per 100,000 population

	Q2, 2017/18	Q3, 2017/18	Q4, 2017/18	Q1, 2018/19
Actual admissions	46	39	41	14
Admissions per 100,000 people	139	118	124	42

Discharge

Post-discharge community care within 7 days post discharge

	Q2, 2017/18	Q3, 2017/18	Q4, 2017/18	Q1, 2018/19
Community care within 7 days	63%	55%	60%	77%
Readmitted within 7 days	2%	2%	4%	0%
Transferred to another DHB	6%	2%	9%	11%
Not seen within 7 days	27%	38%	24%	11%

Child & Youth

DNAs

	Q2, 2017/18	Q3, 2017/18	Q4, 2017/18	Q1, 2018/19
Duration (hours) of DNAs	10.08	3.00	19.42	3.17

Child & Youth

Contact time with both child and family/whanau

	Q2, 2017/18	Q3, 2017/18	Q4, 2017/18	Q1, 2018/19
Contact time (hours)	163.25	81.58	96.50	27.33

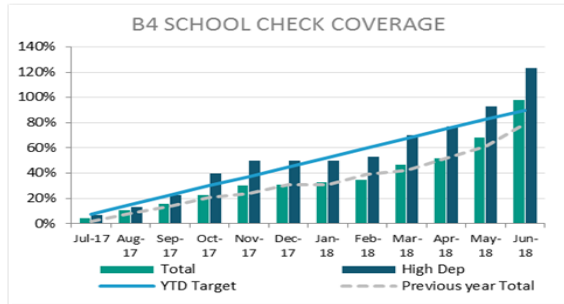
Child & Youth

Contact time with child, without family/whanau

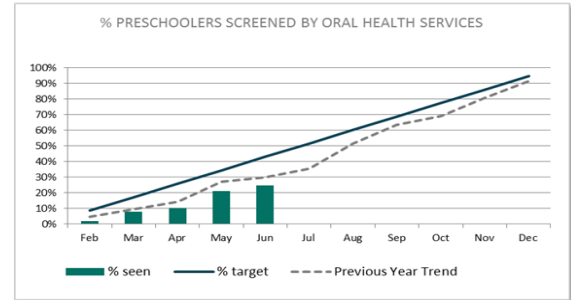
	Q2, 2017/18	Q3, 2017/18	Q4, 2017/18	Q1, 2018/19
Contact time (hours)	322.13	113.20	162.68	33.18

Community

B4 Schools



Pre-School Oral Health



4.2 Workforce Update

Rural Generalist Workforce Strategy

One of our key strategies in leading the way in the delivery of health care in the most rural district in the country is developing a rural generalist workforce. We have seen this developing for some time now in a number of areas including our rural nurse specialists. Now we are starting to see this develop further including one of our GPs/RMHS, Dr Brendan Marshall, completing an Advanced Diploma of Obstetrics. As we progress this work it is important that everyone understands the strategy and how this fits into our overall direction of the WCDHB. With this in mind we are developing some communications and themes around this. Some key messages include:

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

Nursing

- Recruitment in ED has been extremely positive in the last month with the appointments of three senior Registered Nurses. The CNM acute zone is still a work in progress. The Care Capacity Demand Management (CCDM) plan is now complete and signed off by NZNO. We continue to work towards the full roll-out of CCDM when we move into the new facility. All positions have been filled in the wards and departments, although we are still waiting for some staff to arrive.
- The nurses' strike on 12 July ran smoothly over the 24 hours due to the high level planning and excellent communication and organisation on the day. Volunteers did an amazing job and we thank them for their time. Staff on picket lines behaved well and culture returned to normal the next day which shows how positive the culture is within the DHB.
- Training has begun for nurse leaders within the DHB and is being well received.
- We continue to excel in our targets for ED, whilst there is some work to do around smoking cessation. CNMs are working hard on this for the next month.

Medical

- Recruitment remains a focus for both General Surgery and General Medicine – we have stable locum cover and are working with some potential candidates. We have had some interest in our RHM positions and are moving to confirm some strong candidates for interviews in the coming weeks.
- The RMO recruitment is looking positive for 2019 and we are now seeing the results of our investment with a number of new Rural Hospital Medicine Specialists joining the team next year.

Maternity

- In June we had 25 births at Grey hospital and 1 birth at Kawatiri. From a total of 27 births, 17 were normal vaginal births, 4 instrumental births and 6 births by caesarean section (5 emergency and 1 elective).
- LMC midwives remain stable and 0.7FTE has been approved for a fixed term core midwife position. The Clinical Midwifery Manager, planning & funding and the Kawatiri midwife manager agreed on the DHB contract with Westport, which is due in July.
- In June we had the PROMPT course that had attendees from a multi-disciplinary background. We also facilitated the attendance of perineal trauma workshop by VC with Christchurch. In order to keep our breastfeeding training standards we also organised one hour training for Maori breastfeeding, which was recorded and seen by the McBrearty team and LMC midwives.
- The midwife educator facilitated the Newborn Life Support for RMIP medical students and midwifery students.
- Due to maternity Safety1st incidents reviews and recommendations, we were able to have a neonatal resuscitation trolley approved; identification badges at chest level were ordered for the McBrearty team and a vaginal delivery box was placed in theatre as a quality improvement initiative. When appropriate we also organise debriefs and case reviews to improve the care delivered to our women and their families.

Allied Health

- Work is well underway to action the Audiology review recommendations. Working groups are considering ways to meet the testing and therapy standards as close to our communities as possible. This work is being conducted in partnership with our CDHB and ENT colleagues, who provide regular clinics at Grey Hospital.
- Our two new graduate Physiotherapists have settled well into their first year of practice within the Grey Hospital acute wards. While outpatient and community services across the district continue to be at risk due to national physiotherapy shortages, having a full contingent on the wards is allowing us to test the way we will work in the acute and surgical ward of the new facility.
- Recruitment is also ongoing for Radiology, Psychology and Occupational Therapy across Hospital services, Mental Health and Primary & Community teams.
- Consultation has concluded around Radiology provision at the Buller campus and a decision document is being presented to staff currently. The mixed model of service delivery that has been adopted will support a well qualified, sustainable service for the Buller community aligned to the DHB Model of Care.

- Front line staff recruitment challenges continue to impact 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.
- As reported last month, delays in the new build process are creating risk within our radiology service, as a number of imaging technologies reach their end of life. This means that the technology may become less reliable, equipment may no longer be able to be repaired, parts may no longer be available, and the levels of radiation emitted may become too high for staff or patient safety. These factors are being monitored regularly and this risk has been elevated on the risk register.
- Service details are being articulated with our CDHB Allied Health colleagues as we continue in our work to develop a RUFUS (rurally focused urban specialist) model of service delivery for all of our Child Development Services. This means that experienced clinicians, both from CDHB and from WCDHB, can support their transalpine colleagues to deliver the specialist care required for this high needs client group.
- The WCDHB and CDHB Clinical Leads from each of the therapy professions (Physiotherapy, Occupational Therapy, Social Work, Speech Language Therapy and Dietetics) have been tasked with drafting up a proposed model for each profession to support new graduates to rotate throughout the various practice settings in both DHBs. This will allow us to better introduce new graduates to the full range of practice areas, and potentially increase our recruitment and retention as staff have more opportunities to learn and grow.
- The planning for the roll-out of regional ePharmacy over the next 12 months continues in partnership with CDHB.

Industrial Relations

Negotiations Update:

- *NZNO MECA:* The DHBs presented a revised offer to NZNO on 25 July following the rejection of a previous offer and strike action on 12 July. The union ratification process is due to take place online in respect of the revised offer in the coming days.
- *NZRDA Union:* Resident Medical Officers (RMOs): Bargaining is scheduled for 31 July and 1 August 2018. The DHBs will continue to focus discussions on addressing implementation issues with the schedule 10 rosters introduced last bargaining that the union is now seeking to extend to all rosters.
- *PSA Allied and Technical MECA:* Small working groups have been established and bargaining has reconvened for 26/27 July.
- *West Coast Support Services (SAWU, E tū):* Most issues were resolved during bargaining in March 2018 but it is unlikely to be finalised before NZNO bargaining.

Recruitment

New Vacancies	9
Total Open Vacancies	37
Appointed Vacancies	12

- *Nursing* – roles continue to get filled but vacancies continue to occur.

- *Allied Health* – some key roles have been filled over the past few months 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.
- *Medical* – continued challenges in GP recruitment and locums are becoming increasingly difficult to source. Summer is looking promising at this stage.

4.3 Patient

Patient Transfers

- The number of tertiary patient transfers from Grey Base and Buller Hospitals remained steady with 49 in May and 52 in June 2018. The majority of transfers in May were for medical patients and in June were for medical, surgical and orthopaedic patients, with the principal methods of transportation being via ambulance and pressurised aircraft.
- The main reason for the transfers in May and June was for ‘Specialty Care not available at Grey Base Hospital’.
- For patients transferred from Buller to Grey Base, the numbers remained steady with 24 in May and 20 in June. The majority of the transfers in May were for medical patients and in June were for medical and surgical patients. These were transported to Grey Base via hospital board car, ambulance and helicopter in May and via ambulance, helicopter and private vehicle in June.
- Patient transfers remained steady from Reefton to Grey Base with 3 in May and 4 in June. These were transported via ambulance and private vehicle.

4.4 Health Targets

West Coast DHB health target report

Quarter 3 2017/18: January - March 2018



What are the health targets?

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

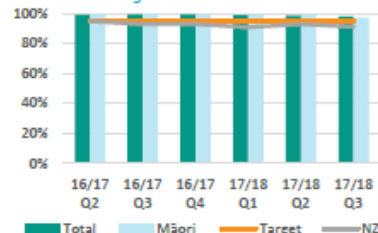
DHBs report progress to the Ministry quarterly, who in turn publish the targets online and in newspapers via a national league table.



Shorter stays in ED

98%

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

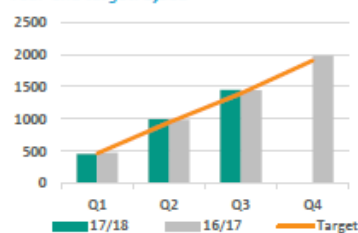


The West Coast continues to achieve the ED health target, with 98% of patients admitted, discharged or transferred from ED within 6 hours during quarter three.

Improved access to elective surgery

104%

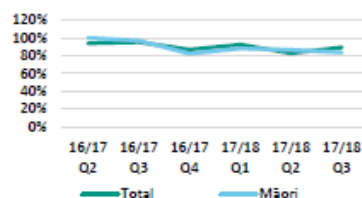
Patients receiving planned surgery Year-end target: 1,905



This quarter, West Coast DHB provided 1,452 elective surgical discharges, delivering 104% of planned discharges.

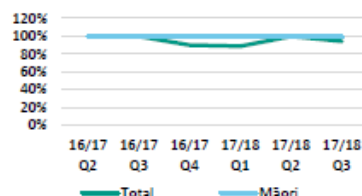
Supplementary indicators

Better help for smokers to quit: secondary smoking



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

Better help for smokers to quit: maternity smoking

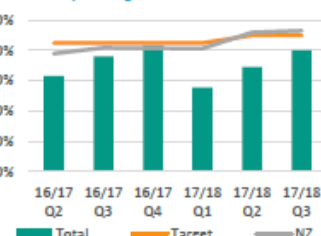


The Ministry sources this from the national Maternity Data Set. However, the source of this data only represents around 80% of all pregnancies nationally. Therefore the Ministry provides these results for information only and will not publish them online or in newspapers.

Faster cancer treatment

81%

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

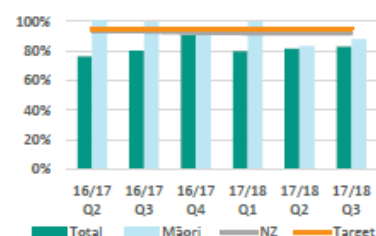


Performance against the health target continued to increase this quarter to 81% of patients receiving treatment on time. Small numbers are challenging with this result reflecting only three patients who were not seen within the 62 day period. A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, or diagnostically challenging.

Increased immunisation

81%

Eight-month-olds fully immunised

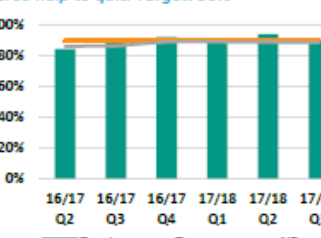


Six children were missed and 94% of eligible (consenting) 8-month-olds were fully immunised. This is an increase on the previous quarter. Strong results were achieved for Asian (100%) tamariki.

Better help for smokers to quit

90%

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

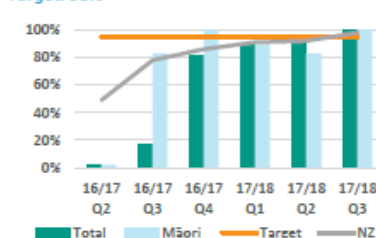


The DHB continues to meet this health target. Three practices have shown significant improvements and have been supported by input from the Smokefree Services Coordinator and PHO Clinical Manager.

Raising healthy kids

100%

Children with obesity referred for support Target: 95%



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 quarter three.

Elective Services Patient Indicators [ESPI Compliance]

ESPI 2 FSA (First Specialist Assessment)

There were 143 patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of May 2018. Of these, 134 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 for 2017-18. Work on a recovery plan and engagement with the Ministry of Health on this issue is continuing.

ESPI 5 (Treatment)

Fourteen plastic surgery patients were waiting over 120-days from FSA to surgical treatment as at the end of May 2018. An influx of patients referred to plastic surgery with high suspicion of cancer and of other urgent cases has meant those of lower priority have had extended wait times. A visiting plastic surgery theatre session is scheduled for late July, with additional surgery and outpatient sessions being planned for periods thereafter to address the back-log and keep pace with the increased demand.

MoH Elective Services Online

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

DHB Name: West Coast

	2017			2017			2017			2017			2017			2017			2017			2018			2018			2018			2018			2018		
	Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.			
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	16 of 16	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0	14 of 14	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0			
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	40	4.6%	-40	1	0.1%	-1	14	1.7%	-14	47	5.6%	-47	51	5.4%	-51	61	7.4%	-61	99	10.8%	-99	109	11.1%	-109	122	12.2%	-122	138	12.8%	-138	152	14.0%	-152	143	13.6%	-143
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	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	0	0.0%	0	0	0.0%	0	0	0.0%	0	1	0.1%	-1
5. Patients given a commitment to treatment but not treated within the required timeframe.	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	1.5%	-3	3	1.5%	-3	9	4.4%	-9	12	5.8%	-12	14	7.3%	-14
6. Patients in active review who have not received a clinical assessment within the last six months.	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	0	X	0	0	X	0	0	X	0	0	0.0%	0
8. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	129	100.0%	0	108	100.0%	0	161	100.0%	0	159	100.0%	0	150	100.0%	0	125	100.0%	0	143	100.0%	0	125	100.0%	0	117	100.0%	0	135	100.0%	0	130	100.0%	0	123	100.0%	0

Data Warehouse Refresh Date: 29/Jun/2018

Report Run Date: 02/Jul/2018

Notes:

- Before July 2016 the required timeframe for ESPI 1 is 10 working days, and from July 2016 the required timeframe for ESPI 1 is 15 calendar days.
- 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 2016 ESPI 1 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less. DHB Level 'Non-compliant Red' status for ESPI 1 is temporarily removed for the 2016/17 and 2017/18 years so from July 2016 ESPI 1 will be Green if 100%.
- 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).

4.5 Quality

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



GREY / WESTLAND

Grey Base & Reefton Hospitals				Annual Trend
	Apr	May	Jun	
Behaviour & Safety	1	0	0	
Blood Product	1	0	0	
Drain and Tube	0	0	0	
Employee	3	5	1	
Facilities, Building & Property	0	1	0	
Fall	6	3	12	
Hazard Register	0	0	0	
Infection	1	0	0	
Intravascular Access Device	0	0	0	
Labs / Specimen	6	3	3	
Labour and delivery	4	2	3	
Medication and IV Fluids	11	9	3	
Provision of Care	5	4	6	
Radiology	1	2	0	
Restraint	0	0	0	
Security	2	2	1	
Skin / tissue	1	1	1	
Totals	42	32	30	

- Medication and Lab/Specimen events showed a downward trend over the period. Fall numbers increased; however there is work being done by the Falls Prevention Group and CNMs in this area. 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 - 30 JUNE 2018



TO: Chair and Members
Hospital Advisory Committee

SOURCE: Finance

DATE: 10 August 2018

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee:

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

3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of June 2018 was a deficit of \$212k, which was \$154k favourable to budget. The year to date position of a net deficit of \$2.949m is \$908k unfavourable to budget.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,028	6,980	48	✓	86,087	84,108	1,979	✓
Governance & Administration	90	68	22	✓	1,342	827	515	✓
Funder	5,341	5,269	72	✓	61,659	63,318	(1,659)	✗
	12,459	12,317	142	✓	149,088	148,253	835	✓
EXPENSES								
Provider								
Personnel	5,210	5,657	447	✓	66,648	65,083	(1,565)	✗
Outsourced Services	7	12	5	✓	120	142	22	✓
Clinical Supplies	458	650	192	✓	8,777	8,288	(489)	✗
Infrastructure	1,284	1,039	(245)	✗	13,135	12,649	(486)	✗
	6,959	7,358	399	✓	88,680	86,162	(2,518)	✗
Governance & Administration	90	68	(22)	✗	910	826	(84)	✗
Funder	5,264	4,850	(414)	✗	58,149	58,419	270	✓
Total Operating Expenditure	12,313	12,276	(37)	✗	147,739	145,407	(2,332)	✗
Surplus / (Deficit) before Interest, Depn & Cap Charge	146	41	105	✓	1,349	2,846	(1,497)	✗
Interest, Depreciation & Capital Charge	358	407	49	✓	4,298	4,888	590	✓
Net surplus/(deficit)	(212)	(366)	154	✓	(2,949)	(2,041)	(908)	✗

4. APPENDICES

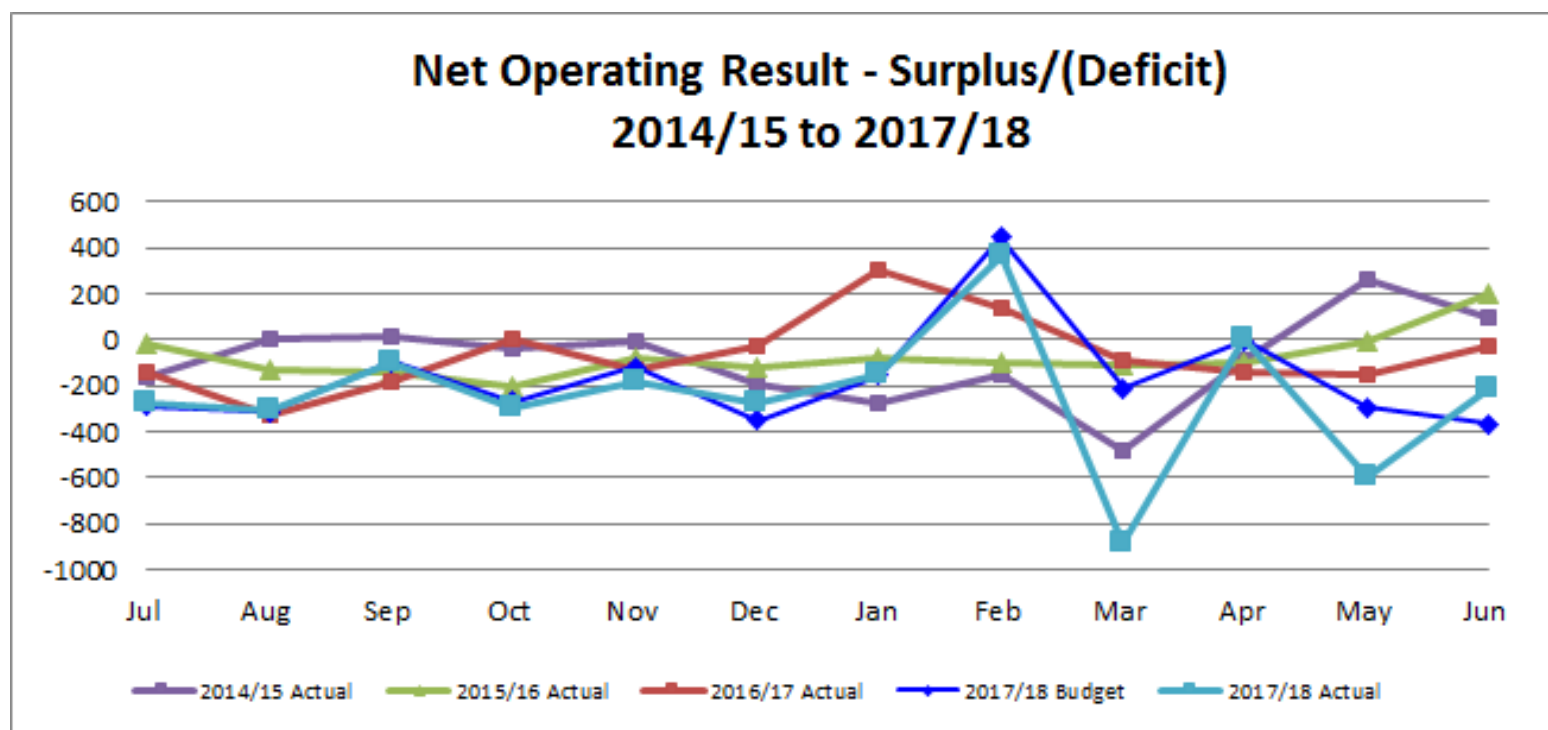
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – JUNE 2018

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	(212)	(366)	154	-42%	✓	(2,949)	(2,041)	(908)	44%	✗

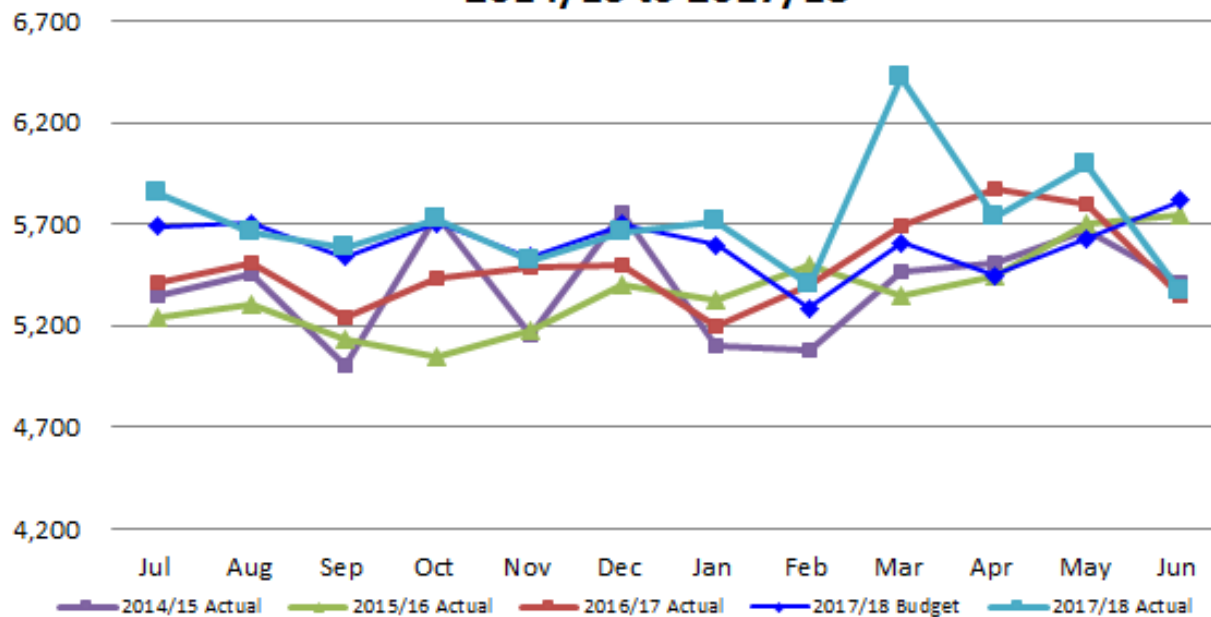


We have submitted an Annual Plan with a planned deficit of \$2.041m, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016, the actual funding provided for the 2017/18 year, and the anticipated delays in regard to plans for ARC/Dunsford Ward in Buller. At this stage we are forecasting a final year end result of a \$2.9m deficit, largely related to Aged Residential Care and anticipated MECA settlements.

PERSONNEL COSTS (including locum costs)

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Medical	1,205	1,464	258	18%	✓	18,028	17,819	(210)	-1%	✗
Nursing	2,572	2,592	21	1%	✓	29,635	27,864	(1,771)	-6%	✗
Allied Health	837	966	129	13%	✓	11,058	11,654	596	5%	✓
Support	63	90	27	30%	✓	1,165	1,110	(55)	-5%	✗
Management & Admin	691	724	33	5%	✓	8,739	8,836	96	1%	✓
Total	5,368	5,836	468			68,626	67,283	(1,343)		

**Personnel Costs including locums Trend -
2014/15 to 2017/18**

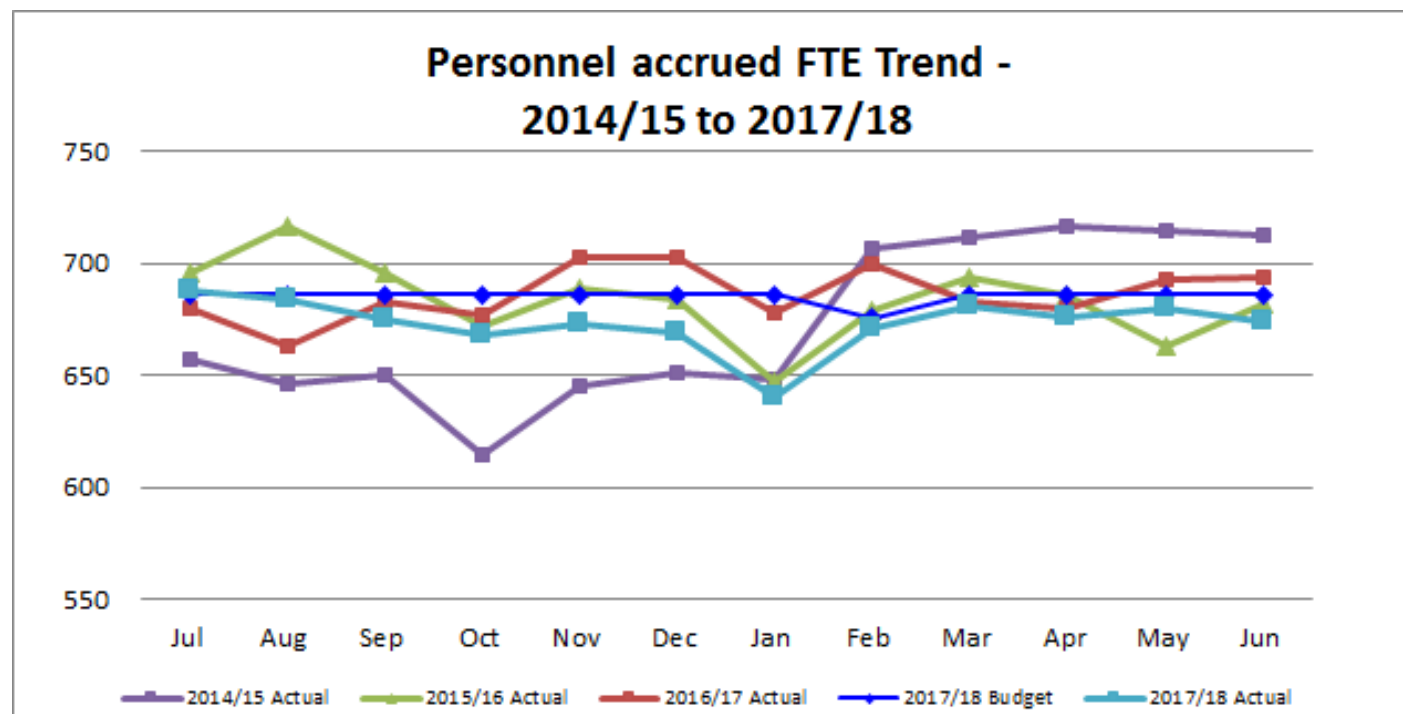


Personnel expenses (combined employee costs and outsourced services) reported a favourable variance of \$468k this month.

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	39	39	1	1%	✓	41	39	(1)	-4%	✗
Nursing	317	325	8	2%	✓	322	325	3	1%	✓
Allied Health	174	178	4	2%	✓	169	178	9	5%	✓
Support	15	18	3	19%	✓	17	18	1	5%	✓
Management & Admin	128	126	(3)	-2%	✗	125	126	1	1%	✓
Total	673	686	13			673	686	13		



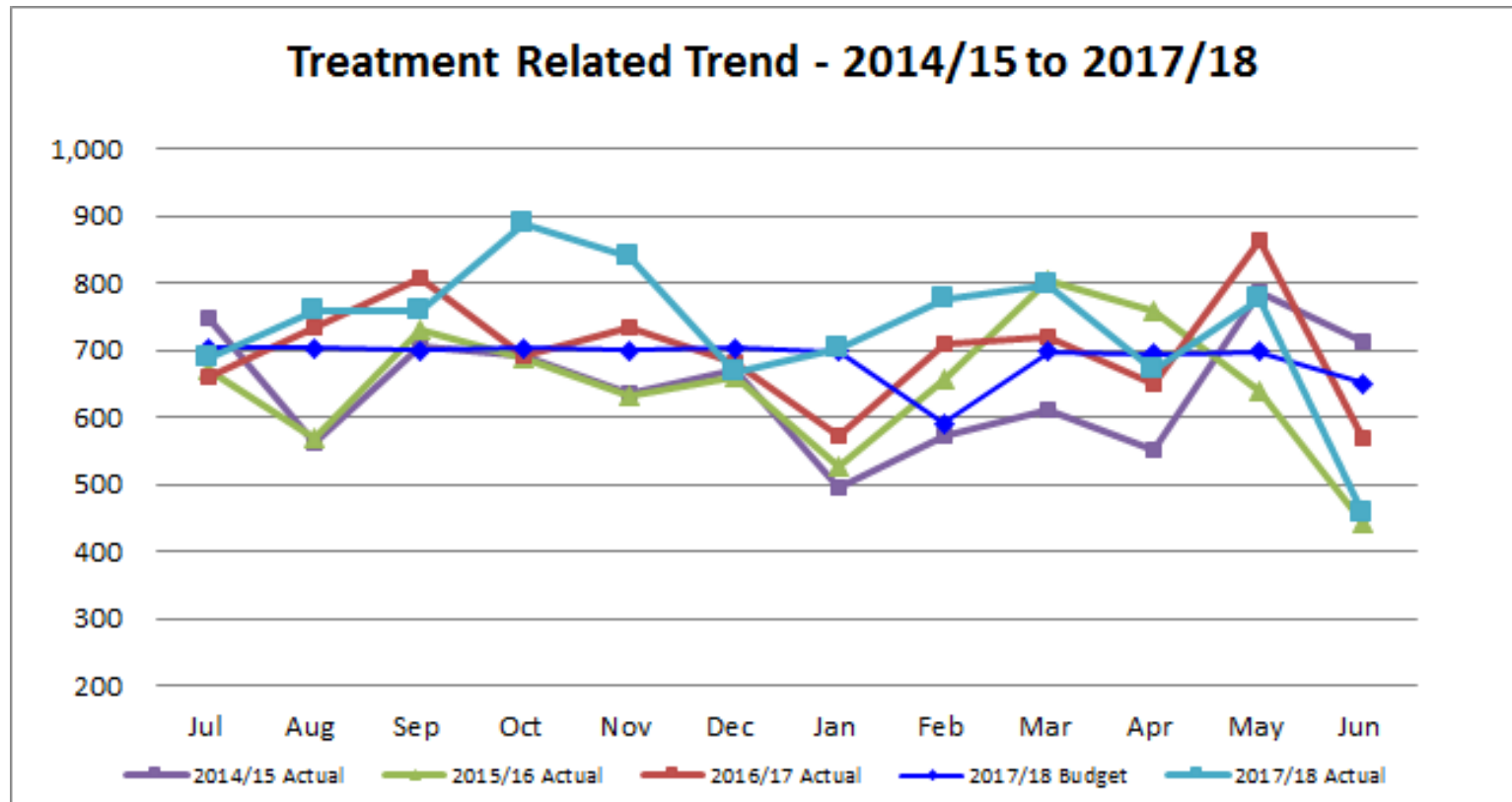
Accrued FTE is influenced by leave taken throughout the period, the current period results are impacted by general employee churn and recruitment.

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	458	650	192	30%	✓	8,778	8,288	(490)	-6%	✗

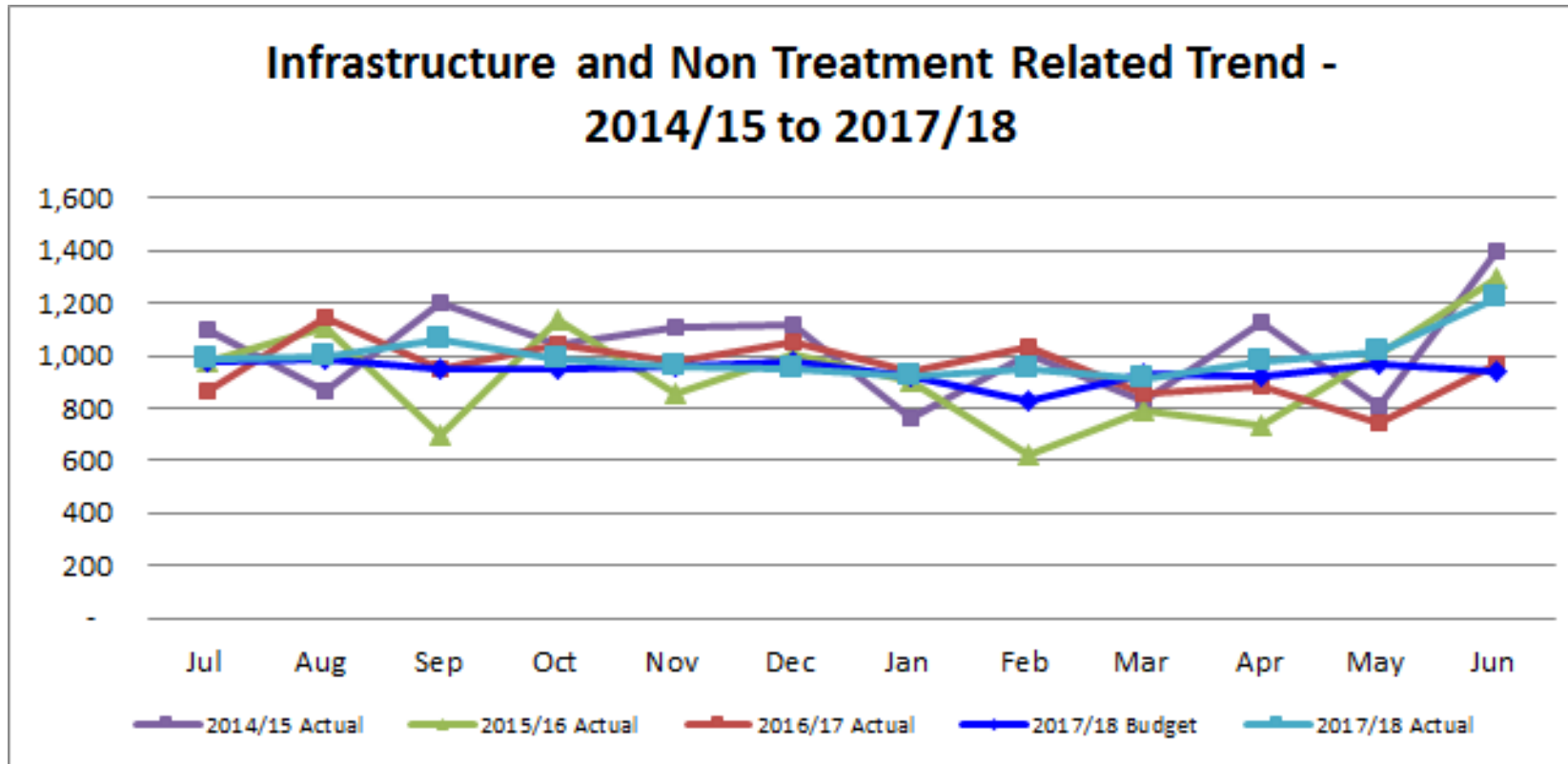


Treatment related costs are unfavourable to budget for the month.

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 \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Non Treatment related costs	1,224	940	(284)	-30%	✗	11,934	11,328	(606)	-5%	✗

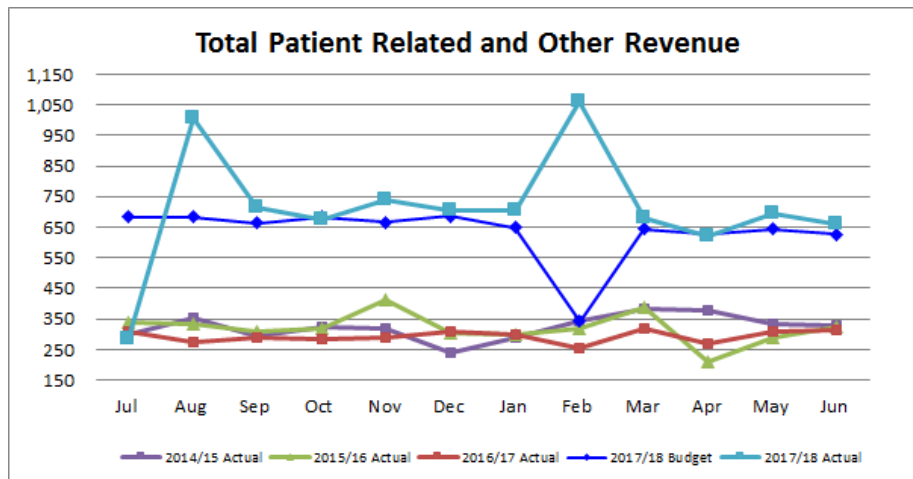


This category of expenditure is closely monitored to ensure appropriate plans are in place to remain on budget over the year.

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

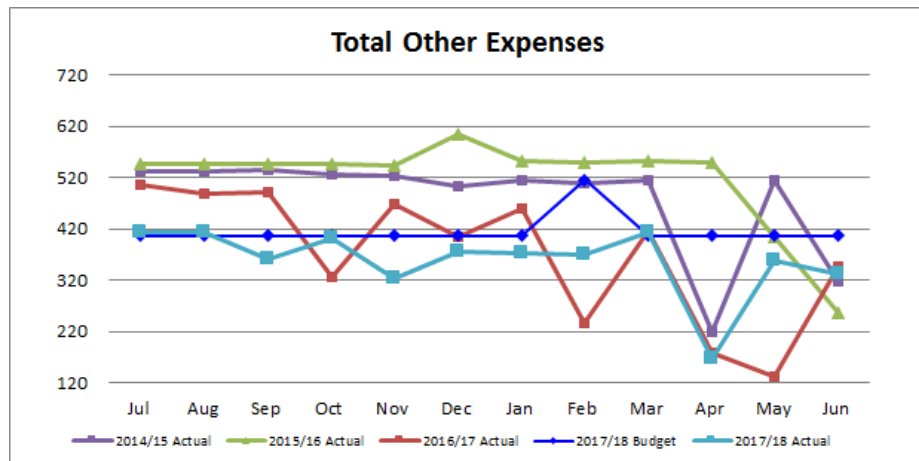
OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Interest Received	31	35	(4)	-12% ✗	380	420	(40)	-10% ✗
Donations	-	-	-	0% ✓	2	-	2	0% ✓
Rental	9	15	(6)	-40% ✗	183	189	(6)	-3% ✗
Other	66	20	45	100% ✓	790	226	564	250% ✓
Total Other Revenue	105	70	35	50% ✓	1,354	835	519	62% ✓
Interest Expense	-	-	-	0% ✓	-	-	-	0% ✓
Depreciation	218	283	65	23% ✓	2,911	3,400	488	14% ✓
Capital Charge Expense	115	124	9	7% ✓	1,387	1,488	101	7% ✓
Total Other Costs	333	407	74	18% ✓	4,298	4,888	589	12% ✓



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	22,368	24,431	(2,063)	-8% X	104,272
Cash	11,540	12,687	(1,147)	-9% X	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

30 June 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
Operating Revenue										
Crown and Government sourced	11,657	11,546	111	1.0%	138,824	138,695	128	0.1%	138,695	137,591
Inter DHB Revenue	1	1	0	0.0%	14	1	13	1310.7%	1	2
Inter District Flows Revenue	142	143	(1)	(0.7%)	1,709	1,706	3	0.2%	1,706	1,661
Patient Related Revenue	554	557	(3)	(0.5%)	7,187	7,017	171	2.4%	7,017	2,666
Other Revenue	105	70	35	49.1%	1,354	834	520	62.4%	834	851
Total Operating Revenue	12,459	12,317	142	1.2%	149,088	148,252	836	0.6%	148,252	142,771
Operating Expenditure										
Personnel costs	5,368	5,818	451	7.7%	68,626	67,069	(1,557)	(2.3%)	67,073	65,887
Outsourced Services	0	0	0	0.0%	3	0	(3)	0.0%	0	(9)
Treatment Related Costs	458	650	192	29.6%	8,778	8,288	(490)	(5.9%)	8,288	8,402
External Providers	3,723	3,159	(564)	(17.8%)	39,293	38,162	(1,132)	(3.0%)	38,162	35,843
Inter District Flows Expense	1,540	1,690	150	8.9%	18,856	20,258	1,401	6.9%	20,258	17,317
Outsourced Services - non clinical	25	19	(6)	(32.1%)	248	214	(34)	(15.9%)	214	229
Infrastructure and Non treatment related costs	1,224	940	(284)	(30.2%)	11,934	11,416	(518)	(4.5%)	11,412	11,446
Total Operating Expenditure	12,337	12,276	(61)	(0.5%)	147,739	145,406	(2,333)	(1.6%)	145,406	139,116
Result before Interest, Depn & Cap Charge	122	41	81	197.8%	1,349	2,846	1,497	52.6%	2,846	3,655
Interest, Depreciation & Capital Charge										
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0	343
Depreciation	218	283	65	23.0%	2,911	3,400	488	14.4%	3,400	3,373
Capital Charge Expenditure	115	124	9	7.1%	1,387	1,488	101	6.8%	1,488	739
Total Interest, Depreciation & Capital Charge	333	407	74	18.2%	4,298	4,888	590	12.1%	4,888	4,455
Net Surplus/(deficit)	(212)	(366)	154	42.1%	(2,949)	(2,041)	(908)	(44.5%)	(2,041)	(800)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(212)	(366)	154	42.1%	(2,949)	(2,041)	(908)	(44.5%)	(2,041)	(800)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

30 June 2018

in thousands of New Zealand dollars

Assets

Non-current assets

Property, plant and equipment

Intangible assets

Work in Progress

Other investments

Total non-current assets

Current assets

Cash and cash equivalents

Patient and restricted funds

Inventories

Debtors and other receivables

Assets classified as held for sale

Total current assets

Total assets

Liabilities

Non-current liabilities

Interest-bearing loans and borrowings

Employee entitlements and benefits

Other

Total non-current liabilities

Current liabilities

Interest-bearing loans and borrowings

Creditors and other payables

Employee entitlements and benefits

Total current liabilities

Total liabilities

Equity

Crown equity

Other reserves

Retained earnings/(losses)

Trust funds

Total equity

Total equity and liabilities

Actual	Budget	Variance	%Variance	Prior Year
21,853	97,908	(76,055)	(77.7%)	23,623
404	306	98	31.9%	636
4,723	5,822	(1,099)	(18.9%)	3,194
567	567	0	0.0%	0
27,547	104,603	(77,056)	(73.7%)	27,453
11,540	12,687	(1,147)	(9.0%)	10,811
57	74	(17)	(23.4%)	72
1,094	1,007	87	8.7%	1,060
3,913	5,123	(1,210)	(23.6%)	4,992
0	0	0	0.0%	0
16,604	18,891	(2,287)	(12.1%)	16,935
44,151	123,494	(79,343)	(64.2%)	44,387
0	0	0	0.0%	0
2,960	2,703	(257)	(9.5%)	2,779
71	70	(1)	(1.3%)	70
3,031	2,773	(258)	(9.3%)	2,848
0	0	0	0.0%	0
8,478	6,885	(1,592)	(23.1%)	6,875
10,274	9,564	(710)	(7.4%)	9,557
18,752	16,450	(2,303)	(14.0%)	16,431
21,783	19,223	(2,561)	(13.3%)	19,280
86,062	87,426	1,364	1.6%	86,062
22,082	22,082	0	0.0%	22,082
(85,776)	(85,077)	699	0.8%	(83,036)
0	0	0	0.0%	0
22,368	24,431	2,063	8.4%	25,108
44,151	43,653	498	1.1%	44,387

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

30 June 2018

in thousands of New Zealand dollars

Cash flows from operating activities

Cash receipts from Ministry of Health, patients and other revenue

Cash paid to employees

Cash paid to suppliers

Cash paid to external providers

Cash paid to other District Health Boards

Cash generated from operations

Interest paid

Capital charge paid

Net cash flows from operating activities

Cash flows from investing activities

Interest received

(Increase) / Decrease in investments

Acquisition of property, plant and equipment

Acquisition of intangible assets

Net cash flows from investing activities

Cash flows from financing activities

Proceeds from equity injections

Repayment of equity

Cash generated from equity transactions

Borrowings raised

Repayment of borrowings

Payment of finance lease liabilities

Net cash flows from financing activities

Net increase in cash and cash equivalents

Cash and cash equivalents at beginning of period

Cash and cash equivalents at end of year

Monthly Reporting					Year to Date			
Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance
12,544	12,284	261	2.1%	11,356	149,498	147,798	1,700	1.2%
(5,435)	(5,691)	256	4.5%	(5,777)	(67,854)	(67,906)	52	0.1%
(1,503)	(1,510)	6	0.4%	(938)	(20,710)	(19,429)	(1,281)	(6.6%)
(4,325)	(3,180)	(1,145)	(36.0%)	(2,679)	(36,621)	(38,161)	1,541	4.0%
(365)	(1,688)	1,323	78.4%	(1,388)	(19,816)	(20,258)	441	2.2%
916	215	701	326.6%	574	4,497	2,044	2,453	120.0%
0	0	0	0.0%	(57)	0	0	0	0.0%
(609)	(124)	(485)	(391.1%)	(68)	(1,296)	(1,488)	192	12.9%
307	91	216	238.4%	449	3,201	556	2,645	475.5%
31	31	(0)	(0.7%)	41	420	416	4	0.9%
0	0	0	0.0%	0	0	0	0	0.0%
(224)	(212)	(12)	(5.9%)	(29)	(2,779)	(2,500)	(279)	11.2%
	0	0		0		0	0	
(194)	(181)	(13)	7.0%	12	(2,359)	(2,084)	(275)	(13.2%)
68	2,041	(1,973)	96.7%	0	68	3,473	(3,405)	98.0%
0	(68)	68	100.0%	0	0	(68)	68	100.0%
68	1,973	(1,905)	96.6%	0	68	3,405	(3,337)	98.0%
				0				
0	0	0	0.0%	0	0	0	0	0.0%
0	0	0	0.0%		0	0	0	0.0%
68	0	68	0.0%	0	68	0	68	0.0%
181	1,883	(1,702)	(90.4%)	461	909	1,875	(966)	(51.5%)
11,540	10,804	736	6.8%	8,733	10,811	10,811	(0)	(0.0%)
11,721	12,687	(966)	(7.6%)	9,194	11,720	12,686	(966)	(7.6%)

STUDENT UPDATE FOR THE WEST COAST DISTRICT HEALTH BOARD



TO DATE THERE ARE **32** STUDENTS REGISTERED ON THE WEST COAST KOH TE WAIPOUNAMU DATABASE

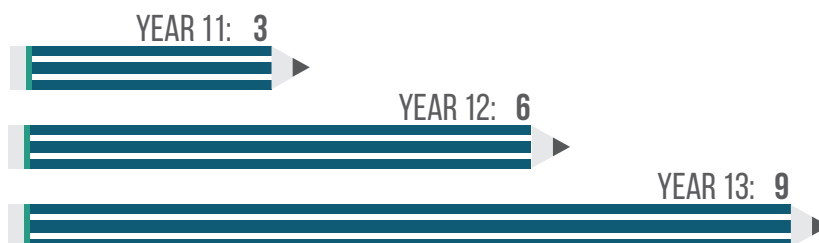
TOTAL NUMBER OF STUDENTS THAT HAVE ATTENDED THE KIA ORA HAUORA WEST COAST WORK PLACEMENT PROGRAMME AND WHAT SCHOOLS THEY ATTEND.

2014:	7	BULLER HIGH SCHOOL:	1
2015:	7	JOHN PAUL II HIGH SCHOOL:	6
2017:	9	GREYMOUTH HIGH SCHOOL:	9
TOTAL:	23	WESTLAND HIGH SCHOOL:	7

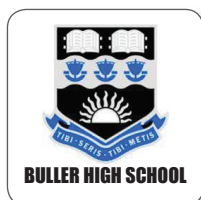
25 WĀHINE | 6 TĀNE



SECONDARY SCHOOL STUDENT YEAR LEVELS:



FROM THE FOLLOWING SCHOOLS:



COMMUNITY

14



4
STUDENTS GRADUATED A BACHELOR OF NURSING



3
ARE WORKING FOR THE WESTCOAST DHB



1
WORKS FOR THE CANTERBURY DHB



3
ARE STUDYING HEALTH RELATED COURSES AT TAI POUTINI



3
ARE STUDYING AT OTAGO UNIVERSITY (SOCIAL WORK, DIETETICS, MEDICINE)



1
IS STUDYING AT CANTERBURY UNIVERSITY (HEALTH & SPORTS COACHING)

3

REMAIN ON THE DATABASE AS THEY ARE STILL INTERESTED IN A HEALTH CAREER PATHWAY

	23 March	11 May	29 June	10 August	28 September	2 November
STANDING ITEMS	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
REPORTS	Operational Update Planning & Funding Update Community & Public Health Update Alliance Update Hospital Services Finance Report	Operational Update Community & Public Health Update Planning & Funding Update Maori Health Update Alliance Update Finance Update	Operational Update Community & Public Health Update Planning & Funding Update Maori Health Dashboards Alliance Update Finance Report Health Target Report Q3	Community & Public Health Update Planning & Funding Update Alliance Update Finance Report Operational Update Briefing – Aerial 1080		Community & Public Health Dashboards Planning & Funding Update Alliance Update Finance Report Operational Update
PRESENTATIONS	Transalpine Services	Consumer Council Presentation Mental Health Update	Facilities Presentation	Rural Generalism Presentation		Alliance Presentation Oral Health Presentation
DISABILITY REPORTING	Disability Support Services Newsletter		Disability Support Services Newsletter	Disability Action Plan Update		Disability Support Services Newsletter
INFORMATION ITEMS	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
Friday 9 February 2018	BOARD MEETING	10.15am	St John, Water Walk Rd, Greymouth
Friday 23 March 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 23 March 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 26 April 2018	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 11 May 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 11 May 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 7 June 2018	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 29 June 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 29 June 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 26 July 2018	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 10 August 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 10 August 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 13 September	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 28 September	Workshop	10.30am	St John, Water Walk Rd, Greymouth
Friday 28 September 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 25 October 2018	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 2 November 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 2 November 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 6 December 2018	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 14 December 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth

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

REVISED FEBRUARY 2018