West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

2 DECEMBER 2011

AGENDA
AND
MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

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FOR THE WEST COAST DISTRICT HEALTH BOARD MEETING TO BE HELD AT ST JOHN, WATERWALK ROAD, GREYMOUTH ON FRIDAY, 2 DECEMBER 2011, COMMENCING 10.00 AM

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2.	**Minutes of the Meeting held Friday, 14 October 2011**
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10.	**Buller – Integrated Family Health Centre**
11.	**Board Chair's Report**

KARAKIA

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

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

BOARD MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
Dr Paul McCormack Chair	• Consultant, Ministry of Health, Better, Sooner More Convenient Implementation • General Practitioner Member, Pegasus Health • Advisor, Mauri Ora Associates
Peter Ballantyne Deputy Chair	• Appointed Board Member, Canterbury District Health Board • Chair; Quality, Finance, Audit and Risk Committee, Canterbury District Health Board • Retired partner now in a consultancy role, Deloitte • Audit, Risk and Finance Committee Member, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Spouse, Canterbury District Health Board employee (Ophthalmology Department) • Niece, Juliette Reese, Administrative Assistant West Coast District Health Board
Kevin Brown	• Councillor, Grey District Council • Trustee, West Coast Electric Power Trust • Wife is a Pharmacy Assistant at Grey Base Hospital • Member of CCS • Co Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association
Warren Gilbertson	• Chief Operational Officer, Development West Coast • Member, Regional Transport Committee • Director, Development West Coast Subsidiary Companies
Helen Gillespie	• Chair, St Mary's Primary School, Hokitika, Board of Trustees • Peer Support Counsellor, Mum 4 Mum • Volunteer Facilitator, Babes in Arms • Casual employee, OPUS • Casual employee, DOC
Sharon Pugh	• Shareholder, New River Bluegums Bed & Breakfast
Elinor Stratford	• Clinical Governance Committee, West Coast Primary Health Organisation • Manager, Disability Resource Service West Coast • Committee member, Active West Coast • Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust • Deputy Chair of Victim Support, Greymouth • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust
John Vaile	• Director, Vaile Hardware Ltd

Susan Wallace	• Tumuaki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board • Father member of Hospital Advisory Committee • Father Chair of Tatau Pounamu • Father employee of West Coast District Health Board • Vice Chair, Ngā Mātā Waka o Te Tai o Poutini • Secretary and Treasurer of Te Aiorangi Maori Women's Welfare League • Director, Kōhatu Makaawhio Ltd • Appointed member of Canterbury District Health Board • Secretary of Te Runanga o Makaawhio • Deputy Chair, Rata Te Awhina Trust • Area Representative-Te Waipounamu Maori Womens' Welfare League
Mary Molloy	• Spokesperson for Farmers Against 1080 • Director, Molloy Farms South Westland Ltd • Trustee, L.B. & M.E. Molloy Family Trust • Executive Member, Wildlands Biodiversity Management Group Inc. • Deputy Chair of the West Coast Community Trust
Doug Truman	• Deputy Mayor, Grey District Council • Director Truman Ltd • Owner/Operator Paper Plus, Greymouth

DRAFT MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING HELD ON FRIDAY 14 OCTOBER 2011 COMMENCING AT 10.01 AM AT ST JOHN, WATERWALK ROAD, GREYMOUTH

PRESENT
Dr Paul McCormack (Chair)
Sharon Pugh
Elinor Stratford
Mary Molloy
Doug Truman
Susan Wallace
Kevin Brown
Warren Gilbertson
John Vaile
Helen Gillespie
Peter Ballantyne

IN ATTENDANCE
David Meates, Chief Executive – West Coast and Canterbury District Health Boards
Hecta Williams, General Manager
Colin Weeks, Chief Financial Manager
Wayne Turp, General Manager Planning and Funding
Gary Coghlan, General Manager Maori Health
Stella Ward, Executive Director of Allied Health
Bryan Jamieson, Communication Officer
Susan Fitzmaurice, Assistant to CEO (CDHB)
Gaylene Mahauariki, Minute Secretary

APOLOGIES
Karyn Kelly, Director of Nursing and Midwifery
Dr Carol Atmore, Chief Medical Advisor

KARAKIA
The meeting began with a Karakia.

1. WELCOME AND KARAKIA

The Board Chair welcomed Board members, members of the management team and other attendees to the meeting. Susan Wallace led the Karakia.

2. DISCLOSURES OF INTERESTS

- Elinor Stratford

Removed: Executive Committee Member, New Zealand Federation of Disability Information Centres

- Susan Wallace

Added: Area Representative -Te Waipounamu Maori Womens' Welfare League

4. MINUTES OF THE PREVIOUS BOARD MEETING HELD FRIDAY, 9 SEPTEMBER 2011

Resolution 116/11

Moved: Dr Paul McCormack **Seconded: Peter Ballantyne**

Motion:
"THAT the Minutes of the West Coast District Health Board meeting held Friday, 9 September 2011 be adopted as a true and accurate record."

Carried.

5. MATTERS ARISING

Item 1: Patient Transport
A report will be provided at a future Board meeting.

Item 2: General Practices
Work is continuing in this area. Updates will be provided regularly to the Board.

6. MATTERS REFERRED TO ADVISORY COMMITTEES FOR CONSIDERATION

None.

7. CHAIR'S REPORT

The Chair gave a verbal update. The following bullet points were noted:

- The South Island Regional Alliance is active and a lot of work is going on.
- Currently working through recommendations from Health Benefits Limited (HBL).
- Actively involved in the editing in the West Coast District Health Board's Annual Report 2011.
- The Chair met with Mr Des McEnaney, District Chair for St John, to discuss the possibility of a Haast Health Clinic Facility (co location and timelines).
- It was noted the Chief Executive will have further discussions with Mr McEnaney.
- The Board members' and Executive Management Team's visit to the Te Tauraka Waka a Maui Marae in South Westland was a very successful engagement.
- A Board meeting may take place at the newly built Arahura Marae early next year.

Resolution 117/11

Moved: Dr Paul McCormack **Seconded: Peter Ballantyne**

Motion:

"THAT the West Coast District Health receive the Chair's Report."

Carried.

8. BOARD AND CHAIR'S CORRESPONDENCE

Resolution 118/11

Moved: Dr Paul McCormack **Seconded: Peter Ballantyne**

Motion:
"THAT the inwards correspondence is received."

Carried.

9. CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive took his Report as read and gave an additional verbal update. The following bullet points were noted:

- Benefits of production planning are coming through.
- Fiscally on track for the month of July with August tracking that way.
- Buller Integrated Family Health Centre – Recommendations to be discussed in the In Committee section.
- Following this meeting the 'Building a Better Buller Health System: Buller Integrated Family Health Centre Development Plan and Indicative / Strategic Business Case' together with copies of the written submissions received will be released publicly subject to decisions made.
- Greymouth Integrated Family Health Centre – work is continuing.
- Quite extensive work has been completed on Health of Older Persons on the West Coast. A detailed presentation to the Board possibly in February.
- This should see quite a significant change in the way services are delivered and improve sustainability.
- IT Framework – Remove duplication – move to sub regional platform then extend across the South Island. GO Live December.
- Lab Replacement Project – Implementation has been delayed to July 2012 to align with the Concerto implementation.
- Whooping Cough Epidemic – Ninety confirmed cases.
- A home insulation project offering free insulation for up to 500 vulnerable West Coast households is under way.
- Poorly insulated homes contribute to poor health outcomes.
- Health Targets – Immunisation - A decline 16.7 percent in immunisation rates.
- Health Target - Smoking Cessation – People being offered intervention has approved from the previous month. Improvement still needed to meet health target.
- Manage My Health will be rolled in November 2011.
- Regional Activity – West Coast and Canterbury component. A very good meeting has been held with the team here and clinical leaders from Canterbury to discuss future service delivery.
- Over 100 paediatric and oncology virtual consults.
- The Canterbury District Health Board's Business Development Unit to spend time at the West Coast District Health Board.
- Quality and Risk Reporting – Work continuing.

9.1 Clinical Leaders Report

The Executive Director of Allied Health spoke to the Report. The Report was noted.

Resolution 119/11

Moved: Peter Ballantyne **Seconded: Susan Wallace**

Motion:
"THAT the West Coast District Health Board receives the Chief Executive's Report."

Carried.

10. FINANCE REPORT

The Chief Financial Manager spoke to the Finance Report.

The consolidated result for the month of August 2011 is a deficit of $764k, which is $135k better than budget ($899k deficit).

The consolidated result for the year to date is a deficit of $1,417k, which is $249k better than budget ($1,666 deficit).

It was noted that Management were monitoring orthopaedics, ophthalmology and locum costs.

Resolution 120/11

Moved: Dr Paul McCormack **Seconded: Warren Gilbertson**

Motion:
"THAT the West Coast District Health Board receive the Financial Reports."

Carried.

11. REPORTS FROM ADVISORY COMMITTEES

11.1 Hospital Advisory Committee

The Chair spoke to the Hospital Advisory Committee Minutes of 30 September 2011.

11.2 Community and Public Health and Disability Support Advisory Committees

The Chair spoke to the Report.

Resolution 121/11

Moved: Helen Gillespie **Seconded: Peter Ballantyne**

Motion:
"THAT the West Coast District Health Board receives the West Coast District Health Board Advisory Committee Reports."

Carried.

12. IN COMMITTEE

Resolution 122/11

Moved: Dr Paul McCormack **Seconded: Susan Wallace**

Motion:
"THAT members of the public now be excluded from the meeting pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health and Disability Act, so that the meeting may discuss the following matters:

- **In Committee Minutes of meeting held 9 September 2011**
- **In Committee Matters Arising from the minutes of 9 September 2011**
- **In Committee Buller Integrated Family Health Centre**
- **In Committee Correspondence**
- **In Committee Chief Executive's Report**
- **In Committee Reports from Advisory Committees**
- **In Committee Contracts**
- **In Committee Annual Report - 2011**

On the grounds that public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under section 9 of the Official Information Act 1982."

Carried.

13. NEXT MEETING

The next meeting will be held on 2 December 2011 at St John, Waterwalk Road, South Westland.

The Board spent 2 hours and 9 minutes in In Committee.

There being no further business to discuss the meeting concluded at 2.16 pm.

_____ _____

Signed **Date**

MATTERS ARISING FROM WEST COAST DISTRICT HEALTH BOARD MEETINGS

Item No.	Board Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref
1.	14 July 2010	The Board Chair requested a report from the Chief Executive around the Patient Transport issue within the region and out of the region and asked that details are provided around the relationship with the current provider and the long-term plan of transport for patients on the West Coast.	Chief Executive	Due to the complexity of the issues i.e. rapid evacuation and road transport etc, a report will be presented to a future meeting.	6
2.	27 August 2010	That the West Coast District Health Board review the present ownership of the General Practices with the intent of identifying options that are clinically and financially sustainable.	Chief Executive	Work Ongoing. Updates will be provided regularly to the Board.	16

MATTERS REFERRED TO ADVISORY COMMITTEES FOR CONSIDERATION

Item No.	Board Meeting Date	Action Item	Committee	Reporting Status	Agenda Item Ref
None.					

ACTING CHAIR'S REPORT

TO: **Board Members**
West Coast District Health Board

FROM: **Peter Ballantyne, Acting Board Chair**

DATE: **2 December 2011**

The Acting Chair will give a verbal update at the Board Meeting.

RECOMMENDATION

That the West Coast District Health Board receive the Chair's Report.

Author:	**Peter Ballantyne, Acting Board Chair – 21 November 2011**

BOARD AND CHAIR'S CORRESPONDENCE FOR OCTOBER AND NOVEMBER 2011

OUTWARDS AND INWARDS CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
17 November 2011	Hon Tony Ryall Minister of Health	Chief Executive	District Health Board (DHB) Sector Financial Performance for the three months ended 30 September 2011		
31 October 2011	Dr Kevin Woods Director-General of Health	Board Chair	West Coast District Health Board Delegation Policy		
31 October 2011	Secretary to the West Coast District Health Board	Hon Tony Ryall Minister of Health	Acting Board Chair		

RECOMMENDATION

That the inwards correspondence is received and the outwards correspondence is approved.

MINISTRY OF HEALTH
MANATŪ HAUORA

Health Report Number: 20111305

Action required by:	routine	File number:	HC07-16-2

Hon Tony Ryall

DISTRICT HEALTH BOARD (DHB) SECTOR FINANCIAL PERFORMANCE FOR THE THREE MONTHS ENDED 30 SEPTEMBER 2011

Purpose

1. This report presents an overview of the financial performance of the District Health Board (DHB) sector for the period ended 30 September 2011 based on data provided by the DHBs in monthly financial templates.

2. The report highlights where the sector or an individual DHB reports a significant variance against plan or against comparable performance within the sector.

3. Interpretation of the data provided by the DHBs enables identification of areas of financial pressure and risk as well as best practice within the DHB sector.

4. Tables and schedules included in the report have been compiled from rounded data and may not necessarily cross add.

5. This report is to be read in conjunction with the supporting schedules.

Executive Summary

6. The DHB sector financial performance for the period ended 30 September 2011 resulted in a sector deficit of $1.4M that was $5.7M favourable to plan.

The Ministry recommends that you:

(a)	**Note** the report on DHB sector financial performance for the period ended 30 September 2011, showing a net deficit of $1.4M that was $5.7M favourable to plan.	Yes / No
(b)	**Refer** this report to the Minister of Finance for his information	Yes / No
(c)	**Note** the schedules are forwarded to DHB Chief Financial Officers (CFO) who utilise the information to analyse their performance and benchmark their DHB against the sector	Yes / No
(d)	**Note** the Health Report is copied to the Department of Prime Minister and Cabinet, Deputy Commissioner of the State Services Commission, Director-General of Health, Deputy Director-General Corporate Services, the Treasury (State Sector Performance Branch), and DHB Chief Executives	Yes / No

John Hazeldine
Manager
DHB Relations, Accountability, Monitoring & Funding
National Health Board

Minister's Signature

Date:

Ministry Contact 1:	
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REPORT ON DISTRICT HEALTH BOARD (DHB) SECTOR FINANCIAL PERFORMANCE FOR THE PERIOD ENDED 30 SEPTEMBER 2011

OVERVIEW

	Full Year				Full Year
	Actual	Phased Plan	Variance	% Variance *	Plan
	$ '000	$ '000	$ '000		$ '000
TOTAL REVENUE	3,351,795	3,326,947	24,849	0.7%	13,288,010
Operating Costs					
Personnel Costs	1,188,725	1,202,437	13,712	1.1%	4,848,776
Outsourced Services	115,995	99,823	(16,172)	(16.2%)	391,011
Clinical Supplies	303,839	294,175	(9,664)	(3.3%)	1,166,710
Infrastructure/Other Supplies	325,298	319,213	(6,085)	(1.9%)	1,273,152
Subtotal	1,933,857	1,915,648	(18,209)	(1.0%)	7,679,648
Payments to Providers					
Personal Health	979,196	983,841	4,645	0.5%	3,924,824
Mental Health	107,236	110,963	3,727	3.4%	443,483
Public Health	4,411	3,078	(1,333)	(43.3%)	12,187
Disability Support Services	317,872	309,434	(8,438)	(2.7%)	1,237,688
Maori Health	10,620	11,120	499	4.5%	45,186
Subtotal	1,419,336	1,418,437	(899)	(0.1%)	5,663,367
TOTAL EXPENSES	3,353,193	3,334,085	(19,108)	(0.6%)	13,343,016
NET RESULT	**(1,397)**	**(7,138)**	**5,741**	**80.4%**	**(55,005)**
Average FTEs YTD	56,657	57,129	473	0.8%	57,158
Avge Annual Cost Per FTE ($)**	84,149	84,375	226	0.3%	84,831

Note:

* The % column shows the year to date variance as a percentage of phased plan.

** The cost per FTE is calculated by annualising YTD Personnel Costs divided by the average YTD FTEs .

1. As noted in the table above, the DHB sector financial performance for the period ended 30 September 2011 resulted in a sector deficit of $1.4M that was $5.7M favourable to plan.
2. The favourable result for the year to date is due mainly to favourable variances against plan for revenue and personnel expenditure offset in part by unfavourable variances for outsourced services, clinical supplies and infrastructure costs. Payments to other providers were higher than planned (mainly for disability support and public health services, offset by lower than planned payments in other areas).
3. Significant variances are monitored and investigated by the National Health Board in relation to individual DHBs, and action taken where appropriate.

INDIVIDUAL DHB FINANCIAL PERFORMANCE IMPACTING ON THE SECTOR FOR THE PERIOD ENDED 30 SEPTEMBER 2011

District Health Board (DHB) Net Results (refer schedule one)

4. The following DHBs reported the most significant year to date (YTD) consolidated variances to plan:
   - Hawke's Bay DHB reported a $0.2M deficit which was $2.3M unfavourable to plan, due to higher than planned seasonal activity.
   - Counties Manukau DHB reported a surplus of $3.0M with the highest favourable variance to plan of $2.3M, due to the timing of planned personal health payments.

DHB Funder Arm Revenue Allocation (refer schedule two)

5. Total revenue was favourable to plan by $11.9M (0.4%). Payments made by the Funder arm to the DHBs' own Provider were $12.4M (0.7%) below plan and to other providers were $0.9M above plan.
6. Payments below plan made by the Funder arms to their own providers were reported mainly by Auckland ($10.0M), Waikato ($5.5M) and Waitemata ($5.2M) DHBs.
7. Payments to other providers by Canterbury DHB was $7.7M below planned levels due to some services (especially community pharmaceuticals) having to be delivered through the DHB's own provider following the earthquakes.

DHB Provider Arm Results (refer schedule three)

8. Net results in relation to Provider arm revenue range from West Coast DHB with the highest deficit at 20.5% of revenue to Hawke's Bay DHB with the highest surplus at 5.6% of revenue. In dollar terms West Coast DHB reported the highest deficit at $3.9M ($0.3M unfavourable to plan) and Auckland DHB the highest surplus at $3.7M ($10.4M unfavourable to plan due to reduced revenue from the funder).

Average Full Year Consolidated Accrued Full Time Equivalents (FTE) (refer schedule four)

9. The full year average accrued FTEs for the sector were 473 FTEs below plan, driven mainly by allied health FTEs (284 below plan due to recruitment difficulties and the timing of commencement of new initiatives), Medical FTEs (147 below plan due to recruitment difficulties) and management/administration FTEs (201 below plan due to unfilled vacancies). Nursing FTEs were 174 higher than plan due largely to activity levels, slow turnover and covering for positions difficult to recruit. The following DHBs reported the most significant variances for total FTEs:
   - Canterbury DHB reported FTEs 79 (1.1%) below plan, mainly nursing due earthquake impacts.
   - Counties Manukau DHB reported FTEs 80 (1.4%) below plan driven by medical FTEs (due to vacancies in RMOs and House Officers filled by outsourced personnel) and management administration FTEs (due to unfilled positions).
   - Waitemata DHB reported FTEs 126 (2.2%) below plan, across all categories with the exception of nursing.
   - Auckland DHB reported 93 FTEs above plan. Medical FTEs for the DHB were 159 above plan due to an anomaly in the budgeted level.
10. Counties Manukau and Waitemata DHBs were the main contributors to the below plan medical FTEs, due mainly to unfilled vacancies.
11. 73% of the above plan nursing personnel FTEs were attributable to Counties Manukau and Bay of Plenty DHBs, due mainly to volume pressures.

12. With the exception of Canterbury, all DHBs reported allied FTEs below plan, the most significant being Auckland DHB (83 below plan, generally awaiting commencement of new initiatives).

13. Two thirds of the below plan management/administration FTE were attributable to Capital & Coast, Counties Manukau and Waitemata DHBs. Hawke's Bay and Northland DHBs reported management/administration average accrued FTEs significantly above plan (by 11 and 7 FTEs respectively), due mainly to lower than planned leave taken. A Ministerial CAP is in place on the number of management/administration FTEs for each DHB. Hawke's Bay, Northland and all other DHBs are adhering to the establishment CAP.

Annualised Average Consolidated Cost per FTEs (refer schedule five)

14. The consolidated cost per FTE was materially in line with plan. All DHBs report total average cost per FTE within $3K of plan.

DHB Balance Sheet (refer schedule six)

15. Net cash held by the sector at 30 September 2011 was $351.4M, with debtors of $518.4M and creditors of $899.2M. This indicates that if all the debtors and cash were utilised to pay creditors, the sector would be left with a $29.4M cash shortfall (compared with a $0.2M cash surplus at the end of August 2011).

16. Working capital for all DHBs, with the exception of South Canterbury, was negative and at a sector level was negative $1064.6M.

17. The position reflected by the Balance Sheet at the end of a month will always show the worst working capital position for DHBs as the sector receives one twelfth of its annual funding on the fourth day of each month. The Current Ratio is also strongly influenced by the level of the current provision for employee entitlements. The removal of the provision for employee entitlements gives a Current Ratio for the sector of 0.86:1 compared to the norm of 1:1.

Capital Expenditure (refer schedule seven)

18. The capital expenditure for the sector was below plan by $49.1M, due to the timing of project commencement. Capital expenditure tends to occur in lumps with variable timing.

19. Seven DHBs are currently undertaking major capital works – Bay of Plenty, Counties Manukau, Hutt Valley, Lakes, Taranaki, Waikato and Waitemata DHBs.

Outstanding Capital Charge

20. Capital charges are outstanding from Tairawhiti DHB ($0.24M) and Taranaki DHB ($3.25M). Tairawhiti DHB have now settled the outstanding amount and arrangements have been made for settlement of the amount owing by Taranaki DHB.

Ref. No.:20111305

SCHEDULE 1: DHB Net Results by Arm ($'000)

For the period ended: 30 September 2011

Purpose: This report presents financial performance by highlighting the variance between actual and planned year to date net results per Funder, Provider and Governance arm and at the consolidated level for each DHB.

DHBs are ordered by alphabetically region

DHB	Funder			Provider			Governance			DHB Consolidation			Full Year Plan			
	Actual	Phased Plan	Variance	Actual	Phased Plan	Variance	Actual	Phased Plan	Variance	Actual	Phased Plan	Variance	Surplus	Cyclical Deficit *	Structural Deficit **	Total
Auckland DHB	(2,987)	(14,550)	11,562	3,731	14,174	(10,442)	(25)	(186)	161	719	(562)	1,281	98			98
Counties Manukau DHB	1,632	1,063	569	912	(320)	1,232	477	(5)	482	3,021	738	2,283	43			43
Northland DHB	(166)	(151)	(15)	203	600	(397)	(182)	(10)	(172)	(145)	438	(583)				0
Waitemata DHB	166	0	166	1,306	1,051	255	68	0	68	1,540	1,051	489				0
Northern Region Total	(1,355)	(13,638)	12,282	6,152	15,504	(9,352)	339	(201)	539	5,135	1,666	3,469	141	0	0	141
Bay of Plenty DHB	(376)	(518)	142	581	1,437	(856)	15	0	15	220	919	(699)	3			3
Lakes DHB	215	(1,395)	1,610	378	777	(399)	(295)	(71)	(224)	298	(687)	985		(3,159)		(3,159)
Tairawhiti DHB	(100)	(81)	(19)	(67)	36	(103)	(19)	2	(21)	(186)	(44)	(142)	22			22
Taranaki DHB	681	97	584	232	959	(727)	25	6	19	938	1,062	(124)	3,158			3,158
Waikato DHB	2,609	(2,834)	5,443	(340)	3,950	(4,290)	62	180	(118)	2,331	1,296	1,035	11,521			11,521
Midland Region Total	3,029	(4,731)	7,760	784	7,159	(6,375)	(212)	117	(329)	3,601	2,546	1,055	14,704	(3,159)	0	11,545
Capital & Coast DHB	(2,095)	(2,248)	152	(677)	860	(1,537)	174	(14)	188	(2,598)	(1,401)	(1,197)			(20,029)	(20,029)
Hawke's Bay DHB	(4,305)	(3,327)	(979)	3,723	5,987	(2,264)	401	(576)	977	(182)	2,084	(2,266)	2,000			2,000
Hutt Valley DHB	45	(66)	111	1,561	1,621	(60)	110	10	100	1,716	1,565	151			0	0
MidCentral DHB	(1,465)	(1,995)	530	3,444	2,914	530	69	(37)	106	2,048	882	1,166	998			998
Wairarapa DHB	(623)	(685)	62	(685)	(637)	(48)	31	3	28	(1,277)	(1,319)	42			(4,350)	(4,350)
Whanganui DHB	503	20	483	(1,680)	(1,620)	(60)	(34)	(13)	(21)	(1,211)	(1,613)	402			(4,933)	(4,933)
Central Region Total	(7,941)	(8,300)	360	5,686	9,125	(3,439)	751	(627)	1,378	(1,504)	198	(1,702)	2,998	0	(29,312)	(26,314)
Canterbury DHB	(2,715)	(3,210)	495	(3,250)	(3,063)	(187)	0	0	0	(5,965)	(6,273)	308			(25,000)	(25,000)
Nelson Marlborough DHB	(489)	(102)	(387)	399	293	106	9	(0)	9	(81)	192	(272)	110			110
South Canterbury DHB	178	(393)	571	229	205	24	20	(5)	25	427	(193)	620		(500)		(500)
Southern DHB	(1,176)	(2,958)	1,781	108	(25)	132	125	0	125	(943)	(2,982)	2,039			(10,491)	(10,491)
West Coast DHB	1,823	1,377	446	(3,947)	(3,669)	(278)	56	(0)	56	(2,068)	(2,292)	224			(4,500)	(4,500)
Southern Region Total	(2,379)	(5,285)	2,906	(6,461)	(6,258)	(203)	210	(5)	216	(8,630)	(11,549)	2,919	110	(500)	(39,991)	(40,382)
TOTAL	(8,646)	(31,954)	23,308	6,161	25,529	(19,368)	1,088	(716)	1,804	(1,397)	(7,138)	5,742	17,952	(3,659)	(69,303)	(55,010)

Notes:

* Cyclical deficits – result from expenditure being included in the current year while the income was included in prior years.

** Structural deficits – refer to operating deficits within the DHB.

Ref. No.:20111060

SCHEDULE 2: DHB Funder Arm Revenue Allocation
For the period ended: 30 September 2011

Purpose: This report presents an overview of actual performance against plan for the Funder arm by highlighting the variance between actual and planned year to date revenue (including IDF inflows) and expenditure.
Funder arm expenditure is split between payments to its own Provider and Governance arms, and payments to other providers. Payments to other providers include payments for IDF outflows.
Actual Funder arm revenue and expenditure variances are also reported as a percentage of planned revenue and expenditure allowing for comparison of actual versus planned data.

DHBs are ordered alphabetically region

DHB	Revenue			Own Provider & Governance Payments			Other Provider Payments		
	Actual	Phased Plan	Variance	Actual	Phased Plan	Variance	Actual	Phased Plan	Variance
	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000
Auckland DHB	436,251	430,617	5,634	269,347	279,339	9,992	169,891	165,828	(4,064)
Counties Manukau DHB	319,038	313,953	5,085	163,322	162,906	(416)	154,084	149,984	(4,100)
Northland DHB	119,703	119,619	84	60,859	60,529	(330)	59,010	59,242	232
Waitemata DHB	315,351	322,043	(6,692)	148,434	153,682	5,248	166,751	168,361	1,610
Northern Region Total	**1,190,343**	**1,186,233**	**4,111**	**641,962**	**656,456**	**14,494**	**549,736**	**543,414**	**(6,322)**
Bay of Plenty DHB	152,797	150,800	1,997	74,925	75,205	280	78,248	76,113	(2,135)
Lakes DHB	73,867	72,610	1,257	35,582	35,566	(16)	38,070	38,439	369
Tairawhiti DHB	36,785	36,634	151	19,484	19,395	(89)	17,401	17,320	(81)
Taranaki DHB	74,778	74,249	529	39,169	38,824	(345)	34,928	35,328	400
Waikato DHB	262,869	264,846	(1,977)	157,301	162,829	5,528	102,959	104,851	1,892
Midland Region Total	**601,096**	**599,139**	**1,957**	**326,461**	**331,819**	**5,358**	**271,606**	**272,051**	**445**
Capital & Coast DHB	214,067	209,851	4,216	135,344	133,494	(1,850)	80,819	78,605	(2,213)
Hawke's Bay DHB	108,468	107,794	674	59,802	59,547	(255)	52,971	51,573	(1,398)
Hutt Valley DHB	103,144	102,748	396	46,776	47,159	383	56,323	55,655	(668)
MidCentral DHB	120,366	120,471	(105)	65,620	65,763	143	56,211	56,703	492
Wairarapa DHB	30,368	30,275	93	13,500	13,484	(16)	17,491	17,477	(15)
Whanganui DHB	51,611	51,290	321	24,884	24,641	(243)	26,224	26,629	405
Central Region Total	**628,024**	**622,429**	**5,595**	**345,926**	**344,088**	**(1,839)**	**290,039**	**286,642**	**(3,397)**
Canterbury DHB	326,712	328,983	(2,271)	187,463	182,529	(4,934)	141,964	149,664	7,700
Nelson Marlborough DHB	92,477	91,820	657	50,039	49,769	(270)	42,927	42,153	(774)
South Canterbury DHB	41,009	40,539	470	19,943	19,797	(146)	20,868	21,135	247
Southern DHB	196,729	195,932	796	107,669	107,789	120	90,236	91,101	865
West Coast DHB	30,100	29,562	538	16,337	15,907	(430)	11,940	12,277	337
Southern Region Total	**687,026**	**686,836**	**190**	**381,451**	**375,791**	**(5,660)**	**307,955**	**316,330**	**8,375**
TOTAL	3,106,490	3,094,636	11,853	1,695,800	1,708,154	12,353	1,419,336	1,418,437	(899)

DHB	Variance of Actual:Planned Revenue as Percent	% of Total Expenditure to Own Provider		Variance of Actual:Planned Own Provider Payments as Percent	% of Total Expenditure to Other Providers		Variance of Actual:Planned Other Provider Payments as Percent
		Actual	Phased Plan		Actual	Phased Plan	
Auckland DHB	1.3%	61.3%	62.7%	3.6%	38.7%	37.3%	(2.5%)
Counties Manukau DHB	1.6%	51.5%	52.1%	(0.3%)	48.5%	47.9%	(2.7%)
Northland DHB	0.1%	50.8%	50.5%	(0.5%)	49.2%	49.5%	0.4%
Waitemata DHB	(2.1%)	47.1%	47.7%	3.4%	52.9%	52.3%	1.0%
Northern Region Total	0.3%	53.9%	54.7%	2.2%	46.1%	45.3%	(1.2%)
Bay of Plenty DHB	1.3%	48.9%	49.7%	0.4%	51.1%	50.3%	(2.8%)
Lakes DHB	1.7%	48.3%	48.1%	(0.0%)	51.7%	51.9%	1.0%
Tairawhiti DHB	0.4%	52.8%	52.8%	(0.5%)	47.2%	47.2%	(0.5%)
Taranaki DHB	0.7%	52.9%	52.4%	(0.9%)	47.1%	47.6%	1.1%
Waikato DHB	(0.7%)	60.4%	60.8%	3.4%	39.6%	39.2%	1.8%
Midland Region Total	0.3%	54.6%	54.9%	1.6%	45.4%	45.1%	0.2%
Capital & Coast DHB	2.0%	62.6%	62.9%	(1.4%)	37.4%	37.1%	(2.8%)
Hawke's Bay DHB	0.6%	53.0%	53.6%	(0.4%)	47.0%	46.4%	(2.7%)
Hutt Valley DHB	0.4%	45.4%	45.9%	0.8%	54.6%	54.1%	(1.2%)
MidCentral DHB	(0.1%)	53.9%	53.7%	0.2%	46.1%	46.3%	0.9%
Wairarapa DHB	0.3%	43.6%	43.6%	(0.1%)	56.4%	56.4%	(0.1%)
Whanganui DHB	0.6%	48.7%	48.1%	(1.0%)	51.3%	51.9%	1.5%
Central Region Total	0.9%	54.4%	54.6%	(0.5%)	45.6%	45.4%	(1.2%)
Canterbury DHB	(0.7%)	56.9%	54.9%	(2.7%)	43.1%	45.1%	5.1%
Nelson Marlborough DHB	0.7%	53.8%	54.1%	(0.5%)	46.2%	45.9%	(1.8%)
South Canterbury DHB	1.2%	48.8%	48.4%	(0.7%)	51.2%	51.6%	1.2%
Southern DHB	0.4%	54.4%	54.2%	0.1%	45.6%	45.8%	0.9%
West Coast DHB	1.8%	57.8%	56.4%	(2.7%)	42.2%	43.6%	2.7%
Southern Region Total	0.0%	55.3%	54.3%	(1.5%)	44.7%	45.7%	2.6%
TOTAL	0.4%	54.4%	54.6%	0.7%	45.6%	45.4%	(0.1%)

Notes:
On average DHBs distribute slightly more than 50% of their Funder arm to other providers (inclusive of IDF outflows).
West Coast DHB is an outlier in the Funder arm distribution of revenue to their own Provider arm as the DHB is "the provider" for the area. There are very few alternative providers for services in the West Coast and therefore the DHB plans and reports much less in terms of payments to other providers.
The tertiary DHBs also appear to be outliers (with approximately 60% being paid to their provider), however if the impact of inter-district flow (IDF) outflows is excluded, of which they have very little, the tertiary DHBs are more in line with the sector.

SCHEDULE 3: DHB Provider Arm Financial Performance

For the period ended 30 September 2011

Purpose: This report presents an overview of Provider arm financial performance across the DHB sector for comparison of cost structures between DHBs.
Provider arm expenses are also reported as a percentage of revenue for ease of comparison.

DHBs are ordered alphabetically by region

	Counties Auckland DHB	Counties Manukau DHB	Counties Northland DHB	Waitemata DHB	Nothern Region Total	Bay of Plenty DHB	Lakes DHB	Tairawhiti DHB	Taranaki DHB	Waikato DHB	Midland Region Total	Capital & Coast DHB	Hawke's Bay DHB	Hutt Valley DHB	MidCentral DHB	Wairarapa DHB	Whanganui DHB	Central Region Total	Canterbury DHB	Nelson Marlborough DHB	South Canterbury DHB	Southern DHB	West Coast DHB	Southern Region Total	Provider Total for Sector
Total Revenue	307,484	181,991	65,933	171,447	726,854	81,146	37,919	21,367	44,151	176,914	361,497	151,102	66,106	55,052	81,095	14,581	26,612	394,549	218,127	57,770	21,415	117,291	19,219	433,822	1,916,722
Expenses																									
Medical Personnel	(59,705)	(36,941)	(11,388)	(32,169)	(140,204)	(13,231)	(6,792)	(4,434)	(6,305)	(30,519)	(61,281)	(27,503)	(9,546)	(10,768)	(12,716)	(1,985)	(4,281)	(66,799)	(39,982)	(9,449)	(3,555)	(23,093)	(2,505)	(78,584)	(346,868)
Nursing Personnel	(60,662)	(43,537)	(16,783)	(43,870)	(164,852)	(19,198)	(8,679)	(4,780)	(9,874)	(42,000)	(84,531)	(34,784)	(14,866)	(13,200)	(16,728)	(3,776)	(7,060)	(90,413)	(59,510)	(12,194)	(5,828)	(28,072)	(5,972)	(111,576)	(451,372)
Allied Health Personnel	(30,827)	(17,181)	(7,789)	(21,848)	(77,645)	(7,171)	(3,163)	(2,568)	(3,542)	(15,347)	(31,791)	(12,516)	(6,588)	(6,976)	(6,337)	(1,542)	(2,275)	(36,234)	(22,413)	(8,296)	(1,634)	(11,709)	(2,264)	(46,316)	(191,986)
Support Personnel	(2,078)	(4,624)	(873)	(2,473)	(10,048)	(1,538)	(660)	(208)	(969)	(3,507)	(6,882)	(2,123)	(1,594)	(1,497)	(466)	(169)	(205)	(6,054)	(3,677)	(1,109)	(593)	(2,219)	(621)	(8,119)	(31,103)
Mgmt and Admin Personnel	(23,917)	(13,879)	(5,558)	(13,224)	(56,578)	(5,773)	(3,385)	(1,757)	(4,429)	(15,864)	(31,206)	(12,292)	(5,957)	(4,959)	(4,978)	(1,244)	(2,076)	(31,516)	(15,377)	(4,939)	(1,850)	(9,719)	(1,659)	(33,545)	(152,847)
Total Personnel Expenses	(177,189)	(116,162)	(42,391)	(113,584)	(449,326)	(46,911)	(22,679)	(13,747)	(25,119)	(107,237)	(215,693)	(89,217)	(38,551)	(37,400)	(41,225)	(8,716)	(15,897)	(231,016)	(140,959)	(35,987)	(13,460)	(74,813)	(12,921)	(278,140)	(1,174,176)
Total Outsourced Service Expenses	(21,105)	(12,965)	(2,790)	(10,108)	(46,967)	(6,275)	(2,438)	(1,301)	(5,650)	(11,268)	(26,932)	(5,213)	(2,836)	(1,289)	(5,021)	(1,649)	(2,983)	(18,991)	(6,804)	(2,781)	(2,208)	(6,057)	(3,663)	(20,511)	(113,401)
Total Personnel and O/S Expenses	(198,294)	(129,127)	(45,181)	(123,692)	(496,293)	(53,186)	(25,117)	(15,048)	(30,769)	(118,505)	(242,625)	(94,431)	(41,387)	(38,689)	(46,246)	(10,365)	(18,880)	(250,008)	(147,763)	(38,768)	(15,668)	(79,870)	(16,584)	(298,651)	(1,287,577)
Total Clinical Supplies Expenses	(55,491)	(26,794)	(10,522)	(21,361)	(114,168)	(14,140)	(5,614)	(3,132)	(6,266)	(30,228)	(59,380)	(28,515)	(11,838)	(6,779)	(11,846)	(2,167)	(3,769)	(64,914)	(31,748)	(8,837)	(2,564)	(20,004)	(2,090)	(65,243)	(303,705)
Infrastructure and Non-clinical supplies	(48,489)	(25,158)	(10,122)	(25,088)	(108,857)	(12,171)	(6,291)	(3,254)	(6,885)	(29,127)	(57,728)	(29,360)	(9,149)	(8,144)	(17,960)	(2,734)	(5,610)	(72,957)	(40,790)	(10,229)	(3,144)	(17,308)	(4,162)	(75,633)	(315,175)
Internal Allocations	(1,479)	0	94	0	(1,384)	(1,068)	(519)	0	1	606	(980)	527	0	121	(1,599)	0	(33)	(984)	(1,076)	463	188	0	(330)	(755)	(4,103)
Total Non-Personnel Expenses	(105,459)	(51,952)	(20,549)	(46,449)	(224,409)	(27,379)	(12,424)	(6,386)	(13,150)	(58,749)	(118,088)	(57,349)	(20,987)	(14,802)	(31,405)	(4,901)	(9,412)	(138,855)	(73,614)	(18,603)	(5,520)	(37,313)	(6,582)	(141,632)	(622,984)
Total Expenses	(303,752)	(181,079)	(65,730)	(170,141)	(720,702)	(80,565)	(37,541)	(21,434)	(43,919)	(177,254)	(360,713)	(151,779)	(62,383)	(53,491)	(77,651)	(15,266)	(28,292)	(388,863)	(221,377)	(57,371)	(21,186)	(117,183)	(23,166)	(440,283)	(1,910,561)
Net Result	3,731	912	203	1,306	6,152	581	378	(67)	232	(340)	784	(677)	3,723	1,561	3,444	(685)	(1,680)	5,686	(3,250)	399	229	108	(3,947)	(6,461)	6,161
Depreciation	(6,592)	(6,093)	(2,686)	(6,183)	(21,554)	(3,968)	(2,242)	(604)	(2,444)	(7,627)	(16,885)	(10,640)	(3,070)	(2,409)	(2,651)	(454)	(1,238)	(20,461)	(10,281)	(2,983)	(731)	(4,934)	(1,125)	(20,054)	(78,955)
Interest costs - Private	(697)	(156)	0	(156)	(1,009)	(1)	(209)	0	0	(57)	(267)	(332)	(6)	(1)	0	(57)	(4)	(401)	0	0	0	(1)	0	(1)	(1,678)
Interest costs - CHFA	(2,339)	(2,225)	(398)	(2,676)	(7,638)	(1,451)	(203)	(248)	(482)	(1,697)	(4,081)	(4,987)	(545)	(472)	(903)	(347)	(526)	(7,780)	(1,176)	(656)	(82)	(1,224)	(184)	(3,322)	(22,821)
Capital charge	(5,638)	(3,089)	(1,347)	(3,252)	(13,326)	(1,478)	(674)	(469)	(1,448)	(3,642)	(7,711)	(2,850)	(904)	(1,324)	(1,623)	(150)	(571)	(7,422)	(4,143)	(1,309)	(148)	(2,271)	(270)	(8,141)	(36,600)

Expenses as a Percentage of Total Revenue	Counties Auckland DHB	Counties Manukau DHB	Counties Northland DHB	Waitemata DHB	Nothern Region Total	Bay of Plenty DHB	Lakes DHB	Tairawhiti DHB	Taranaki DHB	Waikato DHB	Midland Region Total	Capital & Coast DHB	Hawke's Bay DHB	Hutt Valley DHB	MidCentral DHB	Wairarapa DHB	Whanganui DHB	Central Region Total	Canterbury DHB	Nelson Marlborough DHB	South Canterbury DHB	Southern DHB	West Coast DHB	Southern Region Total	Provider Total for Sector
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Total Revenue	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Expenses																									
Medical Personnel	(19.4%)	(20.3%)	(17.3%)	(18.8%)	(19.3%)	(16.3%)	(17.9%)	(20.8%)	(14.3%)	(17.3%)	(17.0%)	(18.2%)	(14.4%)	(19.6%)	(15.7%)	(13.6%)	(16.1%)	(16.9%)	(18.3%)	(16.4%)	(16.6%)	(19.7%)	(13.0%)	(18.1%)	(18.1%)
Nursing Personnel	(19.7%)	(23.9%)	(25.5%)	(25.6%)	(22.7%)	(23.7%)	(22.9%)	(22.4%)	(22.4%)	(23.7%)	(23.4%)	(23.0%)	(22.5%)	(24.0%)	(20.6%)	(25.9%)	(26.5%)	(22.9%)	(27.3%)	(21.1%)	(27.2%)	(23.9%)	(31.1%)	(25.7%)	(23.5%)
Allied Health Personnel	(10.0%)	(9.4%)	(11.8%)	(12.7%)	(10.7%)	(8.8%)	(8.3%)	(12.0%)	(8.0%)	(8.7%)	(8.8%)	(8.3%)	(10.0%)	(12.7%)	(7.8%)	(10.6%)	(8.5%)	(9.2%)	(10.3%)	(14.4%)	(7.6%)	(10.0%)	(11.8%)	(10.7%)	(10.0%)
Support Personnel	(0.7%)	(2.5%)	(1.3%)	(1.4%)	(1.4%)	(1.9%)	(1.7%)	(1.0%)	(2.2%)	(2.0%)	(1.9%)	(1.4%)	(2.4%)	(2.7%)	(0.6%)	(1.2%)	(0.8%)	(1.5%)	(1.7%)	(1.9%)	(2.8%)	(1.9%)	(2.7%)	(1.9%)	(1.6%)
Mgmt and Admin Personnel	(7.8%)	(7.6%)	(8.4%)	(7.7%)	(7.8%)	(7.1%)	(8.9%)	(8.2%)	(10.0%)	(9.0%)	(8.6%)	(8.1%)	(9.0%)	(9.0%)	(6.1%)	(8.5%)	(7.8%)	(8.0%)	(7.0%)	(8.6%)	(8.6%)	(8.3%)	(8.6%)	(7.7%)	(8.0%)
Total Personnel Expenses	(57.6%)	(63.8%)	(64.3%)	(66.3%)	(61.8%)	(57.8%)	(59.8%)	(64.3%)	(56.9%)	(60.6%)	(59.7%)	(59.0%)	(58.3%)	(67.9%)	(50.8%)	(59.8%)	(59.7%)	(58.6%)	(64.6%)	(62.3%)	(62.9%)	(63.8%)	(67.2%)	(64.1%)	(61.3%)
Total Outsourced Service Expenses	(6.9%)	(7.1%)	(4.2%)	(5.9%)	(6.5%)	(7.7%)	(6.4%)	(6.1%)	(12.8%)	(6.4%)	(7.5%)	(3.5%)	(4.3%)	(2.3%)	(6.2%)	(11.3%)	(11.2%)	(4.8%)	(3.1%)	(4.8%)	(10.3%)	(4.3%)	(19.1%)	(4.7%)	(5.9%)
Total Personnel and O/S Expenses	(64.5%)	(71.0%)	(68.5%)	(72.1%)	(68.3%)	(65.5%)	(66.2%)	(70.4%)	(69.7%)	(67.0%)	(67.1%)	(62.5%)	(62.6%)	(70.3%)	(57.0%)	(71.1%)	(70.9%)	(63.4%)	(67.7%)	(67.1%)	(73.2%)	(68.1%)	(86.3%)	(68.8%)	(67.2%)
Total Clinical Supplies Expenses	(18.0%)	(14.7%)	(16.0%)	(12.5%)	(15.7%)	(17.4%)	(14.8%)	(14.7%)	(14.2%)	(17.1%)	(16.4%)	(18.9%)	(17.9%)	(12.3%)	(14.6%)	(14.9%)	(14.2%)	(16.5%)	(14.6%)	(15.3%)	(12.0%)	(17.1%)	(10.9%)	(15.0%)	(15.8%)
Infrastructure and Non-clinical supplies	(15.8%)	(13.8%)	(15.4%)	(14.6%)	(15.0%)	(15.0%)	(16.6%)	(15.2%)	(15.6%)	(16.5%)	(16.0%)	(19.4%)	(13.8%)	(14.8%)	(22.1%)	(18.8%)	(21.1%)	(18.5%)	(18.7%)	(17.7%)	(14.7%)	(14.8%)	(21.7%)	(17.4%)	0.0%
Depreciation	(2.1%)	(3.3%)	(4.1%)	(3.6%)	(3.0%)	(4.9%)	(5.9%)	(2.8%)	(5.5%)	(4.3%)	(4.7%)	(7.0%)	(4.6%)	(4.4%)	(3.3%)	(3.1%)	(4.7%)	(5.2%)	(4.7%)	(5.2%)	(3.4%)	(4.2%)	(5.9%)	(4.6%)	(4.1%)
Interest	(1.0%)	(1.3%)	(0.6%)	(1.7%)	(1.2%)	(1.8%)	(1.1%)	(1.2%)	(1.1%)	(1.0%)	(1.2%)	(3.5%)	(0.8%)	(0.9%)	(1.1%)	(2.8%)	(2.0%)	(2.1%)	(0.5%)	(1.1%)	(0.4%)	(1.0%)	(1.0%)	(0.8%)	(1.3%)
Capital charge	(1.8%)	(1.7%)	(2.0%)	(1.9%)	(1.8%)	(1.8%)	(1.8%)	(2.2%)	(3.3%)	(2.1%)	(2.1%)	(1.9%)	(1.4%)	(2.4%)	(2.0%)	(1.0%)	(2.1%)	(1.9%)	(1.9%)	(2.3%)	(0.7%)	(1.9%)	(1.4%)	(1.9%)	(1.9%)
Infrastructure and Non-clinical supplies	(15.8%)	(13.8%)	(15.4%)	(14.6%)	(15.0%)	(15.0%)	(16.6%)	(15.2%)	(15.6%)	(16.5%)	(16.0%)	(19.4%)	(13.8%)	(14.8%)	(22.1%)	(18.8%)	(21.1%)	(18.5%)	(18.7%)	(17.7%)	(14.7%)	(14.8%)	(21.7%)	(17.4%)	(16.4%)
Internal Allocations	(0.5%)	0.0%	0.1%	0.0%	(0.2%)	(1.3%)	(1.4%)	0.0%	0.0%	0.3%	(0.3%)	0.3%	0.0%	0.2%	(2.0%)	0.0%	(0.1%)	(0.2%)	(0.5%)	0.8%	0.9%	0.0%	(1.7%)	(0.2%)	(0.2%)
Total Non-Personnel Expenses	(34.3%)	(28.5%)	(31.2%)	(27.1%)	(30.9%)	(33.7%)	(32.8%)	(29.9%)	(29.8%)	(33.2%)	(32.7%)	(38.0%)	(31.7%)	(26.9%)	(38.7%)	(33.6%)	(35.4%)	(35.2%)	(33.7%)	(32.2%)	(25.8%)	(31.8%)	(34.2%)	(32.6%)	(32.5%)
Total Expenses	(98.8%)	(99.5%)	(99.7%)	(99.2%)	(99.2%)	(99.3%)	(99.0%)	(100.3%)	(99.5%)	(100.2%)	(99.8%)	(100.4%)	(94.4%)	(97.2%)	(95.8%)	(104.7%)	(106.3%)	(98.6%)	(101.5%)	(99.3%)	(98.9%)	(99.9%)	(120.5%)	(101.5%)	(99.7%)
Net Result	1.2%	0.5%	0.3%	0.8%	0.8%	0.7%	1.0%	(0.3%)	0.5%	(0.2%)	0.2%	(0.4%)	5.6%	2.8%	4.2%	(4.7%)	(6.3%)	1.4%	(1.5%)	0.7%	1.1%	0.1%	(20.5%)	(1.5%)	0.3%

Ref. No.:20111305

SCHEDULE 4: Average Year to Date Consolidated Accrued Full Time Equivalents (FTEs) *

Reported as at: 30 September 2011

Purpose: This report highlights the variance between actual and planned average year to date accrued FTEs per employee catergory for each DHB. The information is provided as a key measure of staffing volume which is a key determinant of operating costs.

DHBs are ordered alphabetically by region

DHB	Medical Personnel			Nursing Personnel			Allied Health Personnel			Support Personnel			Management / Administration Personnel			Total		
	Actual	Plan	Var	Actual	Plan	Var	Actual	Plan	Var	Actual	Plan	Var	Actual	Plan	Var	Actual	Plan	Var
Auckland DHB	1,542	1,383	(159)	3,338	3,317	(21)	1,769	1,852	83	200	198	(2)	1,173	1,179	6	8,022	7,929	(93)
Counties Manukau DHB	856	952	97	2,428	2,353	(75)	1,016	1,038	22	385	363	(22)	779	838	59	5,464	5,544	80
Northland DHB	228	236	8	928	893	(36)	476	481	5	76	79	4	374	366	(7)	2,082	2,055	(27)
Waitemata DHB	735	796	61	2,352	2,308	(44)	1,321	1,353	31	200	243	43	814	849	35	5,422	5,549	126
Northern Region Total	3,361	3,368	6	9,046	8,870	(175)	4,583	4,723	140	861	884	24	3,140	3,232	92	20,990	21,077	87
Bay of Plenty DHB	265	293	28	1,082	1,030	(52)	432	439	7	139	138	(1)	443	448	5	2,361	2,348	(13)
Lakes DHB	140	146	6	469	459	(10)	183	189	6	59	61	2	247	251	4	1,099	1,106	7
Tairawhiti DHB	68	71	2	256	246	(10)	148	156	8	17	18	1	133	133	0	623	624	1
Taranaki DHB	139	130	(9)	554	570	16	219	230	11	88	85	(3)	287	302	15	1,287	1,317	30
Waikato DHB	634	652	18	2,271	2,283	12	935	941	6	320	283	(37)	1,064	1,083	18	5,224	5,241	17
Midland Region Total	1,246	1,291	45	4,632	4,588	(44)	1,917	1,955	38	624	585	(39)	2,175	2,217	42	10,593	10,636	42
Capital & Coast DHB	668	694	26	1,933	1,896	(37)	717	741	24	181	180	(2)	807	844	38	4,307	4,356	49
Hawke's Bay DHB	262	263	1	805	828	23	394	409	15	139	139	0	399	388	(11)	2,000	2,028	27
Hutt Valley DHB	234	238	4	711	713	2	422	455	33	131	135	4	343	359	16	1,841	1,900	59
MidCentral DHB	270	283	13	910	919	9	373	375	2	43	44	1	493	510	18	2,089	2,131	42
Wairarapa DHB	37	43	7	197	189	(9)	89	96	6	13	13	0	108	112	3	444	452	8
Whanganui DHB	83	90	8	390	385	(5)	131	139	8	18	18	0	170	171	1	792	804	12
Central Region Total	1,554	1,612	58	4,946	4,930	(16)	2,128	2,215	87	525	529	4	2,321	2,384	64	11,474	11,670	197
Canterbury DHB	821	848	27	3,277	3,336	59	1,385	1,357	(28)	327	348	21	1,110	1,110	(0)	6,920	6,999	79
Nelson Marlborough DHB	171	172	1	636	628	(8)	568	578	10	94	97	3	335	332	(3)	1,803	1,807	3
South Canterbury DHB	52	58	6	326	314	(12)	97	105	8	57	56	(1)	121	121	0	652	654	2
Southern DHB	453	453	0	1,537	1,565	28	675	696	20	188	193	5	687	689	2	3,541	3,596	55
West Coast DHB	37	41	4	317	311	(6)	154	161	7	45	44	(2)	130	134	4	684	691	7
Southern Region Total	1,534	1,573	38	6,092	6,153	61	2,879	2,897	18	711	738	27	2,383	2,385	3	13,599	13,746	147
TOTAL	7,696	7,843	147	24,715	24,541	(174)	11,506	11,790	284	2,721	2,737	15	10,018	10,219	201	56,657	57,129	473

Note:

* For a definition on accrued FTEs refer to http://www.nsfl.health.govt.nz

Ref. No.:20111305

SCHEDULE 5: Annualised Average Consolidated Cost per FTE ($'000) *

For the period ended: 30 September 2011

Purpose: This report highlights the variance between actual and planned cost per FTE for each employee category in each DHB. The information is provided to asist in interpretation of financial performance of the DHBs and the sector.

DHBs are ordered alphabetically by region

DHB	Medical Personnel			Nursing Personnel			Allied Health Personnel			Support Personnel			Management / Administration Personnel			Total		
	Actual	Plan	Var	Actual	Plan	Var	Actual	Plan	Var	Actual	Plan	Var	Actual	Plan	Var	Actual	Plan	Var
Auckland DHB	155	176	21	73	73	0	70	70	0	42	41	(1)	86	90	4	89	92	3
Counties Manukau DHB	174	160	(13)	72	73	1	68	67	(0)	48	51	3	78	75	(2)	86	86	(0)
Northland DHB	200	188	(11)	72	76	3	65	65	(1)	46	45	(1)	65	66	0	82	83	1
Waitemata DHB	176	161	(15)	75	74	(1)	67	65	(2)	49	44	(6)	70	70	(0)	85	82	(3)
Northern Region Total	176	171	(5)	73	74	1	67	67	(1)	46	45	(1)	75	75	0	86	86	0
Bay of Plenty DHB	201	189	(12)	71	72	1	67	65	(1)	44	44	(0)	63	62	(1)	82	82	(0)
Lakes DHB	195	205	11	74	73	(1)	69	69	(0)	44	43	(1)	65	63	(2)	85	86	1
Tairawhiti DHB	264	253	(11)	75	78	3	69	65	(4)	48	47	(1)	62	64	3	91	91	0
Taranaki DHB	181	212	31	71	70	(1)	65	57	(7)	44	35	(9)	66	61	(5)	79	78	(1)
Waikato DHB	193	203	10	74	74	0	66	65	(0)	44	44	0	61	62	1	82	84	2
Midland Region Total	210	215	5	73	73	1	67	64	(3)	45	42	(3)	64	62	(1)	84	84	(0)
Capital & Coast DHB	165	159	(6)	72	75	3	70	70	0	47	46	(1)	65	65	(0)	84	84	1
Hawke's Bay DHB	146	142	(4)	74	72	(2)	67	64	(3)	46	47	1	62	63	1	78	76	(2)
Hutt Valley DHB	184	188	4	74	73	(1)	66	66	(0)	46	44	(2)	62	61	(1)	82	82	(1)
MidCentral DHB	188	184	(5)	74	74	0	68	65	(3)	44	29	(15)	55	60	5	82	82	0
Wairarapa DHB	221	200	(21)	77	78	2	69	66	(3)	53	54	0	67	62	(5)	84	83	(1)
Whanganui DHB	207	206	(2)	72	70	(3)	70	70	1	45	43	(2)	59	60	2	82	83	0
Central Region Total	194	188	(6)	74	74	0	69	68	(1)	48	47	(1)	63	62	(1)	83	83	(0)
Canterbury DHB	195	187	(8)	73	72	(0)	65	67	2	45	46	1	58	59	1	82	82	(0)
Nelson Marlborough DHB	221	234	12	77	77	0	58	58	(1)	47	47	(1)	62	63	1	80	81	1
South Canterbury DHB	275	265	(10)	72	73	1	67	68	0	42	43	1	63	64	2	83	85	2
Southern DHB	204	205	1	73	74	0	69	68	(1)	47	47	(0)	61	60	(1)	85	85	(0)
West Coast DHB	273	250	(23)	75	76	1	59	59	0	46	46	0	58	58	(0)	77	77	(0)
Southern Region Total	237	227	(10)	73	74	0	65	65	0	45	45	1	60	60	0	82	82	0
TOTAL	204	200	(4)	73	74	1	67	66	(1)	46	45	(1)	65	65	(0)	84	84	0

Notes:

* The cost per FTE is calculated by dividing the annualised year to date (YTD) Personnel Costs by the average accrued YTD FTEs.

Ref. No.:20111305

SCHEDULE 6: DHB Balance Sheet
As at 30 September 2011

Purpose: This report presents an abbreviated Balance Sheet, together with key indicators, for each DHB to assist in the comparison between DHBs.

DHBs are ordered alphabetically by region

	Auckland DHB	Counties Manukau DHB	Northland DHB	Waitemata DHB	Nothern Region Total	Bay of Plenty DHB	Lakes DHB	Tairawhiti DHB	Taranaki DHB	Waikato DHB	Midland Region Total	Capital & Coast DHB	Hawke's Bay DHB	Hutt Valley DHB	MidCentral DHB	Wairarapa DHB	Whanganui DHB	Central Region Total	Canterbury DHB	Nelson Marlborough DHB	South Canterbury DHB	Southern DHB	West Coast DHB	Southern Region Total	Sector Total
Current Assets																									
Cash	84,242	1,354	13,985	30,005	129,586	(1,185)	13,124	45	29,457	267	41,708	11,039	9,019	1,484	39,704	2,006	7,240	70,492	74,381	19,682	22,964	26,040	3,829	146,897	388,683
Debtors & Prepayments	70,041	51,311	21,582	37,505	180,439	24,472	13,221	5,994	10,231	46,007	99,925	44,575	17,965	18,179	19,465	6,650	11,308	118,142	55,116	15,381	7,205	37,509	4,719	119,931	518,436
Stock	12,004	714	4,304	4,962	21,984	3,222	1,932	1,768	2,656	10,008	19,586	6,607	3,445	1,243	3,003	730	1,211	16,239	8,847	2,030	889	4,670	742	17,178	74,987
Assets Held for Sale	20,041	8,840	-	-	26,881	-	-	-	-	-	-	-	1,796	-	-	2,300	-	4,096	-	2,361	3	-	136	2,500	35,477
Total Current Assets	186,327	62,219	39,871	72,472	360,889	26,509	28,277	7,807	42,344	56,282	161,219	62,222	32,225	20,906	62,172	11,686	19,759	208,970	138,344	39,455	31,061	68,219	9,426	286,505	1,017,583
Non-Current Assets																									
Land	163,554	72,753	7,336	109,419	353,062	13,975	5,250	2,325	7,890	28,520	57,960	24,120	6,798	13,020	16,481	1,935	1,883	64,237	94,337	12,388	2,463	25,231	6,395	140,784	616,043
Non Residential Buildings, Improvements & Plant	567,846	322,182	60,393	279,319	1,229,740	136,736	33,472	37,190	60,111	231,271	498,780	440,274	79,507	90,708	107,132	34,125	65,214	816,960	205,464	125,309	21,364	192,398	15,472	559,997	3,105,476
Residential Buildings, Improvements & Plant	-	-	-	-	-	-	-	-	325	-	325	78	(2,723)	676	551	-	635	(783)	-	-	-	1,482	1,569	3,051	2,593
Clinical Equipment	62,004	24,149	9,483	26,987	122,623	22,517	8,653	4,124	4,682	47,638	87,612	51,043	14,723	6,856	18,580	2,594	4,560	98,356	46,590	12,207	2,835	25,023	-	86,655	395,245
Other Equipment	5,737	2,369	2,163	3,476	13,745	1,323	959	393	2,576	1,873	7,124	3,249	4,241	1,121	556	827	317	10,312	-	2,109	1,398	1,852	5,905	11,264	42,445
Information Technology	932	(755)	993	4,737	5,907	6,417	3,128	1,265	5,626	34,952	51,388	8,054	(1,499)	1,378	1,374	139	511	9,957	-	1,822	408	3,357	1,477	7,064	74,315
Intangible Assets (Software)	610	(577)	735	2,817	3,585	-	3,281	2,016	-	(23,652)	(18,355)	12,071	8,116	1,587	3,195	981	1,056	27,006	667	2,176	679	5,150	786	9,458	21,894
Motor Vehicles	3,281	1,733	1,189	1,306	7,509	3,005	641	897	154	1,548	6,245	36	1,017	248	1,233	1,019	768	4,321	4,170	1,382	145	435	1,094	7,226	25,301
Trust Properties	-	-	240	-	240	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	240
Investment Property	-	1,126	-	-	1,126	-	-	-	-	-	-	-	249	-	-	-	-	249	-	-	-	-	-	-	1,375
WIP	26,015	59,325	16,448	46,846	148,634	39,153	53,660	219	25,655	108,435	227,122	18,973	3,148	58,878	4,596	1,474	1,175	88,244	13,313	4,261	-	12,475	889	30,938	494,938
Investments	(907)	-	44,152	-	43,245	176	1,331	533	243	99	2,382	-	760	936	839	228	875	3,638	45,501	29	-	326	2	45,858	95,123
Derivatives In Gain	5,819	-	-	-	5,819	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,819
Total Non-Current Assets	834,889	482,305	143,132	474,907	1,935,233	223,301	110,375	48,962	107,262	430,682	920,582	557,899	114,337	175,408	154,537	43,322	76,994	1,122,497	410,042	161,652	29,282	267,729	33,589	902,294	4,880,607
Current Liabilities																									
Bank Overdraft	-	-	-	-	-	-	-	(1,597)	-	(24,570)	(26,167)	-	(3,355)	-	-	(5,627)	-	(8,982)	-	-	-	(2,160)	-	(2,160)	(37,309)
Creditors	(126,200)	(87,692)	(46,396)	(92,954)	(353,242)	(37,690)	(21,809)	(9,212)	(24,780)	(62,244)	(155,935)	(65,975)	(33,120)	(39,376)	(33,163)	(9,455)	(14,047)	(195,136)	(111,808)	(18,353)	(10,316)	(45,558)	(8,812)	(194,847)	(899,161)
Term Loans - Current	(29,176)	(26,500)	(5,557)	(34,237)	(95,469)	-	(30,338)	-	-	(528)	(30,866)	(28,202)	(540)	-	(13,000)	(510)	(3,233)	(45,485)	(30,000)	(13,174)	(10,000)	(17,916)	(1,500)	(72,589)	(244,409)
Insurance Liability - Current	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Employee Costs	(146,562)	(101,426)	(32,156)	(76,047)	(355,191)	(26,525)	(12,794)	(6,763)	(18,195)	(81,178)	(145,455)	(57,927)	(28,284)	(27,191)	(25,427)	(6,301)	(8,617)	(153,747)	(147,057)	(30,683)	(8,453)	(52,723)	(7,979)	(246,895)	(901,288)
Total Current Liabilities	(300,937)	(215,618)	(84,109)	(203,238)	(803,902)	(64,415)	(64,941)	(17,572)	(42,975)	(168,520)	(358,423)	(152,105)	(65,299)	(66,567)	(71,590)	(21,893)	(25,897)	(403,351)	(288,865)	(62,210)	(28,769)	(118,356)	(18,291)	(516,491)	(2,082,167)
WORKING CAPITAL	(114,609)	(153,399)	(44,238)	(130,766)	(443,012)	(37,907)	(36,664)	(9,765)	(631)	(112,238)	(197,205)	(89,883)	(33,074)	(45,661)	(9,418)	(10,207)	(6,138)	(194,381)	(150,521)	(22,755)	2,292	(50,137)	(8,865)	(229,986)	(1,064,584)
NET FUNDS EMPLOYED	720,280	328,906	98,894	344,141	1,492,221	185,395	73,711	39,197	106,631	318,444	723,378	468,016	81,263	129,747	145,119	33,115	70,856	928,116	259,521	138,898	31,574	217,592	24,724	672,309	3,816,023
Non-Current Liabilities																									
Employee Costs	(21,905)	(13,162)	(13,066)	(18,231)	(66,364)	(846)	(2,582)	(839)	(969)	(12,735)	(17,971)	(6,116)	(1,704)	(4,120)	(1,506)	(628)	(690)	(14,764)	(7,985)	(12,319)	(5,637)	(14,699)	(2,946)	(43,586)	(142,685)
Term Loans - Non-current	(259,836)	(150,000)	(19,360)	(153,944)	(582,940)	(100,700)	(810)	(14,143)	(29,000)	(129,659)	(274,312)	(311,540)	(36,871)	(56,900)	(42,358)	(25,202)	(32,600)	(505,471)	(45,000)	(36,854)	-	(82,986)	(11,195)	(176,034)	(1,538,757)
Restricted Trusts and Special Funds	(10,106)	(842)	(245)	(217)	(11,410)	-	-	-	-	-	-	(8,029)	-	(936)	-	(233)	-	(9,196)	(13,686)	-	-	(3,926)	(56)	(17,668)	(38,276)
Other Liabilities	(240)	(1,013)	-	-	(1,253)	-	(1,434)	-	(87)	(66)	(1,587)	-	-	(34)	-	-	-	(34)	-	-	-	-	-	-	(2,874)
Total Non-Current Liabilities	(291,887)	(165,017)	(32,671)	(172,392)	(661,967)	(101,546)	(4,826)	(14,982)	(30,056)	(142,460)	(293,870)	(325,684)	(38,576)	(61,990)	(43,864)	(26,063)	(33,290)	(529,467)	(66,671)	(49,173)	(5,637)	(101,610)	(14,197)	(237,287)	(1,722,591)
Crown Equity																									
Crown Equity	(573,103)	(123,607)	(38,400)	(97,824)	(832,934)	(79,506)	(20,984)	(15,939)	(26,736)	(61,778)	(204,943)	(425,240)	(37,690)	(42,155)	(64,155)	(29,425)	(69,497)	(668,162)	(89,656)	(30,320)	(5,120)	(133,759)	(61,753)	(320,608)	(2,026,646)
Trusts and Special Funds - no restricted use	-	-	(296)	-	(296)	-	(1,146)	-	(724)	-	(1,870)	-	-	-	(2,312)	-	(120)	(2,432)	-	-	(1,581)	-	(39)	(1,620)	(6,218)
Revaluation Reserve	(331,808)	(110,298)	(23,899)	(140,885)	(606,890)	(9,172)	(28,678)	(25,526)	(51,905)	(52,736)	(168,017)	(22,021)	(31,744)	(50,388)	(54,582)	(2,155)	(14,295)	(175,186)	(147,201)	(41,720)	(9,246)	(85,362)	(21,490)	(305,019)	(1,255,091)
Other Reserves	-	-	(1,117)	-	(1,117)	-	1,434	(26)	-	-	1,408	-	(3,000)	-	-	(248)	(122)	(3,370)	-	-	-	-	-	-	(3,079)
Retained Earnings	476,519	70,016	(2,511)	66,960	610,983	4,829	(19,511)	17,276	2,790	(61,470)	(56,086)	304,929	29,746	24,766	19,794	24,776	46,468	450,479	44,007	(17,684)	(9,990)	103,139	72,755	192,226	1,197,603
Total Crown Equity	(428,393)	(163,889)	(66,223)	(171,749)	(830,254)	(83,849)	(68,885)	(24,215)	(76,575)	(175,984)	(429,508)	(142,332)	(42,687)	(67,757)	(101,255)	(7,052)	(37,568)	(398,650)	(192,850)	(89,725)	(25,937)	(115,982)	(10,527)	(435,021)	(2,093,432)
NET FUNDS EMPLOYED	(720,280)	(328,906)	(98,894)	(344,141)	(1,492,221)	(185,395)	(73,711)	(39,197)	(106,631)	(318,444)	(723,378)	(468,016)	(81,263)	(129,747)	(145,119)	(33,115)	(70,856)	(928,116)	(259,521)	(138,898)	(31,574)	(217,592)	(24,724)	(672,308)	(3,816,023)

Interest Cover Ratio	3.41	4.83	7.39	3.73	4.09	3.92	7.18	2.69	8.02	6.68	5.72	2.51	6.24	9.72	6.62	1.03	1.06	3.20	4.67	5.42	15.12	4.26	4.13	3.96	4.18
Current Ratio (excl Employee Costs)	1.20	0.54	0.77	0.57	0.80	0.70	0.54	0.72	1.71	0.64	0.76	0.66	0.87	0.53	1.35	0.75	1.14	0.84	0.98	1.25	1.53	1.04	0.91	1.06	0.86
Debt/(Debt + Equity)	40.27%	51.85%	27.34%	52.28%	44.97%	54.57%	31.14%	36.87%	27.47%	42.52%	41.54%	70.48%	46.71%	45.65%	35.35%	78.48%	48.82%	58.02%	28.00%	35.80%	27.83%	46.52%	54.67%	36.37%	46.00%
Equity/Total Assets	41.95%	30.10%	36.19%	31.38%	36.16%	33.57%	49.68%	42.66%	51.18%	36.14%	39.70%	22.95%	29.13%	34.51%	46.72%	12.82%	38.83%	29.94%	35.17%	44.62%	42.98%	34.52%	24.47%	36.59%	35.49%
Fixed Assets/Total Assets	81.75%	88.57%	78.21%	86.76%	84.26%	89.39%	79.61%	86.25%	71.70%	88.44%	85.10%	89.97%	78.01%	89.35%	71.31%	78.76%	79.58%	84.31%	74.77%	80.38%	48.53%	79.69%	78.09%	75.90%	82.75%

Notes:
- Interest Cover Ratio indicates the DHB's ability to cover its interest payments.
- Debt/(Debt + Equity) reflects the total borrowings of the DHB measured against the total borrowings plus Crown equity.
- Current Ratio (excluding Employee Costs) provides an indication of the DHB's ability to cover its short term debt. A current ratio of 1:1 is an accepted norm.
- Equity/Total Assets reflects the total Crown equity against the total assets held by the DHB.
- Fixed Assets/Total Assets reflects the total fixed assets against the total assets held by the DHB.

Whilst some of these ratios are also utilised by the Crown Health Financing Agency (CHFA) they approach them from a lender's perspective, and as such the results may differ.
The position reflected by the Balance Sheet at the end of a month will always show the worst working capital position for DHBs as the sector receives 1/12th of its annual funding on the fourth day of each month.

SCHEDULE 7: Capital Expenditure
For the period ended : 30 September 2011

Purpose: This report highlights the variance between actual and year to date (YTD) capital expenditure for each DHB by capital expenditure category.
The information provides an overview of how cash capital expenditure for the year is tracking against plan and the level of capital investment undertaken by the DHBs year to date.

DHBs are sorted alphabetically by region

DHB	Land			Buildings & Plant			Clinical Equipment			Other Equipment		
	Actual	Planned	Variance	Actual	Planned	Variance	Actual	Planned	Variance	Actual	Planned	Variance
	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000
Auckland DHB	-	-	-	7,006	17,916	(10,910)	1,875	-	1,875	96	-	96
Counties Manukau DHB	-	-	-	7,294	8,292	(998)	-	1,374	(1,374)	-	600	(600)
Northland DHB	-	-	-	3,943	2,078	1,864	948	1,358	(409)	27	106	(79)
Waitemata DHB	-	-	-	18,401	19,595	(1,194)	2,644	2,100	544	115	3,526	(3,411)
Northern Region Total	-	-	-	36,644	47,882	(11,238)	5,467	4,832	635	238	4,232	(3,995)
Bay of Plenty DHB	-	-	-	5,896	3,513	2,383	516	687	(171)	205	65	140
Lakes DHB	-	-	-	3,428	7,965	(4,537)	1,566	456	1,110	12	74	(62)
Tairawhiti DHB	-	-	-	-	75	(75)	265	399	(134)	-	15	(15)
Taranaki DHB	-	-	-	-	8,373	(8,373)	1,758	495	1,263	5,823	111	5,712
Waikato DHB	70	-	70	26,449	27,804	(1,355)	1,138	6,120	(4,982)	22	186	(164)
Midland Region Total	70	-	70	35,773	47,730	(11,957)	5,243	8,157	(2,914)	6,062	451	5,611
Capital & Coast DHB	-	-	-	4,383	4,353	30	4,568	5,985	(1,417)	252	305	(53)
Hawke's Bay DHB	-	-	-	879	1,864	(985)	712	1,014	(302)	246	24	222
Hutt Valley DHB	-	-	-	7,265	6,927	338	360	3,034	(2,674)	18	50	(32)
MidCentral DHB	-	-	-	3,883	1,419	2,464	438	1,956	(1,518)	28	39	(11)
Wairarapa DHB	-	-	-	94	-	94	142	75	67	-	-	-
Whanganui DHB	-	-	-	280	1,572	(1,292)	152	255	(103)	1	-	1
Central Region Total	-	-	-	16,784	16,135	649	6,372	12,319	(5,947)	545	418	127
Canterbury DHB	-	-	-	246	-	246	4,754	10,726	(5,972)	366	-	366
Nelson Marlborough DHB	(4)	-	(4)	1,016	-	1,016	806	899	(93)	16	-	16
South Canterbury DHB	-	-	-	375	193	182	-	210	(210)	-	66	(66)
Southern DHB	0	-	0	3,754	5,021	(1,268)	4,151	3,816	334	84	322	(238)
West Coast DHB	-	-	-	305	-	305	483	373	110	-	80	(80)
Soutern Region Total	(4)	-	(4)	5,696	5,214	482	10,194	16,024	(5,830)	466	468	(2)
Sector Total	66	-	66	94,897	116,961	(22,064)	27,276	41,332	(14,056)	7,311	5,570	1,741

DHB	Motor Vehicles			Information Technology			Software			TOTAL		
	Actual	Planned	Variance	Actual	Planned	Variance	Actual	Planned	Variance	Actual	Planned	Variance
	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000	$ '000
Auckland DHB	-	-	-	200	-	200	678	-	678	9,854	17,916	(8,062)
Counties Manukau DHB	-	225	(225)	-	975	(975)	-	450	(450)	7,294	11,916	(4,622)
Northland DHB	0	37	(36)	118	1,043	(926)	38	381	(342)	5,074	5,003	71
Waitemata DHB	-	670	(670)	543	606	(63)	441	24	417	22,144	26,521	(4,377)
Northern Region Total	0	932	(931)	860	2,624	(1,764)	1,157	855	303	44,367	61,357	(16,990)
Bay of Plenty DHB	-	171	(171)	209	768	(559)	-	-	-	6,827	5,204	1,623
Lakes DHB	-	-	-	241	183	58	54	110	(56)	5,301	8,788	(3,487)
Tairawhiti DHB	-	-	-	-	174	(174)	-	51	(51)	265	714	(449)
Taranaki DHB	-	139	(139)	20	1,000	(980)	-	-	-	7,601	10,118	(2,517)
Waikato DHB	1	-	1	(213)	870	(1,083)	10	2,457	(2,447)	27,477	37,437	(9,960)
Midland Region Total	1	310	(309)	257	2,995	(2,738)	64	2,618	(2,554)	47,471	62,261	(14,790)
Capital & Coast DHB	-	-	-	922	1,532	(610)	-	1,275	(1,275)	10,125	13,450	(3,325)
Hawke's Bay DHB	-	21	(21)	265	246	19	284	288	(4)	2,385	3,457	(1,072)
Hutt Valley DHB	-	642	(642)	193	250	(57)	131	125	6	7,967	11,028	(3,061)
MidCentral DHB	-	-	-	108	375	(267)	28	999	(971)	4,485	4,788	(303)
Wairarapa DHB	-	-	-	81	150	(69)	53	600	(547)	370	825	(455)
Whanganui DHB	428	297	131	5	-	5	7	819	(812)	873	2,943	(2,070)
Central Region Total	428	960	(532)	1,573	2,553	(980)	503	4,106	(3,603)	26,205	36,491	(10,286)
Canterbury DHB	(8)	-	(8)	297	-	297	178	-	178	5,833	10,726	(4,893)
Nelson Marlborough DHB	41	183	(142)	153	245	(92)	18	103	(84)	2,047	1,430	617
South Canterbury DHB	-	-	-	-	27	(27)	-	548	(548)	375	1,044	(669)
Southern DHB	23	471	(448)	333	1,496	(1,163)	474	-	474	8,818	11,126	(2,308)
West Coast DHB	55	160	(105)	181	175	6	11	50	(39)	1,035	838	197
Soutern Region Total	111	814	(703)	964	1,943	(979)	681	701	(19)	18,108	25,164	(7,056)
Sector Total	540	3,015	(2,475)	3,655	10,116	(6,460)	2,405	8,279	(5,874)	136,150	185,272	(49,122)

DHB "One-Page" Summary Reports as at 30 September 2011

Health Report: 20111305

Purpose

To provide an overview of individual DHB performance for the period ended 30 September 2011 focusing on:

- overall financial performance variance from plan for the DHB and identification of the main drivers
- graphic presentation of monthly net surplus/deficit for the DHB compared to plan
- capital expenditure variance from plan
- equity movement variance from plan
- key input, average YTD full time equivalents, variance from plan
- new areas of concern
- update on issues previously reported.

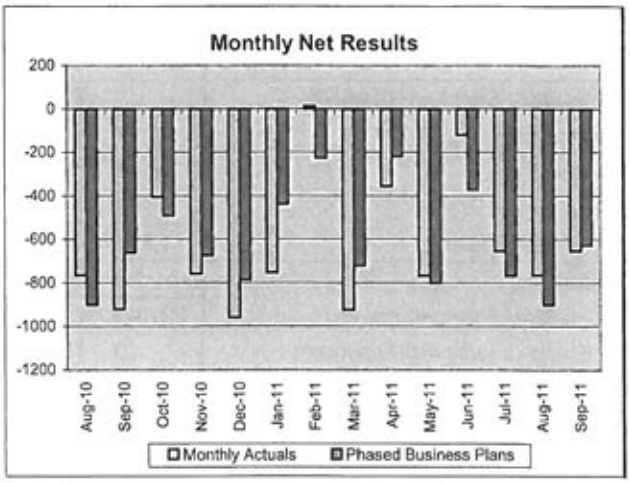
West Coast DHB

Financial Performance Summary

Monitoring Level : Intensive Monitoring

For the period ended : 30 September 2011

	Year-to-Date (YTD)			*Annual Plan*
	Actual	*Plan*	*Var*	
Net Result : Surplus / (Deficit)		**$ '000**		**$ '000**
Governance	56	(0)	56	(0)
Provider	(3,947)	(3,669)	(278)	(12,958)
Funder	1,823	1,377	446	8,458
DHB Consolidation	**(2,068)**	**(2,292)**	**224**	**(4,500)**
Capital		**$ '000**		**$ '000**
Total Capital Expenditure	1,035	838	197	4,250
Net Equity (Injection)/Repayment	0	0	0	(4,500)
Key Performance Indicators				
YTD Average Full Time Equivalents	684	691	7	691



Overall Financial Performance

West Coast DHB reported a consolidated deficit of $2.1M, that was $0.2M favourable to plan YTD.
The consolidated result for the month of September was a deficit of $0.7M, that was in line with plan.

New Areas of Concern

No new issues have been identified at this time.

Update on Issues Previously Reported

Nothing to report at this time.

MINISTRY OF HEALTH
MANATŪ HAUORA

133 Molesworth St
P.O. Box 5013
Wellington
New Zealand
Phone (04) 496 2000
Fax (04) 496 2340

Ref. No _____

31 OCT 2011

WEST COAST DISTRICT HEALTH BOARD
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1 - NOV 2011
6528
Acknowledged saved By
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Dr Paul McCormack
Chair
West Coast District Health Board
PO Box 387
GREYMOUTH 7840

Dear Dr McCormack

West Coast District Health Board Delegation Policy

Thank you for submitting the West Coast District Health Board's (DHB's) amended delegation policy for Ministerial approval. The Minister has delegated the relevant power of approval to the Director-General of Health.

West Coast DHB's delegation policy (issued October 2011) is hereby approved.

In accordance with clause 39(1)(c) of Schedule 3 to the New Zealand Public Health and Disability Act 2000, I ask that the DHB make the policy publicly available.

Yours sincerely

Dr Kevin Woods
Director-General of Health

cc Mr David Meates – Chief Executive Officer, West Coast DHB
Mr Colin Weeks – Chief Financial Officer, West Coast DHB

West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Corporate Office
High Street, Greymouth 7840

Telephone 03 769-7400
Fax 03 769-7791

31 October 2011

Hon Tony Ryall
Minister of Health
Parliament
WELLINGTON

Emailed: Peter.Wood@parliament.govt.nz

Dear Minister

Further to Mr Peter Ballantyne's phone call to your office today, I wish to advise that Mr Ballantyne will be the Acting Chair for the West Coast District Health Board until further notice.

Yours sincerely

Gaylene Mahauariki
Secretary
West Coast District Health Board

CHIEF EXECUTIVE'S REPORT

TO: **Chair and Members**
West Coast District Health Board

FROM: **David Meates, Chief Executive**

DATE: **2 December 2011**

KEY ACTIVITIES

The Strategic Stage Analysis for Grey Hospital was presented to the Capital Investment Committee. The presentation was well received and the next steps in relation to bringing together the elements of care in the Grey health system into an integrated model are underway.

Planning is well advanced for a community expo which will provide an opportunity for the community and health providers to contribute to planning for future health services in Greymouth.

Work is underway to deliver on the implementation of the Buller Health Plan with discussions in progress with the Trustees of O'Conor Trust.

A further key focus for the month has been on improving operational efficiency. Increased engagement has seen a number of staff becoming involved in projects focusing on both ensuring financial results for the year are within plan and on process improvement with a number of critical projects established. The focus of these projects includes reducing length of stay, locum management, clinical service development and managing non clinical support service costs.

Elective volumes (discharges produced in house as at 20/11/11) are 14% or 75 discharges below plan. The elective production plan allowed for a greater number of elective cases to be performed in the first half of the year. The plan for the remainder of the year is being rephrased to ensure that the total elective volumes required are delivered by speciality. This will also address the current higher than planned case weights produced for elective orthopaedic and opthalmology specialities and under production in general surgery and gynaecology.

The 2012/12 Annual Planning Package was forwarded from the Ministry Of Health on 18 November 2011 and we are now working on a timetable for the preparation of the 2012/13 Annual Plan.

Further progress continues with strengthening collaborative relations with Canterbury DHB with a report in these papers on the service areas making key advances.

The roll out of Telehealth continues with the purchase and installation of the mobile cart into Parfitt ward and the successful completion of a range of consultations with the paediatrician in Christchurch being able to provide bedside assessment and consultation with children in Greymouth. Focus is now on developing capability in the Emergency Department for remote consultations.

FINANCIAL AND OPERATIONAL PERFORMANCE OVERVIEW

Financial Overview for the period ending	31 October 2011							
	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,235	6,310	(75)	×	25,454	24,949	505	√
Governance & Administration	208	212	(4)	×	841	849	(8)	×
Funds & Internal Eliminations	4,398	4,812	(414)	×	17,360	17,664	(304)	×
	10,841	11,334	(493)	×	43,655	43,462	193	√
EXPENSES								
Provider								
Personnel	4,375	4,419	44	√	17,296	17,452	156	√
Outsourced Services	1,211	939	(272)	×	4,874	3,974	(900)	×
Clinical Supplies	625	618	(7)	×	2,715	2,393	(322)	×
Infrastructure	997	918	(79)	×	3,910	3,732	(178)	×
	7,208	6,894	(314)	×	28,795	27,551	(1,244)	×
Governance & Administration	204	212	8	√	781	849	68	√
Funds & Internal Eliminations	3,565	3,841	276	√	14,704	15,313	609	√
Total Operating Expenditure	10,977	10,947	(30)	×	44,280	43,713	(567)	×
Deficit before Interest, Depn & Cap Charge	136	(387)	(523)	×	625	251	(374)	×
Interest, Depreciation & Capital Charge	535	551	16	√	2,114	2,205	91	√
Net deficit	**671**	**164**	**(507)**	×	**2,739**	**2,456**	**(283)**	×

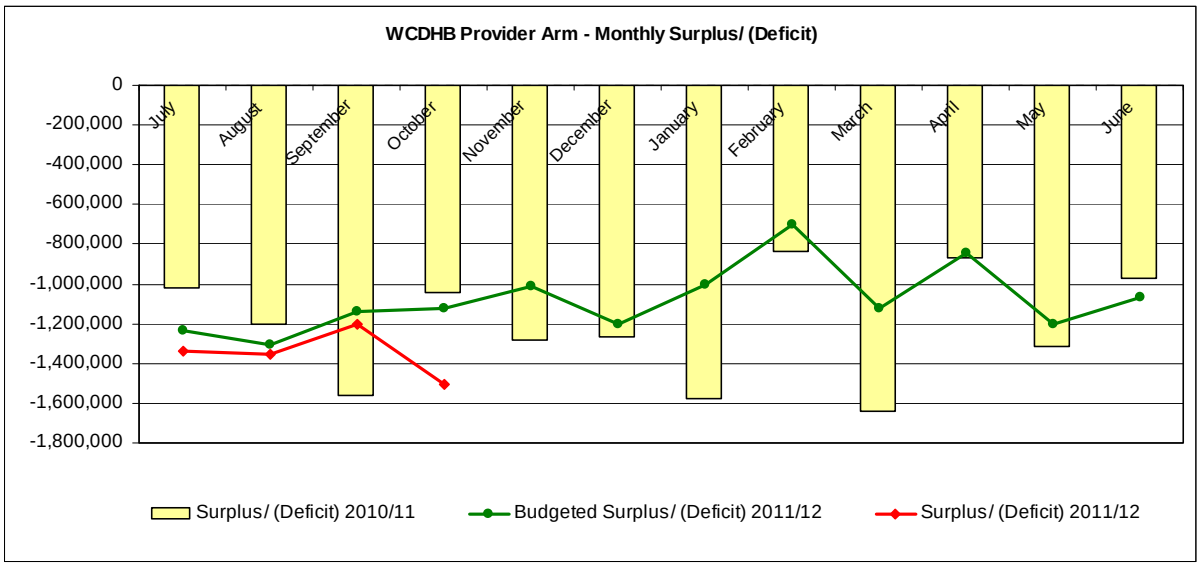
The consolidated result for the four months ending 31 October 2011 is a deficit of $2,739k, this being $283k unfavourable to budget. The main drivers of the unfavourable variance were higher than budgeted outsourced services costs and clinical supplies.

DHB PROVIDER ARM SUMMARY

Operational and Financial Performance Overview

Provider Arm
Financial Performance

For the four months ending 31 October 2011 the operating result after interest and depreciation for the Provider Arm is a deficit of $5,455k, this resulting in an unfavourable variance of $651k. The main drivers of the unfavourable variance are outsourced clinical service costs and clinical supplies. Measures have been implemented to address the mix between outsourced clinical services and personnel costs to bring the combined spend to within budget.



West Coast DHB Hospital Activity - (Including all patients regardless of Domicile)

		MONTH				YEAR TO DATE			
		October 2011	October 2010	Variance	Variance %	October 2011	October 2010	Variance	Variance %
Total Discharges	Buller	70	72	-2	-2.8%	297	337	-40	-11.9%
	Reefton	2	1	1	100.0%	15	18	-3	-16.7%
	Grey	409	386	23	6.0%	1817	1609	208	12.9%
Occupied Bed Days	Buller	586	638	-52	-8.2%	2379	2690	-311	-11.6%
	Reefton	217	227	-10	-4.4%	822	841	-19	-2.3%
	Grey	2120	2089	31	1.5%	8972	8196	776	9.5%
ED Attendances - all facilities		1297	1285	12	0.9%	5203	5026	177	3.5%
Outpatient Attendances *		1366	1418	-52	-3.7%	5790	5569	221	4.0%
Deliveries (Buller Health and Grey Base Hospital		22	31	-9	-29.0%	108	102	6	5.9%

West Coast DHB Hospital Weighted Discharge (CWD) and First Specialist Assessment (FSA) performance against plan activity

* Specialist medical, surgical and obstetric services only. Excludes ACC outpatient volumes

	CURRENT YEAR TO DATE - 2011/2012				PREVIOUS YEAR TO DATE - 2010/2011			
	Actual to 31 October 2011	Budget to 31 October 2011	Variance	Variance %	Actual to 31 October 2010	Budget to 31 October 2010	Variance	Variance %
Surgical Acute CWD	361.23	362.94	-1.71	-0.5%	362.81	313.13	49.68	15.9%
Surgical Elective CWD	589.91	456.29	133.62	29.3%	335.81	488.68	-152.87	-31.3%
TOTAL Surgical CWDs	951.14	819.23	131.91	16.1%	698.62	801.8	-103.18	-12.9%
Medical CWDs	505.95	439.8	66.15	15.0%	449.61	405.37	44.24	10.9%
Surgical FSA	1311	1347	-36	-2.7%	1348	1362	-14	-1.0%
Medical FSA	618	540	78	14.4%	506	538	-32	-5.9%

PROVIDER ARM SERVICES

Clinical Services Planning and Delivery

Work is focussing now on managing production against the production plan. This includes our booking and scheduling processes but more importantly resourced capacity against production needs.

Medical Staffing

Advertising is continuing for the following:

- Obstetric and Gynaecology Surgeon
- Specialist Physician
- Anaesthetist

There is considerable interest in anaesthetic vacancies. There have been in excess of eight applications. Interviewing will commence early December 2011. Interviews and appointments are being conducted with Canterbury DHB clinician input and approval.

Clinical Services

Work continues between West Coast DHB and Canterbury DHB clinicians around options for the provision of orthopaedic services on the West Coast. Information on orthopaedic activity has been gathered and forwarded to the Clinical Director, Canterbury DHB. It is currently being analysed, especially focussing on acute presentations, eg nature and time. This will form the basis for discussion on service options for the future.

Clarification of contract arrangements, including pricing, is underway for some outsourced services, i.e. ophthalmology. There are some aspects of the contract/pricing arrangements with one provider that we need to clarify. These issues were uncovered as part of our reviewing overspend in this service.

We are currently launching a project across the West Coast DHB "Making it Better; that is a challenge – but we can do it as a team." This is a series of work/projects that are designed to improve the way we work and assist in reaching our financial and production targets. Ultimately we expect better processes and outcomes for patients. The projects have a strong "improving patient outcomes" focus with financial benefits also.

Mental Health

We are continuing to advertise for a psychiatrist. Planning is underway for the provision of some mental health consultations at the Rural Academic General Practice.

We continue to participate in the review and ongoing development of Key Performance Indicators in mental health services using the results to improve our services and benchmark our outcomes against NZ mental health services.

The Ministry of Health initiated the development of the KPI Framework for NZ Mental Health and Addiction Services to promote national quality improvement efforts. It is intended that the KPI framework will enable services to learn from each other about the practices that lead to improved health outcomes for service users.

We are now in Phase III of the project which focuses on long term sustainability of the KPI Framework through engaging all DHBs and extending the involvement of NGOs. Phase III will be completed by 31 March 2012.

Some of the objectives of Phase III include

- Making effective use of nationally collected health information
- Promote information sharing among mental health and addiction providers

- Make comparisons between services and determine their relative performance across a number of indicators
- Improve outcomes for users of mental health and addiction services
- Understand differences in service outcomes for different ethnic groups and how to address inequalities
- Drive organisational performance and quality improvement activities
- Understand gaps in existing data and improve data quality

West Coast has been involved for the past 4 years in piloting the KPIs. We have worked closely with service users and our NGO partner PACT West Coast on this project.

West Coast has a high per capita investment in mental health services compared to other DHBs. It compares well with other DHBs on core indicators such as improvement in well being during inpatient stays [measured by HoNOS], 28 day readmission rate, average length of stay in acute inpatient service, pre and post discharge community care, community treatment indicators, staff turnover and sick leave usage.

Numbers in the inpatient mental health unit continue to be high, putting pressure on available community discharge options. We have noticed an increase in emergency team contacts including Mental Health Act assessments in the community over the past 6 months. Clinical staff are not able to ascribe any specific cause to this increase. A significant number of contacts have been for people not known to the service.

General Practices
A permanent General Practitioner has commenced at Westport. This brings the number of permanent GPs in Westport to 4.5.

Recruiting efforts continue in order to fill vacant positions at Greymouth two positions, Reefton one position and Westport a further 1.5 positions.

The Rural Academic General Practice has undergone the Cornerstone accreditation audit and is awaiting results. Cornerstone is an accreditation programme specifically designed by the Royal College of General Practitioners for general practice in NZ. It is a combined quality assurance and quality improvement process which allows a practice to measure it self against a defined set of standards which include a range of indicators and criteria which describe minimum safety and legal standards and cover other significant areas of risk as defined by the College. Karamea is currently working on some recommendations mainly relating to facility requirements from its recent audit so it may gain its accreditation. Apart from South Westland [audit delayed due to the construction of the new facility] all other West Coast practices are Cornerstone accredited.

Greymouth Medical Centre has experiencing significant pressure on its services over the past month and has been supported by the Emergency Department at Grey Base Hospital, a locum Nurse Practitioner and Rural Nurse Specialists from Moana.

INFORMATION TECHNOLOGY

Telehealth

The Haast Video Conferencing system is still being worked on to join it into the same network as the rest of the DHB over the satellite system. The length of time this has taken has been raised with the vendor. Progress is now being made and expected change over before end of year. The mobile clinical cart as part of the Countdown funding has been installed, as has the Oncology Telehealth unit. A Wireless Business Case has been approved and implementation is underway. The wireless network will allow the mobile cart to move without needing any cabling within the wireless areas. Oncology Telehealth clinics are starting to snowball in terms of activity. The room the Oncology unit has been installed in is a short term solution. Work is being done around replacement of the Cisco system with one which is compatible with the rest of the network. This may solve the Oncology room location with a longer term solution.

Fleet Booking System

An internet-based fleet booking system has been developed which involves many West Coast DHB vehicles being placed in a pool and therefore able to be better utilised. The system is well embedded now. There are some technical issues still causing problems with the system. These have been raised with Canterbury DHB and an upgrade is in progress to help resolve them.

PACS Regionalisation

The PACS and Radiology Information System (RIS) regionalisation project is progressing with regular technical meetings to progress the implementation. The new system is part of the program of work to create a single clinical record for all clinical systems between West Coast DHB and Canterbury DHB, and ultimately the South Island. Go live has been brought forward to the 29 November 2011 to suit better with clinical process but may be delayed one week due to issues still outstanding.

Server Infrastructure Upgrade

The Project to replacement a number of aged computer servers is progressing, with the 2nd stage completed. The full rebuild of the Citrix Server farm which provides 75% of the desktop PC's staff use has been completed. The remaining storage migration needs to be done, but is waiting until the completion of the PACS merger. This is being scheduled for late January/February.

Laboratory Information Systems Replacement (CHL Delphi) Update

The Laboratory Information System (LIS) business case refresh has been completed, however a decision has been made to delay the implementation of this system to coincide with the Concerto project. This resolves some clinical workflow issues. The business case costs will need to be updated to reflect the new implementation date before being able to be submitted.

Clinical Information System Business Case

The Business Case for the new clinical information system hosted by Canterbury DHB and using Orions Concerto product has been approved. The Kick off meeting was held on the 4 October 2011. Several workshops have been completed both at West Coast DHB and in Canterbury DHB. The West Coast DHB is awaiting on the completed Implementation Planning Study. A draft has been sighted with the final one due end of year. The IPS will provide detail around implementation dates, scope and final costs. Go live for the new system is still provisionally July/August 2012. This clinical information system will enable a single patient portal to clinical information housed within West Coast DHB, South Canterbury DHB, Canterbury DHB and ultimately all South Island DHB's.

HUMAN RESOURCES

Recruitment
Three individuals are in varying stages of appointment to General Practitioner (GP) positions at the Greymouth Medical Centre while another three potential appointees are in the early stages of the process.

On the Senior Medical Officer (SMO) front we are interviewing two anaesthetists and recruiting for a third; a General Surgeon has accepted our offer and will commence employment in February 2012; we are in discussion with an Emergency Physician who trained as a GP; and in the early stages of the process with a Psychiatrist.

In relation to clinical support roles we are well advanced with recruitment for two Physiotherapists and a Smoking Cessation Counsellor.

Industrial Relations
Managed Bargaining - The combined NZNO and PSA 'managed bargaining' settlement was not ratified by all unions. This means the bargaining will return to standard MECA and single employer collective agreement negotiations with each union separately. At West Coast DHB this covers Nursing and Midwifery, Allied Health and Technical, Clerical, Home Based Support Services and the Support Services collective agreements.

ASMS MECA – The parties met recently on 10 November 2011 where they discussed a proposal that the DHB team have agreed to take back to the Chief Executives for consideration.

APEX MRT & Sonography MECAs – Bargaining continues. The DHB bargaining team met with APEX most recently on 14 and 15 November

APEX IT – Bargaining is ongoing with the parties last meeting on 6 October 2011.

Employee Engagement
A survey to assess the levels of employee engagement across the DHB will be launched on 5 December 2011. Employee engagement is a measure of whether employees will stay with an organisation; what they will say about the organisation that they work for; and whether employees are prepared to give discretionary effort to their organisation. Research evidence suggests that higher levels of employee engagement are associated with higher productivity and organisation performance. Outcomes will be compared to both health and international benchmarks.

HEALTH SYSTEM OVERVIEW
PLANNING AND FUNDING UPDATE

WEST COAST DISTRICT HEALTH BOARD
FUNDER ARM - PAYMENTS TO EXTERNAL PROVIDERS
as at 31 October 2011

Oct-11					SERVICES	Year to Date					2011/12	2010/11	
Actual	Budget	Variance				Actual	Budget	Variance			Annual Budget	Actual Result	Change (actual 10/11 to budget 11/12)
$000	$000	$000	%			$000	$000	$000	%		$000	$000	%
					Referred Services								
41	41	0	0%	√	Laboratory	149	161	12	8%	√	486	511	5%
623	764	141	18%	√	Pharmaceuticals	2,744	3,054	310	10%	√	8,473	7,705	-10%
664	**805**	**141**	**18%**	√		**2,893**	**3,215**	**322**	**11%**	√	8,959	8,216	-9%
					Secondary Care								
11	20	9	44%	√	Inpatients	21	78	57	73%	√	237	38	-523%
70	116	46	40%	√	Travel & Accommodation	374	430	56	13%	√	1,391	1,189	-17%
1,285	1,285	0	0%	√	IDF Payments Personal Health	5,140	5,138	-2	0%	×	15,414	15,606	1%
1,366	**1,421**	**55**	**4%**	√		**5,535**	**5,646**	**111**	**2%**	√	17,042	16,833	-1%
					Primary Care								
26	41	15	37%	√	Dental-school and adolescent	151	182	31	17%	√	467	399	-17%
0	2	2	100%	√	Maternity	0	9	9	100%	√	26	0	
0	1	1	100%	√	Pregnancy & Parent	0	2	2	100%	√	8	0	
8	3	-5	-186%	×	Sexual Health	8	11	3	29%	√	33	13	-152%
-1	0	1		√	General Medical Subsidy	19	2	-17	-1088%	×	5	76	94%
537	523	-14	-3%	×	Primary Practice Capitation	2,173	2,092	-81	-4%	×	6,275	6,135	-2%
7	7	0	0%	√	Primary Health Care Strategy	27	28	1	2%	√	83	251	67%
78	77	-1	-1%	×	Rural Bonus	309	309	0	0%	√	928	970	4%
13	13	0	3%	√	Child and Youth	52	54	2	3%	√	162	162	0%
-8	7	15	214%	√	Immunisation	26	30	4	13%	√	96	154	38%
14	14	0	4%	√	Maori Service Development	55	54	-1	-2%	×	162	165	2%
18	31	13	42%	√	Whanua Ora Services	72	125	53	42%	√	373	215	-74%
2	13	11	85%	√	Palliative Care	11	52	41	79%	√	157	110	-43%
27	16	-11	-68%	×	Chronic Disease	42	62	20	33%	√	286	3	-9440%
11	11	0	2%	√	Minor Expenses	44	45	1	2%	√	134	206	35%
732	**759**	**27**	**4%**	√		**2,989**	**3,057**	**68**	**2%**	√	9,195	8,859	-4%
					Mental Health								
0	1	1	100%	√	Eating Disorders	0	4	4	100%	√	12	23	48%
50	50	0	0%	√	Community MH	194	200	6	3%	√	601	538	-12%
1	1	0	0%	√	Mental Health Work force	4	3	-1	0%	×	8	15	44%
48	47	-1	-1%	×	Day Activity & Rehab	191	190	-1	0%	×	569	518	-10%
10	10	0	0%	√	Advocacy Consumer	41	41	0	0%	√	122	120	-2%
5	5	0	0%	√	Advocacy Family	21	21	0	0%	√	64	71	10%
0	5	5	100%	√	Minor Expenses	0	20	20	100%	√	61	0	
115	118	3	2%	√	Community Residential Beds	445	470	25	5%	√	1,411	1,261	-12%
66	66	0	0%	√	IDF Payments Mental Health	264	265	1	0%	√	796	813	2%
295	**303**	**8**	**3%**	√		**1,160**	**1,215**	**55**	**5%**	√	3,644	3,359	-8%
					Public Health								
0	29	29	100%	√	Nutrition & Physical Activity	132	114	-18	-16%	×	342	328	-4%
0	7	7	100%	√	Public Health Infrastructure	75	28	-47	-172%	×	83	82	-1%
0	0	0		√	Social Environments	0	0	0		√	0	-15	100%
0	6	6	100%	√	Tobacco control	5	22	17	78%	√	68	58	-17%
0	**42**	**42**	**100%**	√		**212**	**164**	**-48**	**-29%**	×	493	453	-9%
					Older Persons Health								
3	0	-3		×	Information and Advisory	11	0	-11		×	0	0	
29	0	-29		×	Needs Assessment	29	0	-29		×	0	0	
56	52	-4	-7%	×	Home Based Support	157	204	47	23%	√	595	708	16%
13	10	-4	-37%	×	Caregiver Support	41	38	-3	-8%	×	114	130	12%
231	174	-57	-33%	×	Residential Care-Rest Homes	975	687	-288	-42%	×	2,030	2,344	13%
-2	0	2		√	Residential Care Loans	-25	0	25		√	0	-113	100%
12	10	-2	-18%	×	Residential Care-Community	23	41	18	44%	√	122	48	-155%
294	395	101	26%	√	Residential Care-Hospital	1,217	1,563	346	22%	√	4,622	3,949	-17%
0	5	5	100%	√	Ageing in place	0	22	22	100%	√	65	12	-440%
7	7	0	0%	√	Environmental Support Mobility	28	28	0	0%	√	85	28	-204%
11	6	-5	-77%	×	Day programmes	41	25	-16	-65%	×	74	75	1%
13	12	-1	-8%	×	Respite Care	54	48	-6	-13%	×	143	118	-21%
108	108	0	0%	√	IDF Payments-DSS	432	433	1	0%	√	1,300	1,060	-23%
775	**779**	**4**	**1%**	√		**2,983**	**3,089**	**106**	**3%**	√	9,151	8,359	-9%
3,832	**4,109**	**277**	**7%**	√		**15,772**	**16,385**	**612**	**4%**	√	**48,483**	**46,079**	**-5%**

please note that payments made to WCDHB via Healthpac are excluded from the above figures

PLANNING AND FUNDING FINANCIAL

The District Health Board's result for services funded with external providers (including Inter-District Flows) for the month of October 2011 was an under spend of $277k (7%) and year to date under spend of $612k (4%).

Commentary on year to date variances

Referred Services
Community pharmaceuticals are $322k less than budget. The pharmaceutical budget was phased with a larger portion allocated to the winter and autumn months; as actual cost to date has not reflected this pattern this positive variance may reduce over the year as the budget allocated to summer and spring is lower.

Secondary Care
Secondary Care services are $111k less than budget, with travel and accommodation paid under the National Travel Assistance (NTA) scheme being $56k less than budget. The budget for NTA was phased in line with actual payments made in prior years, but to date actual cost this year is less than actual cost last year. Claims for NTA are not always received on a timely basis and payments to date may reflect this, with a catch up in future months where the budget has been set lower. Inter-District Flows (IDFs) reflected for the month are based on the budget for IDFs.

Primary Care
Whanau Ora service costs are $53k less than budget. Maori health services have been under review and a new contract is being negotiated which will see actual costs for the second half of the year closer to budget. Discretionary costs (chronic conditions and palliative care) are less than budget (depends on actual need). Capitation payments are $81k more than budget to date; this largely relates to payments for Careplus, Very Low Cost Access and PHO performance payments – as funding for these is non devolved this cost will be covered by Ministry of Health revenue.

Mental Health
Community residential beds are less than budget, with two beds funded on a discretionary basis and the remainder block funded.

Public Health
Expenditure varies throughout the year depending on when grants are dispersed and contracts begin. Included in the payments to date are upfront payments to the West Coast PHO for contracts which will cover the duration of the year. This timing difference will reduce as the year continues.

Older Persons Health
Overall expenditure (residential and non residential) is on budget for the month and less than budget year to date. These costs are mainly demand driven with prior approval required to access (via Carelink and Home Based Support services).

PLANNING AND FUNDING OVERVIEW

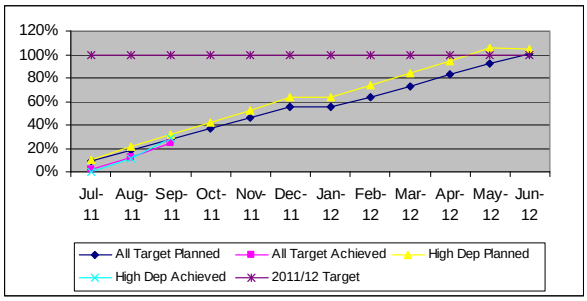
Progress against key target areas for the period ending October 2011-12

Publication of progress reports against the government's health targets for the period ending September 2011 has been delayed for this quarter. It is anticipated that the reports will be available by the time that the Board meets on 2 December 2011.

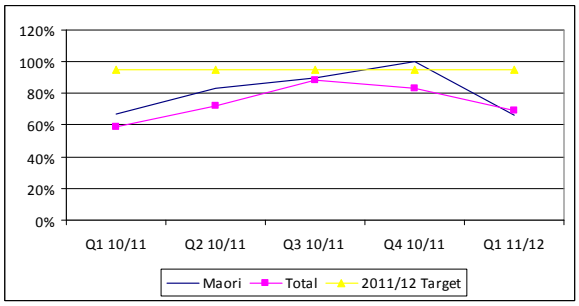
Progress reports against internal targets are as follows:

Prevention Services

B4 School Check coverage



Percentage of hospitalised smokers given advice and help to quit



ACHIEVEMENTS/ISSUES OF NOTE

B4 School Check: Achieved the target for quarter 1 2011/12 for all target population (25%) and exceeded the target for the high deprivation by 4%.

ABC Implementation: The percentage of hospitalised smokers given advice and help to quit for the first quarter is 69%, 14% less than the previous quarter (see table). The priority for the newly appointed 0.2 FTE Smokefree Service Development Manager and 0.8 FTE Smoking Cessation Coordinator will be to review the current systems in secondary care and ensure the correct systems are in place to support successful implementation and sustainability of the ABC approach. This will include; meeting with management and clinical leaders to ensure leadership and endorsement of ABC, attending team meetings and changeovers and having a visible profile on the wards for feedback from staff as to what works well and what could be improved with the current systems.

	Q1 10/11	Q2 10/11	Q3 10/11	Q4 10/11	Q1 11/12
Maori	67%	83%	90%	100%	66%
Total	59%	72%	88%	83%	69%
2011/12 Target	95%	95%	95%	95%	95%

West Coast Tobacco Control Plan: The three year West Coast Tobacco Control Plan is currently being signed off by the Healthy West Coast group and is then to be submitted to the Ministry of Health to ensure a whole of system approach is being taken around Smokefree on the West Coast.

Healthy Eating Healthy Action (HEHA)

Schools & ECE Grants: A total of 17 applications were received from West Coast schools and ECEs for the Nutrition & Physical Activity Grants. A total of 16 applications have been approved for projects that support increased physical activity and improved nutrition in West Coast schools and

ECEs. A number of these projects build on existing nutrition fund projects and the Tucking In – A West Coast Grow Your Own initiative.

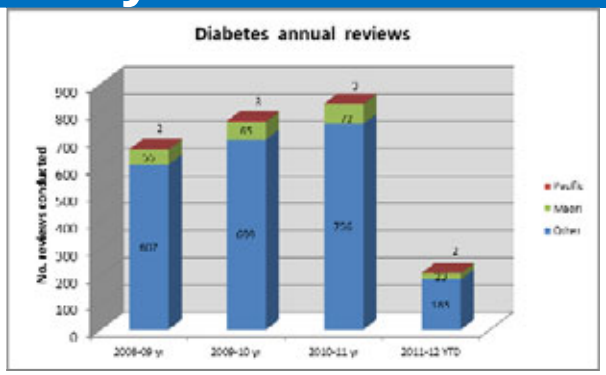
Breastfeeding Pathway: The Breastfeeding Pathway of Care is progressing with focus groups and surveys conducted in the Grey, Buller, Westland and South Westland Districts. The pathway examines the experience of West Coast mothers during their breastfeeding journey from conception through to moving on from breastfeeding. Enablers and constraints within the breastfeeding journey have been identified and discussions around improving systems to eliminate the constraints identified in the report are currently underway.

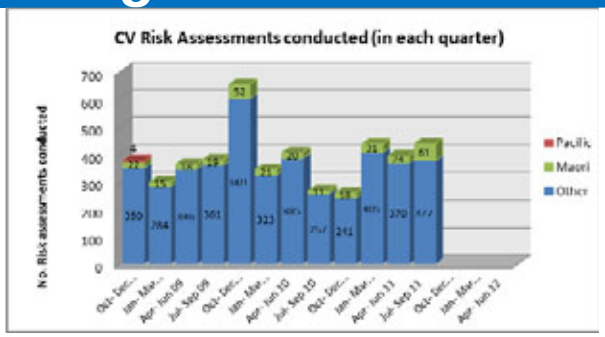
Warm Up West Coast – Home Insulation Project
The *Warm Up West Coast* project started at the end of October. The project will run as a collaborative project under the banner of Healthy West Coast, with The Insulation Company, GreenStuf and EECA to insulate 500 West Coast homes for free.

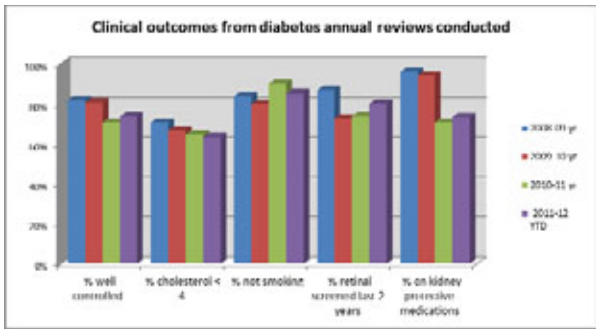
Healthy West Coast has identified key community organisations, medical practices and departments within the DHB who have received information on the project and application forms to refer clients and patients. The project prioritises households with children under 2 years, someone over 65 years and those with a housing related health problem such as a respiratory illness. As of November 18, 65 applications have been received and 50 household's details have been referred on to The Insulation Company.
With input from the Ministry of Social Development into the questionnaires, baseline information regarding the participants will be captured once they have been accepted into the project and one year following the home insulation.

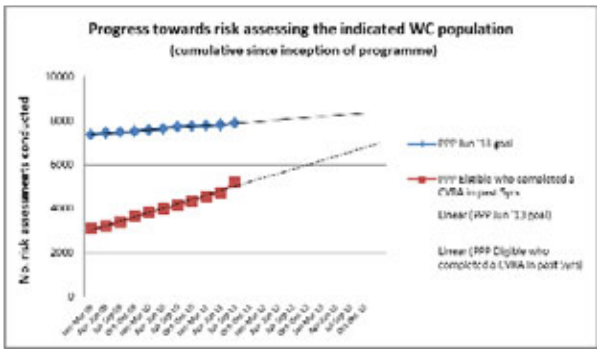
Pertussis Outbreak: Pertussis notifications continue to be received, with 268 notifications of suspected Pertussis received between 1st May 2011 and 28 October 2011. Of these notifications 140 are either confirmed or probable cases. Notifications in the Westland District are reducing however notifications in the Grey District are on the rise.

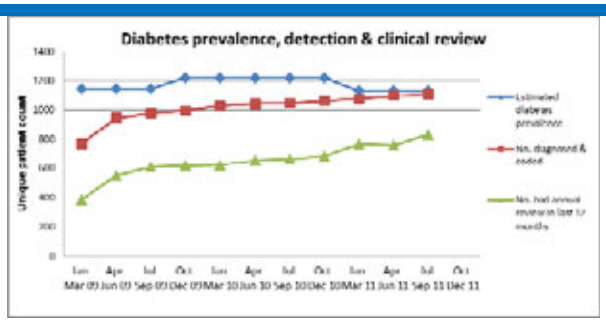
Early Detection and Management

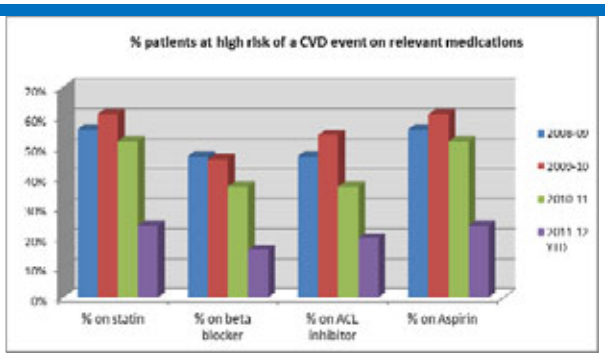












ACHIEVEMENTS/ISSUES OF NOTE

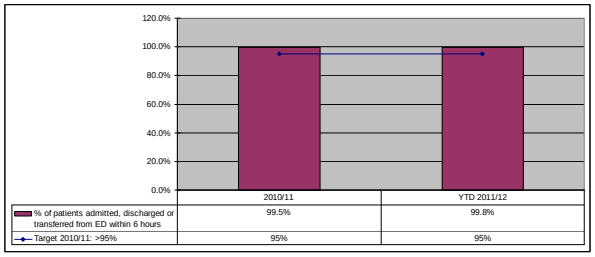
The data above incorporates activity from the July – September 2011 quarterly period.

The percentage of people reviewed being prescribed statins, and not smoking has increased this quarter across both Maori and other ethnicities. 74% of people screened in the July-September quarter had good diabetes control. Of concern however, is the pharmacological management of those identified with high cardiovascular risk, with the number of those on appropriate medications less than previous 2 years. Clinical workshops and practice visits are planned for the upcoming period to try and address this.

From 1st July 2011, all cardiovascular risk assessments are free to the patient including their follow-up visit if their risk is >15%. All patients with diabetes are also able to access free annual checks.

Intensive Assessment and Treatment Services

Emergency Department Waiting Times – YTD Performance to 31 October 2010



2011/12 Target : > 95 %

Actual result for the four month period to 31 October 2011 : 99.81%

Nine patients were recorded as waiting over 6 hours for treatment during the four months under review.

Improving Outcomes for Elective Services: Elective Service Performance Indicators (ESPI)

ESPI (National Target)	West Coast District Health Board Target	Actual As At 31 October 2011	Achieved
ESPI 1: >90%	92%	100%	✓
ESPI 2: <1.5%	0%	0.4%	✘
ESPI 3: <5%	4.0%	0.8%	✓
ESPI 4: <5%	0.0%	0.0%	✓
ESPI 5: <4%	0%	2.2%	✘
ESPI 6: <15%	12%	0.0%	✓
ESPI 7: <5%	4.0%	2.3%	✓
ESPI 8: >90%	92%	100%	✓

ESPI Definitions:

- ESPI 1 – District Health Board services appropriately acknowledge and process referrals within ten working days.
- ESPI 2 – Patients waiting longer than six months for their first specialist assessment (FSA).
- EPSI 3 – Patients without a commitment to treatment whose priorities are higher than the actual treatment threshold.
- ESPI 4 – Clarity of treatment status.
- EPSI 5 – Patients given a commitment to treatment but not treated within six months.
- ESPI 6 – Patients in active review who have not received a clinical assessment within the last six months.
- EPSI 7 – Patients who have not been managed according to their assigned status and who should have received treatment.
- ESPI 8 – Proportion of patients treated who were prioritized using nationally recognized processes or tools.

Improving Outcomes for Elective Services: National Health Target - Elective Surgery Service Throughputs to 30 September 2011.

Elective Operations

Year To Date Health Target	2011/12 Health Target

Improving Outcomes for Elective Services: Ambulatory Initiative Throughput (Specialist Outpatients) to 30 September 2011.

First Specialist Assessment (FSAs) - All Services

Year To Date Health Target	2011/12 Health Target

YTD Total Planned	446	**1592**
Actual Surgical Discharges	529	
YTD Health Target Variance	83	**118.6%**

YTD Total Planned FSAs	1728	**6703**
Actual FSA Delivery	1909	
Total Plan to Actual Variance	181	**110.5%**

Caseweight Delivery

	Year To Date Health Target	2011/12 Health Target
YTD Total Planned	554.8	**2205.1**
Actual Surgical Discharges	730.3	
YTD Health Target Variance	175.5	**131.6%**

Surgical FSAs

	Year To Date Health Target	2011/12 Health Target
YTD Planned Surgical FSAs	1236	**4791**
Actual Surgical FSAs	1381	
Surgical Plan to Actual Variance	145	**111.7%**

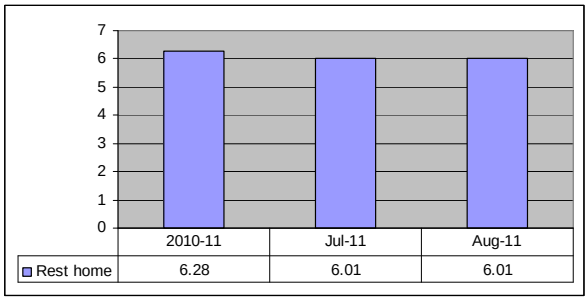
ACHIEVEMENTS/ISSUES OF NOTE

The data for Elective Services throughputs (including inter-district flows for West Coast residents) primarily reflects activity from the July – September 2011 quarterly period. West Coast DHB is well ahead of targets for both inpatient elective surgery and for specialist outpatient First Specialist Assessments for the three months to 30 September 2011.

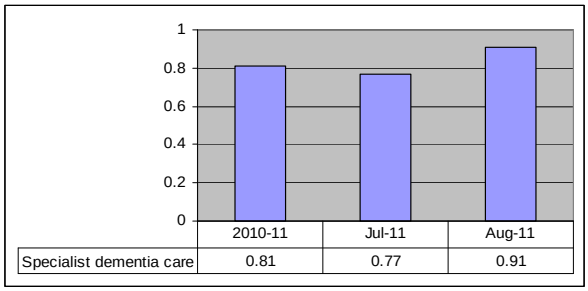
Emergency Department and Elective Service Performance Indicators (ESPI) data above is updated for the four months YTD period to 31 October 2011.

Rehabilitation and Support Services Older Persons' Health

Proportion of people aged 75+ in Rest Home level care



Proportion of people aged 75+ in Specialist Dementia care



ACHIEVEMENTS/ISSUES OF NOTE

Specialist Health of Older People's Services – discussions have been held with stakeholders on the extension of specialist older people services to provide greater support to the primary, community and residential sector through a virtual ward concept, with input from Canterbury DHB geriatricians. This was presented to an EMT workshop and a business case is being considered by EMT with the aim of starting a 'demonstration' trial of the virtual ward concept in early 2011.

Restorative homecare model– discussions are being held with home support providers on the move to the regional service specification for restorative home support services and a package-based model of care. West Coast DHB provider-arm home support service is being reconfigured to be able to meet the requirements of this spec, including clinical input to care plans and reviews as well as effective reporting and monitoring systems.

Community-based Respite care – an agreement has been negotiated with Presbyterian Support to provide a community-based respite care service, using the homes of a number of HomeShare hosts in Greymouth, Westport and Hokitika. This will start in December and provide up to 300 bed days per year of community respite care

Dementia training – approvals being sought for the establishment of 0.6 FTE dementia trainer position, to provide training to the staff of rest homes, home support agencies, NGOs and other agencies, under the aegis and supervision of the regional dementia programme based out of Canterbury DHB.

Granger House/Richard Seddon Hospital - West Coast DHB has contracted with an independent nurse consultant to maintain a 12 month surveillance of the facility to ensure quality of care and to follow up the findings of the April and July audits. The service now has a new permanent manager and clinical nurse manager and is operating much more smoothly.

COMMUNITY AND PUBLIC HEALTH (CPH)

Pertussis (Whooping Cough)

The West Coast pertussis outbreak that began in May is continuing. While the outbreak was initially centred in and around Hokitika, cases are now occurring in the Grey and Buller Districts, while those from Westland have declined. Nelson Marlborough is now also experiencing an outbreak of pertussis so we expect there to be transmission into the Coast from the north as well as between districts on the Coast.

Between 1 May 2011 and 11 November 2011 there have been 291 notifications of suspected Pertussis received by Community & Public Health's West Coast Office. Of these notifications 153 are either confirmed or probable cases. Of the confirmed and probable cases to date 68 are male and 85 female. The median age of the cases is 17 years (range 9 months to 81 years). The majority of cases are New Zealand European 116 (76%), Maori 25 (16%), Asian 7(4%), Other 3 (2%) and Pacific Island 2 (2 %). Three cases have so far been hospitalised for complications of the disease, one requiring intensive care in Christchurch.

Community & Public Health West Coast continues to monitor notifications and operate an outbreak response structure. Information about pertussis has been distributed widely and regular weekly media updates are being issued by the West Coast DHB. We have also used the opportunity to promote immunisation generally in a feature article. A targeted booster vaccination campaign for healthcare workers, parents of infants, and early childhood education staff is now underway. Vaccination of these groups aims to protect those most vulnerable to complications of pertussis infection, babies under one year of age, from infection.

Promoting Smokefree Environments

Buller and Westland District Councils have now adopted Smokefree policies for there parks and grounds. A presentation to Grey District Council was made recently to ask then to do the same. Feed back on the presentation was good, however, this council has in the past declined to adopt a smokefree policy. There has been ongoing work locally for a number of years to encourage councils to adopt Smokefree parks policies and it is good to finally see some progress being made. This work has been carried out collaboratively by Community & Public Health and other members of the West Coast Tobacco Free Coalition.

Reducing Alcohol-Related Harm

Community and Public Health and Active West Coast submitted to the District Licensing Agency on the application by Henry's off license for an extension to their hours of operation. Henry's have now with drawn their application and will keep to their existing hours of 11am – 9pm. They had asked to be able to open from 9am. The main reason behind our objection was to do with role modelling around school aged children.

Joint Monitoring of Licensed premises in South Westland with Police, the Westland Liquor Licensing Inspector and Community & Public Health at the end of October found only minor breaches of the Sale of Liquor Act. This was a pleasing improvement on our last visit which found several breaches and resulted in suspended licenses for two premises for periods of 24 and 72 hours.

Appetite for Life

Community and Public Health have started the first of a new series of Appetite for Life courses on the West Coast. These courses are designed for people at risk of health problems like heart disease and diabetes who want to make lifestyle changes. Appetite for Life courses will now run four times a year.

Tai Chi and Falls Prevention

The first of the Tai Chi courses funded by ACC's falls prevention contract started last month with 13 participants.

Seasonal Workers in the Glacier Towns

Each year, Community & Public Heath helps to prepare and distribute Community Welcome Packs in the Franz Josef and Fox Glacier areas. These packs contain health messages and community information and are targeted at seasonal workers who are new to the area. It is possible that some adaptation of these packs may be used in Christchurch in response to the predicted influx of construction workers from outside the region to work on the city's rebuild.

Award Nominations for West Coast Walking and Cycling Tracks

Active West Coast has nominated the West Coastal Pathway and the Glacier Shared-use Pathways for a NZ Walking Award. Nomination for these national awards should help to raise the profile of these very successful local developments.

MAORI HEALTH

HEHA Maori Community Action

The West Coast DHB Māori Health Department is continuing to work with a number of Māori community groups in relation to HEHA community action projects within Māori communities. Projects include a Waka Ama Leadership Project with Rata Te Awhina Trust, Other groups we are working with are Buller REAP, Westland REAP, Te Runanga o Makaawhio, and Te Aiorangi Māori Women's Welfare League.

Kia Ora Hauora

Adrian Te Patu and Vicki Ratana were in Greymouth Wednesday evening 9 November 2011 hosting a Study Prep Wananga at Greymouth High School for years 12 and 13 students. They worked with the Science HOD but unfortunately the numbers of Māori students attending was lower than expected. This is a pilot and the intention is to build this into next year's curriculum and hold the Study Prep Wananga in each of the three districts. The scheduled events that Kia Ora Hauora will be working with the West Coast DHB in the following months are:

- Work Placement Programme with the West Coast DHB and schools
- Buller Road show (following on with a Study Prep Wananga
- Study Prep – Westland/Grey/Buller x 3 wananga Science Study Preparation

Expression of Interest - Māori Health Planning and Review of Services

An Expression of Interest document has been developed and was registered on the GETS (Government Electronic Tender Site) website on the 4 November 2011. The closing date is on the 18 November 2011, from which we will request more information before contracting this work out. Key priority areas are as follows:

- Review of the responsiveness/effectiveness of services specifically delivered to Māori and mainstream services in areas related directly to the Māori Health Plan
- Increase awareness and support implementation of the Māori Health Plan

Strategic Planning Māori Mental Health

The General Manager Māori Health held a strategic planning session with the Māori Mental Health team on the 9 November 2011 to evaluate the progress which has occurred in Māori Mental Health to date. The planning session was very valuable, progress has been significant but now we will also to work towards goals of:

- Continual Performance Improvement (CPI)
- Aligning the service closer to the actual needs of Māori mental health patients

Māori Health Training

A Māori Health and the Treaty of Waitangi workshop was delivered in Reefton this month and at the request of Kowhai Manor there was two sessions of Tikanga Recommend Best Practice Guidelines workshops provided at Kowhai Manor Resthome. Attendance was high and feedback was positive. In addition there is a half hour segment each Orientation day for new staff on Māori health issues.

Buller Kaiarataki and Kaupapa Māori Nurse

After a considerable period of time The Rata Te Awhina Board of Trustees can now begin the recruitment phase to recruit for two positions; Buller Kaiarataki and Kaupapa Māori Nurse as outlined in the Better Sooner More Convenient Business Case. The West Coast DHB will work closely with Rata management in assisting with the recruitment of these positions.

Tumu Whakarae

The Tumu Whakarae six monthly hui for Māori health managers and directors New Zealand DHBs was held in Tauranga on the 10 - 11 November 2011. The new chair of Tumu Whakarae is Riki Nia Nia. Māori Health Manager, Capital & Coast DHB and new Deputy Chair is Janet McLean, Māori Health Planning and Funding Manager, Bay Of Plenty DHB. The main focus of this hui was on

integrated contracting and particularly working with Ministry of Social Development and Te Puni Kokiri. Topics discussed at this hui include:

- Accelerating Whanau Ora within the DHB environment
- Whanau Ora sharing the learnings to date
- Priorities for 11/12 and 12/13
- Whanau Ora Regional Leadership Groups and how effectively are they working

BETTER SOONER MORE CONVENIENT

General

At its next meeting in December the Better Sooner More Convenient Alliance Leadership Team will be reviewing its work plan and priorities for the next phase of implementing the BSMC Business case.

At this stage there are three key priorities for the year ahead:

- Greymouth Health Service Design
- Buller Health Service IFHC Implementation
- Health of Older Persons service design

A Service Level Alliance (or project steering group) has been established to provide clinical leadership to each of these priority areas. It is like that some existing workstreams will be maintained or added within or alongside each of these.

At the last Alliance Leadership team meeting it was also agreed to review the membership of the group to ensure appropriate and effective clinical leadership for the next phases of implementing Better Sooner More Convenient.

A revised progress report against the year two and three BSMC objectives will be prepared for the period ending December 2012. In the interim the following summary progress reports on the three key priorities for the year ahead:

Greymouth Health Services Redesign

The development of a Greymouth Integrated Family Health Centre and Service will be closely linked to how regional hospital level health services are provided from the Greymouth campus. This is a complex interlocking piece of work.

Planning for how various parts of the future service will be provided has been underway for several months now. Better, Sooner More Convenient workstreams of Core General Practice redesign, Maori Health, Recruitment and Retention, Information Technology, Health of Older Persons and Primary Care, Community Nursing and Community Allied Health Integration have set the basis for how these aspects of the primary and community services will work together in an IFHC environment.

Work within hospital services regarding how we will provide hospital level care in the future has also been developing. This includes how Canterbury DHB is able to support service provision locally, and has led to the development of the Rurally Focused Urban Specialist (RuFUS) role, and work developing the role of the generalist doctor, nurse and allied health professional at Greymouth for the future. The Rural Learning Centre is key to developing our future workforce.

A presentation of the work thus far was made to the Capital Investment Committee in November, tying the model of care work for the Grey region to the facility redesign of the proposed Grey Hospital campus.

The next step is to bring the various elements of the Grey health service together and develop a commonly agreed framework for how we provide services in the Grey region going forward.

A two day workshop similar to those run in Westport for the development of the Buller Model of Care will be held in early December to develop this framework. Clinicians and managers from Greymouth, other parts of the Coast and Canterbury will participate in this important workshop.

A Community Expo will also be taking place on Thursday, 1 December 2011 and Friday,
2 December 2011 to inform our communities about the work ahead, identify the critical issues that need to be addresses and ask the community for feedback and suggestions to inform future plans. This will be followed by an invitation to provide ongoing feedback between now and the New Year.

An analysis and summary of this feedback will submitted to a Board workshop in late February 2012.

Early next year, the model of care framework for Grey health services will be further developed, with focus on the component elements of the agreed framework. This work will inform the Business Case for the Grey Health Campus redesign.

It is intended that the business case and plan for implementation of an integrated health system including hospital services be formally presented to the Board for approval in May or June 2012.

Buller Health Services – IFHC Implementation
Following endorsement by the Board at the October meeting, a Service Level Alliance (project steering group) has been established under the chairmanship of Dr. Paul Cooper to commence implementation of the Buller IFHC model of care.

The Alliance has adopted the workplan, attached as Appendix Two to this Report, as presented within the report "*Building a Better Buller Health System: Buller Integrated Family Health Centre Development Plan & Indicative / Strategic Business Case*" with some minor amendments to the timelines to reflect the (slight) slippage in receiving approval to proceed.

An appointment to the role of part-time Project Manager has been made and will commence In December 2011.

There has been considerable interest from a number of agencies with regard to future investment in the building of a new facility to accommodate the IFHC. Contact has been made with prospective investors and an initial meeting of these is scheduled to occur during December.

Discussions have taken place between the Trustees of O'Conor Trust and West Coast DHB's Deputy Chair and Chief Executive to explore options for the aggregation of aged residential care services in Buller under a single provider.

Health of Older Persons service design
A Service Level Alliance under the chairmanship of Dr. Jackie Broadbent has been established and had its first full meeting on Monday, 21 November 2011. The mandate for this group is to work with the West Coast and Canterbury Health and Support Systems to develop integrated Specialist Services for Older People and to ensure that people get the right service at the right time.

The West Coast DHB currently has an under-developed Specialist Service for Older People available in the community. There is an opportunity to set up an extension of the service to include visiting specialist input from Canterbury DHB, as well as a reconfiguration of medical, nursing and allied health input to allow support to be given to primary, community and residential services.

The reconfigured service is expected to be ready for full implementation by June 2012, and this will be done in the context of the planned reconfiguration of West Coast health and support services in the Integrated Family Health Service model during this period.

2012/2013 ANNUAL PLAN AND STATEMENT OF INTENT (APSOI)

The Ministry of Health has published the guidelines for the 2012/2013 Annual plan and Statement of Intent plus guidelines for Regional Strategic Plans (RSP). The priority areas for the Districts and Region to focus on include the following:

a) Emergency Departments
b) Access to Elective Surgery (also a Regional Strategic Plan priority area)
c) Cancer Services (also a Regional Strategic Plan priority area)
d) Immunisation
e) Tobacco
f) CVD / Diabetes
g) Service Integration – Primary care development and delivery
h) Child and Youth Mental Health
I) Health of Older People
j) Cardiac Services (also a Regional Strategic Plan priority area)
k) Whanau ora
l) Living Within Our Means.

There are also expectations that 2012/13 RSPs include:

- Further strengthening DHB regional governance and leadership arrangements, including how clinical leadership will support service priorities
- Building on 2011/12 RSPs by identifying and progressing actions to respond to vulnerable services (referred to as 'sustainability')
- DHB regions progressing regional Capital, IT and Workforce priorities.
- The Annual Plan and RSP Guidance documents also contain a range of suggested actions and measures for these priorities which, while not mandatory, provide a strong signal on content that it is expected DHBs will consider including in their plans.

The first draft of the Annual Plan and statement of Intent is due at the Ministry of Health in March 2012.

CLINICAL COLLABORATION

Work continues to increase clinical collaboration with Canterbury DHB. Some highlights are:

Videoconferencing is being used in some departments for senior doctors to join their colleagues in Canterbury DHB for educational meetings. The videoconferencing team from Canterbury DHB visited recently to discuss the practical steps that will be put in place to make this available to all specialty areas.

Mobile Videohealth Unit (West Coast Fresh Future Trust, Countdown Kids Hospital Appeal) donated which can be used at patient bedside initially in Parfitt Ward. Once "wireless" communication is installed in the Emergency Department and Morice Ward/Critical Care Unit (CCU) it can be used in these areas also for consultation with Canterbury clinicians.

Canterbury DHB and West Coast DHB senior doctors within specialties are participating in interviews of new senior doctor positions, both for West Coast and Canterbury positions.

The Health of Older Persons service redesign for West Coast people is being led by a Canterbury DHB geriatrician, as we extend the 'Rural Focused Urban Specialist' model (RuFUS) from Paediatrics to other specialty areas.

A number of Canterbury DHB based senior doctors are joining the two day workshop in December 2011 to focus on Grey Health Service redesign, and will be an integral part of the ongoing work into early next year on this.

Following initial discussions with Canterbury DHB around orthopaedic service collaboration this work will be progressed further over the next three months to develop a future model of care.

QUALITY AND RISK MANAGEMENT

Certification Progress
Since the last report, the progress to meeting the recommendations by Verification NZ (VNZ) in relation to West Coast DHB meeting the requirements of the Health and Disability standards continues satisfactorily. A full progress report was submitted to Verification NZ on 27 October 2011 as required along with a large volume of evidence. Once considered by VNZ we will receive a formal update of our status against standards and an indication of what requires more work. A full surveillance audit will occur in March 2012.

Significant progress continues to be made with new systems being steadily developed and embedded.

There are still a number of outstanding issues more difficult to address as they span the DHB, are complex and perennial and resource intensive. This includes further development of wider quality systems including complaints processes, development and communication of quality indicators, aspects of treatment and discharge planning and document control systems.

Quality positions
Interviews are in process for the new roles of Quality and Patient Safety Manager and Quality Coordinator Hospital Services

Risk Management
The Quality, Finance, Audit and Risk Committee (QFARC) is overseeing a revised and improved process for identifying managing and reporting risk within the DHB. A full report will be provided to the February meeting of QFARC showing a review of all risks, a recommended reporting profile and reporting programme for reporting high priority risks on an annual cycle.

Sentinel Events
Over the past eight months considerable effort has been put into improving serious incident investigation and reporting systems. A new incident reporting system has been implemented in hospital services and will be rolled out in community services. Assistance from Canterbury DHB has allowed a review of incidents to be completed and decisions made as to which require further investigation. Improved processes for West Coast DHB to manage serious incident reviews are being developed.

National reporting of sentinel events is being planned for early next year and West Coast will show a higher number of sentinel events than previously. This is related directly to improved incident reporting and a developing no blame culture which allows for more transparent processes encouraging open disclosure.

COMMUNICATIONS

Building trust and confidence in the health sector on the West Coast via strategic communications
Work on implementing the Strategic Communications Plan is continuing.

Buller Integrated Health Centre

- Feedback presented to the October Board meeting was transcribed, anonymised and collated.
- Business case - commercially sensitive material excised.
- Release of anonymised feedback, Board recommendations and business case.
- Communications will evolve as the project continues.

Proactive media relations

- A second media release regarding a Healthy Housing initiative was well reported and has resulted in a number of applications received. There will be a further opportunity for more publicity once work starts on the insulation installation.
- An outbreak of pertussis (whooping cough) dementia care on the West Coast has been well reported local media and attracted several subsequent requests for more information. Weekly media updates are being compiled based on information provided by Community and Public Health.
- A release to announce the release of the West Coast DHB 2010-11 Annual Report.
- There was good coverage in local newspapers of the donation of the Buller West Coast Home Hospice Trust towards a telehealth unit for oncology / palliative care use.
- Telehealth technology and linking to paediatric specialists in Christchurch. The mobile video cart has arrived and staff are familiarising themselves with its operation. There will be a major 'launch' of this technology late January / early February.
- The cheque presentation from the Countdown Kids Hospital Appeal will occur in Parfitt ward on Thursday December 8 at 11 am.
- Share for Care, the West Coast launch of shared electronic health records happened during November.
- A perspective article on immunisation was prepared and received good coverage in West Coast media.

Continuing on our proactive media strategy we are currently working on stories for release over the next eight weeks –

- B4School checks.
- A patient journey through surgery.
- New Surgical equipment.
- Māori smoking and pregnancy.
- Māori workforce innovation.
- Mental health services.
- New surgery equipment.
- Release about the Annual Report now available on the website.

- A wider piece on mental health services available on the Coast.
- Midwifery training.
- Share for Care update – remember to opt in or opt out.
- Outreach immunization – personality piece – Betty Gilsenen.

Other projects

- Plans for communicating about the redevelopment of the Grey Base Hospital, and the future development of an integrated family health centre in Greymouth have been developed with the initial focus being a health expo to be held on December 1 and 2.

- Communicating the Expo to a wide group of Stakeholders

- Focus on updating the West Coast DHB website and intranet continues as one of the communications tactics outlined in the strategic communications plan.

- Organisational chart and information required for Ministry of Justice prepared.

RECOMMENDATION

That the West Coast District Health Board receives the Chief Executive's report.

Author:	**David Meates, Chief Executive – 25 November 2011**

CLINICAL LEADERS REPORT

TO: **Chair and Members**
West Coast District Health Board

FROM: **Carol Atmore, Chief Medical Advisor**
Karyn Kelly, Director of Nursing and Midwifery
Stella Ward, Executive Director of Allied Health (WCDHB and CDHB)

DATE: **2 December 2011**

ACHIEVING EFFECTIVE CLINICAL LEADERSHIP

NURSING

Collaboration with Canterbury DHB (CDHB) continues to benefit the West Coast with the offer of four CDHB funded Nursing Entry to Practice (NETP) positions for the West Coast in 2012.These graduates will be employed by the WCDHB but funding for the positions will be supported by CDHB until such a time as a vacancy within the West Coast DHB (WCDHB) becomes available for these nurses. The Chief Executive (CE) David Meates and Executive DON for CDHB Mary Gordon have offered, agreed and enabled this for the West Coast, in their support of our ongoing growth of the future nursing workforce. This approach has been in response to our current situation of being at our full FTE for nursing.

The West Coast has a vacancy model for the new graduate programme, which means when we are fully staffed we have a reduced ability to employ new graduate nurses. With our commitment to reducing our deficit, nursing is concentrating on managing FTE and operating within budget. The implications with this and the vacancy model meant we were risk of not being able to maximise our new graduate programme for 2012.

Health Workforce New Zealand allocate 11 NETP positions for the Coast annually, we will be recruiting six in total for 2012 with this generous support from Canterbury. With the HWNZ regional approach, unused HWNZ allocated positions will be distributed to our partnering/neighbouring DHB's for utilisation. The West Coast will not be penalised for not using all 11 allocated positions.

The plan going forward is that NETP advertising, recruitment and implementation of the programme will be run in partnership between WCDHB and CDHB. This approach is in line with Health Workforce New Zealand regional workforce planning and the two DHB's desire to work more collaboratively and innovatively to benefit the people of each region in their health care. It will also enable the ongoing development of well rounded nurses who have had exposure to an important rural/urban mix of experience, and contribute to the close partnership between DHB's.

We sincerely thank David and Mary for their support and vision.

Four Midwifery First Year of Practice (MFYP) positions have been appointed and two Nurse Entry to Specialty Practice (Mental Health) for 2012.

MEDICINE

Ongoing efforts continue to recruit senior doctors, both into hospital and general practice vacancies, in collaboration with the CDHB Recruitment team. Some promising leads are being followed on. The Core General Practice Workstream of the Better, Sooner, More Convenient Business case have been acting as a reference group for the CDHB Recruitment team as they develop their workplan to assist the West Coast in this key aspect of securing our longer term sustainability.

There is current focus on how to improve the structure and processes of the WCDHB owned primary practices to work to a common vision within a business model that is well matched for the tasks required.

Focus is also on developing the appropriate model of care for Grey region's health services in the future. This work is looking at primary, community and hospital level services as a whole, with support from Canterbury. It involves the BSMC work around a Greymouth Integrated Family Health Centre, but is necessarily broader than the remit of BSMC because of the integration of hospital level services. Part of this is developing a process for community contribution to this discussion.

A recent South Island Chief Medical Officers meeting was useful for further developing the linkages across the South Island health sector.

Another very successful Annual Celebration Day was held by the West Coast PHO recently, with good levels of engagement from the primary practices across the West Coast. John Ayling was re-elected chair of the PHO at the associated AGM.

The Rural Learning Centre facility is receiving a makeover ready for the new academic year. A coordinator for the RLC is soon to be appointed. This role is key to supporting the Academic Director in driving the inter-professional learning goals of the Centre. The Academic Board is developing the existing Rural Hospital Medicine Training posts that we have into a more formalised Rural Hospital Medicine Training programme based on the West Coast, with specific blocks of time available in Christchurch. The aim to be able to offer those registrars who wish to base themselves on the West Coast the opportunity to do so for next year's intake.

ALLIED HEALTH, TECHNICAL & SCIENTIFIC

Collaboration with Canterbury continues with a number of allied health staff receiving remote clinical supervision from Canterbury clinicians.

Focus on the transition of care between hospital and community clinicians is a core component of the Buller model of care and is being co-led by allied health and nursing. This will include the revamp of systems and processes to support seamless care coordination as part of a patient's journey.

The role of an 'advanced practitioner' for physiotherapy in orthopaedics has been signed off and the development of a position description and recruitment plan is underway. This will improve the wait times for pre and post surgery review.

A review of patient transport assistance provided by Canterbury and the West Coast is underway and led by social work with the aim of providing more consistency and clarity for patients and families who need to travel to Canterbury for care.

Work continues on the implementation of the medication safety actions from the Health Quality and Safety Commission and includes ongoing roll out of the national medication chart; medicines reconciliation and e-pharmacy.

Work continues on the implementation of the recommendations of the external reviews for Social work and Occupational therapy with recruitment for two clinical manager roles underway; updating of policies and procedures and clinical audit.
The first *Collabor8* workshops have identified a number of simple system improvements within allied health using the lean methodology which are now being implemented. These are designed and implemented by front line clinicians.

Report of Progress against Annual Plan 2011-12
(progress reported in italics)

OBJECTIVE	ACTION	EVIDENCE
What are we trying to achieve?	*What action will we take to make this happen?*	*How will change be evident?*
Strong clinical governance in the planning and delivery of services across the West Coast DHB	Develop an integrated whole of system clinical governance framework for the West Coast. ▪ *Work continues with the establishment of a 'interim clinical board' with representation from across the health system to agree clinical governance; patient safety and quality systems priorities for 2012.*	A documented clinical governance framework for the West Coast Health system will be in place by December 2011. Staff survey results indicate improved participation in decision making; clinical leadership and clinical quality initiatives.
Provision of clinical leadership across nursing, allied health and medical staff	Strengthen senior clinical contribution into the West Coast DHB and Advisory committees. ▪ Strengthen clinical inputs into the planning of future services provision across the West Coast Health system ▪ *Work continues with regular participation from all disciplines in the various workstreams underway for future care delivery for the West Coast*	Regular attendance and reporting from Clinical Leaders group to Board and Advisory Committee meetings. Future health service models of care are developed by the doctors, nurses and allied health professionals who provide the service.
Increased professional development opportunities for clinical staff to increase staff retention	Develop the West Coast as a Rural Learning Centre. ▪ *The South Island Regional Training Hub Progress Report for nursing has been completed with 100% of new graduate nurses and post graduate trainees to complete comprehensive career plans from 2012. Innovative clinical posts/placements have been identified across the region with a focus for the West Coast on Nurse Practitioner development for Primary Care and Aged Care. Regional workforce planning includes strengthening the rural workforce, replacing the ageing workforce, increasing the Maori and Pacific workforce and further development of advanced practice roles such as Clinical Nurse Specialists. Clinical Leadership development is also prioritised across the region. This activity for nursing will be coordinated through the Rural Learning Centre.* ▪ *The Regional priorities have been agreed for Allied Health, Technical and Scientific professions and have been included in the Regional Training Hub progress report – the leadership of remote and rural services will be led by the WCDHB Rural Learning Centre.* ▪ *The Clinical Leaders met with the Director of the RLC to progress the development of the Centre and proposed activities moving into 2012.*	Rural learning centre meets its work plan. Number of professional development workshops/ sessions provided. Increased staff retention. Workforce plan developed that will outline actions to retain and attract clinical staff and report against these – reduced staff turnover and reduced time to recruit into vacancies.

	Facilitate increased opportunities for the professional development of clinical staff. ▪ *The final stages for HWNZ funded Nursing Post Graduate education is currently underway, with last minute applications being processed. A regional approach will see the redistribution of under spending in any areas to other DHB's for PG nursing where there is an increase in demand. This will facilitate the regional approach to nursing workforce development.* Work with Human Resources and Primary Care recruitment and retention coordinator to focus on activities that enhance recruitment and retention. ▪ *The decision to recruit 6 new graduate nurses has been made and offers have been sent to the successful applicants. This has been enabled by support and collaboration with CDHB* ▪ *Four Midwifery First Year of Practice (MFYP) positions have been filled, this is the first year we have run the programme on the West Coast.* ▪ *Two Nursing Entry to Specialty Practice (Mental Health) positions have also been filled for 2012.* ▪ *One Rural General Practice Registrar has started their GPEP 1 year at the Rural Academic Practice* ▪ *Another Rural Hospital Medicine and Rural General Practice combined fellowship Registrar is continuing their GPEP 2/registrar training on the West Coast*	

RECOMMENDATION

That the West Coast District Health Board note the Clinical Leaders' report for their information.

Authors:	**Chief Medical Advisor,** **Director of Nursing and Midwifery, and** **Executive Director of Allied Health (WCDHB and CDHB) – 18 November 2011**

1 How will we know we are on the right track?

1.1 Implementation Pathway

The milestones for delivery of the short to medium term initiatives in this development plan are set out below. Responsibility for delivery of these milestones rests with the Buller Health leadership team, supported by the implementation project resources set out earlier in this plan. The IFHC Leadership group will be accountable to the Alliance Leadership Team, and in order to achieve high level sponsorship, it is recommended that a tier two (CEO direct report) DHB manager be made project sponsor, to support the leadership team at an executive level.

The implementation timetable for facility redesign is indicative, as it requires more detailed planning once the preferred option is chosen.

Note: the timetable below uses a financial year schedule, hence q1 = July – Sept, q2= Oct – Dec, etc.

Goal 1: Developing an integrated multi-disciplinary team

Initiative 1: Developing proactive primary & community care		**Due: 2011/12**			**2012/13**				**2013/14**	
		Q2	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
0	Appoint 0.5 FTE local project manager to support Buller leadership team to make changes	✓								
1	Support clinical leadership group and selected medical, nursing, management and administrative staff to travel to other centres to and learn from alternative ways of delivering.	✓								
2	Develop detailed workflow to inform detailed facility design	✓								
3	Develop a single patient access service & direct calls away from reception		✓	✓						
4	Review administration roles and task allocations for single service and institute changes			✓						
5	Re-programme workflow to make dedicated time available for telephone consults and e-consults, and providing for a range of consultation durations according to need			✓						
6	Review management roles to recognise single integrated service, and institute changes			✓	✓					
7	Establish linkage with Tata te Awhina and consider Maori health Kaiawhina/support/ nursing roles.			✓						

Initiative 2: Developing Rural Medical Specialists		**Due: 2011/12**			**2012/13**				**2013/14**	
		Q2	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
1	Establish PGY2 rotation to Buller, & incorporate in admin support tasks						✓			
2	Identify special interests for current medical staff and put in place pathways to support		✓							
3	Developing a marketing strategy for Buller as a centre for training in rural excellence, building on local innovation and piloting new approaches and technology			✓						
4	Progressively move outpatient follow ups, minor surgery, scopes, diagnostics, etc to local medical staff.					✓		✓		✓

Initiative 3: Developing Integrated Nursing Services		**Due: 2011/12**			**2012/13**				**2013/14**	
		Q2	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
1	Business case for nurse practitioner role		✓							
2	Business case for DN enrolled nurse role			✓						
3	Develop with staff input integrated role specifications and generalist with special interest opportunities			✓						

Initiative 4: Developing Integrated Pharmacy Services		**Due: 2011/12**			**2012/13**				**2013/14**	
		Q2	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
1	Extend Medtech to Westport pharmacy			✓						
2	Request authority from MOH to use electronic scripts & send scripts electronically to pharmacy			✓						
3	Include pharmacist in clinical governance group		✓							
4	Clinical extension training for pharmacy staff to deliver more complex clinical pharmacy		✓							

	services, including pharmacy review and prescription on standing orders.									

Initiative 5: Developing integrated urgent care services		Due: 2011/12			2012/13				2013/14	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
1	Move to using Medtech for all ambulatory urgent care consults (provide training as required)	✓								
2	Shift weekend clinics in interim to current outpatient area	✓								
3	Redesign day time workflow to integrate urgent care pathways on an interim basis, and align copayments			✓						
4	Redesign workflow and rosters to fit new facility					✓				

Goal 2: Planned proactive care

Initiative 6: Enhanced long term conditions programme		Due: 2011/12			2012/13				2013/14	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
1	Recruit additional nursing FTE to expand enrolment in level 1 services		✓							
2	Work with Kaiawhina & NGOs service to expand access to CVD/diabetes screening programme			✓						
3	Review progress on PPP indicators & revise programme				✓					

Initiative 7: Integrated mental health services		Due: 2011/12			2012/13				2013/14	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
1	Appoint local coordinator role	✓								
2	Develop common stepped care pathway – inc assessment tools, outcome measurement, etc, - including AOD.		✓							
3	Extend Medtech to mental health staff (requires training and investigation of connection to national data collection)		✓							

Initiative 8: Developing health of the elderly services		Due: 2011/12			2012/13				2013/14	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
1	Conduct a formal population risk stratification exercise to identify the small number of individual at greatest risk (learning from recent approaches used in the Tararua district)			✓						
2	Develop a community based MDT approach for those at highest risk of admissions, including pharmacist, allied health, GP with special interest, and CNS			✓						

3	Develop a virtual ward rounds option with a Geriatrician/registrars from CHCH using telehealth technology.				✓					
4	Expanding Interai assessment to include a wider group of clinical staff			✓						
5	Developing links to Aged Residential Care, including a shared clinical patient record		✓							
6	Moving to restorative packages of home based care based on risk and ability to benefit				✓					
7	Developing a GP with special interest in geriatric care role					✓				

Goal 3: Enabling integrated service delivery

Initiative 9: Information systems to support new model of care		**Due: 2011/12**			**2012/13**				**2013/14**	
		Q2	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
0	Appoint IS project manager to support IFHC IS developments	✓								
1	Extend Medtech to urgent care area & provide training	✓								
2	Extend Medtech to allied health staff & provide training		✓							
3	Move to electronic interface with Grey (rather than scanning)				✓					
4	Extend Medtech to district nursing staff as sole PMS & provide training, & laptops (q1)	✓		✓						
5	Integrated electronic diaries and appointment scheduling				✓					
6	Roll out Manage my Health, including web portal that enables web based appointments, e-consults, telehealth consults and self care advice			✓						
7	Extend Medtech to pharmacy & provide training	✓	✓							
8	Extend Medtech to ARC (O'Conor) & provide training				✓					
9	Move to common IS platform with Grey & Canterbury									✓

Initiative 10 : Workforce Development		**Due: 2011/12**			**2012/13**				**2013/14**	
		Q2	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
1	Clinical leader development support				✓					
2	Bespoke training and secondment opportunities to support rural medical and nursing generalists to develop special interest roles			✓						
3	Training to support delivery of restorative packages of care, including skill development for unregistered staff and training on supervision and delegation for registered staff (expanded scope of practice).			✓						

Initiative 11: Clinical governance & clinical quality improvement		Due: 2011/12			2012/13				2013/14	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
1	Include external providers in new clinical governance group			✓						
2	develop common clinical protocols – e.g. for standing orders, review of serious incidents, pathways for treatment of common conditions (building on Canterbury Health Pathways), shared governance of IT, clinical audit				✓					
3	Develop annual workplan to: identify local health gain priorities, Measure variation from desired objectives and manage performance proactively				✓					

Initiative 12: Business model to support the IFHC		Due: 2011/12			2012/13				2013/14	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
1	Develop rural IFHC service specification and outcomes based contract		✓							
2	Link in other providers in a locality alliance with a nominal global Buller health services budget					✓				
3	Establish regular reporting against nominal budget and performance measures							✓		

Initiative 13 : Facility redesign to support integrated care		Due: 2011/12			2012/13				2013/14	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
1	DHB approval in principle for Buller IFHC, & decision on single vs split site	✓								
2	Discussions MOH & third party developers re capital options	✓								
3	Finalise ARC plans with preferred provider, develop draft ARC alliance agreement	✓								
4	Update affordability analysis & confirm funding required is available	✓								
5	Complete more detailed facility plans for preferred site	✓								
6	Consultation with affected staff/unions (as required)	✓	✓							
7	To DHB board for final decision		✓							
8	To MoH for approval		✓							
9	Detailed architectural plans & workflow design			✓	✓					
10	Tender for project management and building works				✓					
11	Building works complete (by end 2013)					✓	✓	✓	✓	

FINANCE REPORT
OCTOBER 2011

Financial Overview for the period ending	31 October 2011							
	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,235	6,310	(75)	×	25,454	24,949	505	√
Governance & Administration	208	212	(4)	×	841	849	(8)	×
Funds & Internal Eliminations	4,398	4,812	(414)	×	17,360	17,664	(304)	×
	10,841	11,334	(493)	×	43,655	43,462	193	√
EXPENSES								
Provider								
Personnel	4,375	4,419	44	√	17,296	17,452	156	√
Outsourced Services	1,211	939	(272)	×	4,874	3,974	(900)	×
Clinical Supplies	625	618	(7)	×	2,715	2,393	(322)	×
Infrastructure	997	918	(79)	×	3,910	3,732	(178)	×
	7,208	6,894	(314)	×	28,795	27,551	(1,244)	×
Governance & Administration	204	212	8	√	781	849	68	√
Funds & Internal Eliminations	3,565	3,841	276	√	14,704	15,313	609	√
Total Operating Expenditure	10,977	10,947	(30)	×	44,280	43,713	(567)	×
Deficit before Interest, Depn & Cap Charge	136	(387)	(523)	×	625	251	(374)	×
Interest, Depreciation & Capital Charge	535	551	16	√	2,114	2,205	91	√
Net deficit	**671**	**164**	**(507)**	×	**2,739**	**2,456**	**(283)**	×

ORIGIN OF REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters of the Board of the West Coast District Health Board. A verbal update of the October 2011 results was given to the Quality, Finance, Audit and Risk Committee at their meeting held on the 17 November 2011.

CONSOLIDATED RESULTS

The consolidated result for the month of October 2011 is a deficit of $671k, which is $507k worse than budget ($164k deficit).

RESULTS FOR EACH ARM

Year to Date to October 2011

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(5,455)	(4,804)	(651)	Unfavourable
Funder Arm surplus / (deficit)	2,656	2,348	308	Favourable
Governance Arm surplus / (deficit)	60	0	60	Favourable
Consolidated result surplus / (deficit)	**(2,739)**	**(2,456)**	**283**	**Unfavourable**

COMMENTARY ON VARIANCES

The following table reconciles the consolidated actual year to date results to the consolidated year to date budget, highlighting variances. The table is followed by an explanation of material variances.

Arm	Nature	Variance	$000
	Revenue		
Provider:	Other Ministry of Health revenue	√	76
Provider:	Internal funding	√	433
Funder:	Government funding	√	130
	Expenses		
Provider:	Personnel Costs	√	156
Provider:	Outsourced services – Locum costs	x	(532)
Provider:	Outsourced services – clinical services	x	(454)
Provider:	Outsourced services – non clinical	√	86
Governance:	Outsourced services – non clinical	√	57
Provider:	Clinical supplies: pharmaceuticals	x	(34)
Provider:	Clinical supplies: Implants & Prostheses	x	(214)
Provider:	Clinical supplies: Other clinical and client costs	x	(52)
Provider:	Clinical supplies: other offsetting items	x	(22)
Provider:	Facilities: Repairs and maintenance	x	(37)
Provider:	Facilities: Utilities	x	(65)
Provider:	Professional fees and expenses	x	(40)
Provider:	Transport	x	(41)
Provider:	Infrastructure and non clinical: Other offsetting items.	√	4
Funder:	Funder Arm; Personal, Mental and Maori Health and DSS	√	204
Funder:	Funder Arm: Public Health	x	(24)
DHB	Other offsetting items	√	86
	Year to date variance to budget		**(283)**

PRODUCTION – CASE WEIGHTED VOLUMES

Inpatient Volumes:

As at 31 October 2011 overall case-weighted [CWD] inpatient delivery was 16% over contracted volume (based on linear plan over 12 months) for surgical specialty services (951.14 actual vs 819.23 contracted) and 15% over for medical specialty services (505.95 actual vs 439.80 contracted). The major and significant contributor to over-production is orthopaedics at + 33% with an associated value of $578k based on national pricing.

The actual production to the budgeted production is the reason for certain of the unfavourable variances. This relates to the variable costs incurred in the production of the volumes, specifically clinical supplies and outsourced clinical services. The production plan for the remaining 8 months has taken account of the current volumes and been adjusted so that the final volumes for the year will be in line with the contracted volumes by year.

REVENUE

Consolidated revenue of $43,655k is $193k better than budget ($43,462k).
The variance to budget is explained in the narrative for the separate arms below.

Provider Arm
Provider Arm revenue year to date is a positive variance of $505k. This is explained by:

- Internal revenue – Funder Arm to Provider Arm is $433k better than budget (eliminated on consolidation along with the Funder cost). This relates to elective volumes revenue recognised for the first quarter ending 30 September 2011 which was budgeted as an external cost in the Funder Arm.
- Revenue received from ACC is $53k better than budget (age related rehabilitation, treatment and assessment and elective contract work).
- Revenue from Health Workforce New Zealand is $68k better than budget to date, as some funding is received "up front" at the start of the semester.

Governance and Administration
No significant variances.

Funder Arm
Funder Arm revenue year to date is a positive variance of $128k. This is explained by:

- Ministry of Health funding is $130k better than budget to date. Additional funding has been received for dementia services ($33k) and long term support of chronic conditions ($68k).
- Additional funding of $61k has been received for Very Low Cost Access and Careplus. This is funding that will be repaid to the Ministry of Health if it exceeds the payments made by WCDHB to the West Coast Primary Health Organisation.

EXPENSES

Consolidated
Consolidated expenditure of $46,394k is $476k more than budget ($45,918k).
The variance to budget is explained in the narrative for the separate arms below.

Provider Arm
The Provider Arm expenditure is $1,156k greater than the budgeted expenditure of $29,7543k. This is explained by:

Personal Costs
Personnel costs are $17,296k; $156k better than budget ($17,452k).

- Medical Personnel costs are $12k better than budget.
    - Senior Medical Officers and General Practitioners are together $125k less than budget. This is mainly due to vacancies across both hospital and primary services.
    - Registered Medical Officers are $74k more than budget. This has been driven by additional allowances for cross cover and additional shifts worked.
    - Other personnel costs are $62k more than budget; recruitment costs (including placement fees) are $42k more than budget and benefits should be realised in future months.

- Nursing Personnel costs are $51k more than budget
    - This includes a restructuring cost that is a one off cost that will result in nursing costs being lower in future months. The unfavourable variance is being further addressed with the objective of bringing the nursing costs back into line by improved rostering and a managed annual leave programme.

    - Training costs are $23k more than budget and due to the phasing of the budget which has not matched actual expenditure. Training costs will reduce to budget over the remainder of the year.

- Allied Health Personnel costs are $188k; better than budget.
    - Due mainly to a number of vacancies across allied services.

Outsourced Service costs
Outsourced services costs are $4,874k; $900k more than budget ($3,974k) and explained as follows:

- Outsourced Senior Medical Costs (locums) are $3,015k; $511k more than budget. This is due to vacancies reflected above under personnel costs and cover for planned and unplanned staff leave.
- Outsourced nursing costs are $46k to date (nil budget) and relate to anaesthetic technicians where there have been staff vacancies. This variance has been partially set-off as the budget for anaesthetic technicians was set for under nursing costs.
- Outsourced clinical services are $1,570k, $454k more than budget. This is largely due to ophthalmology and orthopaedic volumes being outsourced at greater volumes than was budgeted. This is being addressed with the objective of reducing the overspend over the remainder of the year as part of the reason is a timing difference between planned and delivered volumes.

Clinical Supplies
Overall treatment related costs are $322k more than budget, with volumes to date for most specialities being greater than budget. Costs improved for the month of October 2011 compared to previous months, being $7k more than budget.
- Implant and prostheses are $408k, an unfavourable variance of $214k.
- Other clinical and client costs are $503k; an unfavourable variance of $52k. This relates to air transfers of patients.
- Pharmaceuticals are $627k, an unfavourable variance of $34k which largely relates to the greater surgical and medical inpatient volumes and oncology treatments.

Infrastructure and non clinical Cost
Overall infrastructure and non clinical cost are $3,910k, $179k over budget. Within this variance are the following specific variances:
- Facility costs are $949k, $132k over budget. Utility costs are $65k more than budget; these costs will continue to be over budget as prices have increased since the budget was set. Maintenance materials are $50k more than budget. Planned maintenance will be managed over the remainder of the year.
- The cost of Insurance premiums is $28 more than budgeted. This cost will continue to be over budget for the rest of the year.
- Professional fees and expenses are $40k more than budget to date. Affiliation and accreditation costs are $39k more than budget; this will improve over the year as the costs are one off and have been recognised in the month they have been paid and not spread over the year.

Funder Arm
Funder payments to external providers are $15,772, $652k less than budget.
- This has been realised across all services, with the exception of Public Health. The details of payments to external providers can be found in Appendix 2 of this report.

STATEMENT OF FINANCIAL POSITION

Cash and Short Term Investments
As at 31 October 2011 the Board had $4,557m in cash and short term investments. This differs from the budgeted cash position of $2.709m by $1.848m. Of the balance on hand as at 31 October 2011, $2.5m is on two different short term investments of expiring between October 2011 and December 2011.

Non Current Assets
Property, Plant and equipment including work in progress is $6.075m less than budget. This is due mainly to the revaluation of the Land and Buildings as at 30 June 2011 being brought into account and the timing of capital expenditure.

Crown Equity
Crown Equity is $4.9m lower than budget, this is mainly due to the revaluation referred to under the non current assets.

RECOMMENDATION

That the West Coast DHB board receive the Financial Report for the period ending 31 October 2011.

Author:	**Chief Financial Manager – 11 November 2011**

Appendices

Appendix 1: Financial Results for the period ending 31 October 2011.

Appendix 2: Funder Arm payments to external providers.

Appendix 1

West Coast District Health Board
Statement of comprehensive income
For period ending 31 October 2011

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2011/12		Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Forecast	Budget	2010/11
Operating Revenue													
Crown and Government sourced	10,454	10,938	(484)	(4.4%)	10,476	42,149	41,934	215	0.5%	40,797	126,247	126,247	124,287
Inter DHB Revenue	(6)	11	(17)	(156.6%)	10	17	42	(25)	(59.9%)	41	127	127	110
Patient Related Revenue	245	246	(1)	(0.4%)	219	964	965	(1)	(0.1%)	913	2,965	2,965	2,828
Other Revenue	148	140	8	6.0%	127	525	520	5	0.9%	576	1,718	1,718	1,792
Total Operating Revenue	10,841	11,334	(493)	(4.3%)	10,832	43,655	43,462	193	0.4%	42,327	131,057	131,057	129,017
Operating Expenditure													
Employee benefit costs	4,460	4,510	50	1.1%	4,354	17,658	17,816	158	0.9%	17,368	53,396	53,396	52,704
Outsourced Clinical Services	1,153	864	(289)	(33.5%)	1,005	4,661	3,675	(986)	(26.8%)	4,028	9,667	9,667	13,301
Treatment Related Costs	625	618	(7)	(1.1%)	578	2,715	2,393	(322)	(13.5%)	2,356	7,292	7,292	7,707
External Providers	2,373	2,650	277	10.4%	2,534	9,936	10,550	613	5.8%	9,467	30,974	30,974	28,453
Net Inter District Flows	1,302	1,302	0	0.0%	1,291	5,208	5,208	0	0.0%	5,285	15,625	15,625	15,893
Outsourced Services - non clinical	97	129	32	24.5%	118	371	514	143	27.8%	404	1,508	1,508	1,245
Infrastructure Costs and Non Clinical Supplies	967	875	(92)	(10.5%)	827	3,731	3,558	(173)	(4.9%)	3,563	10,479	10,479	10,514
Total Operating Expenditure	10,977	10,947	(30)	(0.3%)	10,707	44,280	43,713	(567)	(1.3%)	42,471	128,941	128,941	129,817
Result before Interest, Depn & Cap Charge	(136)	387	(523)	135.1%	125	(625)	(251)	(374)	(148.8%)	(144)	2,116	2,116	(800)
Interest, Depreciation & Capital Charge													
Interest Expense	62	61	(1)	(1.3%)	70	246	245	(1)	(0.5%)	267	735	735	775
Depreciation	383	400	17	4.3%	370	1,508	1,600	92	5.8%	1,527	4,801	4,801	4,578
Capital Charge Expenditure	90	90	0	0.0	88	360	360	0	0.0	390	1,080	1,080	690
Total Interest, Depreciation & Capital Charge	535	551	16	2.9%	528	2,114	2,205	91	4.1%	2,184	6,617	6,617	6,043
Net Surplus/(deficit)	(671)	(164)	(507)	(309.3%)	(403)	(2,739)	(2,456)	(283)	(11.5%)	(2,328)	(4,500)	(4,500)	(6,843)
Other comprehensive income													
Gain/(losses) on revaluation of property													(2,578)
Total comprehensive income	(671)	(164)	(507)	(309.3%)	(403)	(2,739)	(2,456)	(283)	(11.5%)	(2,328)	(4,500)	(4,500)	(9,421)

West Coast District Health Board
Statement of financial position
As at 31 October 2011

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	29,368	35,824	(6,456)	(18.0%)	36,518
Intangible assets	854	1,080	(226)	(20.9%)	1,052
Work in Progress	807	200	607	303.5%	133
Other investments	2	2	0	0.00%	2
Total non-current assets	31,031	37,106	(6,075)	(16.4%)	37,705
Current assets					
Cash and cash equivalents	4,557	2,709	1,848	68.2%	378
Other investments	56	55	1	1.8%	1,642
Inventories	880	746	134	18.0%	763
Debtors and other receivables	4,187	3,303	884	26.8%	3,331
Assets classified as held for sale	27	246	(219)	(89.0%)	246
Total current assets	9,707	7,059	2,648	37.5%	6,360
Total assets	**40,738**	**44,165**	**(3,427)**	21.1%	**44,065**
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	11,195	12,445	(1,250)	(10.0%)	12,945
Employee entitlements and benefits	3,041	3,259	(218)	(6.7%)	3,102
Total non-current liabilities	14,236	15,704	(1,468)	(9.3%)	16,047
Current liabilities					
Interest-bearing loans and borrowings	1,500	250	1,250	500.0%	0
Creditors and other payables	9,367	8,200	1,167	14.2%	7,661
Employee entitlements and benefits	8,255	7,739	516	6.7%	7,891
Total current liabilities	19,122	16,189	2,933	18.1%	15,552
Total liabilities	33,358	31,893	1,465	4.6%	31,599
Equity					
Crown equity	61,753	61,741	12	0.0%	54,609
Other reserves	18,912	23,888	(4,976)	(20.8%)	23,888
Retained earnings/(losses)	(73,324)	(73,396)	72	(0.1%)	(66,070)
Trust funds	39	39	0	0.00%	39
Total equity	7,380	12,272	(4,892)	(39.9%)	12,466
Total equity and liabilities	**40,738**	**44,165**	**(3,427)**	**(7.8%)**	**44,065**

West Coast District Health Board
Statement of cash flows
For period ending 31 October 2011

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					2011/12	2010/11
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	Actual
Cash flows from operating activities												
Cash receipts from Ministry of Health, patients and other revenue	11,962	12,274	(312)	(2.5%)	11,763	44,491	45,321	(830)	(1.8%)	43,390	134,640	129,181
Cash paid to employees	(4,266)	(4,510)	244	(5.4%)	(4,176)	(17,360)	(17,816)	456	(2.6%)	(16,930)	(53,394)	(52,322)
Cash paid to suppliers	(2,669)	(2,486)	(183)	7.3%	(2,433)	(11,733)	(9,939)	(1,794)	18.1%	(11,066)	(28,747)	(32,143)
Cash paid to external providers	(2,373)	(2,649)	276	(10.4%)	(2,534)	(9,936)	(10,549)	613	(5.8%)	(9,472)	(30,974)	(28,206)
Cash paid to other District Health Boards	(1,459)	(1,459)	0	(0.0%)	(1,814)	(5,836)	(5,836)	0	(0.0%)	(6,183)	(17,509)	(17,880)
Cash generated from operations	1195	1170	25	2.2%	806	(374)	1182	(1,556)	(131.7%)	(261)	4,015	(1,370)
Interest paid	(192)	0	(192)	#DIV/0!	(235)	(192)	0	(192)	#DIV/0!	(235)	(698)	(814)
Capital charge paid	0	0	0	0.00	(88)	(99)	(99)	0	0.00	(401)	(1,089)	(723)
Net cash flows from operating activities	1003	1170	(167)	(14.3%)	483	(665)	1083	(1,748)	(161.4%)	(897)	2,228	(2,907)
Cash flows from investing activities												
Interest received	29	17	12	73.7%	15	84	68	16	23.9%	70	201	820
(Increase) / Decrease in investments	0	0	0		0	3,500	0	3500		0	0	(1,913)
Acquisition of property, plant and equipment	(249)	(494)	245	(49.6%)	(856)	(1,273)	(1,282)	9	(0.7%)	(1,854)	(4,250)	(3,148)
Acquisition of intangible assets	0	0	0	0.00	0	(11)	(50)	39	(78.0%)	0		
Net cash flows from investing activities	(220)	(477)	257	(53.9%)	(841)	2,300	(1,264)	3564	(282.0%)	(1,784)	(4,049)	(4,241)
Cash flows from financing activities												
Proceeds from equity injections	0	0	0		0	0	0	0		0	4,500	7,212
Repayment of equity	0	0	0		0	0	0	0		0	(68)	(68)
Cash generated from equity transactions	0	0	0		0			0			4,432	7,144
Repayment of borrowings	0	0	0		0	0	0	0		0	(250)	(250)
Net cash flows from financing activities	0	0	0		0	0	0	0			-250	-250
Net increase in cash and cash equivalents	783	692	91	13.1%	(358)	1,635	(181)	1,816	(1001.9%)	(2,681)	2,361	(254)
Cash and cash equivalents at beginning of period	3,774	3,125	649	20.8%	3176	2,922	3,125	(203)	(6.5%)	3176	3,125	3,176
Cash and cash equivalents at end of year	4,557	3,817	740	19.4%	2818	4,557	2,944	1,613	54.8%	495	5,486	2,922

West Coast District Health Board

Provider Operating Statement for period ending 31 October 2011

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2011/12		Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Forecast	Budget	2010/11
Income													
Internal revenue-Funder to Provider	5,209	5,205	4	0.1%	5,139	21,252	20,819	433	2.1%	20,324	62,459	62,459	63,504
Ministry of Health side contracts	182	144	38	26.5%	144	652	576	76	13.3%	708	1,727	1,727	1,835
Other Goverment	472	584	(112)	(19.2%)	647	2,111	2,103	8	0.4%	2,209	6,010	6,010	6,183
InterProvider Revenue (Other DHBs)	(6)	11	(17)	(156.6%)	10	17	42	(25)	(59.9%)	41	127	127	110
Patient and consumer sourced	245	246	(1)	(0.4%)	219	964	965	(1)	(0.1%)	913	2,965	2,965	2,828
Other income	133	120	13	10.5%	107	458	444	14	3.2%	472	1,488	1,488	1,461
Total income	**6,235**	**6,310**	**(75)**	(1.2%)	**6,266**	**25,454**	**24,949**	**505**	2.0%	**24,667**	**74,776**	**74,776**	**75,921**
Expenditure													
Employee benefit costs													
Medical Personnel	945	902	(43)	(4.7%)	923	3,450	3,462	12	0.3%	3,508	10,823	10,823	10,512
Nursing Personnel	1,963	1,977	14	0.7%	1,928	7,935	7,885	(50)	(0.6%)	7,751	23,405	23,405	23,784
Allied Health Personnel	724	801	77	9.6%	719	2,988	3,176	188	5.9%	2,910	9,426	9,426	8,768
Support Personnel	168	170	2	0.9%	160	689	673	(16)	(2.4%)	674	1,996	1,996	2,086
Management/Administration Personnel	575	569	(6)	(1.0%)	541	2,234	2,256	22	1.0%	2,207	6,655	6,655	6,494
	4,375	**4,419**	**44**	**1.0%**	**4,271**	**17,296**	**17,452**	**156**	**0.9%**	**17,050**	**52,304**	**52,304**	**51,644**
Outsourced Services													
Contracted Locum Services	784	585	(199)	(34.1%)	670	3,091	2,559	(532)	(20.8%)	2,786	6,283	6,283	9296
Outsourced Clinical Services	369	279	(90)	(32.3%)	335	1,570	1,116	(454)	(40.7%)	1,242	3,348	3,348	4005
Outsourced Services - non clinical	58	75	17	22.4%	68	213	299	86	28.7%	204	898	898	724
	1,211	**939**	**(272)**	**(29.0%)**	**1,073**	**4,874**	**3,974**	**(900)**	**(22.6%)**	**4,232**	**10,528**	**10,528**	**14,025**
Treatment Related Costs													
Disposables, Diagnostic & Other Clinical Supplies	115	112	(3)	(3.0%)	112	467	447	(20)	(4.5%)	437	1,343	1,343	1,337
Instruments & Equipment	119	146	27	18.5%	155	609	584	(25)	(4.3%)	540	1,754	1,754	1,896
Patient Appliances	14	31	17	54.8%	26	101	124	23	18.5%	119	370	370	367
Implants and Prostheses	83	49	(35)	(71.1%)	25	408	194	(214)	(110.3%)	208	583	583	1,007
Pharmaceuticals	171	159	(12)	(7.5%)	143	627	593	(34)	(5.7%)	614	1,800	1,800	1,895
Other Clinical & Client Costs	123	122	(1)	(0.8%)	116	503	451	(52)	(11.5%)	437	1,442	1,442	1,204
	625	**618**	**(7)**	**(1.1%)**	**577**	**2,715**	**2,393**	**(322)**	**(13.5%)**	**2,355**	**7,292**	**7,292**	**7,706**
Infrastructure Costs and Non Clinical Supplies													
Hotel Services, Laundry & Cleaning	300	298	(2)	(0.7%)	308	1,220	1,195	(25)	(2.1%)	1,176	3,575	3,575	3586
Facilities	262	204	(58)	(28.2%)	216	949	817	(132)	(16.2%)	932	2,375	2,375	2666
Transport	85	70	(15)	(21.8%)	70	381	340	(41)	(12.2%)	409	898	898	1036
IT Systems & Telecommunications	116	120	4	3.0%	91	448	478	30	6.4%	389	1,435	1,435	1321
Professional Fees & Expenses	41	22	(19)	(87.2%)	1	128	88	(40)	(46.1%)	74	263	263	285
Other Operating Expenses	83	95	12	12.2%	66	344	373	29	7.8%	326	1,129	1,129	935
Internal allocation to Governanance Arm	110	110	0	0.2%	82	440	441	1	0.2%	328	1,323	1,323	984
	997	**918**	**(79)**	**(8.6%)**	**834**	**3,910**	**3,731**	**(179)**	**(4.8%)**	**3,634**	**10,998**	**10,998**	**10,813**
Total Operating Expenditure	**7,208**	**6,894**	**(314)**	**(4.6%)**	**6,755**	**28,795**	**27,550**	**(1,245)**	**(4.5%)**	**27,271**	**81,122**	**81,122**	**84,188**
Deficit before Interest, Depn & Cap Charge	**(973)**	**(584)**	**389**	**(66.6%)**	**(489)**	**(3,341)**	**(2,601)**	**740**	**(28.5%)**	**(2,604)**	**(6,347)**	**(6,347)**	**(8,267)**
Interest, Depreciation & Capital Charge													
Interest Expense	62	61	(1)	(1.3%)	70	246	245	(1)	(0.5%)	267	735	735	775
Depreciation	383	400	17	4.2%	370	1,508	1,598	90	5.7%	1,527	4,797	4,797	4578
Capital Charge Expenditure	90	90	0	0.00	88	360	360	0	0.00	390	1,080	1,080	690
Total Interest, Depreciation & Capital Charge	**535**	**551**	**16**	**2.9%**	**528**	**2,114**	**2,203**	**89**	**4.0%**	**2,184**	**6,612**	**6,612**	**6,043**
Net deficit	**(1,508)**	**(1,135)**	**373**	**(32.9%)**	**(1,017)**	**(5,455)**	**(4,804)**	**651**	**(13.5%)**	**(4,788)**	**(12,959)**	**(12,959)**	**(14,310)**

West Coast District Health Board

Funder Operating Statement for the period ending 31 October 2011

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2011/12		Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Forecast	Budget	2010/11
Income													
PBF Vote Health-funding package (excluding Mental Health)	8,403	8,873	(470)	(5.3%)	8,213	34,098	33,908	190	0.6%	32,872	97,905	97,905	101,801
PBF Vote Health-Mental Health Ring fence	1,157	1,157	0	0,00	1,120	4,628	4,628	0	0,00	4,480	13,884	13,884	13,440
MOH-funding side contracts	240	180	60	33.3%	352	660	720	(60)	(8.4%)	528	6,721	6,721	1,028
Inter District Flow's	157	157	0	0,00	145	628	628	0	0,00	546	1,884	1,884	1,635
Other income	15	15	0	0,00	20	58	60	(2)	(3.3%)	89	180	180	216
Total income	**9,972**	**10,382**	**(410)**	**(3.9%)**	**9,850**	**40,072**	**39,944**	**128**	**0.3%**	**38,515**	**120,574**	**120,574**	**118,120**
Expenditure													
Personal Health	6,365	6,552	187	2.9%	6,496	26,143	26,191	48	0.2%	25,339	78,016	78,016	78,436
Mental Health	1,148	1,157	9	0.8%	1,088	4,572	4,628	56	1.2%	4,304	13,884	13,884	12,995
Disability Support	1,453	1,465	12	0.8%	1,373	5,781	5,828	47	0.8%	5,479	17,370	17,370	16,542
Public Health	33	84	51	60.8%	110	361	337	(24)	(7.2%)	333	1,011	1,011	1,009
Maori Health	42	55	13	23.8%	42	167	220	53	24.2%	167	661	661	503
Governance	98	98	(0)	(0.2%)	98	392	392	0	0.1%	392	1,174	1,174	1,176
Total expenses	**9,139**	**9,411**	**272**	**2.9%**	**9,207**	**37,416**	**37,596**	**180**	**0.5%**	**36,014**	**112,116**	**112,116**	**110,661**
Net Surplus	**833**	**971**	**(138)**	**(14.2%)**	**643**	**2,656**	**2,348**	**308**	**13.1%**	**2,501**	**8,458**	**8,458**	**7,459**

West Coast District Health Board

Governance Operating Statement for the period ending 31 October 2011

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2011/12		Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Forecast	Budget	2010/11
Income													
Internal Revenue	98	98	0	0.2%	98	392	391	1	0.2%	392	1,174	1,174	1,176
Other income	0	4	(4)	(100.0%)	0	9	17	(8)	(46.4%)	15	50	50	115
Internal allocation from Provider Arm	110	110	(0)	(0.2%)	82	440	441	(1)	(0.2%)	328	1,323	1,323	984
Total income	**208**	**212**	**(4)**	**(2.0%)**	**180**	**841**	**849**	**(8)**	**(0.9%)**	**735**	**2,547**	**2,547**	**2,275**
Expenditure													
Employee benefit costs	85	91	6	6.5%	83	362	364	2	0.4%	318	1,091	1,091	1,060
Outsourced services	39	54	15	27.5%	50	158	215	57	26.6%	200	646	646	521
Other operating expenses	48	44	(4)	(8.5%)	22	160	177	17	9.6%	130	531	531	373
Democracy	32	23	(9)	(37.3%)	54	101	93	(8)	(8.4%)	125	280	280	315
Total expenses	204	212	8	3.9%	209	781	849	68	8.0%	773	2,548	2,548	2,269
Net Surplus / (Deficit)	**4**	**0**	**4**		**(29)**	**60**	**(0)**	**60**		**(38)**	**(0)**	**(0)**	**6**

Appendix 2

WEST COAST DISTRICT HEALTH BOARD
FUNDER ARM - PAYMENTS TO EXTERNAL PROVIDERS
as at 31 October 2011

Oct-11						Year to Date					2011/12	2010/11	
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance			Annual Budget	Actual Result	Change (actual 10/11 to budget 11/12)
$000	$000	$000	%			$000	$000	$000	%		$000	$000	%
					Referred Services								
41	41	0	0%	√	Laboratory	149	161	12	8%	√	486	511	5%
623	764	141	18%	√	Pharmaceuticals	2,744	3,054	310	10%	√	8,473	7,705	-10%
664	**805**	**141**	**18%**	√		**2,893**	**3,215**	**322**	**11%**	√	8,959	8,216	-9%
					Secondary Care								
11	20	9	44%	√	Inpatients	21	78	57	73%	√	237	38	-523%
70	116	46	40%	√	Travel & Accommodation	374	430	56	13%	√	1,391	1,189	-17%
1,285	1,285	0	0%	√	IDF Payments Personal Health	5,140	5,138	-2	0%	×	15,414	15,606	1%
1,366	**1,421**	**55**	**4%**	√		**5,535**	**5,646**	**111**	**2%**	√	17,042	16,833	-1%
					Primary Care								
26	41	15	37%	√	Dental-school and adolescent	151	182	31	17%	√	467	399	-17%
0	2	2	100%	√	Maternity	0	9	9	100%	√	26	0	
0	1	1	100%	√	Pregnancy & Parent	0	2	2	100%	√	8	0	
8	3	-5	-186%	×	Sexual Health	8	11	3	29%	√	33	13	-152%
-1	0	1		√	General Medical Subsidy	19	2	-17	-1088%	×	5	76	94%
537	523	-14	-3%	×	Primary Practice Capitation	2,173	2,092	-81	-4%	×	6,275	6,135	-2%
7	7	0	0%	√	Primary Health Care Strategy	27	28	1	2%	√	83	251	67%
78	77	-1	-1%	×	Rural Bonus	309	309	0	0%	√	928	970	4%
13	13	0	3%	√	Child and Youth	52	54	2	3%	√	162	162	0%
-8	7	15	214%	√	Immunisation	26	30	4	13%	√	96	154	38%
14	14	0	4%	√	Maori Service Development	55	54	-1	-2%	×	162	165	2%
18	31	13	42%	√	Whanua Ora Services	72	125	53	42%	√	373	215	-74%
2	13	11	85%	√	Palliative Care	11	52	41	79%	√	157	110	-43%
27	16	-11	-68%	×	Chronic Disease	42	62	20	33%	√	286	3	-9440%
11	11	0	2%	√	Minor Expenses	44	45	1	2%	√	134	206	35%
732	**759**	**27**	**4%**	√		**2,989**	**3,057**	**68**	**2%**	√	9,195	8,859	-4%
					Mental Health								
0	1	1	100%	√	Eating Disorders	0	4	4	100%	√	12	23	48%
50	50	0	0%	√	Community MH	194	200	6	3%	√	601	538	-12%
1	1	0	0%	√	Mental Health Work force	4	3	-1	0%	×	8	15	44%
48	47	-1	-1%	×	Day Activity & Rehab	191	190	-1	0%	×	569	518	-10%
10	10	0	0%	√	Advocacy Consumer	41	41	0	0%	√	122	120	-2%
5	5	0	0%	√	Advocacy Family	21	21	0	0%	√	64	71	10%
0	5	5	100%	√	Minor Expenses	0	20	20	100%	√	61	0	
115	118	3	2%	√	Community Residential Beds	445	470	25	5%	√	1,411	1,261	-12%
66	66	0	0%	√	IDF Payments Mental Health	264	265	1	0%	√	796	813	2%
295	**303**	**8**	**3%**	√		**1,160**	**1,215**	**55**	**5%**	√	3,644	3,359	-8%
					Public Health								
0	29	29	100%	√	Nutrition & Physical Activity	132	114	-18	-16%	×	342	328	-4%
0	7	7	100%	√	Public Health Infrastructure	75	28	-47	-172%	×	83	82	-1%
0	0	0		√	Social Environments	0	0	0		√	0	-15	100%
0	6	6	100%	√	Tobacco control	5	22	17	78%	√	68	58	-17%
0	**42**	**42**	**100%**	√		**212**	**164**	**-48**	**-29%**	×	493	453	-9%
					Older Persons Health								
3	0	-3		×	Information and Advisory	11	0	-11		×	0	0	
29	0	-29		×	Needs Assessment	29	0	-29		×	0	0	
56	52	-4	-7%	×	Home Based Support	157	204	47	23%	√	595	708	16%
13	10	-4	-37%	×	Caregiver Support	41	38	-3	-8%	×	114	130	12%
231	174	-57	-33%	×	Residential Care-Rest Homes	975	687	-288	-42%	×	2,030	2,344	13%
-2	0	2		√	Residential Care Loans	-25	0	25		√	0	-113	100%
12	10	-2	-18%	×	Residential Care-Community	23	41	18	44%	√	122	48	-155%
294	395	101	26%	√	Residential Care-Hospital	1,217	1,563	346	22%	√	4,622	3,949	-17%
0	5	5	100%	√	Ageing in place	0	22	22	100%	√	65	12	-440%
7	7	0	0%	√	Environmental Support Mobility	28	28	0	0%	√	85	28	-204%
11	6	-5	-77%	×	Day programmes	41	25	-16	-65%	×	74	75	1%
13	12	-1	-8%	×	Respite Care	54	48	-6	-13%	×	143	118	-21%
108	108	0	0%	√	IDF Payments-DSS	432	433	1	0%	√	1,300	1,060	-23%
775	**779**	**36**	**5%**	√		**2,983**	**3,089**	**146**	**5%**	√	9,151	8,359	-9%
3,832	**4,109**	**309**	**8%**	√		**15,772**	**16,385**	**652**	**4%**	√	**48,483**	**46,079**	**-5%**

please note that payments made to WCDHB via Healthpac are excluded from the above figures

REPORTS FROM BOARD ADVISORY COMMITTEES

Reports and minutes have been received from the following West Coast District Health Board Advisory Committees:

- Hospital Advisory Committee
- Community and Public Health Advisory Committee and Disability Support Advisory Committee

RECOMMENDATION

That the West Coast District Health Board receives the West Coast District Health Board Advisory Committee Reports.

DRAFT MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING HELD THURSDAY 17 NOVEMBER 2011 AT 11.06 AM IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

PRESENT Warren Gilbertson, Chair
Sharon Pugh, Deputy Chair
Paula Cutbush
Doug Truman
Gail Howard

IN ATTENDANCE Peter Ballantyne, Board Deputy Chair
Hecta Williams, General Manager
Colin Weeks, Chief Financial Manager
Carol Atmore, Chief Medical Officer
Garth Bateup, Acting General Manager Hospital Services
Karyn Kelly, Director of Nursing and Midwifery
Bryan Jamieson, Communication Officer
Sandra Gibbens, Minute Secretary

APOLOGIES Dr Paul McCormack, Board Chair
Richard Wallace
Barbara Holland

Karakia – All

1. WELCOME, APOLOGIES AND AGENDA

The Chair welcomed everyone to the meeting. Apologies were accepted from Dr Paul McCormack, Richard Wallace and Barbara Holland.

Moved: Warren Gilbertson **Seconded: Sharon Pugh**

Motion:
"THAT the apologies be accepted."

Carried.

2. DISCLOSURES OF INTERESTS

There were no amendments to the disclosures of interest.

3. MINUTES OF THE PREVIOUS HOSPITAL ADVISORY COMMITTEE MEETING HELD 30 SEPTEMBER 2011

Moved: Warren Gilbertson **Seconded: Doug Truman**

Motion:
"THAT the minutes of the Hospital Advisory Committee meeting held 30 September 2011 be adopted as a true and accurate record."

Carried.

Hospital Advisory Committee Chair's Report to the Board
The Hospital Advisory Committee Chair provided a verbal update to the West Coast District Health Board meeting on 14 October 2011:

- The Board wishes the Hospital Advisory Committee to continue monitoring Elective Targets, Production Planning and Outpatient Cancellations.
- Reporting upon recruitment, and collaboration with Canterbury District Health Board regarding recruitment discussed. It is noted that the focus will now be on the recruitment of General Practitioners.

4. MATTERS ARISING

Item 1: Information to be provided about whether all health practitioners support the 'Better Help for Smokers to Quit' target
On hold.

Item 2: A classification of complaints graph is requested to be provided specifically for hospital services
On hold.

Item 3: Review of the Work Plan to ensure that there is no duplication and that the correct items are included
Addressed in Section 6 – Work Plan.

Item 4: 'Shorter stays in Emergency Departments' target to be placed on the Recovery Plan for Clinical Services in order to address the high number of presentations
Carried forward.

Item 5: 'Improved Access to Elective Services' target report to be corrected for the next Hospital Advisory Committee meeting
Included in the Health Target report section 6.1.

Item 6: Information to be provided regarding the 'Green Bags' scheme and new medication reconciliation programme
Included in the Management report section 6.2.

Item 7: Communication strategies with the public to be considered; to acknowledge the awareness of the issues regarding clinic cancellations and Did Not Attend (DNA) rates, emphasising that there is a strong monitoring focus on this, that we do care, and are working on it

- This subject was raised at the last Board meeting and is a work in progress.

- There is an Xcelr8 project currently working on the 'Did Not Attends' issue, initially focussing on General Practice, however it is anticipated that this will flow through to hospital services. The Xcelr8 and Collabor8 programmes were described, the whole concept is empowering people to make positive changes within the workplace.

Action Point: A presentation on the Xcelr8 and Collabor8 programmes to be provided to the Committee during 2012.

Item 8: Clinical Leaders report formatting to be discussed with the Board Chair
Carried forward.

Item 9: Work on communication regarding what people could reasonably expect, and what can be delivered, with regards to transportation home following discharge
This is a work in progress.

Matters arising were taken as read and actioned.

5. CORRESPONDENCE

There was no correspondence inwards or outwards for September / October 2011.

6. WORK PLAN

Standard meeting times are being arranged for the Hospital Advisory Committee Chair and Acting General Manager Hospital Services to review the Work Plan, Agendas etc on a regular basis.

6.1 Health Targets

- **Improved Access to Elective Services**
  There is a Production Plan in place which is being further developed to improve the current system and achieve the desired targets. This includes addressing the over and under productive areas. The reporting to the Hospital Advisory Committee is being reviewed.

- **Better Help for Smokers to Quit**
  This target is not being achieved at present. The new Smokefree Coordinator is developing initiatives to address this.

6.2 MONITOR PERFORMANCE OF THE PROVIDER ARM

Management Team Report
The Acting General Manager Hospital Services spoke to the report:

Medical Staffing
- Interest in the vacant positions has been good with interviews taking place for various specialities. Advertising continues.
- A new General Surgeon is scheduled to commence 1 December 2011.
- Discussions are being held on the future design of the delivery of orthopaedic services.

Clinical Services

- Prioritisation of Projects
  - A power point presentation was provided by the Hospital Services Business Analyst outlining further details on the series of projects being designed for on going improvements within the West Coast District Health Board.
  - It is anticipated that these initiatives will flow on to make a positive impact on our financial status.
  - The presentation covered: criteria, methodology, tool for ranking projects, project overview of the 33 projects outlined, and preliminary rankings. Next steps are 'common sense' adjustments, identification of resources, a work plan for each project, then implementation.
  - Hospital staff have been consulted and invited to participate in the processes and improvements going forward. Communication to staff on progress and successes will be ongoing.
  - The Committee thanked the Hospital Services Business Analyst for the presentation and look forward to future updates on the progression of the projects.
- Green Bag scheme – commentary was provided in the agenda regarding this initiative.

Human Resources

Recruitment

- Recruitment of permanent General Practitioners continues for a number of posts throughout the West Coast.
- As part of the Recruitment Initiative curriculum vitaes continue to be received and considered.
- A query was received regarding the risks at times of lack of coverage in areas due to the unavailability of staff.
- It was noted that the availability of suitable housing can be a problem as to the recruitment and retention of staff. A review on the processes to ensure that the provision of housing support is fair and equitable is commencing.
- General Practice patient registration capacity was queried. There is a problem across the West Coast due to the current shortage of General Practitioners; the West Coast DHB and Primary Health Organisation are working on contingencies and interim solutions to support Practices during this time. The recruitment and retention of General Practitioners is a West Coast DHB focus and it is acknowledged that the General Practices are performing a sterling job under difficult circumstances.

Industrial Relations

Managed Bargaining – it was noted that the 'managed bargaining' settlement was not ratified by all unions. Nursing is an area where the West Coast DHB is at risk.

Caseweights

- Surgical elective caseweights are ahead. It was noted that the phasing is based on standard Ministry of Health phasing.
- The Production Plan was submitted to the Ministry of Health in October 2011, therefore areas can now be rephrased.
- Outpatient subsequent visits are most probably higher than other areas, however this may be a reflection of the current status of General Practices.

Finance Report
The Chief Financial Manager spoke to the Finance Report for September 2011 and gave a verbal update on the results for October 2011.

- The West Coast DHB recorded a consolidated deficit of $2,739k (budget - $2,456k) at the end of October 2011, resulting in a $283k unfavourable variance.
- It was noted that overproduction in case weighted volumes has flowed into the figures, specifically orthopaedic cases which carry a high case weight (cost). This is being addressed with the objective of reducing the case weights for orthopaedics back to plan which will reduce the current overspend in clinical supplies.
- The Chief Financial Manager provided a power point presentation showing the Provider Arm results for October 2011, with the following graphs:
  - WCDHB Provider Arm – Monthly Surplus/(Deficit) – The deficit reported for the provider arm for the period ending October 2011 is $5,455k (budget-$4,804).
  - WCDHB Provider Arm – Monthly Personnel Costs – this is tracking reasonably close to budget.
  - WCDHB Provider Arm – Monthly Combined Personnel and Outsourced Costs – currently above budget.
  - WCDHB Provider Arm – Monthly Outsourced Medical Personnel – currently above budget.
  - WCDHB Provider Arm – Clinical Supplies Costs – these are higher than budget year to date but October 2011 showed a reduced spend to budget when compared to previous months.
  - WCDHB Provider Arm – Monthly Total Expenses
- Locum usage was discussed and it was noted that it is significantly more cost effective to employ permanent staff than to employ locums. Collaboration with Canterbury DHB is helping to address some of the current employment and recruitment issues.
- Patient transfers were discussed. An Xcelr8 project is currently looking at strategies around patient transfers.

The Committee thanked the Chief Financial Manager for the graphs and information provided.

Action Point: The Chief Financial Manager requested to provide information as to the difference between the outsourced services costs and clinical supplies costs.

Action Point: The Chief Financial Manager requested to present updates on the above graphs to the Hospital Advisory Committee at each meeting to follow progression.

Moved: Warren Gilbertson Seconded: Sharon Pugh

Motion:
"THAT the Hospital Advisory Committee receive the Finance Report."

Carried.

Elective Services Patient Flow Indicators (ESPIs)
- There are not large numbers of patients on waiting lists, and it is noted that some of the outpatients waiting over six months relate to the less frequently held clinics.
- Management are currently working upon areas for compliance. At times people choose/request to delay treatment due to their own personal circumstances and this can affect figures.

Outpatient Department Cancellations
The last sentence in the first paragraph under "Background" is to be removed as it is incorrect.

Clinical Leaders Report
The Chief Medical Officer spoke to the report:

- Future Model of Care for Grey Health
  - Community Expo – is being held on 1 and 2 December 2011 at the Tai Poutini Polytechnic. This will include stands on the plans for the direction of health services on the West Coast.
  - There will be two staff meetings and an invited guests meeting providing information and there will be opportunities for feedback.
  - On 8 and 9 December 2011 a two day Workshop for clinical people (primary, community, hospital etc) is being facilitated to look at the model of care, structure, and strategies etc.
  - A summary will be brought to the Board and Advisory Workshop early 2012.
- The Clinical Board for the West Coast Health System is yet to have its first meeting.
- The recruitment of six new graduate nurses is noted as very positive. Four new graduate midwives have also been recruited. The West Coast DHB now has a full complement of nursing.

Peter Ballantyne left the meeting at 12.32pm

6.3 INVESTIGATIONS / SCOPING

Monitoring Inter District Flows - Patient Transfers
September 2011 has had a high number of patient transfers due to the patients requiring a level of care higher than the West Coast District Health Board can provide.

Peter Ballantyne returned to the meeting 12.36pm

Moved: Warren Gilbertson **Seconded: Paula Cutbush**

Motion:
"THAT the Hospital Advisory Committee receive the Information Reports."

Carried.

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

-

8. IN COMMITTEE

Moved: Warren **Seconded: Sharon Pugh**

Motion:

"That members of the public now be excluded from the meeting pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health and Disability Act, so that the meeting may discuss the following matters:

- **In committee minutes from the Meeting held 30 September 2011**

On the grounds that public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under section 9 of the Official Information Act 1982."

Carried.

The Hospital Advisory Committee moved into In Committee at 12.37pm.

There were no in committee resolutions.

The Hospital Advisory Committee moved out of In Committee at 12.37pm

9. GENERAL BUSINESS

- Disappointment was expressed that the Hospital Advisory Committee inductions and training had been moved back. The reason for the delay was provided and members are looking forward to participating in the training in the near future.
- The General Manager noted comments from the Committee regarding the time recently spent in an Emergency Room. Protocols relating to the availability of equipment and the discharge of patients will be looked at.

10. NEXT MEETING

The next meeting date which will be in 2012 is to be advised and will be provided with the Board papers.

The Hospital Advisory Committee spent 30 seconds in In Committee
There being no further business to discuss the meeting concluded at 12.42pm.

MATTERS ARISING FROM HOSPITAL ADVISORY COMMITTEE MEETINGS

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref.
1	14 July 2011	Information to be provided about whether all health practitioners support the 'Better Help for Smokers to Quit' target. On hold.	General Manager		
2	18 August 2011	A classification of complaints graph is requested to be provided specifically for hospital services. Graph provided 30 September 2011 meeting. Item to remain on matters arising.	Quality Assurance and Risk Manager		
4	30 September 2011	The 'Shorter stays in Emergency Departments' target to be placed on the Recovery Plan for Clinical Services in order to address the high number of presentations. Carried forward.	Acting General Manager Hospital Services		
7	30 September 2011	Communication strategies with the public to be considered; to acknowledge the awareness of the issues regarding clinic cancellations and Did Not Attend (DNA) rates, emphasising that there is a strong monitoring focus on this, that we do care, and are working on it. This is a work in progress.	Management Team		
8	30 September 2011	The Clinical Leaders are to be encouraged to discuss the reporting format of the Clinical Leaders Report with the Board Chair. Carried forward.	General Manager		
9	30 September 2011	Work on communication regarding what people could reasonably expect, and look at what can be delivered, with regards to transportation home following discharge. This is a work in progress.	Management Team		
	17 November 2011	A presentation on the Xcelr8 and Collabor8 programmes to be provided to the Committee during 2012.	Acting General Manager Hospital Services		
	17 November 2011	Request to provide information as to the difference between the outsourced services costs and clinical supplies costs	Chief Financial Manager		

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref.
	17 November 2011	Request to present updates on the West Coast DHB Provider Arm graphs at each Hospital Advisory Committee meeting	Chief Financial Manager		
ITEMS REFERRED FROM THE BOARD					

DRAFT MINUTES OF THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING HELD ON 17 NOVEMBER 2011 IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH, COMMENCING AT 9.00 AM

PRESENT	Elinor Stratford, Chair Kevin Brown, Deputy Chair Peter Ballantyne, (ex officio) Dr Cheryl Brunton John Ayling Lynette Beirne Marie Mahuika-Forsyth Mary Molloy Patricia Nolan Robyn Moore
IN ATTENDANCE	Wayne Turp, General Manager Planning and Funding Gary Coghlan, General Manager Maori Health Dr Carol Atmore, Chief Medical Advisor Karyn Kelly Yolandé Oelofse (minute secretary)
APOLOGIES	Dr Paul McCormack, Board's Chair (ex officio) Barbara Holland John Vaile

1. APOLOGIES, WELCOME & KARAKIA

The Chair welcomed everyone to the Community and Public Health Advisory Committee (CPHAC) and Disability Support Advisory Committee (DSAC) combined meeting and asked a Committee member to lead the Committee in the Karakia.

Apologies were received on behalf of Barbara Holland, John Vaile and Dr Paul McCormack.

Moved: Elinor Stratford **Seconded: Peter Ballantyne**

Motion:
"THAT the apologies be noted"

Carried.

2. STANDING ORDERS

The Chair waived standing orders noting reinstatement if required.

3. DISCLOSURES OF INTEREST

No amendments were made.

4. MINUTES OF THE PREVIOUS COMBINED COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING HELD ON 30 SEPTEMBER 2011

Corrections to minutes:

Item 9 Page 6, last paragraph, remove "as a consequence of the quality their drinking it" will now read as: A Committee member raised a concern over reports that people in Arahura have been experiencing ill health and have concern over environ.

Item 9 Page 6, last paragraph. "The Board Chair said that this will be undertaken by the CE" should have read "has been undertaken"

Information papers: to move the Committee Workplan at the front section of the Organisational Leadership Report.

Moved: Marie Mahuika-Forsyth **Seconded: Patricia Nolan**

MOTION:
"THAT the Minutes of the Combined Community and Public Health and Disability Support Advisory Committee meeting held 30 September 2011 with amendments as noted be accepted as a true and accurate record"

Carried.

5. MATTERS ARISING

Home insulation programme: a question was raised as to the timeline for the programme and what criteria were used for selecting the candidates. The General Manager Planning and Funding said that the programme is underway.

Two sets of criteria were used: EECA criteria;

a) Applicants house has to be built before the year 2000

b) The owner or tenant has to occupy the house

c) The owner or tenant has to have a current community service card.

The process involves referrals received via the Community services and looking at either the elderly or young at risk of health, or anyone with chronic conditions relating to the environments. We have received 60 referrals and 40 has met the criteria and been forward to the insulation company. The duration of programme will run over an 18 month period. Pre and post assessments will be carried out with successful applicants.

Work on establishing a Community Health Trust to provide community wrap around support for new health care professionals, led by Mayor Tony Kokshoorn, have not progressed since Pike River.

Action: Carol to report back to next meeting on progress.

Action: Item 1 - Paper on the West Coast and the National position with disability services to be place on the agenda for next meeting

Item 2 Advanced directives within the hospital setting are part of the process of caring for people within their hospital stay. Within the primary care setting, we are investigating using a UK based 'Gold standard framework' for palliative care on the Coast , part of which is to give people the opportunity to put in place an Advanced Directive which follows them, through the health system. A necessary part of such a programme would be to involved the community in discussions around this.

Item 3 Child and Adolescent Youth Plan will be covered in the Child and Youth workshop directly after this meeting.

6. CORRESPONDENCE

None received.

7. CHAIRS REPORT

The Chair's report has been taken as read.

Moved: Lynette Beirne **Seconded: Mary Molloy**

Motion:
"THAT the Committee receives the Chairs report"

Carried.

8. ORGANISATIONAL LEADERSHIP REPORT

The General Manager Planning and Funding report was received. The following points were raised:

Clinical leadership:
Nursing: A question was raised to the 11 NETP positions that were allocated, but only 6 would be recruited. Would we loose the 5 positions? No, we won't be disadvantage for not using the full allocated positions. This would simply roll over. We will continue in close partnership with CDHB and Health Workforce New Zealand with the focus in the future being a regional approach to workforce development**.**

PHO open day:
The Chair thanked the PHO Chair for the opportunity to participate in the PHO open day on Saturday 5th November. The day was a great success.

The PHO Chair commented on the ongoing issues regarding the access to non urgent routine appointments and asked if the project is underway. The Chief Medical Advisor said that there is an improvement to access on the coast, and that the numbers are been tracked, there are good volumes of referrals received with positive feedback about the service.

Recruitment and retention of staff: As an organisation, the process could be improved around recruiting and retention of staff. We need to be better employers of Primary Care staff. Issues such as workplace, support, social, education and technology are all contribution factors to poor retention of staff. The General Manager Maori Health said that a recruitment and retention group for the Māori Health from an Excelr 8 project has commenced with positive outcomes.

A question was asked as to how can new staff get involved in the community more effectively? Various organisations and social clubs are available but maybe not connecting properly. More discuss on this would be useful at a future stage.

Planning and Funding:
Page 5 HEHA School and ECE Grants, are the outcomes of these projects monitored? The new portfolio manager for HEHA has a clear set of criteria process for selection and allocation of grants. The grants are approved on the basis of getting regular progress reports and or a report on the result of each initiative.

Finance:
For information only:

BSMC progress report:
The General Manager Planning and Funding said that the ALT is in process of reviewing the workplan and setting priorities for next phase of work on Better Sooner More Convenient during 2012. The Board has received and approved the Business Case of the Integrated Family Health Centre. One of the key priorities is to establish a steering group for that project. The next key component to start is development of the Greymouth IFHS (Health and Hospital system). A health exposition is planned for the 1st and 2nd December to involve the local community in this process.

The Chief Medical Officer mentioned that a two day staff workshop will be taking place on the 8 and 9 December focusing on redesign of primary, community and hospital services in the Grey region into an integrated system, including linkages with Christchurch. In the first half of 2012 more detailed work will develop the Grey Integrated model of care and inform the facility redesign of Grey Campus.

Moved: Peter Ballantyne **Seconded: Kevin Brown**

Motion:
"THAT the Committee receives the Organisational Leadership report"

Carried

9. GENERAL BUSINESS

Need for a patient advocate: Concerns were raised about the adequacy of support for patients and families in remote rural areas and how to ensure that patients had the necessary support and guidance when receiving medical acre. A discussion took place around the PHO navigators filling those roles and that the patient advocacy function also falls within the professional responsibilities of nurses. Each case would probably need to be addressed separately due to the different circumstances and complexity of patient needs. It was agreed that further discussion on this topic would be useful.

Action: Need for Patient advocate discussion to be brought back to this meeting.

A committee member alerted the Committee to her concerns around patient and staff safety issues in some rural areas. Rural nurses have to cover large areas, have extensive travelling times and have to cover a varied and complex rage of health care needs (such as palliative care, cancer care and tending to emergency cases). Concern was also raised regarding patients not being seen within a reasonable time period, specifically relating to accidents. Finally there was the issue of staff turnover. It was acknowledged that these circumstances probably apply to other rural areas as well. The Chief Medical Advisor said that incident reporting processes are currently been reviewed and the WCDHB will need to specifically look into the examples raised to see if the incidents were reported. With regard to incidents and accidents in rural and remote areas, community members are reminded to still call 111 for an emergency. The DONM commented that due to the nature of the RNS role and the younger (more mobile) workforce; nurses tend not stay for longer than two years in these positions. The rosters are adjusted to suit staff preferences. If any incidents occur these should be raised immediately and worked through with the incident process system.

10. INFORMATION PAPERS

The draft dates for 2012 will go to Board for approval.

A question was raised to Tatau Pounamu Committee meeting dates; will this be aligned to the other Advisory Committees? The draft schedule for 2012 is yet to be confirmed.

11. OTHER BUSINESS

Items to refer to the Board:

1. Summary of patient advocate types available to public,
2. A concern raised regarding to patient response and safety time.
3. Noting BSMC, review priorities as Business Case was written two years ago.

Meeting closed at 10:35am

11.1 NEXT MEETING

Draft timetable has been submitted to the Board for approval.

INFORMATION PAPERS

WEST COAST DISTRICT HEALTH BOARD ADVISORY COMMITTEE MEMBERS TERMS OF APPOINTMENT

AUDIT, RISK AND FINANCE COMMITTEE

Member	Date of Appointment	Length of Term	Expiry Date
Helen Gillespie Chair	27 January 2011	1 Year	31 December 2011
Peter Ballantyne Deputy Chair	27 January 2011	1 Year	31 December 2011
Susan Wallace	27 January 2011	1 Year	31 December 2011
Rex Williams	6 May 2011	1 Year	6 May 2012
Dr Paul McCormack	28 July 2011	Until advised by the West Coast District Health Board	

HOSPITAL ADVISORY COMMITTEE

Member	Date of Appointment	Length of Term	Expiry Date
Warren Gilbertson Chair	27 January 2011	1 Year	31 December 2012
Sharon Pugh Deputy Chair	27 January 2011	1 Year	31 December 2012
Doug Truman	27 January 2011	1 Year	31 December 2012
Barbara Holland	25 June 2003 (Re-appointed 30 June 2006 & 12 June 2009)	3 Years	30 June 2012
Richard Wallace	25 July 2005	Until advised by Te Runanga o Makaawhio	
Mary Molloy	18 January 2008 (Re-appointed	3 Years	17 January 2011
Gail Howard	6 May 2011	3 Years	6 May 2014
Paula Cutbush	6 May 2011	3 Years	6 May 2014

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE

Member	Date of Appointment	Length of Term	Expiry Date
Elinor Stratford Chair	27 January 2011	1 Year	31 December 2011
Kevin Brown Deputy Chair	27 January 2011	1 Year	31 December 2011
John Vaile	27 January 2011	1 Year	31 December 2011
Mary Molloy	27 January 2011	1 Year	31 December 2011
Barbara Holland	Co-opted September 2004 Appointed 4 March 2005 (Re-appointed 1 October 2007 & 30 June 2009)	3 Years	30 June 2012
Cheryl Brunton	1 February 2005 (Re–appointed 3 November 2006 & 13 June 2008)	Whilst remaining as the Medical Officer of the Health for the West Coast DHB	
Marie Mahuika-Forsyth	20 April 2009	Until advised by Te Runanga o Makaawhio	
Patricia Nolan	18 July 2005 (Re-appointed 18 July 2006 & 19 July 2008 & 28 July 2011)	1 Year	28 July 2011
Lynette Beirne	24 March 2011	3 Years	24 March 2014
John Ayling	24 March 2011	3 Years	24 March 2014
Robyn Moore	3 June 2011	3 Years	3 June 2014

WEST COAST DISTRICT HEALTH BOARD AND ADVISORY COMMITTEE DRAFT TIMETABLE JANUARY 2011 TO DECEMBER 2011

DATE	MEETING	TIME	VENUE
Thursday 27 January 2011	BOARD	10.00 AM	St John lecture rooms
Tuesday 8 February 2011	Tatau Pounamu	10.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	ARF	1.30 PM	Boardroom, Corporate Office
Thursday 24 March 2011	BOARD	10.00 AM	Westport, Solid Energy Centre
Wednesday 23 March 2011	Tatau Pounamu	10.00 AM	Makaawhio Office, Hokitika
Thursday 14 April 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 14 April 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 14 April 2011	ARF	1.30 PM	Boardroom, Corporate Office
Wednesday 4 May 2011	Tatau Pounamu	10.00 AM	St John lecture rooms
Friday 6 May 2011	BOARD	10.00 AM	St John lecture rooms
Thursday 19 May 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 19 May 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 19 May 2011	ARF	1.30 PM	Boardroom, Corporate Office
Friday 3 June 2011	BOARD	10.00 AM	St John lecture rooms
Wednesday 15 June 2011	Tatau Pounamu	10.00 AM	Westport Motor Hotel, Westport
Thursday 14 July 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 14 July 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 14 July 2011	ARF	1.30 PM	Boardroom, Corporate Office
Thursday 28 July 2011	BOARD	10.00 AM	The Fern Room, Mueller Motel, Franz Josef
Thursday 18 August 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 18 August 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 18 August 2011	ARF	1.30 PM	Boardroom, Corporate Office
Thursday 8 September 2011	Tatau Pounamu	10.00 AM	Te Tauraka Waka a Maui Marae
Friday 9 September 2011	BOARD	8.30 AM	Te Tauraka Waka a Maui Marae
Friday 30 September 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Friday 30 September 2011	HAC	11.00 AM	Boardroom, Corporate Office
Friday 30 September 2011	ARF	1.30 PM	Boardroom, Corporate Office
Wednesday 19 October 2011	Tatau Pounamu	10.00 AM	Arahura Pa
Friday 14 October 2011	BOARD	10.00 AM	St John lecture rooms
Thursday 17 November 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 17 November 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 17 November 2011	ARF	1.30 PM	Boardroom, Corporate Office
Monday 28 November 2011	Tatau Pounamu	10.00 AM	Boardroom, Corporate Office
Friday 2 December 2011	BOARD	10.00 AM	St John lecture rooms