

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



BOARD MEETING

20 April 2012

AGENDA AND MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE MEETING
PAPERS IS SUBJECT TO CHANGE

TABLE OF CONTENTS

AGENDA

KARAKIA

BOARD MEMBERS' DISCLOSURES OF INTEREST

**DRAFT MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING HELD
FRIDAY, 9 MARCH 2012**

MATTERS ARISING FROM WEST COAST DISTRICT HEALTH BOARD MEETINGS

ACTING BOARD CHAIR'S REPORT

BOARD AND CHAIR'S CORRESPONDENCE

CHIEF EXECUTIVE'S REPORT

FINANCIAL REPORT

INFORMATION PAPERS

AGENDA

FOR THE WEST COAST DISTRICT HEALTH BOARD MEETING
TO BE HELD AT ST JOHN, WATERWALK ROAD, GREYMOUTH
ON FRIDAY, 20 APRIL 2012, COMMENCING 10.00 AM

	<i>Karakia</i>
1.	Welcome
2.	Apologies
3.	Standing Orders
4.	Disclosures of Interests
5.	Minutes of the Meeting held Friday, 9 March 2012
6.	Matters Arising
7.	Acting Board Chair's Report
8.	Board and Chair's Correspondence
9.	Chief Executive's Report
10.	Financial Report
11.	Information Papers
1.	IN COMMITTEE OIA 1982 5.9(2)(i) Commercial NZPHDA Sch 3 cl 32(a)
2.	Minutes of the Meeting held Friday, 9 March 2012
3.	Matters Arising
4.	Correspondence
5.	Chief Executive's Report
6.	Contracts
7.	West Coast Integrated Family Health Services Model of Care for Grey District

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	<ul style="list-style-type: none"> • Consultant, Ministry of Health, Better, Sooner More Convenient Implementation • General Practitioner Member, Pegasus Health • Advisor, Mauri Ora Associates
Peter Ballantyne Deputy Chair	<ul style="list-style-type: none"> • 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 • Council Member, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Spouse, Canterbury District Health Board employee (Ophthalmology Department) • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board
Kevin Brown	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Chief Operational Officer, Development West Coast • Member, Regional Transport Committee • Director, Development West Coast Subsidiary Companies
Helen Gillespie	<ul style="list-style-type: none"> • Chair, St Mary's Primary School, Hokitika, Board of Trustees • Peer Support Counsellor, Mum 4 Mum • Employee, DOC
Sharon Pugh	<ul style="list-style-type: none"> • Shareholder, New River Bluegums Bed & Breakfast
Elinor Stratford	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Director, Vaile Hardware Ltd
Susan Wallace	<ul style="list-style-type: none"> • Tumuaki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio

	<ul style="list-style-type: none"> • 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 • Chair, Rata Te Awhina Trust • Area Representative-Te Waipounamu Maori Womens' Welfare League
Mary Molloy	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 9 MARCH 2012 COMMENCING AT 10.05 AM AT ST JOHN, WATERWALK ROAD, GREYMOUTH

- PRESENT** Peter Ballantyne, Acting Board Chair
Sharon Pugh
Elinor Stratford
Mary Molloy
Doug Truman
Kevin Brown
Warren Gilbertson
John Vaile
Helen Gillespie
Susan Wallace
- 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
Bryan Jamieson, Communication Officer
Karyn Kelly, Director of Nursing and Midwifery
Dr Carol Atmore, Chief Medical Officer
Garth Bateup, Acting General Manager Hospital Services
Gaylene Mahauariki, Minute Secretary
- APOLOGIES** Dr Paul McCormack
Helen Gillespie (Leaving at 1.30 pm)
- KARAKIA** The meeting began with a Karakia.

1. WELCOME AND KARAKIA

The Acting 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

None.

3. **APOLOGIES**

Resolution 14/12

Moved: Peter Ballantyne

Seconded: John Vaile

Motion:

“THAT the apologies of the Chair and Helen Gillespie (leaving at 1.30 pm) be accepted.”

Carried.

4. **MINUTES OF THE PREVIOUS BOARD MEETING HELD FRIDAY, 27 JANUARY 2012**

Resolution 15/12

Moved: Doug Truman

Seconded: Elinor Stratford

Motion:

“THAT the Minutes of the West Coast District Health Board meeting held Friday, 27 January 2012 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. **ACTING BOARD CHAIR’S REPORT**

The Acting Board Chair spoke to his Report and advised that he had attended the South Island Alliance Board Meetings on 30 January 2012 and 27 February 2012 in Christchurch.

Matters discussed had included;

- The progress of Health Benefits Limited (HBL) Business Case. The HBL Business Case is being worked through and certain tensions are being addressed by the Chairs.
- Nelson Marlborough District Health Board IT PAS ‘Ora-Care’
- South Island Health Services Plan (Draft) was approved and will be redrafted once feedback has been received from District Health Boards.
- A Neurosurgery Board membership has been set for two year terms. The current appointments will be staying on for the remainder of the two year term.

- Lab Progress – The Chief Executive will be presenting at the next South Island Alliance Board meeting regarding options moving forward.
- A MOU is needed between South Island DHB's and Canterbury DHB re Innovation Hub.
- South Island Capital Plans - The South Island Asset Planning Team to present to the March meeting.

The Acting Board Chair advised he will be attending the joint Chairs and Chief Executive's Meeting on 12 March 2012.

Resolution 16/12

Moved: Peter Ballantyne

Seconded: Mary Molloy

Motion:

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

Carried.

8. BOARD AND CHAIR'S CORRESPONDENCE

Resolution 17/12

Moved: Sharon Pugh

Seconded: Susan Wallace

Motion:

"THAT the inwards correspondence is received and the outward correspondence is approved."

Carried.

9. CHIEF EXECUTIVE OFFICER'S REPORT

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

Buller Integrated Family Health Centre

- This is progressing well with the Model of Care taking shape and design.

Greymouth Regional Health Centre

- Similar progress to the Buller Integrated Family Health Centre.
- Sapere has been contracted to work with the West Coast District Health Board for capital approval with the Indicative Business Case which is due at the end of June.

Transalpine

- The West Coast District Health Board and Canterbury District Health Board are working collaboratively to provide sustainable services for the West Coast District Health Board.
- Potential appointments for Obstetrics and Gynaecology and Anaesthetics.

Seismic Compliance

- Engineers are completing inspections on buildings.
- The reports maybe sometime away due to the analysis required.

Resolution 18/12

Moved: Kevin Brown

Seconded: Susan Wallace

Motion:

“THAT the West Coast District Health Board receives the Chief Executive’s Report.”

Carried.

9.1 Clinical Leaders Report

Resolution 19/12

Moved: Sharon Pugh

Seconded: Susan Wallace

Motion:

“THAT the West Coast District Health Board notes the Clinical Leaders’ Report.”

Carried.

9.2 Health Targets Report

The Report was taken as read.

10. FINANCE REPORT

The Chief Financial Officer spoke to the Finance Report and took the Report as read.

The consolidated result for the month of January 2012 is a deficit of \$312k, which is \$21k better than budget (\$333k deficit).

Resolution 20/12

Moved: Peter Ballantyne

Seconded: John Vaile

Motion:

“THAT the West Coast District Health Board receive the Financial Report for December 2011.”

Carried.

11. REPORTS FROM ADVISORY COMMITTEES

11.1 Hospital Advisory Committee

The Chair tabled his Report and is attached as Appendix One to these minutes.

11.2 Community and Public Health and Disability Support Advisory Committees

The Deputy Chair took the Report as read.

11.3 Tatau Pounamu Manawhenua Advisory Group

The General Manager Maori Health took the Report as read.

It was noted that the Ben Hutana has been appointed as Chair of Tatau Pounamu Manawhenua Advisory Group and Marie Mahuika-Forsyth Deputy Chair.

Resolution 21/12

Moved: Sharon Pugh

Seconded: Elinor Stratford

Motion:

“THAT the West Coast District Health Board receives the West Coast District Health Board Hospital Advisory Committee Reports.”

Carried.

12. INFORMATION PAPERS

It was noted that Tatau Pounamu Manawhenua Advisory Group had confirmed their meeting schedule for 2012 as detailed in the West Coast District Health Board and Advisory Committee Schedule.

Resolution 22/12

Moved: Doug Truman

Seconded: Kevin Brown

Motion:

“THAT the West Coast District Health Board note the Information Papers.”

Carried.

13. IN COMMITTEE

Resolution 23/12

Moved: Peter Ballantyne

Seconded: Kevin Brown

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 27 January 2012**
- **In Committee Matters Arising from the minutes of 27 January 2012**
- **In Committee Correspondence**
- **In Committee Chief Executive’s Report**
- **In Committee Financial Report**
- **In Committee Reports from Advisory Committees**
- **In Committee Buller Integrated Family Health Centre**
- **In Committee District Annual Plan and Statement of Intent (Draft)**
- **In Committee South Island Health Services Plan 2012/13 (Draft)**
- **In Committee New Community Pharmacy Service Model**

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 Board broke for morning tea at 11.00 am and reconvened at 11.16 am.

14. NEXT MEETING

The next meeting will be held on 20 April 2012 at St John, Waterwalk Road, Greymouth.

The Board spent 2 hours and 10 minutes in In Committee.

There being no further business to discuss the meeting concluded at 2.59 pm.

Signed

Date

HAC REPORT TO BOARD

TO: Chair and Members - West Coast District Health Board

FROM: Chair, Hospital Advisory Committee

DATE: 9 March 2012

REPORTING BACK ON PROVIDER ARM PERFORMANCE AND RELATED MATTERS

(Meeting held Thursday, 23 February 2012)

Finance Report

- The remaining four months represents a challenge to ensure financial year-end targets are met.
- Elective over-production continues to occur with a negative impact on financial performance. The areas requiring attention are orthopaedic (over-production) and gynaecology / general surgery (under-production). The Hospital Advisory Committee will continue to closely monitor financial performance given the priority to ensure the year end budgeted result is met.

Elective Services

Production planning process and refining the central booking system remains a priority to ensure elective targets and flow is managed effectively.

Human Resources

Managing outsourced resources remains with any positive financial impact unlikely to be realised in the first quarter of 2012. There is some mitigation through the positive benefits being achieved through the restructured internal HR model and whole of system approach.

Inter District Flows – Patient Transfers

There is concern over acute trend emerging – requires further review.

RECOMMENDATION

The Board is requested to note this report for their information.

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 BOARD CHAIR'S REPORT

TO: Board Members
West Coast District Health Board

FROM: Peter Ballantyne, Acting Board Chair

DATE: 20 April 2012

BOARD ADVISORY COMMITTEES MEMBERSHIP TERMS OF APPOINTMENT

Purpose

In January Board members were re appointed to the Advisory Committees for a term expiring 30 April 2012. Recognising the current position it is recommended that they now be re appointed for a term expiring 31 January 2014. This date extends beyond the term of the present Board but will enable a degree of continuity in respect of those members then re elected/appointed to the Board until committee appointments are made by the new Board.

In addition Rex Williams was appointed to the Quality, Finance, Audit and Risk Committee for a one year term expiring 6 May 2012. Rex has made a significant contribution to the work of that Committee and it is recommended that he be re appointed for a one year term expiring 6 May 2013.

RECOMMENDATIONS

1. That the Board member appointees to the West Coast District Health Board Advisory Committees being the Quality, Finance, Audit and Risk Committee, the Hospital Advisory Committee and the Community and Public Health Advisory Committee and Disability Support Advisory Committee as at the 30 April 2012 be reappointed for a term expiring 31 January 2014 subject to the individual members confirming their availability.

Further

That the Chairs and Deputy Chairs of those Committees be reappointed for a term expiring 31 January 2014 subject to the individual members confirming their availability

2. That the West Coast District Health Board appoints Rex Williams for a further term of one year to the 6 May 2013 as a member of the Quality, Finance, Audit and Risk Committee.

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

Author: Peter Ballantyne, Acting Board Chair – 13 April 2012

BOARD AND CHAIR'S CORRESPONDENCE FOR MARCH AND APRIL 2012

OUTWARDS AND INWARDS CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
1 March 2012	Chai Chuah National Director National Health Board	Board Chair	Update to 2012/13 DHB planning and funding advice.		
6 March 2012	Hon Tony Ryall Minister of Health	John Ayling Chair West Coast Primary Health Organisation Cc Chief Executive Cc Board Chair	PHO achievement against three preventative national health targets.		
14 March 2012	John Hazeldine Manager DHB Relations, Accountability, Monitoring and Capital & Operations National Health Board	Chief Executive	Quarter Two 2011/12 Performance.		
15 March 2012	Hon Tony Ryall Minister of Health	Chief Executive	District Health Board Sector Financial Performance for the Six Months Ended 31 December 2011.		

RECOMMENDATION

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

1 March 2012

Dr Paul McCormack
Chair
West Coast District Health Board
Grey Base Hospital
PO Box 387
GREYMOUTH 7840



1 The Terrace
PO Box 5013
Wellington
New Zealand
Phone 04 496 2000

Davin ✓
Peter ✓
Wayne ✓

Dear Paul

Update to 2012/13 DHB planning and funding advice

As you are aware the National Health Board (NHB) advised you, prior to Christmas, of the planning and funding packages for 2012/13. This letter provides you with additional funding and planning advice, and confirms the headline priorities for 2012/13.

As with the December Funding Package, the funding information contained in this letter is subject to Cabinet endorsement and the Government Budget process.

I appreciate you are well advanced in the process of finalising the first draft of your Annual Plans, including through board meetings. However, I would expect the general policy directions will have already been known to your boards and in some cases I would expect there is already activity captured in your draft plans.

Update to 2012/13 Funding advice

District Health Boards (DHB) and PHARMAC have collectively recommended a community pharmaceutical budget for 2012/13, which is \$30 million less than 2011/12, while still allowing for an increase in access to new pharmaceuticals. The Minister of Health (the Minister) has agreed to this budget, and rather than retaining this saving, he has decided to direct it towards assisting DHBs with implementing the following initiatives:

- Extending zero fees Primary care for children under six to after-hours care;
- Providing support for Child and Adolescent Mental Health Services the government will be announcing new expectations/initiatives in this area, and details will be available at that time;
- Implementing the faster cancer treatment initiative by funding multi-disciplinary meetings (MDM) for all main cancer tumour types and increasing the number of cases discussed at MDMs;
- Supporting smarter investment home care for older people, including a stronger focus on home support after hospital discharge;
- Encourage greater use of the wider primary care team - expanding the role of nurses and pharmacy-led care;
- Providing an increase in the Aged Residential Care subsidy for bed day price, and for further improvements in dementia services, in particular, development of local pathways for diagnosis and treatment of dementia within primary and community care.

The attached table (Appendix One) indicates the expected national contribution in each of these areas for the current and out-years. You should expect the local contribution to be commensurate of the population based funding share for your DHB.

Update to 2012/13 Planning advice

This letter also advises you of updates to operational expectations included in 2012/13 planning advice issued to DHBs prior to Christmas, to reflect recent confirmation of the:

- 2012/13 health targets
- 2012/13 government priorities outlined in the Minister's letter of expectations, and the supplementary expectations around improved access to services
- initiatives identified for application of the community pharmaceutical budget savings.

Updates have been made to expectations of your annual and regional plans, and a small number of updated requirements have been included in the 2012/13 performance measures, the Service Coverage Schedule and the Operational Policy Framework documents. An overview of changes and the detail of the updated expectations are included in the technical planning documents available on the Nationwide Service Framework Library website at www.nsfl.health.govt.nz.

Some DHBs have raised questions about the application of the Mental Health ringfence in 2012/13. Refinements to the calculation of the ringfence are not yet finalised. In the interim, for planning purposes, DHBs should plan to spend at least the same amount as planned for 2011/12. The government will also shortly be announcing new expectations/initiatives in relation to provision of support for Child and Adolescent Mental Health Services.

It is also useful to signal to you that the Minister has asked the Health Quality and Safety Commission begin to develop measures to provide focus in the areas of:

- Medication safety
- Patient falls
- Infection control
- Surgical checklist and reducing harm from surgery

This work is currently in a very early developmental stage, and the Commission will be engaging with DHBs, to ensure their work links with DHB planning processes where required.

Given DHBs have received a series of separate updates to expectations since Christmas, it is now useful to confirm the headline planning priorities for 2012/13.

These are:

1. Integrated Care

- Zero fee after hours GP visits for children under six
- Unplanned and urgent care
- Long term conditions
- Wrap around services for older people and continue smarter investment in homecare for older people, including a stronger focus on home support after hospital discharge
- Primary care development and delivery including a focus on Integrated family health centres and enhanced multi-disciplinary family health teams
- Further integration of child and maternity services
- The Prime Minister's youth mental health project.

2. Shorter Waiting Times

- Improved access to diagnostic tests
- Shorter waits for cancer treatment health target. Expansion of the four week waiting time target for radiation treatment to include chemotherapy. Faster cancer treatment is a new developmental measure that takes a patient pathway approach across both surgical and non-surgical cancer treatment with a focus on patients getting faster cancer treatment from the time their cancer diagnosis is suspected
- Shorter waits for child and youth drug and alcohol treatment.

3. Health Targets

- Shorter stays in Emergency Departments health target
- Improved access to elective surgery health target
- Shorter waits for cancer treatment health target
- Increased immunisation health target
- Better help for smokers to quit health target (please note that the hospital component of target has been revised to 95 percent since the 2012/13 target was announced)
- More heart and diabetes checks health target.

4. Health of Older People

- Improving dementia services. A link to information that may be useful is provided below:
<http://www.primarymentalhealth.org.nz/page/25176/dementia-care-pathway-collaborative-care/?contentType=452§ion=9064>
- Improving stroke services.

5. Regional integration

- Cancer Services
- Cardiac Services
- Elective Services
- Stroke Services.

6. Cardiac Services

7. Whanau Ora

8. Living Within Our Means

As acknowledged, I am aware that your planning documents for 2012/13 are already well advanced, but given the policy directions have already been signalled we expect the updated requirements should not require substantive rework.

Any operational questions about the planning priorities should be directed to your DHB Regional Relationship Manager in the first instance.

Yours sincerely



Chai Chuah
National Director
National Health Board

National Funding Implications

Initiative	2012/13 \$M	2013/14 and Outyears \$M
Extend free GP care for children under six to after-hours	7.00	7.00
Providing support for Child and Adolescent Mental Health Services	4.84	5.00
Extend multi-disciplinary meetings for all main cancer tumours	2.00	2.00
Support smarter home support services	3.00	3.00
Encourage greater pharmacy-led care	0.00	3.00
Aged care residential bed day price subsidy	7.5	7.5
Services provided to establish effective dementia care pathways	2.5	2.5



Office of Hon Tony Ryall

Minister of Health
Minister for State Owned Enterprises

Peter ✓

Mr John Ayling
PO Box 544
Chair
West Coast PHO
Greymouth 7840

WEST COAST DISTRICT HEALTH BOARD	
RECEIVED	
6719	6 MAR 2012 1.51
Acknowledged	By 1.52.1
Actioned	By 4.20
	13/3

Dear Mr Ayling

I wrote to you recently thanking you for your work towards achieving the three preventative national health targets and outlining the changes we are making to the immunisation and CVD targets.

Following on from that letter I have enclosed, for your information, data on each PHO's achievement against the three health prevention targets as at 31 December 2011 compared with 31 December 2010.

I am advised by the Ministry that the data has been validated by PHOs but does not consider performance in relation to size, population demographics or other characteristics of each PHO. Data does, however, provide a reasonable indication of the level of progress made by PHOs over the last year. As part of the usual cycle of reporting, the information will be released publicly on 20 March 2012, together with the usual contextual information provided by individual PHOs.

In my previous letter I commented on the importance I place on DHBs working with PHOs to improve the integration of community and hospital services over the next year. Integration of health services is essential if we are to manage the demands of long-term conditions, an ageing population and our commitment to focus services on patient needs.

I am pleased to see that a number of PHOs have made significant progress in the last year across the three prevention targets. I look forward to working with you as we further improve our performance in these target areas.

Yours sincerely

Hon Tony Ryall
Minister of Health

cc PHO Chief Executives
DHB Chairs
DHB Chief Executives

Enrolled People who have had a CVD Risk Assessment within the last Five Years (Total Population)

		Data as at 31 December 2011			Data as at 31 December 2010			Difference in % (Dec-10 to Dec-11)
		Received CVD Risk Assessment	Eligible Population	Coverage	Received CVD Risk Assessment	Eligible Population	Coverage	
1	Western Bay of Plenty Primary Health Organisation Ltd	30,143	44,977	67.02%	22,058	44,038	50.09%	16.93%
2	Wairarapa Community PHO Trust	8,518	13,274	64.17%	7,846	12,965	60.52%	3.65%
3	Ora Toa PHO Limited	1,895	3,100	61.13%	1,500	2,931	51.18%	9.95%
4	Nelson Bays Primary Health Trust	18,211	29,864	60.98%	13,336	28,935	46.09%	14.89%
5	Midlands Health Network - Lakes	6,203	10,486	59.16%	5,206	10,687	48.71%	10.44%
6	Whanganui Regional PHO	10,591	17,984	58.89%	5,514	17,921	30.77%	28.12%
7	National Maori PHO Coalition Incorporated	35,377	60,972	58.02%	29,525	59,647	49.50%	8.52%
8	Waitemata PHO Limited	29,739	54,700	54.37%	22,622	44,236	51.14%	3.23%
9	West Coast PHO	5,269	9,882	53.32%	4,349	9,691	44.88%	8.44%
10	Midlands Health Network - Taranaki	15,100	29,227	51.66%	12,959	28,607	45.30%	6.36%
11	Midlands Health Network - Waikato	39,842	79,363	50.20%	30,738	79,578	38.63%	11.58%
12	Manaia Health PHO Limited	14,600	29,284	49.86%	12,525	28,773	43.53%	6.33%
13	Nga Mataapuna Oranga Limited	1,308	2,650	49.36%	587	2,958	19.84%	29.51%
14	Compass Primary HealthCare Network	31,951	65,261	48.96%	26,804	63,588	42.15%	6.81%
15	Health Rotorua Limited	10,390	21,493	48.34%	7,996	21,233	37.66%	10.68%
16	Te Tai Tokerau PHO Ltd	10,510	21,787	48.24%	9,612	19,983	48.10%	0.14%
17	East Health Trust	11,559	24,352	47.47%	5,824	23,485	24.80%	22.67%
18	Midlands Health Network - Tairāwhiti	4,872	10,279	47.40%	3,543	9,582	36.98%	10.42%
19	Health Hawkes Bay PHO	22,063	46,865	47.08%	19,573	45,784	42.75%	4.33%
20	Auckland PHO Limited	6,898	14,937	46.18%	4,424	14,157	31.25%	14.93%
21	Alliance Health Plus Trust	9,908	21,456	46.18%	7,504	21,394	35.08%	11.10%
22	Well Health Trust	1,603	3,768	42.54%	1,523	3,712	41.03%	1.51%
23	Procure Networks Limited	100,630	238,704	42.16%	86,074	238,137	36.14%	6.02%
24	Southern Primary Health Organisation	34,305	83,160	41.25%	26,546	81,157	32.71%	8.54%
25	Cosine Primary Care Network Trust	3,825	9,464	40.42%	2,576	9,237	27.89%	12.53%
26	Christchurch PHO Limited	2,223	5,593	39.75%	1,629	5,217	31.22%	8.52%
27	Central Primary Health Organisation	16,678	44,571	37.42%	13,441	43,492	30.90%	6.51%
28	Primary and Community Services (South Canterbury)	5,937	17,682	33.58%	3,051	17,355	17.58%	16.00%
29	Rural Canterbury PHO	8,445	26,137	32.31%	6,400	25,448	25.15%	7.16%
30	Eastern Bay Primary Health Alliance	4,595	14,942	30.75%	3,289	14,200	23.16%	7.59%
31	Ngati Porou Hauora Incorporated	1,123	3,869	29.03%	1,002	4,114	24.36%	4.67%
32	Hauraki PHO	1,950	6,762	28.84%	1,396	6,546	21.33%	7.51%
33	North Waikato PHO	1,313	4,587	28.62%	691	4,282	16.14%	12.49%
34	Kimi Hauora Wairau (Marlborough PHO Ltd)	3,870	14,227	27.20%	2,311	13,926	16.59%	10.61%
35	Te Awakairangi Health Trust Board	8,879	32,735	27.12%	6,775	31,937	21.21%	5.91%
36	Partnership Health (Canterbury)	11,818	104,669	11.29%	0	0	0.00%	11.29%

Notes:

- Data provided by the PHO Performance Programme on the 28th February 2012
- The programme is working with a number of PHOs regarding their information processes to ensure the data is a true reflection of their service delivery
- Full technical details available at: www.dhbnz.org.nz

Two Year Olds Who have Completed Their Age Appropriate Vaccinations (Total Population)

		1 July to 31 December 2011			1 July to 31 December 2010			Difference in % (2010 to 2011)
		Received Their Full Vaccinations	Total Two Year Olds	Coverage	Received Their Full Vaccinations	Total Two Year Olds	Coverage	
1	Well Health Trust	100	106	94.34%	111	128	86.72%	7.62%
2	Cosine Primary Care Network Trust	249	265	93.96%	593	654	90.67%	3.29%
3	Health Rotorua Limited	592	632	93.67%	568	653	86.98%	6.69%
4	Ora Toa PHO Limited	144	154	93.51%	132	146	90.41%	3.10%
5	Midlands Health Network - Tairāwhiti	264	283	93.29%	120	144	83.33%	9.95%
6	Wairarapa Community PHO Trust	288	309	93.20%	270	299	90.30%	2.90%
7	Te Awakairangi Health Trust Board	859	922	93.17%	1,221	1,352	90.31%	2.86%
8	Health Hawkes Bay PHO	1,171	1,262	92.79%	1,081	1,193	90.61%	2.18%
9	Primary and Community Services (South Canterbury)	299	323	92.57%	303	333	90.99%	1.58%
10	Compass Primary HealthCare Network	1,578	1,707	92.44%	1,563	1,751	89.26%	3.18%
11	Whanganui Regional PHO	407	443	91.87%	407	459	88.67%	3.20%
12	Southern Primary Health Organisation	1,837	2,002	91.76%	956	1,052	90.87%	0.88%
13	Central Primary Health Organisation	1,039	1,137	91.38%	1,018	1,151	88.44%	2.94%
14	Midlands Health Network - Taranaki	718	787	91.23%	355	387	91.73%	-0.50%
15	Midlands Health Network - Lakes	248	272	91.18%	114	129	88.37%	2.80%
16	Rural Canterbury PHO	568	627	90.59%	525	577	90.99%	-0.40%
17	Western Bay of Plenty Primary Health Organisation Limited	925	1,028	89.98%	811	1,036	78.28%	11.70%
18	Procare Networks Limited	6,250	6,956	89.85%	5,868	6,836	85.84%	4.01%
19	Partnership Health (Canterbury)	2,333	2,599	89.77%	2,528	2,788	90.67%	-0.91%
20	Eastern Bay Primary Health Alliance	329	367	89.65%	256	344	74.42%	15.23%
21	Christchurch PHO Limited	136	152	89.47%	122	134	91.04%	-1.57%
22	East Health Trust	507	568	89.26%	450	520	86.54%	2.72%
23	Waitemata PHO Limited	1,245	1,402	88.80%	1,202	1,485	80.94%	7.86%
24	Midlands Health Network - Waikato	1,847	2,098	88.04%	978	1,122	87.17%	0.87%
25	Kimi Hauora Wairau (Marlborough PHO Ltd)	233	266	87.59%	262	300	87.33%	0.26%
26	Nelson Bays Primary Health Trust	504	578	87.20%	504	579	87.05%	0.15%
27	National Maori PHO Coalition Incorporated	2,132	2,497	85.38%	1,622	1,979	81.96%	3.42%
28	Alliance Health Plus Trust	565	663	85.22%	539	676	79.73%	5.48%
29	Manaia Health PHO Limited	585	702	83.33%	570	739	77.13%	6.20%
30	Ngati Porou Hauora Incorporated	116	140	82.86%	126	151	83.44%	-0.59%
31	West Coast PHO	186	227	81.94%	189	225	84.00%	-2.06%
32	Auckland PHO Limited	305	374	81.55%	323	399	80.95%	0.60%
33	North Waikato PHO	151	186	81.18%	136	174	78.16%	3.02%
34	Hauraki PHO	109	137	79.56%	102	145	70.34%	9.22%
35	Nga Mataapuna Oranga Limited	84	107	78.50%	76	111	68.47%	10.04%
36	Te Tai Tokerau PHO Ltd	367	478	76.78%	339	454	74.67%	2.11%

Notes:

- Data provided by the PHO Performance Programme on 28th February 2012
- The programme is working with a number of PHOs regarding their information processes to ensure the data is a true reflection of their service delivery
- Full technical details available at: www.dhbnz.org.nz

Current Smokers Who Have Been Given Brief Advice and/or Cessation Support in the Last 12 Months (Total Population)

		Data as at 31 December 2011		
		Given Brief Advice and/or Cessation Support	Current Smokers	Coverage
1	Whanganui Regional PHO	3,094	2,999	103.17%
2	Waitemata PHO Limited	4,581	6,221	73.64%
3	Procure Networks Limited	23,770	35,681	66.62%
4	Nelson Bays Primary Health Trust	6,185	9,732	63.55%
5	Manaia Health PHO Limited	2,916	4,839	60.26%
6	Te Tai Tokerau PHO Ltd	2,199	4,135	53.18%
7	Western Bay of Plenty Primary Health Organisation Limited	6,412	15,399	41.64%
8	West Coast PHO	1,446	3,590	40.28%
9	Cosine Primary Care Network Trust	886	2,272	39.00%
10	Midlands Health Network - Taranaki	4,844	12,452	38.90%
11	Well Health Trust	1,105	2,891	38.22%
12	Nga Mataapuna Oranga Limited	722	1,944	37.14%
13	Alliance Health Plus Trust	2,264	6,171	36.69%
14	Ngati Porou Hauora Incorporated	844	2,308	36.57%
15	Te Awakairangi Health Trust Board	4,166	11,807	35.28%
16	Ora Toa PHO Limited	673	1,938	34.73%
17	Compass Primary HealthCare Network	5,742	17,745	32.36%
18	Midlands Health Network - Waikato	10,460	32,789	31.90%
19	Christchurch PHO Limited	838	2,632	31.84%
20	Southern Primary Health Organisation	8,623	27,369	31.51%
21	Midlands Health Network - Tairāwhiti	1,615	5,136	31.44%
22	Health Hawkes Bay PHO	6,434	20,880	30.81%
23	East Health Trust	1,514	5,098	29.70%
24	Auckland PHO Limited	1,243	4,394	28.29%
25	Hauraki PHO	961	3,461	27.77%
26	Eastern Bay Primary Health Alliance	2,403	8,745	27.48%
27	Wairarapa Community PHO Trust	1,363	5,515	24.71%
28	Midlands Health Network - Lakes	1,470	6,559	22.41%
29	Health Rotorua Limited	2,686	12,007	22.37%
30	Central Primary Health Organisation	3,136	14,886	21.07%
31	Rural Canterbury PHO	2,021	10,215	19.78%
32	Primary and Community Services (South Canterbury)	996	5,067	19.66%
33	Partnership Health (Canterbury)	5,318	33,196	16.02%
34	North Waikato PHO	466	3,079	15.13%
35	National Maori PHO Coalition Incorporated	5,165	35,819	14.42%
36	Kimi Hauora Wairau (Marlborough PHO Ltd)	573	4,148	13.81%

Notes:

- Data provided by the PHO Performance Programme on the 28th February 2012
- The programme is working with a number of PHOs regarding their information processes to ensure the data is a true reflection of their service delivery
- Alignment of the smoking indicator was reached in December 2011 as part of the integrated alignment approach between the Ministry and PHO Performance Programme.
- The number of current smokers is adjusted to reflect anticipated utilisation of this population. This means coverage of greater than 100% is technically possible.
- Full technical details available at: www.dhbnz.org.nz

14 March 2012

Mr David Meates
Chief Executive
West Coast District Health Board
PO Box 387
GREYMOUTH 7840

Dear David

QUARTER TWO 2011/12 PERFORMANCE

Attached is your Performance Overview (based on your quarterly reports to the Ministry). As you can see, the Performance Overview contains:

- a Health Targets overview
- high-level results for each Performance Measure by Dimension
- other key performance information: Monitoring Intervention Framework (MIF) status and Financial Performance summary
- performance issues: brief analysis of areas where a DHB is performing below expectations, and actions being taken to resolve the issue
- performance highlights: brief analysis of areas where a DHB is performing above expectations, either from achieving/exceeding a performance expectation, making significant progress from their base position, or implementing/leading an innovation process that will lead to performance improvement.

This is the format that is being used to report DHB performance to the Minister. If you would like to see further information about the National Health Board's review of your DHB's performance for quarter two 2011/12, please refer to the DHB Quarterly Reporting Website (www.moh.govt.nz/apps/dhbq.nsf/Logon?OpenForm) and/or contact Peter Maciver, Peter_Maciver@moh.govt.nz.

If you have any queries relating to your performance overview, please contact your relationship manager.

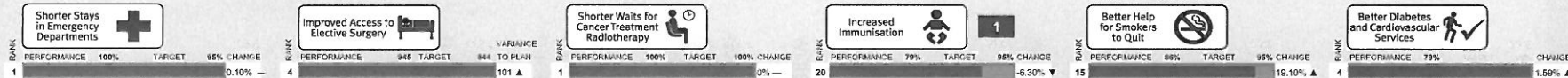
Yours sincerely



John Hazeldine
Manager, DHB Relations, Accountability, Monitoring and Capital & Operations
National Health Board

cc West Coast DHB Funding and Planning Manager

Health Targets



Performance Measures

POLICY PRIORITIES

Primary Care

Implementation of Better, Sooner, More Convenient care

ACTUAL TARGET CHANGE

Achieved ▲

Oncology

Waiting times for chemotherapy treatment

100% 100% —

Mental Health

Improving the health status of people with severe mental illness

	Actual	Target	Change
0-19 years	4.71%	3.80%	▼
20-64 years	1.25%	3.40%	▼
65+ years	0.00%	2.50%	▼
Mental health relapse planning	82%	95%	▼
Alcohol and drug service waiting times and waiting lists	Achieved	NA	—

Māori Health

Improving mainstream effectiveness

Partially achieved ▼

Local Māori engagement and participation

Partially achieved ▼

SYSTEM INTEGRATION

Regional service planning

Service coverage Exception report

ACTUAL TARGET CHANGE

Achieved —

System Effectiveness

Ambulatory sensitive (avoidable) hospital admissions

Age	Maori	Other	Actual	Target	Change
Age 0-74	99	95	99	95	▼
	96	95	96	95	▲
Age 0-4	107	95	107	95	▼
	93	95	93	95	▲
Age 45-64	90	100	90	100	▲
	88	95	88	95	▲

OWNERSHIP

Productivity

	Actual	Target	Change
Elective and arranged inpatient length of stay	3.99	<3.9	▼
Acute inpatient length of stay	3.73	<3.9	▼
Theatre productivity	Achieved	—	—
Elective and arranged day surgery	60%	62%	▲
Elective and arranged day of surgery admissions	61%	75%	▼

Quality

Acute readmissions to hospital

9.43% <8.15% ▼

OUTPUTS

Planning and Production

Output delivery against plan - Hospital	Actual	Target	Change
Inpatient	103%	100%	▼
Outpatient	70%	100%	▲

Other Key Performance Information

Monitoring & Intervention Framework as of December 2011

Ministry MIF Status: Intensive Monitoring

Financial Performance

Status: Close Watch

YTD net result ending December 2011						2011/12 Net Result as at 31 December 2011		
Fund	Govern	Provider	Total	YTD Plan	YTD Variance	Forecast 31 Dec	Full Year as per 2011/12 AP	Forecast variance
(\$000)	(\$000)	(\$000)	(\$000)	(\$000)	(\$000)	(\$000)	(\$000)	(\$000)
4,589	109	17,960	(3,193)	(3,900)	(242)	(5,100)	(4,500)	(600)

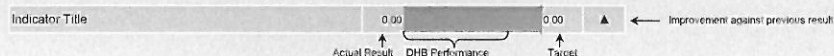
Capital Expenditure to Plan YTD net result ending December 2011		
Actual	Planned	Variance
(\$000)	(\$000)	(\$000)
1,787	2,030	(243)

Performance Highlights

Performance Issues

1 Increased immunisation: West Coast DHB immunisation coverage dropped to 79 percent this quarter. The combined opt-off/decline rate was 18.6 percent; three children were not fully immunised by 24 months. The DHB is engaging with primary care teams, families and the Gloriavale community to highlight the recent vaccine preventable disease outbreaks. The Ministry reinforces message to the DHB around management of disease outbreaks and providing families registered as opt off or decline with information about immunisation and an opportunity to review their previous decisions.

How to read



DHB Performance below target will display below the orange line

DHB Performance achieving or exceeding the target will display up to the orange line

Caveat

Where Indicator title displays a quarter (i.e. Q1 result) this identifies the period when the indicator was last reported against, if not the current quarter

Health Report number: 20120068

Action required by: routine

File number:

WEST COAST DISTRICT HEALTH BOARD	
RECEIVED	
6739	15 MAR 2012 1:52
1:33	
Acknowledged	by
Actioned	By

Colin
Hector
Susan F

Health report

To: Hon Tony Ryall

DISTRICT HEALTH BOARD (DHB) SECTOR FINANCIAL PERFORMANCE FOR THE SIX MONTHS ENDED 31 DECEMBER 2011

Purpose

1. This report presents an overview of the financial performance of the District Health Board (DHB) sector for the period ended 31 December 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 31 December 2011 resulted in a net deficit of \$3.0M that was \$19.2M favourable to plan.

The Ministry recommends that you:

- | | |
|---|----------|
| (a) Note the report on DHB sector financial performance for the period ended 31 December 2011, showing a net deficit of \$3.0M that was \$19.2M 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, the Treasury (State Sector Performance Branch), and DHB Chief Executives | Yes / No |

John Hazeldine
Manager, Funding
National Health Board

Minister's Signature
Date:

Health Report Number: 20120068

Ministry Contact 1:	
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Name:	Bill Peterson
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REPORT ON DISTRICT HEALTH BOARD (DHB) SECTOR FINANCIAL PERFORMANCE FOR THE SIX MONTHS ENDED 31 DECEMBER 2011

OVERVIEW

	Full Year				Full Year
	Actual	Phased Plan	Variance	% Variance	Plan
	\$ '000	\$ '000	\$ '000	*	\$ '000
TOTAL REVENUE	6,728,224	6,646,722	81,502	1.2%	13,288,010
Operating Costs					
Personnel Costs	2,404,490	2,410,475	5,984	0.2%	4,848,728
Outsourced Services	235,701	197,717	(37,984)	(19.2%)	391,011
Clinical Supplies	606,761	587,260	(19,501)	(3.3%)	1,166,758
Infrastructure/Other					
Supplies	637,145	638,970	1,825	0.3%	1,273,152
Subtotal	3,884,097	3,834,421	(49,676)	(1.3%)	7,679,648
Payments to Providers					
Personal Health	1,959,839	1,964,100	4,261	0.2%	3,924,824
Mental Health	216,448	221,914	5,467	2.5%	443,483
Public Health	8,341	6,086	(2,254)	(37.0%)	12,187
Disability Support Services	641,129	619,846	(21,283)	(3.4%)	1,237,688
Maori Health	21,347	22,479	1,133	5.0%	45,186
Subtotal	2,847,103	2,834,427	(12,676)	(0.4%)	5,663,367
TOTAL EXPENSES	6,731,200	6,668,848	(62,352)	(0.9%)	13,343,016
NET RESULT	(2,976)	(22,126)	19,150	86.6%	(55,005)
Average FTEs YTD	56,979	57,259	280	0.5%	57,158
Avg Annual Cost Per FTE (\$)**	84,399	84,195	(204)	(0.2%)	84,830

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 31 December 2011 resulted in a net deficit of \$3.0M that was \$19.2M favourable to plan.
2. The favourable result for the year to date (YTD) is due mainly to favourable variances against plan for revenue, personnel expenditure and infrastructure costs, offset in part by unfavourable variances for outsourced services and clinical supplies. Payments to other providers were higher than planned (mainly for disability support services).
3. Significant variances are monitored and investigated by the National Health Board (NHB) in relation to individual DHBs, and action taken where appropriate.

INDIVIDUAL DHB FINANCIAL PERFORMANCE IMPACTING ON THE SECTOR FOR THE PERIOD ENDED 31 DECEMBER 2011

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

4. The following DHBs reported the most significant YTD consolidated variances to plan:
 - Capital & Coast DHB reported a \$8.1M deficit which was \$2.8M unfavourable to plan, due to higher than planned activity during the year to date.
 - Canterbury DHB reported a deficit of \$1.0M which was the highest favourable variance to plan (\$9.0M), due to timing of earthquake costs.

DHB Funder Arm Revenue Allocation (refer schedule two)

5. Total revenue was favourable to plan by \$49.6M (0.8%). Payments made by the Funder arm to the DHBs' own Provider were \$6.9M (0.2%) above plan and to other providers were \$12.7M (0.4%) above plan.
6. Payments above plan made by the Funder arms to their own providers were reported mainly by Canterbury (\$10.8M) and Capital & Coast DHB (\$6.3M), with the most significant below plan payments by Waikato DHB (\$8.5M).
7. Payments to other providers by Canterbury DHB was \$8.5M below planned levels due to some services (especially community pharmaceuticals) having to be delivered through the DHB's own provider following the earthquakes. Auckland, Counties Manukau, Bay of Plenty and Capital & Coast DHBs all reported payments to other providers significantly above plan, consistent with above planned revenue.

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 20.7% of revenue to Hawke's Bay DHB with the highest surplus at 3.0% of revenue. In dollar terms West Coast DHB reported the highest deficit at \$7.9M (\$0.8M unfavourable to plan) and Canterbury DHB the highest surplus at \$6.5M (\$13.6M favourable to plan relating to the timing of earthquake costs).

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

9. The YTD average accrued FTEs for the sector were 280 FTEs below plan, driven mainly by allied health FTEs (302 below plan due to recruitment difficulties and the timing of commencement of new initiatives), medical FTEs (94 below plan due to recruitment difficulties) and management/administration FTEs (152 below plan due to unfilled vacancies). Nursing FTEs were 249 higher than plan due largely to activity levels, slow turnover and covering for positions difficult to recruit. The most significant variance for total FTEs was reported by Waitemata DHB (132 below plan), across all categories except nursing.
10. Counties Manukau DHB was the main contributor to the below plan medical FTEs, (87 below) due mainly to unfilled vacancies. Auckland DHB medical FTEs were 106 above plan due to a change in overall mix of staff relative to plan.
11. The above plan nursing personnel FTEs were attributable mainly to Bay of Plenty, Counties Manukau and Capital & Coast DHBs, due primarily to volume pressures.
12. All DHBs reported allied health FTEs below plan or materially in line with plan, the most significant being Auckland DHB (64 below plan, generally awaiting commencement of new initiatives).
13. More than three quarters of the below plan management/administration FTE were attributable to Capital & Coast, Counties Manukau, and Waitemata DHBs. Hawke's Bay, Nelson Marlborough and Northland DHBs reported management/administration average accrued

FTEs significantly above plan, due mainly to lower than planned leave taken. A Ministerial CAP is in place on the number of management/administration FTEs for each DHB. All 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 \$4K of plan.

DHB Balance Sheet (refer schedule six)

15. Net cash held by the sector at 31 December 2011 was \$555.6M, with debtors of \$386.7M and creditors of \$894.8M. This indicates that if all the debtors and cash were utilised to pay creditors, the sector would be left with a \$47.5M cash surplus (compared with a \$5.1M cash surplus at the end of November 2011).
16. Working capital for all DHBs, with the exception of South Canterbury and Taranaki DHBs, was negative and at a sector level was negative \$976.5M.
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 0.98:1 compared to the norm of 1:1.

Capital Expenditure (refer schedule seven)

18. The capital expenditure for the sector was below plan by \$85.5M, 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. As at 31 December capital charges were outstanding from Taranaki DHB (\$1.86M) and Capital & Coast DHB (\$5.817M). Arrangements have been made with Taranaki DHB for settlement of the outstanding amount. Capital & Coast DHB has since settled the amount due.

SCHEDULE 1: DHB Net Results by Arm (\$'000)**For the period ended: 31 December 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	2,227	(5,955)	8,182	(3,290)	4,931	(8,221)	(745)	(180)	(565)	(1,807)	(1,203)	(604)	98	0	0	98
Counties Manukau DHB	3,731	2,141	1,590	(181)	(896)	735	928	(11)	937	4,496	1,234	3,262	43	0	0	43
Northland DHB	148	4	143	(2,401)	(13)	(2,389)	(379)	(19)	(360)	(2,634)	(28)	(2,605)	0	0	0	0
Waitemata DHB	1,538	0	1,538	1,383	1,896	(513)	339	0	339	3,280	1,898	1,382	0	0	0	0
Northern Region Total	7,642	(3,810)	11,452	(4,489)	5,919	(10,388)	142	(210)	351	3,315	1,899	1,416	141	0	0	141
Bay of Plenty DHB	470	(576)	1,046	320	1,493	(1,173)	186	0	186	976	917	59	3	0	0	3
Lakes DHB	64	(1,700)	1,764	(679)	203	(882)	(478)	(115)	(361)	(1,091)	(1,609)	518	0	(3,159)	0	(3,159)
Tairāwhiti DHB	(183)	(162)	(21)	(117)	71	(188)	(11)	3	(14)	(311)	(87)	(224)	22	0	0	22
Taranaki DHB	3,089	1,409	1,680	(2,669)	(894)	(1,775)	83	13	70	503	528	(25)	3,158	0	0	3,158
Waikato DHB	11,914	173	11,741	(6,550)	1,210	(7,760)	(3)	361	(364)	5,361	1,744	3,617	11,521	0	0	11,521
Midland Region Total	15,354	(856)	16,210	(9,695)	2,083	(11,778)	(221)	262	(483)	5,438	1,492	3,946	14,704	(3,159)	0	11,545
Capital & Coast DHB	(6,044)	(4,851)	(1,193)	(2,372)	(387)	(1,985)	333	(9)	342	(8,083)	(5,247)	(2,835)	0	0	(20,029)	(20,029)
Hawke's Bay DHB	(3,142)	(2,540)	(602)	3,901	5,202	(1,301)	784	(229)	1,013	1,543	2,433	(890)	2,000	0	0	2,000
Hutt Valley DHB	924	(205)	1,129	46	974	(928)	124	(28)	150	1,094	743	351	0	0	0	0
MidCentral DHB	(1,120)	(1,597)	477	4,446	2,421	2,025	223	(56)	279	3,549	768	2,781	998	0	0	998
Wairarapa DHB	(1,172)	(1,427)	255	(1,521)	(1,372)	(149)	14	10	5	(2,679)	(2,789)	110	0	0	(4,350)	(4,350)
Whanganui DHB	1,821	(31)	1,852	(2,570)	(3,368)	698	(108)	(8)	(102)	(1,157)	(3,405)	2,248	0	0	(4,933)	(4,933)
Central Region Total	(8,932)	(10,650)	1,718	1,830	3,469	(1,640)	1,370	(317)	1,587	(5,733)	(7,497)	1,765	2,998	0	(29,312)	(26,314)
Canterbury DHB	(7,433)	(2,846)	(4,587)	6,450	(7,184)	13,634	0	0	0	(983)	(10,030)	9,047	0	0	(25,000)	(25,000)
Nelson Marlborough DHB	(191)	(485)	274	(1,230)	1,142	(2,372)	123	(0)	123	(1,298)	677	(1,975)	110	0	0	110
South Canterbury DHB	455	(786)	1,241	60	293	(233)	(9)	(9)	0	506	(502)	1,008	0	(500)	0	(500)
Southern DHB	(3,047)	(6,273)	3,225	1,828	1,027	601	359	0	359	(1,080)	(5,245)	4,185	0	0	(10,491)	(10,491)
West Coast DHB	4,589	4,085	494	(7,860)	(7,013)	(847)	109	(0)	109	(3,162)	(2,920)	(242)	0	0	(4,500)	(4,500)
Southern Region Total	(5,827)	(6,275)	448	(951)	(11,735)	10,783	582	(9)	591	(5,997)	(18,021)	12,024	110	(500)	(39,991)	(40,382)
TOTAL	8,437	(21,591)	30,028	(13,286)	(264)	(13,022)	1,872	(274)	2,146	(2,976)	(22,126)	19,150	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.

SCHEDULE 2: DHB Funder Arm Revenue Allocation
For the period ended: 31 December 2011

Ref. No.:20120068

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 by Region

DHB	Revenue			Own Provider & Governance Payments			Other Provider Payments		
	Actual \$ '000	Planned \$ '000	Variance \$ '000	Actual \$ '000	Planned \$ '000	Variance \$ '000	Actual \$ '000	Planned \$ '000	Variance \$ '000
Auckland DHB	874,323	861,235	13,089	530,128	535,566	5,440	341,970	331,623	(10,347)
Counties Manukau DHB	841,000	827,906	13,094	327,470	325,812	(1,658)	309,799	299,953	(9,846)
Northland DHB	239,636	239,239	396	121,601	121,058	(543)	117,889	118,177	288
Waitemata DHB	640,835	644,086	(3,451)	304,851	307,366	2,515	334,246	336,720	2,474
Northern Region Total	2,395,595	2,372,465	23,129	1,284,048	1,289,802	5,754	1,103,904	1,086,473	(17,431)
Bay of Plenty DHB	306,656	301,004	5,652	149,076	148,487	411	157,110	152,093	(5,017)
Lakes DHB	147,097	145,221	1,876	70,929	70,043	(886)	76,104	76,878	774
Tairāwhiti DHB	72,711	73,267	(556)	38,951	38,700	(251)	33,943	34,639	696
Taranaki DHB	149,919	148,498	1,421	77,195	76,433	(762)	69,635	70,656	1,021
Waikato DHB	531,835	530,671	1,254	313,432	321,954	8,522	208,589	208,544	1,955
Midland Region Total	1,208,318	1,198,681	9,637	649,583	656,707	7,124	543,381	542,610	(771)
Capital & Coast DHB	425,787	416,509	9,278	270,271	263,994	(6,278)	161,580	157,367	(4,213)
Hawke's Bay DHB	217,669	215,965	1,704	115,252	114,536	(716)	105,558	103,999	(1,559)
Hutt Valley DHB	207,157	205,467	1,690	92,705	93,050	345	113,526	112,622	(904)
MidCentral DHB	241,825	240,942	883	129,718	129,147	(571)	113,227	113,382	155
Wairarapa DHB	60,868	60,555	313	27,079	26,966	(113)	34,981	35,015	34
Whanganui DHB	103,250	102,580	670	50,144	49,283	(861)	51,485	53,328	1,843
Central Region Total	1,256,556	1,242,048	14,508	685,170	678,976	(6,194)	580,319	575,723	(4,596)
Canterbury DHB	655,662	657,966	(2,304)	375,841	365,058	(10,783)	287,284	295,754	8,470
Nelson Marlborough DHB	185,026	183,640	1,386	99,809	99,538	(271)	85,400	84,568	(832)
South Canterbury DHB	81,789	81,078	711	39,681	39,594	(87)	41,853	42,270	417
Southern DHB	394,219	391,885	2,334	215,660	215,578	(82)	181,606	182,559	953
West Coast DHB	60,318	60,179	139	32,182	31,814	(368)	23,547	24,271	724
Southern Region Total	1,377,044	1,374,728	2,316	793,173	791,582	(1,591)	619,499	629,421	9,922
TOTAL	6,237,513	6,187,903	49,610	3,381,973	3,375,957	(6,016)	2,847,103	2,834,427	(12,676)

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	Planned		Actual	Planned	
Auckland DHB	1.5%	60.8%	61.8%	1.0%	39.2%	38.2%	(3.1%)
Counties Manukau DHB	2.1%	51.4%	52.1%	(0.6%)	48.6%	47.9%	(3.3%)
Northland DHB	0.2%	50.8%	50.8%	(0.4%)	49.2%	49.4%	0.2%
Waitemata DHB	(0.5%)	47.7%	47.7%	0.8%	52.3%	52.3%	0.7%
Northern Region Total	1.0%	53.8%	54.3%	0.4%	46.2%	45.7%	(1.6%)
Bay of Plenty DHB	1.9%	48.7%	49.6%	0.3%	51.3%	50.4%	(3.3%)
Lakes DHB	1.3%	48.2%	47.7%	(1.3%)	51.8%	52.3%	1.0%
Tairāwhiti DHB	(0.8%)	53.4%	52.8%	(0.4%)	46.6%	47.2%	2.0%
Taranaki DHB	1.0%	52.8%	52.0%	(1.0%)	47.4%	48.0%	1.4%
Waikato DHB	0.2%	60.3%	60.7%	2.6%	39.7%	39.3%	(0.9%)
Midland Region Total	0.8%	54.5%	54.7%	1.1%	45.5%	45.3%	(0.1%)
Capital & Coast DHB	2.2%	62.6%	62.7%	(2.4%)	37.4%	37.3%	(2.7%)
Hawke's Bay DHB	0.8%	52.2%	52.4%	(0.6%)	47.8%	47.6%	(1.5%)
Hutt Valley DHB	0.8%	45.0%	45.2%	0.4%	55.0%	54.8%	(0.8%)
MidCentral DHB	0.4%	53.4%	53.2%	(0.4%)	46.6%	46.8%	0.1%
Wairarapa DHB	0.5%	43.0%	43.5%	(0.4%)	56.4%	56.5%	0.2%
Whanganui DHB	0.7%	49.3%	48.0%	(1.7%)	50.7%	52.0%	3.5%
Central Region Total	1.2%	54.1%	54.0%	(1.2%)	45.9%	46.0%	(0.8%)
Canterbury DHB	(0.3%)	56.7%	55.2%	(3.0%)	43.3%	44.8%	2.9%
Nelson Marlborough DHB	0.8%	53.9%	54.1%	(0.3%)	46.1%	45.9%	(1.0%)
South Canterbury DHB	0.9%	48.8%	48.4%	(0.2%)	51.2%	51.6%	1.5%
Southern DHB	0.6%	54.3%	54.1%	(0.0%)	45.7%	45.9%	0.6%
West Coast DHB	0.2%	57.7%	56.7%	(1.2%)	42.3%	43.3%	3.0%
Southern Region Total	0.2%	55.2%	54.4%	(1.5%)	44.8%	45.6%	1.6%
TOTAL	0.8%	54.3%	54.4%	(0.2%)	45.7%	45.6%	(0.4%)

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 31 December 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					Waikato					Midland					Central					South					West Coast					Southern					Provider Total (for Sector)
	Auckland DHB	Manukau DHB	Northland DHB	DHB	Region Total	Bay of Plenty DHB	Lakes DHB	Tairāwhiti DHB	Taranaki DHB	Waikato DHB	Region Total	Capital & Coast DHB	Hawke's Bay DHB	Hutt Valley DHB	MidCentral DHB	Wairarapa DHB	Whanganui DHB	Central Region Total	Canterbury DHB	Marlborough DHB	South Canterbury DHB	Southern DHB	DHB	Region Total	West Coast DHB	Southern Region Total										
Total Revenue	608,158	362,886	131,928	343,333	1,445,203	161,895	75,815	42,656	88,078	351,878	718,122	302,482	128,183	108,969	161,278	29,173	53,910	783,873	444,732	115,038	42,888	234,845	38,912	875,515						3,823,513						
Expenses																																				
Medical Personnel	(122,716)	(74,537)	(22,740)	(64,376)	(284,368)	(26,438)	(14,003)	(8,702)	(13,075)	(61,833)	(124,151)	(55,147)	(19,671)	(21,951)	(25,752)	(3,968)	(8,801)	(135,290)	(80,819)	(19,143)	(7,281)	(47,123)	(5,064)	(159,230)						(703,040)						
Nursing Personnel	(121,838)	(88,084)	(34,566)	(88,745)	(332,932)	(39,445)	(17,808)	(9,472)	(20,343)	(86,381)	(173,450)	(71,081)	(30,377)	(28,608)	(34,177)	(7,539)	(14,436)	(194,218)	(118,235)	(25,021)	(11,748)	(96,318)	(12,134)	(223,454)						(914,258)						
Allied Health Personnel	(62,665)	(34,639)	(15,530)	(44,450)	(157,281)	(14,271)	(8,384)	(5,123)	(7,137)	(30,903)	(83,818)	(24,859)	(13,183)	(14,012)	(12,868)	(3,092)	(4,385)	(72,447)	(45,055)	(17,036)	(3,332)	(22,115)	(4,400)	(92,989)						(388,315)						
Support Personnel	(4,320)	(9,547)	(1,759)	(5,159)	(20,614)	(3,149)	(1,402)	(473)	(1,958)	(7,196)	(14,166)	(4,234)	(2,310)	(3,073)	(960)	(357)	(408)	(12,342)	(7,548)	(2,327)	(1,205)	(4,531)	(1,081)	(16,890)						(64,015)						
Mgmt and Admin Personnel	(45,752)	(28,342)	(11,174)	(26,785)	(115,036)	(11,534)	(6,746)	(3,549)	(8,888)	(32,058)	(62,785)	(24,306)	(11,992)	(10,048)	(8,812)	(2,487)	(4,109)	(82,754)	(31,233)	(9,912)	(3,715)	(19,275)	(3,273)	(67,411)						(307,988)						
Total Personnel Expenses	(359,991)	(233,146)	(85,768)	(229,528)	(910,432)	(94,978)	(48,343)	(27,269)	(51,401)	(218,381)	(438,372)	(179,634)	(78,514)	(75,752)	(83,367)	(17,443)	(32,142)	(468,852)	(262,719)	(73,439)	(27,281)	(150,561)	(25,954)	(659,954)						(2,375,610)						
Total Outsourced Service Expenses	(44,205)	(26,821)	(5,799)	(20,310)	(97,134)	(12,058)	(5,243)	(2,847)	(10,853)	(22,743)	(53,544)	(10,987)	(6,184)	(2,675)	(9,847)	(3,365)	(5,788)	(38,827)	(14,180)	(5,864)	(4,485)	(9,413)	(7,108)	(41,051)						(230,556)						
Total Personnel and O/S Expenses	(404,196)	(261,967)	(91,568)	(249,838)	(1,007,567)	(107,036)	(51,586)	(29,916)	(62,254)	(241,124)	(491,916)	(190,621)	(84,678)	(78,427)	(93,214)	(20,808)	(37,930)	(505,678)	(296,899)	(79,303)	(31,766)	(159,974)	(33,062)	(601,004)						(2,606,166)						
Total Clinical Supplies Expenses	(108,842)	(53,007)	(21,861)	(43,500)	(226,860)	(27,481)	(11,287)	(6,459)	(12,203)	(64,574)	(122,004)	(58,765)	(20,858)	(13,789)	(23,617)	(4,377)	(7,824)	(129,230)	(82,380)	(17,830)	(5,194)	(38,153)	(4,067)	(128,644)						(606,738)						
Infrastructure and Non-clinical supplies	(95,480)	(46,073)	(20,886)	(49,062)	(213,501)	(24,883)	(12,807)	(6,398)	(14,293)	(53,742)	(112,103)	(36,515)	(18,746)	(16,699)	(36,801)	(5,509)	(10,737)	(145,009)	(76,428)	(20,062)	(8,245)	(34,089)	(8,053)	(144,883)						(615,497)						
Internal Allocations	(2,928)	0	184	0	(2,743)	(2,155)	(814)	0	3	1,212	(1,794)	1,067	0	292	(3,189)	0	(89)	(1,928)	(2,578)	927	377	0	(660)	(1,934)						(8,339)						
Total Non-Personnel Expenses	(207,250)	(101,080)	(42,883)	(92,112)	(443,105)	(54,530)	(24,908)	(12,857)	(28,493)	(117,104)	(235,901)	(114,213)	(39,504)	(30,196)	(63,616)	(9,888)	(18,550)	(278,168)	(141,383)	(36,085)	(11,062)	(73,243)	(12,810)	(273,462)						(1,230,633)						
Total Expenses	(611,445)	(363,047)	(134,229)	(341,950)	(1,450,872)	(161,575)	(76,494)	(42,733)	(88,747)	(358,226)	(721,817)	(304,835)	(124,282)	(108,623)	(156,823)	(30,694)	(56,580)	(781,643)	(438,282)	(116,268)	(42,825)	(233,217)	(45,872)	(938,467)						(3,838,795)						
Net Result	(3,290)	(181)	(2,401)	1,383	(4,469)	320	(679)	(117)	(2,669)	(6,350)	(19,695)	(2,372)	3,891	46	4,446	(1,521)	(2,670)	1,830	6,450	(1,230)	60	1,828	(7,860)	(951)						(13,288)						
Depreciation	(16,977)	(12,164)	(5,406)	(12,293)	(46,840)	(8,427)	(4,701)	(1,200)	(4,854)	(15,388)	(34,570)	(21,039)	(6,244)	(5,364)	(5,339)	(907)	(2,539)	(41,421)	(21,131)	(5,983)	(1,574)	(9,913)	(2,392)	(40,063)						(183,824)						
Interest costs - Private	(1,723)	(263)	0	(60)	(2,046)	(4)	(418)	0	(91)	(513)	(1,039)	(673)	(12)	(1)	0	(126)	(37)	(849)	0	0	0	0	(2)	(2)						(3,409)						
Interest costs - CHFA	(5,657)	(4,487)	(747)	(5,471)	(16,362)	(2,890)	(430)	(494)	(950)	(3,562)	(9,306)	(9,696)	(1,081)	(1,270)	(1,758)	(694)	(1,049)	(15,554)	(2,273)	(1,314)	(152)	(2,487)	(368)	(6,574)						(46,819)						
Capital charge	(13,722)	(6,196)	(2,654)	(8,508)	(29,160)	(2,903)	(1,365)	(966)	(2,942)	(7,284)	(16,460)	(4,899)	(1,662)	(2,835)	(3,187)	(300)	(1,155)	(13,049)	(8,824)	(2,366)	(303)	(4,538)	(241)	(18,272)						(73,840)						

Expenses as a Percentage of Total Revenue	Counties					Waikato	Northland Region Total	Bay of Plenty	Lakes DHB	Tairāwhiti 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	Marlborough DHB	South Canterbury DHB	Southern DHB	West Coast DHB	Southern Region Total	Provider Total (for Sector)
	Auckland DHB	Manukau DHB	Northland DHB	DHB																							
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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%	100.0%	100.0%
Expenses																											
Medical Personnel	(20.2%)	(20.5%)	(17.2%)	(18.8%)	(19.7%)	(16.4%)	(18.5%)	(20.4%)	(15.2%)	(17.6%)	(17.3%)	(18.2%)	(15.3%)	(20.2%)	(16.0%)	(13.6%)	(16.2%)	(17.2%)	(18.1%)	(16.9%)	(17.0%)	(20.1%)	(13.3%)	(18.2%)			(18.4%)
Nursing Personnel	(20.0%)	(24.3%)	(26.2%)	(25.8%)	(23.0%)	(24.4%)	(23.5%)	(22.2%)	(23.6%)	(24.6%)	(24.2%)	(23.5%)	(23.7%)	(24.5%)	(21.2%)	(25.8%)	(26.8%)	(23.5%)	(26.6%)	(21.8%)	(27.4%)	(24.1%)	(31.8%)	(25.9%)			(23.9%)
Allied Health Personnel	(10.3%)	(9.5%)	(11.8%)	(12.9%)	(10.9%)	(8.9%)	(8.4%)	(12.0%)	(6.3%)	(8.8%)	(8.9%)	(8.2%)	(10.3%)	(12.9%)	(7.9%)	(10.8%)	(8.1%)	(8.2%)	(10.1%)	(14.8%)	(7.8%)	(9.8%)	(11.6%)	(10.8%)			(10.1%)
Support Personnel	(0.7%)	(2.8%)	(1.3%)	(1.5%)	(1.4%)	(2.0%)	(1.8%)	(1.0%)	(2.3%)	(2.0%)	(2.0%)	(1.4%)	(2.5%)	(2.8%)	(0.8%)	(2.2%)	(0.8%)	(1.6%)	(1.7%)	(2.0%)	(2.8%)	(1.9%)	(2.8%)	(1.9%)			(1.7%)
Mgmt and Admin Personnel	(8.0%)	(7.8%)	(8.5%)	(7.8%)	(8.2%)	(7.1%)	(8.9%)	(8.3%)	(10.3%)	(9.1%)	(8.7%)	(8.0%)	(9.4%)	(9.2%)	(6.1%)	(8.9%)	(7.8%)	(8.0%)	(7.0%)	(8.6%)	(8.7%)	(8.2%)	(8.6%)	(7.7%)			(8.1%)
Total Personnel Expenses	(59.2%)	(64.6%)	(65.1%)	(66.9%)	(63.0%)	(58.7%)	(61.1%)	(63.9%)	(59.7%)	(62.1%)	(61.0%)	(58.4%)	(61.3%)	(69.7%)	(51.7%)	(59.8%)	(59.6%)	(59.8%)	(63.6%)	(63.6%)	(63.6%)	(64.1%)	(68.3%)	(64.0%)			(62.1%)
Total Outsourced Service Expenses	(7.3%)	(7.4%)	(4.4%)	(5.9%)	(6.7%)	(7.4%)	(6.9%)	(5.2%)	(12.0%)	(6.5%)	(7.5%)	(3.6%)	(4.8%)	(2.5%)	(6.1%)	(11.5%)	(10.7%)	(5.0%)	(3.2%)	(5.1%)	(10.5%)	(4.0%)	(18.7%)	(4.7%)			(6.0%)
Total Personnel and O/S Expenses	(66.5%)	(72.2%)	(69.5%)	(72.8%)	(69.7%)	(66.1%)	(68.0%)	(70.1%)	(72.3%)	(68.6%)	(68.5%)	(63.0%)	(66.1%)	(72.2%)	(57.8%)	(71.3%)	(70.4%)	(64.5%)	(66.8%)	(68.9%)	(74.1%)	(68.1%)	(87.0%)	(68.8%)			(68.2%)
Total Clinical Supplies Expenses	(17.9%)	(14.6%)	(16.7%)	(12.5%)	(15.7%)	(17.0%)	(14.9%)	(15.1%)	(14.2%)	(18.4%)	(17.0%)	(19.4%)	(16.3%)	(12.7%)	(14.6%)	(15.0%)	(14.5%)	(16.5%)	(14.0%)	(15.5%)	(12.1%)	(16.7%)	(10.8%)	(14.7%)			(15.9%)
Infrastructure and Non-clinical supplies	(15.7%)	(13.2%)	(15.8%)	(14.3%)	(14.8%)	(15.4%)	(16.9%)	(15.0%)	(16.6%)	(15.3%)	(15.8%)	(18.7%)	(14.8%)	(15.4%)	(22.8%)	(18.9%)	(19.9%)	(18.5%)	(17.2%)	(17.4%)	(14.6%)	(14.5%)	(21.2%)	(16.5%)			(16.1%)
Depreciation	(2.8%)	(3.4%)	(4.1%)	(3.0%)	(3.2%)	(5.2%)	(6.2%)	(2.8%)	(5.0%)	(4.4%)	(4.9%)	(7.0%)	(4.9%)	(4.9%)	(3.3%)	(3.1%)	(4.7%)	(4.8%)	(4.8%)	(5.2%)	(3.7%)	(4.2%)	(6.3%)	(4.7%)			(4.3%)
Interest	(1.2%)	(1.3%)	(0.6%)	(1.0%)	(1.3%)	(1.8%)	(1.1%)	(1.2%)	(1.1%)	(1.0%)	(1.2%)	(3.4%)	(0.9%)	(1.2%)	(1.1%)	(2.8%)	(2.0%)	(2.1%)	(0.5%)	(1.1%)	(0.4%)	(1.1%)	(1.0%)	(0.8%)			(1.3%)
Capital charge	(2.3%)	(1.7%)	(2.0%)	(1.9%)	(2.0%)	(1.8%)	(1.8%)	(2.3%)	(3.4%)	(2.1%)	(2.2%)	(1.4%)	(1.3%)	(2.4%)	(2.0%)	(1.0%)	(1.0%)	(1.7%)	(2.0%)	(2.1%)	(0.7%)	(1.9%)	(0.6%)	(1.9%)			(1.9%)
Infrastructure and Non-clinical supplies	(15.7%)	(13.2%)	(15.8%)	(14.3%)	(14.8%)	(15.4%)	(16.9%)	(15.0%)	(16.6%)	(15.3%)	(15.8%)	(18.7%)	(14.8%)	(15.4%)	(22.8%)	(18.9%)	(19.9%)	(18.5%)	(17.2%)	(17.4%)	(14.6%)	(14.5%)	(21.2%)	(16.5%)			(16.1%)
Internal Allocations	(0.5%)	0.0%	0.1%	0.0%	(0.2%)	(1.4%)	(1.1%)	0.0%	0.0%	0.3%	(0.2%)	0.4%	0.0%	0.3%	(2.0%)	0.0%	(0.2%)	(0.2%)	(0.6%)	0.8%	0.9%	0.0%	(1.7%)	(0.2%)			(0.2%)
Total Non-Personnel Expenses	(34.1%)	(27.9%)	(32.4%)	(26.8%)	(30.6%)	(33.7%)	(32.9%)	(30.1%)	(30.8%)	(33.3%)	(32.8%)	(37.8%)	(30.9%)	(27.8%)	(39.4%)	(33.9%)	(34.6%)	(35.2%)	(31.6%)	(32.1%)	(25.8%)	(31.2%)	(33.7%)	(31.5%)			(32.2%)
Total Expenses	(100.5%)	(100.0%)	(101.8%)	(99.6%)	(100.3%)	(99.8%)	(100.9%)	(100.3%)	(103.1%)	(101.9%)	(101.4%)	(100.8%)	(97.0%)	(100.0%)	(97.2%)	(105.2%)	(100.0%)	(100.0%)	(99.8%)	(101.1%)	(99.9%)	(99.3%)	(100.7%)	(100.1%)			(100.3%)
Net Result	(0.5%)	(0.0%)	(1.8%)	0.4%	(0.3%)	0.2%	(0.9%)	(0.3%)	(3.1%)	(1.9%)	(1.4%)	(0.8%)	3.0%	0.3%	2.8%	(6.2%)	(5.0%)	0.2%	1.5%	(1.1%)	0.1%	0.7%	(29.7%)	(0.1%)			(0.3%)

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

Ref. No.:20120068

Reported as at: 31 December 2011

Purpose: This report highlights the variance between actual and planned average year to date accrued FTEs per employee category 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	1,527	1,421	(106)	3,299	3,306	7	1,794	1,857	64	201	200	(1)	1,179	1,179	(0)	8,000	7,963	(37)
Counties Manukau DHB	861	948	87	2,451	2,352	(99)	1,023	1,036	13	383	363	(20)	791	838	47	5,509	5,537	27
Northland DHB	230	238	8	942	903	(39)	477	484	7	77	80	3	376	369	(7)	2,102	2,075	(28)
Waitemata DHB	756	801	45	2,379	2,349	(30)	1,327	1,382	55	215	245	30	820	851	32	5,497	5,628	132
Northern Region Total	3,374	3,408	35	9,071	8,910	(161)	4,621	4,760	138	876	888	12	3,166	3,237	71	21,108	21,203	95
Bay of Plenty DHB	275	293	18	1,083	1,028	(55)	435	439	5	140	138	(2)	448	448	(0)	2,380	2,346	(35)
Lakes DHB	145	147	2	472	456	(16)	184	190	6	61	61	(0)	247	252	5	1,110	1,107	(3)
Tairāwhiti DHB	69	71	2	253	246	(7)	149	156	7	17	18	1	134	133	(1)	622	624	2
Taranaki DHB	143	130	(13)	552	570	18	221	230	9	90	85	(5)	286	302	14	1,293	1,317	24
Waikato DHB	639	649	10	2,275	2,300	25	941	950	9	322	291	(31)	1,075	1,073	(2)	5,251	5,263	11
Midland Region Total	1,270	1,289	19	4,635	4,600	(35)	1,929	1,965	36	628	593	(36)	2,193	2,208	16	10,656	10,656	(1)
Capital & Coast DHB	668	690	22	1,970	1,909	(61)	719	741	23	184	180	(4)	796	836	40	4,335	4,356	21
Hawke's Bay DHB	269	263	(7)	824	829	5	394	409	15	140	139	(1)	397	388	(9)	2,026	2,028	2
Hutt Valley DHB	239	242	2	720	715	(6)	422	458	36	134	131	(3)	348	361	12	1,864	1,906	42
MidCentral DHB	278	283	5	906	919	13	373	375	2	43	44	0	490	510	20	2,090	2,131	41
Wairarapa DHB	37	43	7	196	189	(7)	89	96	7	13	13	0	108	111	3	443	452	9
Whanganui DHB	85	91	6	391	388	(3)	129	139	9	18	19	1	170	171	1	794	807	14
Central Region Total	1,575	1,612	36	5,007	4,948	(59)	2,126	2,218	91	532	525	(8)	2,310	2,377	67	11,551	11,680	129
Canterbury DHB	837	845	8	3,317	3,316	(1)	1,364	1,359	(5)	331	343	12	1,114	1,110	(4)	6,963	6,972	9
Nelson Marlborough DHB	178	172	(6)	647	630	(18)	576	578	2	97	97	0	338	331	(8)	1,838	1,809	(29)
South Canterbury DHB	55	58	3	325	314	(11)	99	105	6	58	56	(2)	122	121	(1)	658	654	(5)
Southern DHB	460	453	(7)	1,541	1,565	24	675	696	21	189	193	4	687	689	2	3,552	3,595	44
West Coast DHB	35	41	6	299	311	12	148	161	13	46	44	(2)	125	134	9	653	691	38
Southern Region Total	1,565	1,570	4	6,129	6,135	6	2,863	2,899	37	721	733	12	2,396	2,384	(1)	13,684	13,721	57
TOTAL	7,785	7,879	94	24,842	24,593	(249)	11,540	11,842	302	2,758	2,739	(19)	10,086	10,207	152	58,979	57,259	280

Note:

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

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

Ref. No.:20120068

For the period ended: 31 December 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 assist 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	161	171	10	74	74	(0)	70	69	(1)	43	40	(3)	87	89	1	91	91	1
Counties Manukau DHB	174	160	(14)	72	74	2	68	67	(1)	50	51	1	77	75	(3)	86	86	(0)
Northland DHB	198	188	(10)	73	76	2	65	65	(0)	46	45	(1)	65	66	0	83	83	0
Waitemata DHB	171	160	(11)	75	74	(1)	67	64	(3)	48	44	(5)	71	70	(1)	84	82	(3)
Northern Region Total	176	170	(6)	73	74	1	68	66	(1)	47	45	(2)	75	75	(1)	86	86	(1)
Bay of Plenty DHB	194	188	(6)	73	73	0	66	66	(0)	46	44	(2)	62	62	(1)	82	82	0
Lakes DHB	194	204	10	75	74	(2)	69	68	(1)	46	43	(3)	64	62	(2)	86	86	0
Tairāwhiti DHB	257	253	(5)	75	78	3	69	65	(3)	49	47	(2)	62	64	3	90	91	1
Taranaki DHB	183	212	29	74	70	(3)	65	57	(7)	44	35	(9)	66	61	(5)	80	78	(3)
Waikato DHB	194	203	10	76	75	(1)	66	65	(0)	45	44	(0)	61	62	0	83	85	1
Midland Region Total	207	218	11	75	74	(1)	67	64	(3)	46	43	(3)	63	62	(1)	85	85	(0)
Capital & Coast DHB	165	158	(7)	72	75	2	69	70	0	46	46	(0)	65	65	(0)	84	84	0
Hawke's Bay DHB	146	146	(1)	74	73	(1)	67	66	(1)	47	46	(1)	63	64	2	78	77	(1)
Hutt Valley DHB	183	184	1	74	74	(0)	67	65	(2)	46	45	(1)	62	61	(2)	82	81	(1)
MidCentral DHB	186	184	(1)	75	75	(0)	68	65	(3)	44	29	(15)	54	60	5	83	83	(0)
Wairarapa DHB	221	199	(22)	77	78	1	69	66	(3)	56	53	(3)	67	62	(5)	84	82	(2)
Whanganui DHB	207	207	0	74	72	(2)	68	71	3	45	44	(2)	59	60	2	83	84	1
Central Region Total	199	194	(6)	75	75	(0)	68	67	(1)	48	43	(5)	61	61	0	83	83	(1)
Canterbury DHB	193	187	(5)	71	72	1	66	68	1	46	46	0	59	60	0	82	82	0
Nelson Marlborough DHB	215	232	18	77	77	(0)	59	57	(2)	48	46	(2)	62	62	1	80	81	1
South Canterbury DHB	266	264	(2)	72	74	2	67	67	0	42	43	1	63	64	1	83	85	2
Southern DHB	205	204	(1)	73	74	0	69	67	(1)	48	47	(1)	60	60	(0)	86	85	(1)
West Coast DHB	293	260	(33)	81	76	(5)	59	59	(0)	47	46	(1)	60	58	(2)	81	78	(4)
Southern Region Total	245	240	(5)	76	75	(1)	64	63	(1)	46	45	(1)	61	61	(0)	83	82	(0)
TOTAL	207	205	(1)	75	75	(0)	67	65	(2)	47	44	(3)	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.

SCHEDULE 6: DHB Balance Sheet
As at 31 December 2011

Ref No. 20120088

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	Waikato DHB	North Region Total	Bay of Plenty DHB	Ulster DHB	Tairāwhiti DHB	Tairāwhiti DHB	Waikato DHB	Midland Region Total	Capital & Central DHB	Hawke's Bay DHB	Port Valley DHB	MidCentral DHB	Waikato 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	114,458	(4,866)	22,251	54,969	186,812	1,255	18,795	44	32,488	539	53,121	23,376	15,144	10,321	52,859	2,008	13,174	118,790	136,789	25,725	29,013	30,404	4,095	229,625	582,749
Debtors & Prepayments	54,809	44,878	14,998	32,069	146,754	17,330	7,808	4,398	7,475	35,287	72,290	38,138	15,851	12,984	12,757	5,872	5,228	90,630	26,195	13,700	4,508	28,740	3,790	77,070	398,710
Stock	12,078	770	4,126	4,875	21,841	3,493	1,983	1,731	2,879	10,721	20,607	6,720	3,478	1,314	3,423	745	1,273	18,952	9,279	2,280	974	4,750	922	18,205	77,705
Assets Held for Sale	20,041	8,531	(80)	8,551	37,357	-	-	-	-	-	-	-	-	-	-	-	-	2,300	-	-	-	-	-	-	41,375
Total Current Assets	201,378	49,813	41,309	100,564	392,864	22,078	26,589	6,173	42,642	48,547	148,008	68,133	34,273	24,819	69,640	10,923	19,875	228,972	172,263	43,378	34,495	63,884	8,949	322,977	1,688,536
Non-Current Assets																									
Land	163,554	72,753	7,336	109,419	353,062	13,975	5,250	2,325	7,800	28,520	57,940	24,120	8,798	13,020	16,481	1,835	1,883	64,237	94,337	12,358	2,463	25,321	9,265	140,784	619,943
Non Residential Buildings, Improvements & Plant	568,557	322,145	59,034	265,736	1,215,472	166,903	32,563	37,061	58,595	230,043	625,165	440,180	78,084	132,034	105,824	33,935	64,882	854,719	199,122	123,905	21,064	190,901	19,655	530,647	3,148,003
Residential Buildings, Improvements & Plant	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Clinical Equipment	61,857	22,880	8,749	28,628	122,214	22,347	9,433	4,090	4,284	47,196	87,045	53,988	14,680	9,582	17,833	2,511	4,841	102,593	45,265	11,645	2,735	28,946	8,591	307,859	
Other Equipment	5,990	2,222	2,044	3,512	13,468	1,364	1,103	418	2,428	1,838	7,057	2,987	3,949	1,981	523	71	508	8,558	-	2,549	1,364	1,740	5,830	10,991	41,104
Information Technology	945	(1,407)	872	(1,074)	(884)	6,237	2,849	1,292	5,238	35,858	51,260	9,412	(1,874)	1,289	1,240	135	303	10,705	-	1,800	327	3,657	1,504	7,288	68,568
Intangible Assets (Software)	553	(1,081)	605	(971)	(874)	6,237	2,849	1,292	5,238	35,858	51,260	9,412	(1,874)	1,289	1,240	135	303	10,705	-	1,800	327	3,657	1,504	7,288	68,568
Motor Vehicles	3,264	1,581	1,134	1,159	7,138	3,087	1,245	895	114	1,491	8,532	12,071	8,118	1,419	3,019	970	910	26,505	532	1,980	828	4,777	801	8,898	14,857
Trust Properties	-	-	240	-	240	-	-	-	-	-	-	33	882	1,304	1,204	1,004	975	1,141	3,948	1,278	124	438	1,090	8,875	26,484
Investment Property	-	1,126	-	1,126	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	240
WIP	34,128	69,823	20,078	80,638	184,787	11,381	57,282	785	32,110	131,182	232,640	12,342	4,240	5,414	1,579	1,187	42,335	23,842	5,848	12	18,291	21	48,915	505,857	
Investments	(3,109)	-	31,698	-	30,589	178	1,788	533	110	99	2,708	342	880	937	1,109	267	875	4,511	13,886	19	-	328	2	14,034	51,847
Derivatives in Gain	7,282	-	-	-	7,282	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7,282
Total Non-Current Assets	842,730	490,282	133,788	467,047	1,933,827	225,310	114,725	49,388	111,067	451,340	951,830	555,230	113,392	178,620	183,294	43,118	78,738	1,120,391	380,530	180,962	28,718	270,771	32,857	873,839	4,679,817
Current Liabilities																									
Bank Overdraft	-	-	-	-	-	-	-	(319)	-	(21,110)	(21,429)	-	-	-	-	(5,766)	-	(5,766)	-	-	-	-	-	-	(21,195)
Creditors	(129,511)	(87,271)	(48,570)	(80,174)	(355,526)	(91,134)	(18,364)	(8,074)	(19,242)	(83,553)	(140,367)	(89,797)	(35,634)	(38,900)	(36,973)	(10,353)	(12,868)	(202,224)	-	-	(12,842)	(48,110)	(9,199)	(198,618)	(894,335)
Term Loans - Current	(8,672)	(14,375)	-	(85,237)	(88,284)	(91,134)	(38,295)	-	-	(841)	(98,106)	(28,135)	(5,840)	(343)	(13,000)	(4,447)	(19)	(42,444)	(105,355)	(22,306)	(12,642)	(48,110)	(9,199)	(198,618)	(894,335)
Insurance Liability - Current	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Employee Costs	(169,849)	(108,127)	(32,059)	(79,153)	(369,188)	(28,214)	(13,849)	(8,103)	(18,801)	(80,867)	(148,786)	(81,062)	(29,349)	(28,078)	(25,875)	(5,721)	(10,340)	(150,139)	(132,930)	(30,922)	(8,910)	(30,859)	(7,462)	(251,997)	(1,040,418)
Total Current Liabilities	(655,030)	(208,773)	(78,629)	(234,764)	(869,190)	(99,408)	(70,275)	(18,501)	(38,143)	(198,371)	(350,887)	(159,024)	(85,523)	(83,321)	(75,349)	(22,287)	(23,011)	(610,714)	(258,291)	(54,328)	(31,569)	(113,067)	(18,161)	(473,098)	(2,985,015)
WORKING CAPITAL	(341,652)	(160,160)	(37,320)	(134,200)	(435,332)	(77,330)	(41,689)	(10,328)	4,490	(119,824)	(204,872)	(90,890)	(51,250)	(40,702)	(8,499)	(11,364)	(3,336)	(184,042)	(86,028)	(10,852)	2,835	(48,173)	(9,212)	(182,430)	(678,478)
NET FUNDS EMPLOYED	739,078	(330,102)	(6,011)	(334,196)	(4,686,495)	187,980	73,038	39,060	115,568	331,516	747,158	464,339	82,141	137,818	148,795	31,784	73,402	936,369	284,502	150,910	31,663	221,598	23,645	721,408	(3,903,612)
Non-Current Liabilities																									
Employee Costs	(22,002)	(12,886)	(13,080)	(14,432)	(62,440)	(940)	(2,582)	(839)	(999)	(12,778)	(18,014)	(8,118)	(1,704)	(4,120)	(1,500)	(6,28)	(891)	(14,755)	(7,884)	(12,319)	(5,637)	(14,870)	(3,339)	(43,849)	(138,865)
Term Loans - Non-current	(279,862)	(150,000)	(19,399)	(153,924)	(603,885)	(102,209)	(1,064)	(14,143)	(38,200)	(138,658)	(295,206)	(311,549)	(36,703)	(65,729)	(42,300)	(25,168)	(35,100)	(516,538)	(75,000)	(48,734)	-	(87,113)	(11,195)	(222,042)	(1,838,769)
Restricted Trusts and Special Funds	(10,109)	(843)	(245)	(435)	(1,183)	-	(1,434)	-	(150)	(86)	(1,852)	(8,015)	-	(937)	-	(274)	-	(9,280)	(13,886)	-	-	(3,950)	(58)	(17,692)	(38,550)
Other Liabilities	(852)	(1,013)	-	-	(1,865)	-	-	-	-	-	-	-	-	-	-	-	-	(34)	-	-	-	-	-	-	(2,692)
Total Non-Current Liabilities	(312,034)	(164,742)	(32,719)	(168,791)	(676,277)	(103,048)	(5,020)	(14,882)	(39,319)	(152,503)	(314,870)	(325,879)	(38,407)	(70,817)	(43,806)	(26,070)	(35,781)	(640,532)	(98,876)	(81,055)	(5,637)	(105,733)	(14,290)	(283,384)	(1,917,683)
Crown Equity																									
Crown Equity	(574,282)	(123,607)	(38,450)	(98,927)	(835,266)	(79,539)	(21,905)	(15,939)	(26,843)	(81,778)	(205,900)	(425,240)	(37,955)	(42,087)	(64,388)	(29,429)	(89,497)	(968,595)	(89,856)	(30,789)	(5,120)	(133,759)	(81,153)	(521,057)	(2,030,918)
Trusts and Special Funds - no restricted use	-	(316)	-	-	(316)	-	(1,147)	-	(724)	-	(1,871)	-	-	-	(2,785)	-	(122)	(2,407)	-	-	-	-	(39)	(1,587)	(6,181)
Revaluation Reserve	(331,806)	(110,298)	(23,854)	(130,368)	(596,326)	(9,172)	(28,878)	(25,526)	(51,905)	(57,735)	(168,016)	(22,021)	(31,744)	(50,368)	(54,582)	(2,155)	(14,295)	(175,160)	(147,201)	(41,720)	(9,248)	(85,382)	(21,310)	(304,839)	(1,244,349)
Other Reserves	-	(1,117)	-	-	(1,117)	-	1,434	(15)	-	-	-	-	-	-	-	-	(282)	(121)	(5,388)	-	-	-	-	-	(3,981)
Retained Earnings	479,045	88,545	(21)	65,240	612,809	4,073	(19,120)	17,402	3,325	(84,500)	(87,800)	308,582	39,984	25,354	18,286	26,182	46,414	453,752	39,025	(16,497)	(10,102)	103,256	73,747	19,458	1,198,109
Total Crown Equity	(427,044)	(195,360)	(83,758)	(184,056)	(890,218)	(84,934)	(68,016)	(24,078)	(76,247)	(179,013)	(432,288)	(138,669)	(43,734)	(67,101)	(102,969)	(5,684)	(37,821)	(365,768)	(197,832)	(88,857)	(28,016)	(115,865)	(9,355)	(458,025)	(2,086,329)
NET FUNDS EMPLOYED	(739,078)	(330,102)	(6,011)	(334,196)	(4,686,495)	(187,980)	(73,038)	(39,060)	(115,568)	(331,516)	(747,158)	(464,339)	(82,141)	(137,818)	(148,795)	(31,784)	(73,402)	(936,369)	(284,502)	(150,910)	(31,663)	(221,598)	(23,645)	(721,408)	(3,903,612)
Interest Cover Ratio	3.06	4.51	4.72	3.81	3.73	4.28	5.27	2.80	6.64	6.68	5.54	2.25	6.13	6.06	6.48	1.15	2.29	3.96	9.86	4.57	14.68	4.59	1.09	5.68	4.22
Current Ratio (excl Employee Costs)	1.48	0.49	0.89	0.55	0.79	0.71	0.50	0.74	2.22	0.54	0.73	0.70	0.95	0.96	1.38	0.66	1.55	0.90	1.84	1.85	1.52	1.03	0.84	1.44	0.98
Debt/(Debt + Equity)	40.14%	49.85%	23.33%	57.19%	45.96%	54.61%	36.90%	37.09%	33.38%	43.97%	43.91%	71.01%	43.99%	49.61%	34.94%</										

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 : 31 December 2011

Ref. No.:20120088

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	-	-	-	12,610	36,083	(23,473)	8,883	-	8,883	884	-	884
Counties Manukau DHB	-	-	-	15,251	18,120	(2,869)	-	2,748	(2,748)	-	1,200	(1,200)
Northland DHB	-	-	-	5,570	4,624	946	1,361	2,716	(1,354)	67	213	(146)
Waitemata DHB	-	-	-	31,875	32,858	(983)	2,395	4,200	(1,805)	269	5,508	(5,239)
Northern Region Total	-	-	-	65,306	91,685	(24,379)	12,639	9,664	2,976	1,220	6,921	(5,701)
Bay of Plenty DHB	-	-	-	10,036	8,561	1,475	1,463	1,374	89	498	129	369
Lakes DHB	-	-	-	12,905	12,905	(5,638)	2,973	1,124	1,849	204	146	58
Tairāwhiti DHB	-	-	-	-	150	(150)	1,295	798	497	-	30	(30)
Taranaki DHB	-	-	-	-	16,748	(16,748)	1,654	890	664	12,278	222	12,056
Waikato DHB	70	-	70	51,692	55,608	(3,916)	2,990	12,240	(9,250)	69	372	(303)
Midland Region Total	70	-	70	68,995	93,972	(24,977)	10,375	16,526	(6,151)	15,046	899	(2,150)
Capital & Coast DHB	-	-	-	7,072	8,706	(1,634)	6,637	9,134	(2,497)	1,240	611	629
Hawke's Bay DHB	(1,796)	-	(1,796)	1,789	3,023	(1,234)	1,524	2,028	(504)	346	48	298
Hutt Valley DHB	-	-	-	14,553	13,854	699	549	5,709	(5,160)	38	100	(62)
MidCentral DHB	-	-	-	4,892	2,838	2,054	857	3,912	(3,055)	48	78	(32)
Wairarapa DHB	-	-	-	110	-	110	228	150	78	(1)	-	(1)
Whanganui DHB	-	-	-	543	3,096	(2,553)	605	510	95	10	-	10
Central Region Total	(1,796)	-	(1,796)	28,958	31,517	(2,558)	10,400	21,443	(11,043)	1,880	837	843
Canterbury DHB	-	-	-	829	-	829	16,441	15,286	1,155	702	-	702
Nelson Marlborough DHB	(4)	-	(4)	2,160	-	2,160	1,119	1,798	(679)	98	-	98
South Canterbury DHB	-	-	-	654	531	123	-	1,420	(1,420)	-	132	(132)
Southern DHB	0	-	0	7,747	11,369	(3,622)	6,654	6,654	(127)	154	843	(490)
West Coast DHB	-	-	-	359	-	359	891	895	(4)	-	150	(150)
Southern Region Total	(4)	-	(4)	11,749	11,900	(151)	24,978	28,053	(1,075)	955	825	28
Sector Total	(1,731)	-	(1,731)	175,908	227,073	(51,165)	56,381	73,686	(15,294)	16,902	9,682	7,320

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	1,808	-	1,808	329	-	329	3,477	-	3,477	27,991	36,083	(8,092)
Counties Manukau DHB	-	450	(450)	-	1,950	(1,950)	-	900	(900)	15,251	23,368	(8,117)
Northland DHB	0	73	(73)	119	1,377	(1,258)	41	781	(720)	7,158	9,784	(2,626)
Waitemata DHB	-	1,372	(1,372)	1,072	1,212	(140)	792	48	744	36,403	45,198	(8,795)
Northern Region Total	1,808	1,895	(86)	1,520	4,539	(3,019)	4,310	1,708	(2,601)	66,804	114,413	(27,609)
Bay of Plenty DHB	284	342	(58)	1,085	1,536	(451)	-	-	-	13,386	11,942	1,424
Lakes DHB	724	791	(67)	376	1,600	(1,224)	118	632	(514)	11,662	17,198	(5,536)
Tairāwhiti DHB	-	-	-	-	348	(348)	-	102	(102)	1,295	1,428	(133)
Taranaki DHB	-	224	(224)	20	2,000	(1,980)	-	-	-	13,952	20,164	(6,232)
Waikato DHB	1	-	1	(141)	1,740	(1,881)	1,215	4,914	(3,699)	55,896	74,874	(18,978)
Midland Region Total	1,009	1,357	(348)	1,340	7,224	(5,884)	1,333	5,646	(4,313)	96,171	125,626	(29,455)
Capital & Coast DHB	-	-	-	1,127	3,064	(1,937)	-	2,550	(2,550)	16,076	24,064	(7,986)
Hawke's Bay DHB	119	42	77	423	492	(69)	489	576	(77)	2,903	5,209	(3,306)
Hutt Valley DHB	-	1,284	(1,284)	290	500	(210)	225	250	(25)	15,655	21,697	(6,042)
MidCentral DHB	-	-	-	161	750	(589)	116	1,898	(1,782)	6,072	9,576	(3,504)
Wairarapa DHB	-	-	-	81	300	(219)	270	1,200	(930)	688	1,650	(962)
Whanganui DHB	550	386	164	68	-	68	186	1,623	(1,437)	1,962	5,615	(3,653)
Central Region Total	669	1,712	(1,043)	2,150	5,106	(2,956)	1,298	6,197	(5,900)	43,356	66,811	(23,455)
Canterbury DHB	63	-	63	735	-	735	216	-	216	18,986	15,286	3,700
Nelson Marlborough DHB	284	365	(82)	409	490	(81)	54	205	(151)	4,119	2,860	1,259
South Canterbury DHB	-	-	-	-	54	(54)	-	596	(596)	854	2,733	(2,079)
Southern DHB	23	972	(949)	1,084	2,548	(1,464)	1,101	-	1,101	16,616	22,186	(5,570)
West Coast DHB	101	510	(409)	425	400	25	11	75	(64)	1,787	2,030	(243)
Southern Region Total	471	1,840	(1,377)	2,632	3,492	(860)	1,382	876	(544)	42,160	45,095	(2,933)
Sector Total	3,958	6,812	(2,854)	7,842	28,361	(20,519)	8,321	18,430	(10,109)	288,483	353,945	(65,462)

DHB “One-Page” Summary Reports as at 31 December 2011

Health Report: 20120068

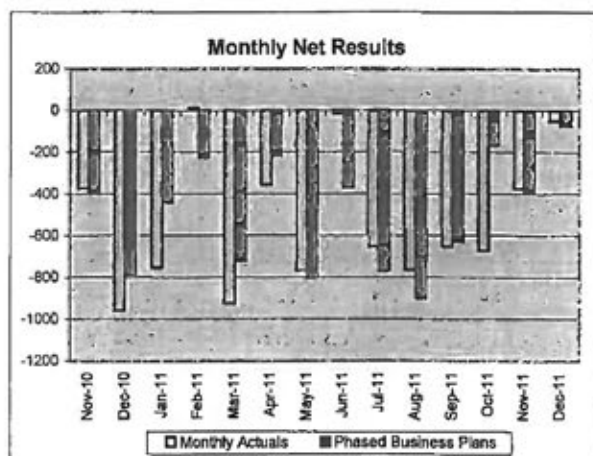
Purpose

To provide an overview of individual DHB performance for the period ended 31 December 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 : 31 December 2011

	Year-to-Date (YTD)			Annual Plan
	Actual	Plan	Var	
Net Result : Surplus / (Deficit)	\$ '000			\$ '000
Governance	109	(0)	109	(0)
Provider	(7,860)	(7,013)	(847)	(12,958)
Funder	4,589	4,095	495	8,458
DHB Consolidation	(3,162)	(2,920)	(242)	(4,500)
Capital	\$ '000			\$ '000
Total Capital Expenditure	1,787	2,030	(243)	4,250
Net Equity (Injection)/Repayment	0	0	0	(4,500)
Key Performance Indicators				
YTD Average Full Time Equivalents	653	691	38	691



Overall Financial Performance

West Coast DHB reported a consolidated deficit of \$3.2M, that was \$0.2M unfavourable to plan YTD.
The consolidated result for the month of December was a deficit of \$0.1M, that was in line with plan.

The DHB has reported a favourable result against plan even though there are mounting cost pressures flowing from high cost medical cases and higher than planned medical costs.

New Areas of Concern

No new issues have been identified at this time.

Update on Issues Previously Reported

Nothing to report at this time.

CHIEF EXECUTIVE'S REPORT

TO: Chair and Members
West Coast District Health Board

FROM: David Meates, Chief Executive

DATE: 20 April 2012

SUMMARY

Financial and Operational Performance Overview

Financial Overview for the period ending 29 February 2012

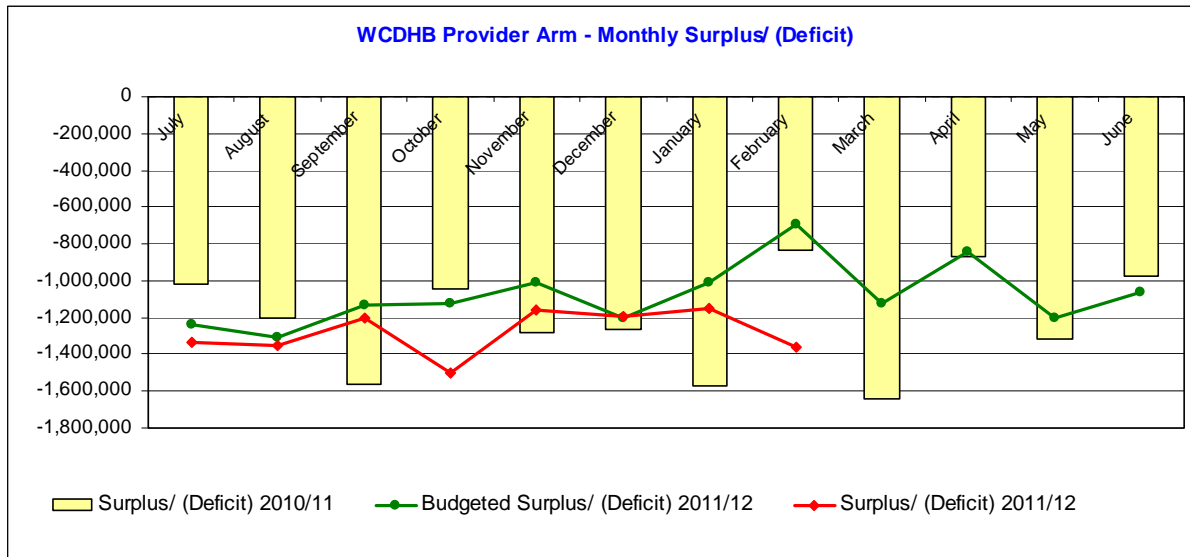
	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,182	6,219	(37)	x	50,311	49,916	395	√
Governance & Administration	208	212	(4)	x	1,704	1,698	6	√
Funds & Internal Eliminations	4,450	4,284	166	√	35,354	35,438	(84)	x
	10,840	10,715	125	√	87,369	87,051	318	√
EXPENSES								
Provider								
Personnel	4,388	4,027	(361)	x	34,824	34,778	(46)	x
Outsourced Services	927	813	(114)	x	8,899	7,296	(1,603)	x
Clinical Supplies	681	615	(66)	x	5,308	4,820	(488)	x
Infrastructure	1,102	907	(195)	x	7,694	7,339	(355)	x
	7,098	6,362	(736)	x	56,725	54,232	(2,493)	x
Governance & Administration	103	212	109	√	1,450	1,698	248	√
Funds & Internal Eliminations	3,562	3,599	37	√	29,040	29,975	935	√
Total Operating Expenditure	10,763	10,173	(590)	x	87,215	85,905	(1,310)	x
Deficit before Interest, Depn & Cap Charge	(77)	(542)	(465)	x	(154)	(1,146)	(992)	x
Interest, Depreciation & Capital Charge	547	551	4	√	4,098	4,408	310	√
Net deficit	470	9	(461)	x	3,944	3,262	(682)	x

The consolidated result for the eight months ending 29 February 2012 is a deficit of \$3,944k, this being \$682k unfavourable to budget. The main drivers of the unfavourable variance were higher than budgeted outsourced services costs, clinical supply costs and infrastructure costs with expenditure to external providers being better than budget.

DHB PROVIDER ARM SUMMARY

Operational and Financial Performance Overview

Provider Arm Financial Performance



For the seven months ending 29 February 2012 the operating result after interest and depreciation for the Provider Arm is a deficit of \$10,512k, this resulting in an unfavourable variance of \$1,786k. The main drivers of the unfavourable variance in February 2012 personnel costs (\$361k and due in part to the budget being based on 28 days rather than 29 days for February 2012) and contracted locum services (\$239k).

Operational Update

The improved quality and patient safety management system is in the process of being implemented by the newly appointed Quality and Patient Safety Manager. This will lead to a more open and responsive approach to all issues of concern around patient safety, complaints and quality improvement processes within the system as a whole. (More detail of this occurs later in the papers).

Buller Integrated family Health Centre continues on track with the invitations for expression of interest in funding the construction of a modern purpose built health facility for people living in the Buller going out before Easter. At the same time, work on the transition to a new model of care is progressing according to plan.

Health of Older Persons services planning is also progressing with the intent of having a fully integrated system of health care in place by July 2012. This program will see a further expansion of 'trans-alpine' services being delivered in partnership with Canterbury District Health Board in key areas.

The development of the business case for the refurbishment replacement of Grey Base Hospital is on track. The first stage in this – the proposed future model of care and inter district service provision has been through an extensive process of consultation as a series of public meetings across the Coast led by the Chief Medical Officer for the District Health Board. Feedback from these meetings has been incorporated in the plans being developed by the clinical leadership group(s). The submission and approval of the Business Case in June 2012 will enable the completion of the plan for an integrated family health system for the Grey District in tandem with hospital service redevelopment.

With regards to achievement against Government Health targets we will be providing a comprehensive report on progress once the 3rd Quarter reports have been produced. In the meantime it is pleasing to see that during the 3rd Quarter we have started to achieve our performance target from hospitalised smokers being given advice and help to quit.

West Coast DHB Hospital Activity - February 2012 - (Including all patients regardless of Domicile)

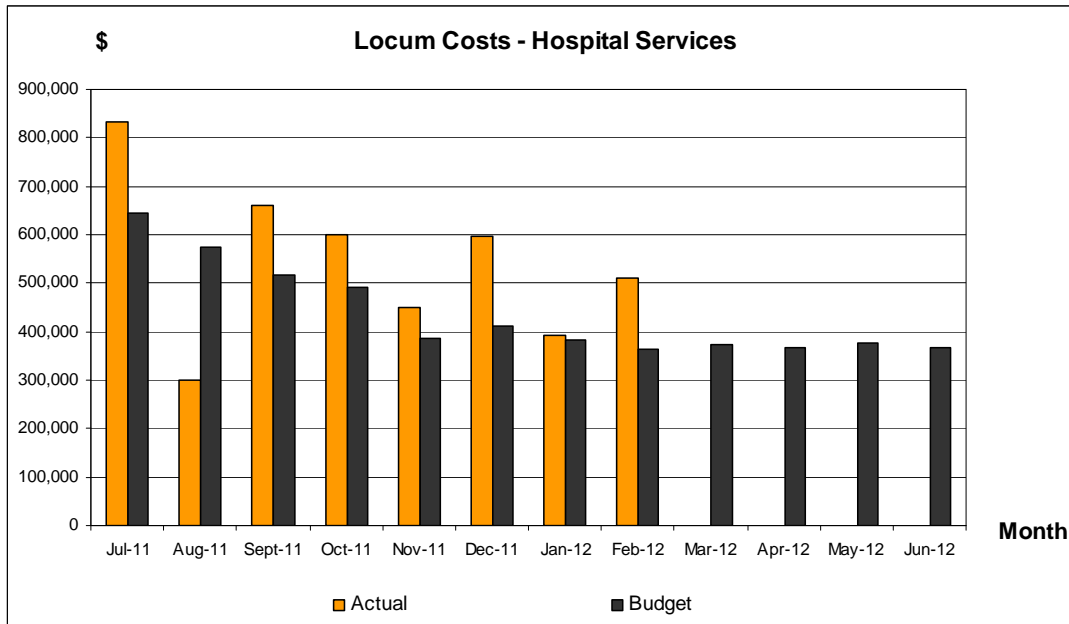
		MONTH				YEAR TO DATE			
		February 2012	February 2011	Variance	Variance %	February 2012	February 2011	Variance	Variance %
Total Discharges	Buller	73	71	2	2.8%	583	606	-23	-3.8%
	Reefton	0	5	-5	-100.0%	24	30	-6	-20.0%
	Grey	428	355	73	20.6%	3480	3195	285	8.9%
Occupied Bed Days	Buller	605	593	12	2.0%	4887	5138	-251	-4.9%
	Reefton	118	163	-45	-27.6%	1518	1569	-51	-3.3%
	Grey	1860	2065	-205	-9.9%	16768	16565	203	1.2%
ED Attendances - all facilities		1362	1229	133	10.8%	10583	10235	348	3.4%
Outpatient Attendances *		1388	1647	-259	-15.7%	11033	10623	410	3.9%
Deliveries (Buller Health and Grey Base Hospital)		26	14	12	85.7%	222	187	35	18.7%

* 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 29 February 2012	Budget to 29 February 2012	Variance	Variance %	Actual to 28 February 2011	Budget to 28 February 2011	Variance	Variance %
Surgical Acute CWD	694.69	725.89	-31.2	-4.3%	719.55	627.14	92.41	14.7%
Surgical Elective CWD	1005.14	912.58	92.56	10.1%	815.47	977.35	-161.88	-16.6%
TOTAL Surgical CWDs	1699.83	1638.47	61.36	3.7%	1535.02	1604.49	-69.47	-4.3%
Medical CWDs	907.57	879.59	27.98	3.2%	861.56	810.74	50.82	6.3%
Surgical FSA	2569	2695	-126	-4.7%	2515	2724	-209	-7.7%
Medical FSA	1119	1081	38	3.5%	1009	1076	-67	-6.2%

PROVIDER ARM SERVICES

The focus is on containing locum spend. It will be difficult to meet budget however initiatives elsewhere in Hospital Services will contribute to minimising the impact of locum spend for the rest of the year.



Initiatives for Recruitment

Anaesthetics

- One anaesthetist is due to start work early April 2012.
- One anaesthetist is considering an offer (very close to signing).
- One anaesthetist past interview stage – will visit Greymouth for final interview.

Emergency Department (ED) Doctor

- One ED Doctor has been interviewed this week. Visit to Greymouth for this Doctor is being organised.

Obstetrics and Gynaecology (O&G) Doctor

- One O&G Doctor past interview stage – visit to Greymouth for this Doctor is being organised.

There is ongoing pre-screening for all other Senior Medical Officer applicants/agency presentations.

Orthopaedic Pathway

This has now been introduced, with all patients referred to orthopaedics for joint replacement now being seen by physiotherapy first for a full assessment. This may then lead to various recommendations being made such as patients requiring better pain management from their General Practitioner (GP), not wanting surgery at all, some equipment given by allied health so the patient can manage better, or surgery needing to be done urgently. A full report goes to the specialist who can then have a complete picture of the patient's current state when prioritising the referral.

Patients currently on the waiting list are being reviewed through the pathway. This has resulted in a number of patients choosing to not have surgery.

Patients have in general been very accepting of the process. The orthopaedic surgeons have commented how good it is to have comprehensive information when prioritising the referral.

Staffing – General (Hospital Services)

Interviews have been undertaken for Clinical Manager Occupational Therapy and an offer made. We are hopeful this will be accepted. Currently screening is being undertaken by the Canterbury District Health Board / West Coast District Health Board Recruitment Team in relation to the Clinical Manager Social Work.

A replacement manager for the Central Booking Unit has been appointed and will commence on 30 April 2012. The Canterbury District Health Board recruitment service provides a high level of assistance, and have taken an enormous workload off staff.

Day of Surgery Admission (DOSA) Project

A dedicated nursing resource, the DOSA Nurse, has been allocated from within existing budget to help drive this project. The aim of this project is to improve the preparation of patients prior to surgery, so enabling more patients to present on the day of surgery, reducing Average Length of Stay (ALOS). The role of this nurse is to formally assist with preparing the patient prior to and on the day of surgery, and she works closely with the wider peri-operative team. Preparation begins one week prior to surgery: bloods, Electrocardiogram (ECG) and urine specimens are checked and the file is prepared, using an easier to follow, standardised format. On the day of surgical admission, the DOSA Nurse admits the patient and prepares them for theatre. On return from recovery, one of the ward nurses continues the care of the patient. Anecdotal evidence from the wider team suggests that patients are better prepared for surgery preventing unnecessary delays. It is anticipated there will be an improvement in our DOSA rate for this quarter.

BiPAP/CPAP Quality Project, Critical Care Unit (Bilevel Positive Airway Pressure / Continuous Positive Airway Pressure)

A non-invasive ventilation resource book for the management of patients on BiPAP and CPAP within the critical care setting has been developed by the wider critical care team. Supporting documentation has also been developed and implemented for example a non-invasive ventilation clinical pathway with associated monitoring forms. The associated policy and procedure is currently being developed.

Nursing/ Midwifery Workforce Issues

A meeting was held with nursing staff to outline current staffing issues: in April 2012, clinical services will be working with approximately four full time equivalent (FTE) less staff, though within establishment. Critical care and paediatrics have vacancies, in addition to casual hours that are needed for Duty Nurse Managers. At this time, current vacancies will be filled internally. Staff have been offered the opportunity to work in other clinical areas, with appropriate upskilling. There will be no change to minimum agreed staffing levels. As we move towards a new model of care, staff are aware of the need to broaden their generalist nursing skills. Our expectation is that all nurses working within the surgical service will also need to be able to work within the medical service and vice versa. There is evidence of nurses aligning with the new model of care and working across services.

Baby Friendly Hospital Initiative

Buller and Grey Hospitals have recently received accreditation with the New Zealand Breastfeeding Authority, endorsing the support that mothers and babies receive within our hospitals.

Trendcare

Clinical Nurse Managers are now providing an accurate, daily variance report of nursing hours per patient day against available nursing hours. Each variance is formally responded to, for example additional nursing hours are redeployed if patient hours are over or leave hours are offered to staff if hours are under. This variance tool will be utilised by the Duty Nurse Managers to enable them to make more informed decisions around staffing. Data accuracy is almost 100% for the past six months.

Resuscitation Issues

- The pathway for the collapsed community neonate is nearing completion and 'drills and skills' have commenced.
- The Rural Academic Practice are now formally part of the Grey Hospital 777 emergency response.
- An emergency process is in the process of being implemented for non-ward based areas at Grey Base Hospital.
- A collaborative process has begun to 'train the trainers' for West Coast District Health Board. This will involve an online learning component and a practical competency assessment.

Patient Transfers to Christchurch

An Xcelr⁸ project in late 2011 focussed on the method of transfer to Christchurch Hospital for cardiac patients. Implementation of the project and work by the Critical Care Unit team has resulted in a number of transfers being made by road rather than automatically using the air ambulance.

Of 19 cardiac patients transferred in the period January to March 2012, eight have been by air ambulance with the remaining 11 by road.

The process is slowly being extended to other specialties / clinical conditions.

INFORMATION TECHNOLOGY

Telehealth

The proof of concept mobile clinical cart wireless network is enabled in the paediatric ward and remaining teething issues resolved. Canterbury District Health Board has confirmed commitment to the same vendor, which West Coast District Health Board has now also committed. Rollout to the remaining areas in this business case will commence over the next one - two months, that being Maternity, Emergency Department, Outpatients and Radiology.

The business business case on replacing the Cisco Health Presence system has been approved. Installation of a new Telehealth room has been completed and is being used regularly by Oncology. Moving the surplus equipment to St Johns will be done over the next one - two months.

Server Infrastructure Upgrade

The project to replace a number of aged computer servers is progressing, with the 3rd stage completed. There is some tidy up work to complete as part of this stage. The final stage of the project is the migration to using a new Citrix platform. This migration was going to be carried out with internal resource, however the employee responsible for this project has resigned from West Coast District Health Board. External contractors are being asked to provide costs to complete this work while recruitment of a replacement is carried out. The June date is still achievable.

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. Regular meetings with the Christchurch Health Laboratories team is taking place to finalise the business case. The Project Manager used by West Coast District Health Board to project manage the Concerto Project is also being used for this project as the two pieces of work are closely related.

Clinical Information System Business Case

The Business Case for the new clinical information system hosted by Canterbury District Health Board and using Orion's Concerto product has been approved. The first meeting was held on the 4 October 2012. Several workshops have been completed both at West Coast District Health Board and at Canterbury District Health Board. The implementation planning study was completed and signed off prior to Christmas. Contractual negotiations have been completed with the contract being signed on the 24 February 2012. Detailed project planning has now been completed.

The detailed planning sessions has revealed that the large amount of stabilisation work being carried out with Canterbury District Health Board to improve the robustness of the Concerto Platform, before bringing on more District Health Board's will impact the West Coast District Health Board Concerto Project. This has moved the go live date from August 2012 to late December 2012 which due to Christmas will push the actual go live date into early February. Provisionally there doesn't appear to be any financial impact due to this delay.

This clinical information system will enable a single patient portal to clinical information housed within West Coast District Health Board, South Canterbury District Health Board, Canterbury District Health Board and ultimately all South Island District Health Board's.

Due to the Mental Health solution being scoped as a regional solution, there has been involvement sought from other South Island District Health Board's. As the complexity (and cost) for the Mental Health solution has been considerably more than what was anticipated by Orion, a financial contribution is also being sought from the South Island District Health Board's, this will also provide a commitment regionally to the solution. A proposal for this was sent to the South Island IT Alliance to seek their endorsement, in turn they have asked endorsement from the South Island Mental Health alliance. This was received in writing on the 24 February 2012. The South Island IT Alliance has raised the question of funding to the South Island CEO's and are waiting for the outcome.

Patient Portal Roll Out

The Manage My Health patient portal business case has been approved. This will allow patients to access their primary care electronic medical record from an internet connection anywhere in the world. The system also has the capability to self book into a general practice, and email a doctor directly should these features be turned on. A project team is being assembled to work on the implementation of the project and prepare an implementation plan.

Home Based Care System

The business case to implement the Caduceus home based care system has been approved. Contract negotiations are underway. Discussion on how the project will be resourced is occurring between Canterbury District Health Board and West Coast District Health Board.

HUMAN RESOURCES

Recruitment/Retention

Recruitment is continuing for the following key positions - O&G SMO, Physician, Anesthetists, and Emergency Physician at the Grey Base Hospital. Active recruitment is also in progress for General Practitioners for the Buller, Greymouth and Reefton clinics. We are experiencing strong interest for nursing and support roles. The design and build for the recruitment web site is almost completed. The current focus is on populating with tailored content and this involves talking directly to employees and getting their stories first hand. After holding recruitment sessions successfully in February, the Recruitment Specialists have visited the West Coast to meet the line managers. Roles are coming in steadily to the central team and the concept seems to have been accepted positively.

Employee Engagement

The general forums for the presentation of the West Coast Engagement Survey results have been held. The response to the information was very positive and generally people were keen to be involved in the next steps. The next steps are:

- 1) EMT will be briefed on the trends by profession
- 2) Discussions held with the GM from those areas where specific concerns were raised (to discuss next steps)
- 3) Presentations for professional groups (arranged for 19 and 20 April 2012)
- 4) Action planning with EMT
- 5) Action planning with teams
- 6) Quarterly progress reports

Health and Safety

The 2012 staff Flu Vaccination campaign is now underway for all staff. The Global Corporate Challenge event has been well received with five teams from our District Health Board registered to participate in the 16 week fitness event. There will be “before” and “after” measures so that we can evaluate the effectiveness of this initiative.

Industrial Relations

Negotiations currently underway involve NUPE Clerical, NZNO (seeking ratification), MERAS, and RDA.

Remuneration

Work continues on the IEA job evaluation project. The benchmark review will be finalised by June so that financial modelling can be completed prior to any broader implementation.

HEALTH SYSTEM OVERVIEW

PLANNING AND FUNDING UPDATE

WEST COAST DISTRICT HEALTH BOARD FUNDER ARM - PAYMENTS TO EXTERNAL PROVIDERS as at 29 February 2012

Feb-12					Year to Date					2011/12	2010/11	Change (actual 10/11 to budget 11/12)	
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance		Annual Budget	Actual Result		
\$000	\$000	\$000	%			\$000	\$000	\$000	%	\$000	\$000	%	
					Referred Services								
24	36	12	34%	✓	Laboratory	269	322	53	16%	✓	486	511	5%
573	634	61	10%	✓	Pharmaceuticals	5,337	5,505	168	3%	✓	8,473	7,705	-10%
597	670	73	12%	✓		5,606	5,826	219	4%	✓	8,959	8,216	-9%
					Secondary Care								
5	20	15	74%	✓	Inpatients	31	157	126	80%	✓	237	38	-523%
87	116	29	25%	✓	Travel & Accommodation	802	927	125	14%	✓	1,391	1,189	-17%
1,285	1,285	0	0%	✓	IDF Payments Personal Health	10,253	10,276	24	0%	✓	15,414	15,606	1%
1,377	1,421	44	3%	✓		11,086	11,360	274	2%	✓	17,042	16,833	-1%
					Primary Care								
22	25	3	12%	✓	Dental-school and adolescent	242	296	54	18%	✓	467	399	-17%
0	2	2	100%	✓	Maternity	0	18	18	100%	✓	26	0	
0	1	1	100%	✓	Pregnancy & Parent	0	5	5	100%	✓	8	0	
0	3	3	100%	✓	Sexual Health	8	22	14	64%	✓	33	13	-152%
1	0	-1		x	General Medical Subsidy	19	3	-16	-494%	x	5	76	94%
526	523	-3	-1%	x	Primary Practice Capitation	4,303	4,183	-120	-3%	x	6,275	6,135	-2%
9	7	-2	-29%	x	Primary Health Care Strategy	60	55	-5	-9%	x	83	251	67%
77	77	0	0%	✓	Rural Bonus	617	618	1	0%	✓	928	970	4%
-14	13	27	204%	✓	Child and Youth	76	107	31	29%	✓	162	162	0%
2	3	1	33%	✓	Immunisation	40	42	2	5%	✓	96	154	38%
22	14	-8	-56%	x	Maori Service Development	119	108	-11	-10%	x	162	165	2%
18	31	13	42%	✓	Whanua Ora Services	144	250	106	42%	✓	373	215	-74%
62	13	-49	-373%	x	Palliative Care	99	105	6	6%	✓	157	110	-43%
9	15	6	40%	✓	Chronic Disease	86	174	88	51%	✓	286	3	-9440%
11	11	0	2%	✓	Minor Expenses	88	90	2	2%	✓	134	206	35%
745	738	-7	-1%	x		5,901	6,076	175	3%	✓	9,195	8,859	-4%
					Mental Health								
11	1	-10	-1000%	x	Eating Disorders	11	8	-3	-38%	x	12	23	48%
51	50	-1	-2%	x	Community MH	401	401	0	0%	✓	601	538	-12%
1	1	0	0%	✓	Mental Health Work force	8	6	-2	-43%	x	8	15	44%
47	47	0	0%	✓	Day Activity & Rehab	381	379	-2	0%	x	569	518	-10%
10	10	0	0%	✓	Advocacy Consumer	67	82	15	18%	✓	122	120	-2%
6	5	-1	-13%	x	Advocacy Family	59	42	-17	-39%	x	64	71	10%
0	5	5	100%	✓	Minor Expenses	0	41	41	100%	✓	61	0	
102	118	16	13%	✓	Community Residential Beds	813	941	128	14%	✓	1,411	1,261	-12%
66	66	0	0%	✓	IDF Payments Mental Health	528	530	2	0%	✓	796	813	2%
294	303	9	3%	✓		2,268	2,430	162	7%	✓	3,644	3,359	-8%
					Public Health								
0	29	29	100%	✓	Nutrition & Physical Activity	140	228	88	39%	✓	342	328	-4%
0	7	7	100%	✓	Public Health Infrastructure	75	55	-20	-36%	x	83	82	-1%
0	0	0		✓	Social Environments	0	0	0		✓	0	-15	100%
78	6	-72	-1293%	x	Tobacco control	96	45	-51	-114%	x	68	58	-17%
78	42	-36	-86%	x		311	328	17	5%	✓	493	453	-9%
					Older Persons Health								
0	0	0		✓	Information and Advisory	22	0	-22		x	0	0	
4	0	-4		✓	Needs Assessment	33	0	-33		x	0	0	
83	36	-47	-128%	x	Home Based Support	409	393	-16	-4%	x	595	708	16%
10	10	-1	-5%	x	Caregiver Support	89	76	-13	-17%	x	114	130	12%
214	156	-58	-37%	x	Residential Care-Rest Homes	1,878	1,355	-523	-39%	x	2,030	2,344	13%
-2	0	2		✓	Residential Care Loans	-35	0	35		✓	0	-113	100%
13	10	-3	-27%	x	Residential Care-Community	96	82	-14	-18%	x	122	48	-155%
279	342	63	18%	✓	Residential Care-Hospital	2,393	3,076	683	22%	✓	4,622	3,949	-17%
0	5	5	100%	✓	Ageing in place	12	43	31	72%	✓	65	12	-440%
7	7	0	1%	✓	Environmental Support Mobility	29	57	28	49%	✓	85	28	-204%
12	6	-6	-94%	x	Day programmes	88	50	-38	-77%	x	74	75	1%
10	12	2	17%	✓	Respite Care	126	95	-31	-32%	x	143	118	-21%
108	108	0	0%	✓	IDF Payments-DSS	864	866	2	0%	✓	1,300	1,060	-23%
738	692	-46	-7%	x		6,004	6,093	89	1%	✓	9,151	8,359	-9%
3,829	3,865	37	1%	✓		31,176	32,111	935	3%	✓	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 for the month of February 2012 was \$37k (1%) better than budget and year to date payments are \$935k (3%) better than budget.

Commentary on year to date variances

Referred Services

Community pharmaceuticals are \$168k less than budget (actual cost to date has not followed the way the budget has been phased) and laboratory services are \$53k less than budget – payments for blood products to private hospitals and tests via Medlab.

Secondary Care

Secondary Care services are \$274k less than budget, with travel and accommodation paid under the National Travel Assistance (NTA) scheme being \$125k less than budget to date. 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. Inter-District Flows (IDFs) reflected for the year are cash payments made and based on the budget for IDFs. Inpatient costs are \$126k less than budget (electives performed by external providers).

Primary Care

Whanau Ora service costs are \$106k less than budget. Maori service development is \$11k more than budget reflecting the new contract. Although discretionary costs (chronic conditions and palliative care) are less than budget palliative care costs in February were \$49k more than budget as invoices relating to prior months were received in the month. Palliative care is expected to be on budget for the remainder of the year. Capitation payments are \$120k 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. Expenditure is funded by the Ministry of Health.

Older Persons Health

Overall expenditure (residential and non residential) is just less than budget year to date (by \$89k or 1%) less. These costs are mainly demand driven with prior approval required to access (via Carelink and Home Based Support services). Funding for these services has also been made more flexible (as seen in some of the variances to budget) with contracts for home and community based care which enable people to remain in the community and delay entry to residential care.

PLANNING AND FUNDING OVERVIEW

Key Messages from the West Coast Alliance Leadership Team (ALT) Meeting

Progress reports were delivered by the three workstreams; Health of Older Persons', Buller IFHC and Grey IFHC & Regional Hospital. It was agreed that all workstreams are progressing well with a recommendation from ALT that a 'road map' be produced for each workstream regarding the processes / implementation plans in order to provide clarity to the west coast health system, particularly regarding the workforce development and roles required under the new system.

The recommendation for a new Pharmacist 2GP Liaison service was presented by local pharmacists and discussed by ALT. The service involves having a pharmacist based at medical practices on a regular basis as a liaison for tasks such as alerting GPs to changes and new meds and MedTech set up. This would benefit the patient journey by saving time and improving the quality of care. ALT supports the principal of the proposed service and has requested the team develop more information regarding the evaluation framework, as to how to best capture the outcomes of such a service prior to sign off.

The ALT endorsed the PHO Flexible Funding Pool 2012/13 plan and the continuation of the programmes. Evaluation of the programmes was discussed with ALT expressing an interest in receiving evidence around the delivery of these programmes toward the end of 2012.

Access to MedTech for medical, nursing, allied and other staff has been identified as a priority for the successful implementation of an integrated health system and a number of staff currently using the District Health Board's hospital patient information system should access MedTech. An update on the progress towards this was provided to the ALT and a proposed workplan for expanding the use of MedTech. Of particular note was the discussion with the MOH regarding reporting requirements and the permission to collate and supply information by other means which has traditionally been restricted to the IPM system.

The West Coast ALT's next meeting is being held on Thursday, 17 May 2012.

2012/2013 Annual Plan and Statement of Intent

The first draft of the 2012/2013 Annual Plan and Statement of Intent (APSOI) has been submitted to the Ministry of Health and is currently under consideration, and their feedback is due back at the end of April.

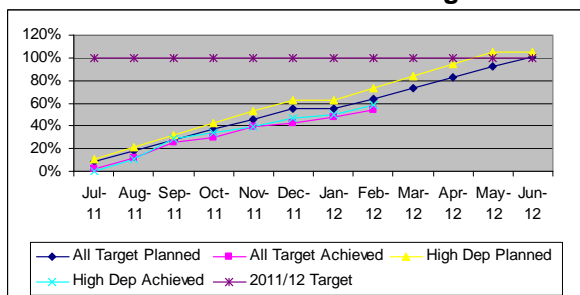
Progress against key target areas for the period ending February 2012

Publication of progress reports against the government's health targets for the period ending March 2012 will not be available until late April.

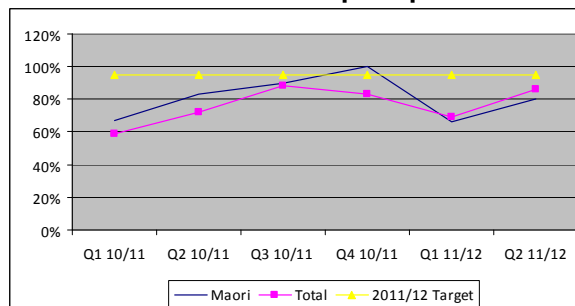
Progress reports against internal targets are as follows:

Prevention Services

B4 School Check coverage



Percentage of hospitalised smokers given advice and help to quit



ACHIEVEMENTS/ISSUES OF NOTE

B4 School Check: With 67% of the 2011/12 financial year gone, the West Coast District Health Board has achieved 54% of all target population and 58% of high needs target. These results are not significantly below the national average of 61% for both indicators, however, there is a risk the West Coast District Health Board might not achieve its target for all target population for 2011/12 if the rate of checks completed per month remains the same. The B4SC Coordinator and the public health nurses will be conducting extra checks during the April school holiday period, and at schools during the months of May and June.

Antenatal HIV Screening: There is no update for AHIV – this programme now reports six monthly.

Immunisation: The quarter 3 report is not yet available but for the three months ending February 2012, 83% of all children turning 2 years old were fully immunized compared to 79% for the three months ending February 2011. The coverage for Maori Tamariki two year olds for the three month period ending February 2012 is 86%, similar to the coverage for the same period ending February 2011.

The total coverage rate for the 12 months ending in February 2012 is 84% - 2% more than the coverage for the 12 months ending in February 2011. Likewise, the coverage for Tamariki Maori turning two years for the 12 month ending in February 2012 (88%) increased by 2% compared to the coverage for the same period ending February 2011.

There is still high opt off and decline rates and work on reducing the decline rates and achieving the highest possible immunisation coverage rate continues to be a focus in both primary care and for the Outreach Immunisation Services. The National Immunisation Week on the 23 - 29 April 2012 will be utilised to promote immunisation and raise community awareness of the importance of immunisation; the importance of immunising on time; role of outreach activities, promoting local immunisation services and have integrated activities.

	3 months ending February 2012				12 months ending February 2012			
	Fully Immunised	Opt Off	Declined	Un known	Fully Immunised	Opt Off	Declined	Un
#	100	8	10	3	389	29	36	11
%	83%	6.6%	8.3%	2.5%	84%	6.2%	2.7%	2.4%

Pertussis update: Between 1May 2011 and 24 February 2012 there have been 431 notifications of suspected Pertussis received by Community and Public Health's West Coast Office. Of these notifications 264 are either confirmed or probable cases and five are under investigation. Although case numbers are declining, the incidence is still well above endemic rates.

Smokefree Health Target – ABC Implementation:

Secondary

Quarter 3 Results to-date:

January 2012 – 86%

February 2012 – 96%

The percentage of smokers given support to quit continues to increase each month (December 83%), with February being the first month of 2011/12 the health target of 95% has been met. Most wards within the District Health Board are now regularly achieving 100% or close to for ABC, it is important support is continued in these wards but the focus of the smokefree staff will be to bring all wards to this standard and then sustain this positive change. Visibility of the smokefree staff and ABC message will continue to be a priority and identifying training gaps for to result in an increase in our Quarter Three result.

Primary

Activities have continued during this reporting period to improve implementation of the ABC initiative in primary care. The Smokefree Coordinator and West Coast PHO Clinical Manager are continuing to focus on medical practice visits ('road show'), to raise awareness of the targets, discuss Quarter one and two results and discuss coding. At each visit it has been helpful to arrange a follow-up visit to ensure actions are followed up and to give practices an opportunity to come back with any questions or comments regarding the systems in place for the ABC initiative.

Training

There were two Smokefree training workshops held in March available for District Health Board staff and others in the community to improve their knowledge around ABC and providing cessation support to the West Coast community. The Smokefree ABC STEPS training (funded by the MOH) was attended by the Smokefree champions and delivered by the national trainer from Hawke's Bay District Health Board 20 attendees) and was aimed at up skilling those with a good knowledge base around ABC. A more introductory two-day Heart Foundation Quit Card training in Greymouth was also delivered resulting in 14 Quit Card providers on the Coast.

Healthy Eating Healthy Action (HEHA)

Breastfeeding Workshop

Breastfeeding education days were held in Westport and Greymouth in March. These were facilitated by Carol Bartle an international speaker on breastfeeding. The topics included an update on the latest breastfeeding research and also covered issues that were identified by the community Lactation Consultants as problem areas for mothers on the West Coast. Health professionals from both primary and secondary as well as organisations who work with families took part. A total of 49 attended the workshop (Westport – 14, Greymouth – 35).

Warm Up West Coast – Home Insulation Project: During this reporting period information regarding the Warm Up West Coast project was distributed to schools and ECE's on the West Coast with the help of the Health Promoting Schools Team at C&PH.

Data below is as of 4 April 2012:

	Number
Applications received by Healthy West Coast	230
Applications forwarded to The Insulation Company	192
Applications to be processed	12
Number of applicants declined *	26
Number of homes insulated	97

HPV:

The on-going cohort for the HPV school-based immunisation programme in 2012 are for girls born in 1999 or those in Year 8 with the HPV target for dose 1 (70%), dose 2 (65%) and dose 3 (60%).

At this stage about 45% of Year 8 girls had their HPV dose one. There is a 90% uptake of dose one for Year 8 girls in Cobden whereas in Grey Main, only about a quarter of Year 8 girls had dose one. Those who declined vaccination will be sent a letter by the Manager Cervical Screening with another consent form before the 2nd round of HPV vaccination.

HPV vaccination for Hokitika is done off school site at the Hokitika Health Centre.

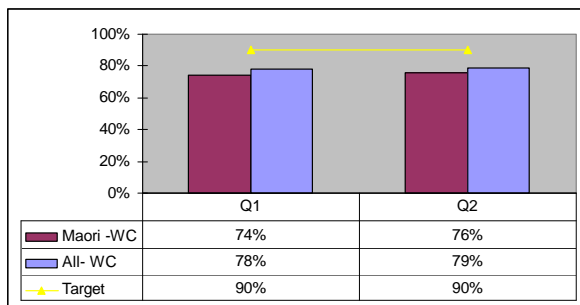
Family Violence Intervention: Routine Screening of women aged 15+ accessing hospital services continues in the identified 'priority' services (mental health, alcohol and other drug, emergency department, child health, maternity and sexual health services). As reported last time 17% of women accessing hospital services were screened for family violence during the period 1 July – 31 December 2011. This is 33% lower than the District Health Board target of 50%. Of the 398 women screened for family violence 23 women (5%) screened positive. The next six-monthly report will be available in July.

	1 January - 30 June 2011	1 July – 31 Dec 2011
Number of women screened	460	398
% of women screened	20%	17%
Number of women screened positive	25	23
% of women screened positive	5%	5%

Chart audits undertaken in 5 services (20 charts per service) found 39% of women were screened for family violence indicating that screening rates maybe higher, but are not being recorded electronically. Different IT systems are posing some difficulties in correlation of data in this regard. On-going family violence training to staff is aiming to address the quality and accuracy of data relating to our screening rates, as well as the uptake in the number of women screened.

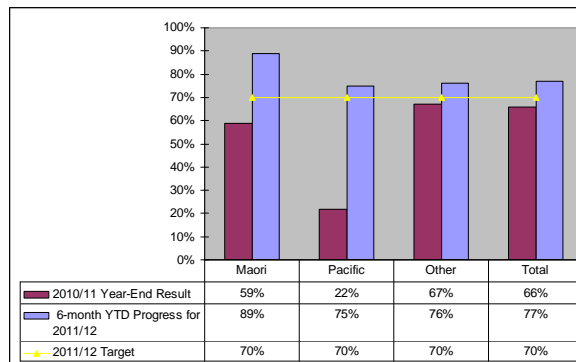
Early Detection and Management

CVD Risk Assessment



Data for period to 31 December only. Quarter 3 data will not be available until late April.

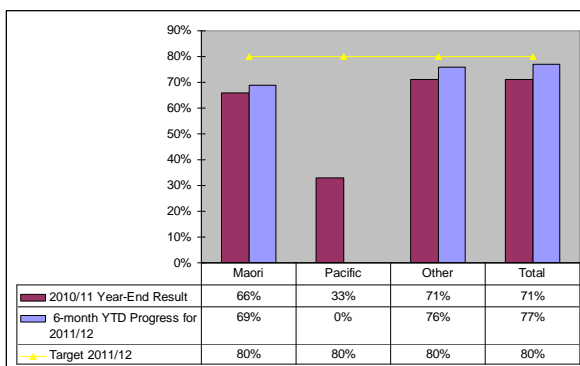
Diabetes Detection



% of people estimated to have diabetes who have had their free annual check during the current year to date, against YTD target

Data for period to 31 December only. Quarter 3 data will not be available until late April.

Diabetes Good Management



% of people with diabetes who have HBA1c levels at or below 8.0 when assessed at free annual diabetes check.

Data for period to 31 December only. Quarter 3 data will not be available until late April.

CVD Risk Assessment: As noted last report, the District Health Board achieved 79% in Quarter two, 2011/12, 1% higher than the last quarter and 6% more than the national average of 74%. The target for this measure is 90%. The Ministry of Health has noted the good actions and plans that have been implemented. Quarter Three data will not be available for analysis until late April.

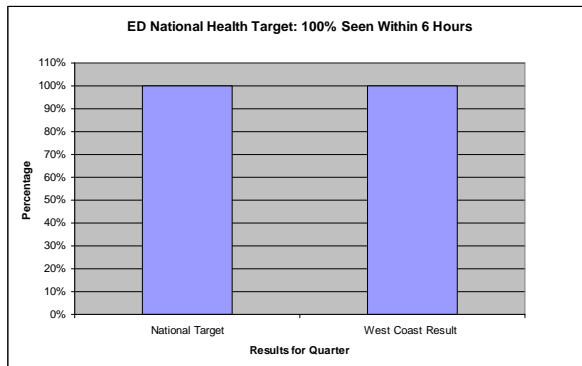
Primary Mental Health: As noted last report, brief Intervention Counselling (BIC) was provided in primary care to 62 new clients in Quarter two 2011/12, 7 aged 0-19 and 55 aged 20+. Outcome data indicates that significant changes were made to the level of psychological distress and that this was maintained over time.

The averages GHQ score (a 30 point score of psychological distress) on entry to the service was 24, with a reduction in the average score post BIC to 5 and an increase to 11, 6 months post intervention. Quarter three data will not be available until late April.

Oral Health The community dental service is continuing to implement a preventative model of care. According to the recent West Coast District Health Board School Dental Service data, the percentage of children who are caries free has increased by 9% in 2011 (61% -caries free) calendar year compared to the 2010 calendar year (52%). The Mean DMFT (Decayed, Missing and Filled Teeth) for Year 8 children is 1.39 in 2011 calendar year compared to 1.32 in the 2010 calendar year which is not statistically significant.

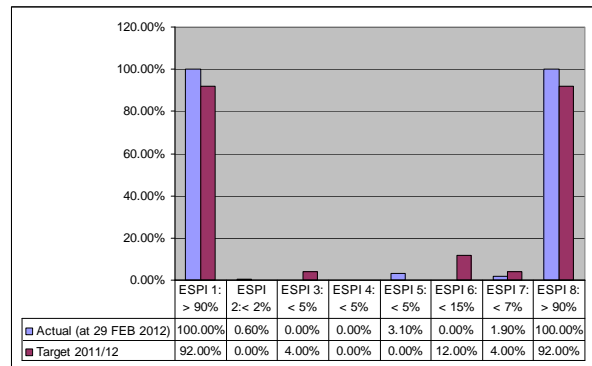
Intensive Assessment and Treatment Services

Emergency Department Waiting Times – YTD Performance to 31 March 2012



Results for the 9 months to 31 March 2012 stand at 99.7% of patients seen, treated within 6 hours.

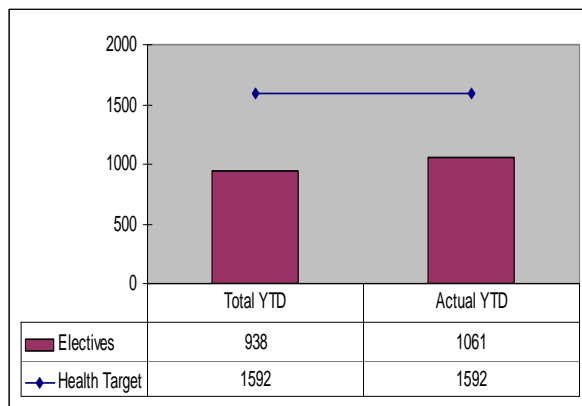
Improving Outcomes for Elective Services: Elective Service Performance Indicators (ESPI)



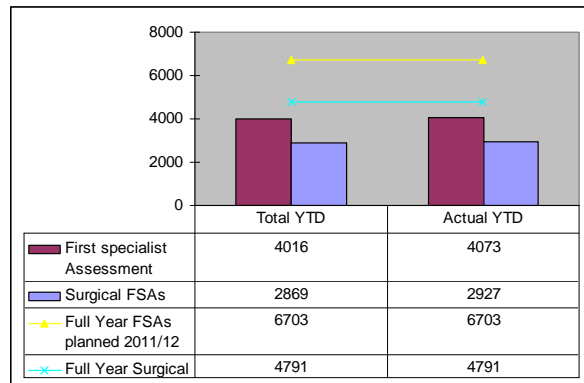
Results as at 29 February 2012.

It is noted that while the results are on target, we would be outside ESPI compliance in ESPI2 and ESPI5 if measured against new targets it comes into force from July 2012 (as would most other District Health Board's). The Provider Arm is working to address this in the build up to these new targets taking effect.

Improving Outcomes for Elective Services: National Health Target - Elective Surgery Service Throughputs to 31 December 2011.

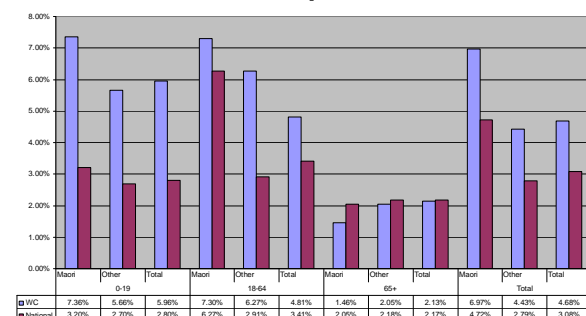


Improving Outcomes for Elective Services: Ambulatory Initiative Throughput (Specialist Outpatients) to 31 December 2011.



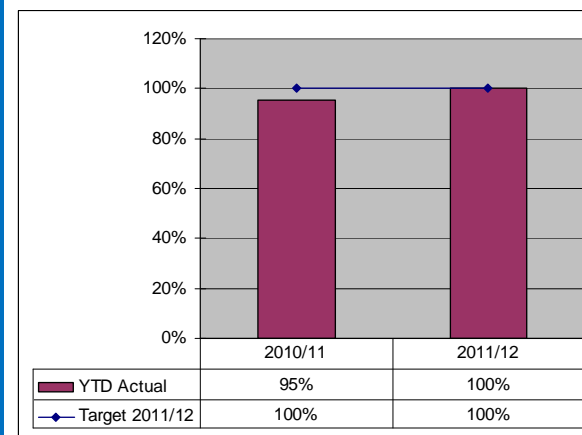
Data for period to 31 December only. Quarter 3 data will not be available until late April.

Access to Specialist Mental Health Services 1 October 2010 – 30 September 2011



Updated national data for this measure is not yet available from the Ministry of Health.

Radiation Therapy Treatment Services Waiting Times



% of patients in Category A, B & C who receive radiation oncology treatment less than 4 weeks of their first specialist assessment (as defined by National Health Target definition of measurement)
Actual results to 29 February 2012.

ACHIEVEMENTS/ISSUES OF NOTE

Radiotherapy Waiting Times Data

There have been three patients in the current financial year to 19 March 2012 who have exceeded the four week waiting time to commence radiotherapy treatment (two in the July-September 2011 quarter and one in February 2012). None were delayed due to capacity constraints, which is the factor that determines performance against the national health target; but rather, by patient choice and by clinical management considerations. As such, West Coast District Health Board performance against the national health target remains at 100%. All other West Coast domiciled patients treated in the priority treatment categories (acute; curative; palliative; and radical) have commenced treatment with four weeks of referral.

Mental Health Collaborative Initiative

Te Pou and Matauraki attended the meeting in Greymouth on 22 February 2012 at the request of the Collaboration Initiative to outline how they can assist with training on the West Coast for the Let's Get Real (LGR) and the Co - Existing Problems (CEP) projects. An overview of these projects was provided. A decision was reached to undergo a Process Mapping exercise facilitated by Te Pou/ Matauraki on 26 April 2012 as starting point what each service provides so that areas of duplication are identified as well as possible areas for closer integration. The group is considering changing the terms of reference and membership of the collaboration initiative group to resemble the *Future Directions* model in Southland.

Elective Services: National Health Target - Elective Surgery Service Throughputs to 31 January 2012: (latest confirmed results)

The year to date (YTD) report as of January 2012 shows that there were 1061 actual raw surgical discharges, 113% against the planned 938 surgical discharges. These discharges resulted in case weight discharges (CWD) of 1470; which was over-delivery at 115.8% of planned year-to-date volume, and is equivalent to 66.7% of the total planned CWD delivery for the financial year.

2011/12 Elective Surgery	Raw Discharges	Caseweight Discharges
Total Planned YTD Volume	938	1269.4
Actual YTD Delivery	1061	1470.1
% Delivered Against Plan	113.1%	115.8%

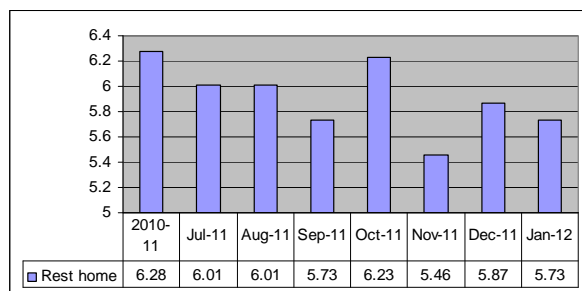
Elective Services: Ambulatory Initiative Throughput (Specialist Outpatients) to 31 January 2012: (latest confirmed results)

Overall first specialist outpatient assessment services for all specialties have been delivered at 101.4% of planned services for the 7-month period to 31 January 2012; and stand at 60.7% of the 2011/12 total planned. Total delivery YTD is 4073 attendances.

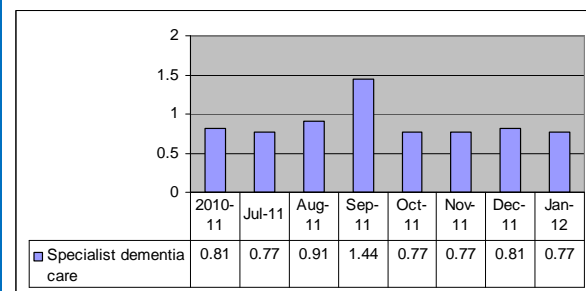
Similarly, the surgical first specialist outpatients has been delivered at 102.0% of planned YTD volume; which is equivalent to 59.9% of the 2011/12 total planned surgical FSAs.

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 – The establishment of a Chronic Care Clinical Network (with Canterbury District Health Board geriatrician input) has been incorporated into the 2012-13 Annual Plan and budget, following a clinical kaizen workshop and consumer focus group. An external review has been completed to inform the staffing and organisation changes needed for the CCCN to start operating by July.

Restorative homecare model – following the external review, work on this is now being aligned with the changes being made to Canterbury services. Both homecare providers are actively upskilling their staff, with Planning & Funding support.

Community-based Respite care – Presbyterian Support Upper South Island are now providing a community respite service based out of the homes of three of the current HomeShare hosts.

Dementia training – the newly appointed dementia training coordinator will start training in residential care facilities in April/May.

Residential facilities – Planning & Funding continue to monitor the quality of care at aged care residential facilities.

COMMUNITY AND PUBLIC HEALTH (CPH)

Pertussis (Whooping Cough)

The West Coast pertussis outbreak that began in May 2011 is still with us. Although case numbers continue to decline they are not yet back to usual endemic (between outbreak) levels. Community-wide pertussis outbreaks often last between 12-18 months. Nelson, Marlborough and Canterbury (as well as several North Island districts) continue to experience outbreaks of pertussis.

Between 1 May 2011 and 30 March 2012 there have been 454 notifications of suspected Pertussis received by Community & Public Health's West Coast Office. Of these notifications 277 were either confirmed or probable cases. Despite the high number of cases on the West Coast we continue to have the lowest rates of infection in under one year olds in any district experiencing an outbreak currently. Limiting spread to under one year olds is the main goal of pertussis outbreak management because they are the age group most susceptible to serious complications.

Community and Public Health continues to monitor the outbreak, and the West Coast District Health Board-funded targeted booster vaccination campaign for healthcare workers, parents of infants, and early childhood education staff is still operating for the time being.

Nutrition Education

We have just completed our first Appetite for Life (AFL) course for the year in Greymouth. AFL is a six-week programme for women motivated to make lifestyle changes to prevent weight gain, lose weight and/or develop healthy eating and exercise habits. It aims to provide women with the skills, knowledge and confidence to make positive sustainable changes to their food choices and activity levels. The programme addresses physical activity, nutrition and social and environmental influences on food choices. Food tasting reinforces the theme for each session. The next course is planned for May in Hokitika.

A Senior Chef course began last month in Hokitika. This is a basic cooking course to improve cooking skills in older men. A Cooking Skills for Life Skills course has also been completed in Blackball. CPH's community dietician has delivered sessions on nutrition to Green Prescription groups in Greymouth, Reefton and Westport. She has also delivered nutrition education and support given to a number of early childhood centres in both Greymouth and Hokitika.

Smoking survey shows positive results for West Coast young people

The Action on Smoking and Health (ASH) Year 10 smoking survey shows that smoking rates among West Coasters aged 14-15 years are steadily decreasing on the West Coast and around New Zealand. The West Coast data are based on a group of 282 secondary school students who were surveyed in 2011.

The ASH Year 10 survey has run each year since 1999. Over 32,000 students around New Zealand took part making it one of the largest youth smoking surveys in the world. The survey is conducted on behalf of Action on Smoking and Health, Health Sponsorship Council and the Ministry of Health. The survey takes an annual snapshot of smoking behaviour of Kiwi teenagers aged 14-15.

The number of Year 10 students around NZ in 2011 who indicated that they are daily smokers is 4.1% (a decrease from a figure of 5.5% in 2010).

West Coast data include:

- 4.3% of Year 10 students surveyed indicated that they are smoking daily. This is a massive decrease from the 22.5% who were daily smokers in 1999.
- Almost three quarters of West Coast Year 10 students (74.5%) have never smoked (compared with 25.7% who had never smoked in 1999).
- 5.8% of female Year 10 students smoke daily.
- 2.8% of male Year 10 students smoke daily.

The full report is available to download from www.ash.org.nz

Submissions to local councils on transport, waste and long-term plans

Community and Public Health is compiling a submission on the West Coast Regional Land Transport Programme on behalf of Healthy West Coast. The submission will emphasise the importance of support for active transport modes in the region.

The Medical Officer of Health is also preparing comments on the draft waste assessments prepared by West Coast district councils under the Waste Minimisation Act 2008. Councils are obliged by this legislation to consult their local Medical Officer of Health to ensure that their proposals for waste management minimise public health risks.

Community and Public Health will also be preparing submissions on local council Long Term Plans which will be consulted on over the next few months.

MAORI HEALTH

Hui Rata Board

The General Manager Maori Health and General Manager Planning and Funding meet with the Rata Te Awhina Trust Board on the 28 March 2012 to discuss important strategic issues relating to Maori health. The meeting had some very positive outcomes.

Maori Health Plan 2012-2013

The first draft of the Maori Health Plan 2012 -2013 is complete. The plan has had input from a number of clinicians from the West Coast PHO and the West Coast District Health Board. The first draft is available to members of the Maori Community, and clinicians for further feedback and analysis.

Maori Health Review

The consultation part of this review is nearly complete. A number of staff from the following services has been consulted in relation to the objectives of this project. These include the Maori Health Provider, Maori Mental Health Service, Oral Health, Planning and Funding, Immunisation Services, Oral Health Services, Smoking Cessation, Allied Health, West Coast PHO, Buller Health, Oncology, Long Terms Conditions, Diabetes, Hokitika Medical Centre, Rural Academic General Practice, South Westland Medical and Greymouth Medical Centres. In addition there was a hui with the Maori community at Arahura on the 29 March 2012 and as a result a draft report is now in the process of being written.

Programme of Action - Whanau Ora

He Oranga Pounamu has distributed the first draft Programme of Action by the Te Wai Pounamu Whanau Ora Collective 2012 -2015 to regional General Managers Maori for their feedback. The draft document describes the programme of action. It will be a significant challenge bringing together twenty two kaupapa Māori providers of primary health and social services across Te Wai Pounamu in a area of some 150,000 square kilometres, making it New Zealand's largest Whānau Ora collective both geographically and in terms of the number of providers.

Consultation Hui

It is important to engage Maori communities of Te Tai O Poutini regarding the proposed changes to our health system. A hui was held at the Arahura Marae on the 27 March 2012 which was facilitated by the Chief Medical Officer and the General Manager of Maori Health. Another hui is planned for the Buller on the 16 April 2012. The Maori Health Manager also met with the members of the Buller implementation team for Better Sooner More Convenient particularly to discuss the implementation of the specific Maori health objectives due in July 2012.

QUALITY

Quality Roles

Vacancies within the District Health Board quality team have now been filled. Once all new appointees are fully in role (expected June 2012) the organisation will be better resourced to support robust quality systems across the West Coast health system.

Certification

The scheduled certification surveillance audit occurred in March with auditors from Verification NZ visiting services in Greymouth, Buller and Reefton. While a formal written report is yet to be received, verbal feedback given at the conclusion of the audit indicated significant progress over the past 12 months. Auditors commented on the “phenomenal amount of work done” and that changes made in both structure and process represented deep system change that will make a lasting positive difference. They noted that patients and family alike spoke highly of the care received. While areas for continued progress were highlighted, and a significant amount of work remains to fully achieve compliance in some areas, the risk related to outstanding corrective actions has dropped as a result of the progress already made.

Serious and Sentinel Events

Nationally, Quality Managers have been working with the Health Quality and Safety Commission to review the National Reportable Events Policy, with a view to more consistent reporting and investigation of serious incidents, and to maximise the opportunity for learning. While some aspects are still under discussion, in particular the format of the tool used for assessing the severity of incidents, the policy itself has been agreed, with full implementation expected by 1 July 2012. For the West Coast District Health Board minor changes to the Serious Incident Reporting and Investigation procedure are needed, however these relate primarily to timelines and the format for Reportable Event Briefs rather than a significant change in practice. Education will be developed locally to reflect the changes, and to support fuller implementation of our process.

RISK MANAGEMENT

Introduction

Management is continuing to develop an improved risk management strategy, with the support of Deloitte.

Reporting and review of key risks

An Executive Risk Management Committee has now been established and is meeting regularly to further define and identify mitigations/controls in place and proposed for each of the top 14 risks identified. The Committee will review the 14 risks on a rolling timetable and report to Quality Finance, Audit and Risk Committee (QFARC) at every meeting on two risks thus providing for each individual risk to be reviewed by QFARC at least once a year, enabling ongoing active discussion and monitoring.

The ongoing support of Deloitte in ensuring robust processes are in place is acknowledged and welcomed by the Executive Risk Management Committee.

COMMUNICATIONS

Building trust and confidence in the health sector on the West Coast via strategic communications.

- Posters originally presented at the Community Health Expo in December 2011 were displayed in Karamea, Westport, Reefton, Greymouth, Hokitika, Hari Hari and Franz Josef.
- Dr Carol Atmore led a series of public meetings up and down the West Coast on the future direction of the health system on the West Coast. The meetings were advertised in the local media, who also received a media release regarding them and community groups were also individually invited

Each meeting raised issues that were most important to the people of their area. Common themes included

- Transport
- General Practice issues
- Provision of Hospital services
- Discharge planning

Grey Integrated Family Health Centre / Hospital redevelopment

- A series of “leaked” emails regarding future provision of orthopaedic services at Grey Base Hospital generated several articles in the local media and attracted several letters to the editor.
- A comprehensive response discussing the services and the way forward for West Coast health services was prepared and distributed.
- Further leaked material from wide ranging clinical discussions on the future provision of services on the West Coast have also contributed to an article entitled “Drastic hospital changes mooted” which appeared in the Greymouth Star.
- A perspective / opinion article is being prepared for publication in the Greymouth Star explaining the need for such discussions, the stage they have reached and the likely path forward, together with reiterating the overall goal of providing safe, high quality health care services for the population of the West Coast.

Buller Integrated Family Health Centre

- A media release announcing the District Health Board seeking Expressions of Interest from those keen to be involved in the development of the proposed integrated family health centre for the Buller region. The District Health Board is seeking a party or parties with the required capacity to develop a facility “that supports our strategic objective of a balanced and sustainable ‘whole of health’ system.

Proactive media relations

- Release made regarding patients not attending booked outpatient appointments.
- Release distributed encouraging vaccination prior to the 2012 flu season.
- Two stories along with photos were prepared for Countdown to be used in publicity for the Countdown Kids hospital appeal.

Other projects

- Work on updating the West Coast District Health Board website and intranet continues as one of the communications tactics outlined in the strategic communications plan. Some collaboration with the Canterbury District Health Board may be possible as they also look at refreshing their website and intranet.

- The second *Report to the Community* was well received throughout the West Coast and attracted favourable comment from the Minister of Health.
- Now that the mobile telehealth technology is installed and working well and the wireless network has been installed it is appropriate that we mark this with an appropriate ceremony. This will occur on Thursday, 3 May 2012.
- Invitees will be given the opportunity to join the ceremony via telehealth – this will show the technology working and also illustrate the advantages of people not having to travel.
- The launch will include demonstration of the technology and some case studies of how this technology has already made a difference and will acknowledge everyone involved in bringing this project to fruition.

RECOMMENDATION

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

Author: Executive Management Team - 12 April 2012
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CLINICAL LEADERS' REPORT

TO: Chair and Members
West Coast District Health Board

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

DATE: 20 April 2012

CLINICAL GOVERNANCE AND LEADERSHIP

Community Meetings:

The series of public meetings to outline the direction the West Coast District Health Board is heading in, and asking for feedback were held late March 2012, at Westport, Reefton, Greymouth, Hokitika, Arahura and Franz Josef. Although small numbers attended, the discussion and feedback was very useful. Transport in particular generated a lot of discussion.

West Coast District Health Board Vision:

The draft vision for West Coast District Health Board has been developed, with some community and staff input, proposed as:

The West Coast Health System - supporting you to be well

Future health care services in the West Coast will be delivered as an integrated health system, people centred, outcome focused

Model of Care – Grey:

The model of care development is informing the development of the indicative business case for the Grey Integrated Health Centre/Service, and Regional hospital redesign. This work is on track for being submitted at the end of June.

Transport

Transport is a key part of improving our health services. The various pieces of work that are happening throughout the region are being pulled together so that we can develop a coordinated plan to improve transport and accommodation issues throughout the region.

Alliance Leadership Team: A productive second meeting of the leadership team of mainly clinicians occurred in March 2012. Progress reports were delivered by the three workstreams; Health of Older Persons, Buller Integrated Family Health Centre and Grey Integrated Family Health Centre and Regional Hospital. It was agreed that all work streams are progressing well with a recommendation from ALT that a 'road map' be produced for each work stream regarding the processes / implementation plans in order to provide clarity to the West Coast health system, particularly regarding the workforce development and roles required under the new system.

MEDICAL

Recruitment

Ongoing recruitment efforts in general practice and hospital services are beginning to bear fruit, with a number of candidates being well advanced through the recruitment process.

NURSING AND MIDWIFERY

Nursing has been working towards developing a more mobile workforce across the clinical areas with opportunities taken up by some nurses to move to alternate areas to increase their generalist skill set and knowledge, while addressing vacancies within FTE. This supports the future nursing component of the model of care and ensures a graduated approach to this new way of working. Best utilisation of nursing hours on a day to day basis across the clinical areas compliments this, with the introduction of a new tool working with daily TrendCare data and care capacity demand management systems. This ensures the areas with increased clinical demand are resourced appropriately and safely, while the corresponding clinical areas with reduced clinical demand are not over resourced.

An Acute Care Study day was run on the 29 March 2012 at Grey Base Hospital by the Rural Health Professional Development Team. 47 participants including nurses, physiotherapists and ECG Technicians attended the day with excellent feedback received regarding relevance to clinical practice and the standard of the presentations.

A workshop is planned for the 26 April 2012 for District Nursing teams and Home Based Support teams to begin work on aligning these services. The day will include group sessions to discuss shared workloads and Assessment Care Plans. Closer collaboration and teamwork will enhance care delivery and quality of service for care in the community. A pilot will be run in Greymouth with a roll out to Hokitika following.

Greymouth will be hosting the 34th NZNO National Enrolled Nurse Section Annual Conference and AGM on May 23 to 25 May 2012.

ALLIED HEALTH TECHNICAL AND SCIENTIFIC

A new Clinical Manager of Occupational Therapy has been appointed. Social Work services continue to have had significant vacancies and external support has been provided by Canterbury.

The new Allied Health leadership framework has been shared with staff and we are beginning plans to implement. The Allied Health model of care document is in draft and is being referenced as part of the three work streams looking at new care delivery. Work continues on the collaboration with Canterbury – particularly in the area of Telehealth.

The Allied Health Advisor and Pharmacy manager attended relevant health leaders meetings – key themes discussed included service accreditation for equipment; new community pharmacy contract and community therapy service specifications; and the activities of the Health and Safety Quality Commission.

There is a workforce innovation pilot in clinical pharmacy where we are developing and testing the role of the prescribing pharmacist as part of a national HWFNZ project.

The joint working party of social work from Canterbury District Health Board and West Coast District Health Board looking at the national travel assistance processes has finished and we are now implementing the recommendations.

RECOMMENDATION

That the West Coast District Health Board receives the Clinical Leaders' Report for their information.

Authors: Chief Medical Officer, Director of Nursing and Midwifery, and Executive Director of Allied Health (WCDHB and CDHB) – 5 April 2012

FINANCE REPORT

FEBRUARY 2012

Financial Overview for the period ending 29 February 2012

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,182	6,219	(37)	x	50,311	49,916	395	√
Governance & Administration	208	212	(4)	x	1,704	1,698	6	√
Funds & Internal Eliminations	4,450	4,284	166	√	35,354	35,438	(84)	x
	10,840	10,715	125	√	87,369	87,051	318	√
EXPENSES								
Provider								
Personnel	4,388	4,027	(361)	x	34,824	34,778	(46)	x
Outsourced Services	927	813	(114)	x	8,899	7,296	(1,603)	x
Clinical Supplies	681	615	(66)	x	5,308	4,820	(488)	x
Infrastructure	1,102	907	(195)	x	7,694	7,339	(355)	x
	7,098	6,362	(736)	x	56,725	54,232	(2,493)	x
Governance & Administration	103	212	109	√	1,450	1,698	248	√
Funds & Internal Eliminations	3,562	3,599	37	√	29,040	29,975	935	√
Total Operating Expenditure	10,763	10,173	(590)	x	87,215	85,905	(1,310)	x
Deficit before Interest, Depn & Cap Charge	(77)	(542)	(465)	x	(154)	(1,146)	(992)	x
Interest, Depreciation & Capital Charge	547	551	4	√	4,098	4,408	310	√
Net deficit	470	9	(461)	x	3,944	3,262	(682)	x

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.

CONSOLIDATED RESULTS

The consolidated result for the month of February 2012 is deficit of \$470k, which is \$461k worse than budget (\$9k deficit).

RESULTS FOR EACH ARM

Year to Date to February 2012

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	\$000	\$000	\$000	
Provider Arm surplus / (deficit)	(10,512)	(8,726)	(1,786)	Unfavourable
Funder Arm surplus / (deficit)	6,314	5,464	850	Favourable
Governance Arm surplus / (deficit)	254	0	254	Favourable
Consolidated result surplus / (deficit)	(3,944)	(3,262)	682	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.

<u>Arm</u>	<u>Nature</u>	<u>Variance</u>	<u>\$000</u>
Revenue			
Funder:	Funding from Ministry of Health	√	155
Provider:	Other government revenue: ACC	√	144
	Revenue: other offsetting items	√	19
Expenses			
Provider:	Personnel Costs	x	(46)
Provider:	Outsourced services – Locum costs	x	(1,336)
Provider:	Outsourced services – clinical services	x	(447)
Provider:	Outsourced services – non clinical	√	383
Provider:	Clinical supplies: pharmaceuticals and blood products	x	(141)
Provider:	Clinical supplies: Implants & Prostheses	x	(262)
Provider:	Clinical supplies: Disposable, diagnostic and other	x	(116)
Provider:	Facilities: Depreciation	x	(170)
Provider:	Facilities: Repairs and maintenance	x	(57)
Provider:	Facilities: Utilities	x	(70)
Provider:	Transport and travel	x	(93)
Provider:	Professional fees and expenses : Insurance	x	(72)
Provider:	Information systems	√	93
Provider:	Capital charge credit (2011 financial year)	√	312
Funder:	Funder Arm: expenditure to external providers	√	908
	Other offsetting items	√	114
Year to date variance to budget			(682)

REVENUE

Consolidated revenue of \$87,369 is \$318k better than budget (\$87,051k).
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 \$395k. This is explained by:

- Internal revenue – Funder Arm to Provider Arm is \$240k better than budget (eliminated on consolidation along with the Funder cost). This includes elective volumes revenue which was budgeted as an external cost in the Funder Arm, age related care and pharmaceutical and laboratory claims.
- Revenue received from ACC is \$144k better than budget (age related rehabilitation, treatment and assessment and elective contract work).

Governance and Administration

- A donation of \$31k was received in December 2011 from the Fresh Future Trust for neonatal and child health.

EXPENSES

Consolidated

Consolidated expenditure of 91,313k is \$1,000k more than budget (\$90,313k).

Provider Arm

Personnel costs are \$34,824k; \$46k worse than budget (\$34,778k) and explained by:

- Medical Personnel costs are \$276k better than budget. This is a combination of Senior Medical Officers (including General Practitioners) being \$425k better than budget and Resident Medical Officers being \$167k greater than budget, the main reasons can be summarised as follows:
 - Vacancies across hospital and primary services, resulting in a compensating unfavourable variance under outsourced services costs.
 - Resident Medical Officers are \$167k more than budget. This is partially due to unbudgeted allowances for extra duties across RMO services and will continue for the remainder of the year.
- Nursing Personnel costs are \$685k more than budget.
 - This variance includes a one off restructuring cost incurred in October 2011.
 - The nursing costs for age related residential and hospital level care in Buller are over budget due to the increased acuity of the residents and current roster patterns. The rosters are currently being reviewed to ensure that they are appropriate.
- Allied Health Personnel costs are \$396k better than budget.
 - This is due to a number of vacancies across the service. Recent appointments have been made, these will result in improved service delivery but the favourable financial variance will not continue to the same extent in over the remainder of the year.

Outsourced Services

Outsourced services costs are \$8,899k; \$1,603k more than budget (\$7,296k).

- Outsourced Medical Costs (included in locums) are \$5,642k; \$1,284k more than budget.
This is due to vacancies reflected above under personnel costs and cover for planned and unplanned staff leave.
- Outsourced clinical services are \$2,679k, \$447k more than budget.
 - This is due to ophthalmology and orthopaedic volumes being outsourced at volumes greater than were budgeted. This is being addressed with the objective of reducing the overspend over the year as part of this will be a timing difference of when the volumes were planned and delivered. The production plan will be adjusted to take account of delivered volumes.
 - Laboratory services are \$133k more than budget (partly offset by additional internal funding).

Clinical Supplies

Overall treatment related costs are \$488k more than budget, with volumes to date for orthopaedic, gynaecology and paediatric surgery being greater than the phased budget. This in part explains the unfavourable variance as detailed below.

- Implant and prostheses are \$650k, an unfavourable variance of \$262k.
This is due to a combination of factors, including the timing and mix of cases delivered (volume of orthopaedic cases delivered to date) and budget being set at a lower than actual price for certain implants. This is being addressed via the production plan which will claw back some of the unfavourable variance by year end.
- Clinical supplies and consumables are \$116k over budget. Included in this variance are the blood costs for a single high cost patient (\$130k).
- Patient travel, although over budget for the year to date of \$14k, has shown a marked improvement for the month of February 2012 being \$30k under budget. This is the result of a project undertaken on changing the way in which we transport patients to Christchurch.

Infrastructure and non Clinical Cost

- Overall infrastructure and non clinical cost are \$7,694, \$355k over budget. Within this variance are the following specific variances:
 - Facility costs are \$1,744k, \$168k over budget. Utility costs are \$78k more than budget; these costs will continue to be over budget as prices have increased since the budget was set. Maintenance and repairs are \$57k more than budget and due to necessary maintenance.
 - Travel and Transport costs are \$712k, \$93k over budget. Fleet costs are \$77k over budget with higher fuel costs and maintenance costs than budgeted. In addition to this leasing costs are higher year to date and will reduce over the next four months as vehicles come off lease and fleet size reduces. Staff travel and accommodation costs (\$35k more than budget). Steps have been implemented to address the overspend over the remaining four months of the year.
 - Professional fees and expenses are \$96k more than budget to date. The cost of insurance premiums (excluding motor vehicle) is \$72k more than budgeted. This cost will continue to be over budget for the rest of the year.

Interest, Depreciation & Capital Charge

- Interest expense and depreciation across the organisation are on budget.
- Capital charge expense is \$312k better than budget. A credit of \$259k relating to the previous financial year was received in December 2011.

Funder Arm external payments

The District Health Board's result for services funded with external providers for the month of February 2012 was on budget and year to date payments are \$935k (3%) better than budget.

- **Referred Services**
Community pharmaceuticals are \$168k less than budget (actual cost to date has not followed the way the budget has been phased) and laboratory services are \$53k less than budget – payments for blood products to private hospitals and tests via Medlab.
- **Secondary Care services**
Secondary Care services are \$274k less than budget, with travel and accommodation paid under the National Travel Assistance (NTA) scheme being \$125k less than budget to date. 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. Inter-District Flows (IDFs) reflected for the year are cash payments made and based on the budget for IDFs. Inpatient costs are \$126k less than budget (electives performed by external providers).
- **Primary Care**
Whanau Ora service costs are \$106k less than budget. Maori service development is \$11k more than budget reflecting the new contract. Although discretionary costs (chronic conditions and palliative care) are less than budget palliative care costs in February were \$49k more than budget as invoices relating to prior months were received in the month... Palliative care is expected to be on budget for the remainder of the year. Capitation payments are \$120k 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. Expenditure is funded by the Ministry of Health.
- **Older Persons Health**

Overall expenditure (residential and non residential) is just less than budget year to date (by \$89k or 1%) less. These costs are mainly demand driven with prior approval required to access (via Carelink and Home Based Support services). Funding for these services has also been made more flexible (as seen in some of the variances to budget) with contracts for home and community based care which enable people to remain in the community and delay entry to residential care.

STATEMENT OF FINANCIAL POSITION

Cash and Short Term Investments

- As at 29 February 2012 the Board had \$3.9m in cash and short term investments. This is \$264k better than the budgeted position.
- Non Current Assets
 - Property, Plant and equipment including work in progress is \$4.8m 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 \$3.893m lower than budget; this is due to the revaluation referred to under the non current assets and deficit support of \$1m in the budget for February 2012, but not received.

RECOMMENDATION

That the Board of the West Coast District Health Board receive the Financial Report for the period ending 29 February 2012.

Author:	Chief Financial Officer – 20 April 2012
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Attachments

- 1: Financial Results for the period ending 29 February 2012
- 2: Funder Arm payments to external providers
- 3: Performance Graphs

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

29 February 2012

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	Budget	2010/11
Operating Revenue												
Crown and Government sourced	10,411	10,273	138	1.3%	10,255	84,116	83,805	311	0.4%	81,405	126,247	124,287
Inter DHB Revenue	17	11	6	60.4%	11	43	85	(42)	(49.3%)	83	127	110
Patient Related Revenue	259	263	(4)	(1.5%)	221	1,956	1,990	(34)	(1.7%)	1,863	2,965	2,828
Other Revenue	153	169	(16)	(9.3%)	149	1,254	1,171	83	7.1%	1,235	1,718	1,792
Total Operating Revenue	10,840	10,715	125	1.2%	10,636	87,369	87,051	318	0.4%	84,586	131,057	129,017
Operating Expenditure												
Employee benefit costs	4,476	4,118	(358)	(8.7%)	4,052	35,543	35,503	(40)	(0.1%)	34,810	53,396	52,704
Outsourced Clinical Services	871	738	(133)	(18.1%)	992	8,481	6,698	(1,783)	(26.6%)	8,551	9,667	13,301
Treatment Related Costs	681	615	(66)	(10.7%)	657	5,308	4,820	(488)	(10.1%)	4,742	7,292	7,707
External Providers	2,370	2,407	37	1.5%	1,975	19,531	20,440	908	4.4%	18,600	30,974	28,453
Net Inter District Flows	1,302	1,302	0	0.0%	1,491	10,389	10,417	28	0.3%	10,844	15,625	15,893
Outsourced Services - non clinical	11	129	118	91.4%	76	646	1,028	382	37.2%	765	1,508	1,245
Infrastructure Costs and Non Clinical Supplies	1,052	864	(188)	(21.8%)	856	7,317	6,999	(318)	(4.5%)	6,997	10,479	10,514
Total Operating Expenditure	10,763	10,173	(590)	(5.8%)	10,099	87,215	85,905	(1,310)	(1.5%)	85,309	128,941	129,817
Result before Interest, Depn & Cap Charge	77	542	(465)	85.8%	537	154	1,146	(992)	86.6%	(723)	2,116	(800)
Interest, Depreciation & Capital Charge												
Interest Expense	58	61	3	5.2%	58	488	490	2	0.3%	523	735	775
Depreciation	405	400	(5)	(1.3%)	401	3,202	3,198	(4)	(0.1%)	3,102	4,801	4,578
Capital Charge Expenditure	84	90	6	6.7%	66	408	720	312	43.3%	435	1,080	690
Total Interest, Depreciation & Capital Charge	547	551	4	0.8%	525	4,098	4,408	310	7.0%	4,060	6,617	6,043
Net Surplus/(deficit)	(470)	(9)	(461)	(5340.6%)	12	(3,944)	(3,262)	(682)	(20.9%)	(4,783)	(4,500)	(6,843)
Other comprehensive income												
Gain/(losses) on revaluation of property												(2,578)
Total comprehensive income	(470)	(9)	(461)	(5340.6%)	12	(3,944)	(3,262)	(682)	(20.9%)	(4,783)	(4,500)	(9,421)

West Coast District Health Board
Statement of financial position

As at 29 February 2012

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	31,226	35,416	(4,190)	(11.8%)	35,960
Intangible assets	930	1,030	(100)	(9.7%)	952
Work in Progress	21	600	(579)	(96.5%)	290
Other investments	2	2	0	0.00%	2
Total non-current assets	32,179	37,048	(4,869)	(13.1%)	37,204
Current assets					
Cash and cash equivalents	3,882	3,619	263	7.3%	1,585
Other investments	56	55	1	1.8%	55
Inventories	895	746	149	20.0%	759
Debtors and other receivables	3,625	3,303	322	9.7%	3,330
Assets classified as held for sale	136	246	(110)	(44.7%)	246
Total current assets	8,594	7,969	625	7.8%	5,975
Total assets	40,773	45,017	(4,244)	(5.3%)	43,179
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	11,195	12,445	(1,250)	(10.0%)	12,695
Employee entitlements and benefits	3,156	3,259	(103)	(3.2%)	3,227
Total non-current liabilities	14,351	15,704	(1,353)	(8.6%)	15,922
Current liabilities					
Interest-bearing loans and borrowings	1,500	250	1,250	500.0%	250
Creditors and other payables	9,090	8,859	231	2.6%	9,211
Employee entitlements and benefits	7,259	7,738	(479)	(6.2%)	7,785
Total current liabilities	17,849	16,847	1,002	5.9%	17,246
Total liabilities	32,200	32,551	(351)	(1.1%)	33,168
Equity					
Crown equity	61,753	62,741	(988)	(1.6%)	54,609
Other reserves	21,310	23,888	(2,578)	(10.8%)	23,888
Retained earnings/(losses)	(74,529)	(74,202)	(327)	0.4%	(68,525)
Trust funds	39	39	0	0.00%	39
Total equity	8,573	12,466	(3,893)	(31.2%)	10,011
Total equity and liabilities	40,773	45,017	(4,244)	(9.4%)	43,179

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

29 February 2012

in thousands of New Zealand dollars

Cash flows from operating activities

Cash receipts from Ministry of Health, patients and other revenue

Cash paid to employees

Cash paid to suppliers

Cash paid to external providers

Cash paid to other District Health Boards

Cash generated from operations

Interest paid

Capital charge paid

Net cash flows from operating activities

Cash flows from investing activities

Interest received

(Increase) / Decrease in investments

Acquisition of property, plant and equipment

Acquisition of intangible assets

Net cash flows from investing activities

Cash flows from financing activities

Proceeds from equity injections

Repayment of equity

Cash generated from equity transactions

Repayment of borrowings

Net cash flows from financing activities

Net increase in cash and cash equivalents

Cash and cash equivalents at beginning of period

Cash and cash equivalents at end of year

	Monthly Reporting					Year to Date					2011/12	2010/11
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	Actual
	11,159	10,855	304	2.8%	10,902	89,187	90,070	(883)	(1.0%)	85,738	134,640	129,181
	(4,667)	(4,118)	(549)	13.3%	(3,911)	(35,754)	(35,504)	(250)	0.7%	(34,173)	(53,394)	(52,322)
	(2,582)	(2,346)	(236)	10.0%	(2,042)	(22,464)	(19,341)	(3,123)	16.1%	(20,979)	(28,747)	(32,143)
	(2,370)	(2,407)	37	(1.5%)	(1,975)	(19,504)	(20,438)	934	(4.6%)	(18,605)	(30,974)	(28,206)
	(1,459)	(1,459)	0	(0.0%)	(1,636)	(11,645)	(11,673)	28	(0.2%)	(12,268)	(17,509)	(17,880)
	81	525	(444)	(84.6%)	1338	(180)	3114	(3,294)	(105.8%)	(287)	4,015	(1,370)
	0	0	0	0.00	0	(372)	(332)	(40)	12.2%	0	(698)	(814)
	0	0	0	0.00	0	(339)	(549)	210	(0)	(562)	(1,089)	(723)
	81	525	(444)	(84.6%)	1338	(891)	2233	(3,124)	(139.9%)	(849)	2,228	(2,907)
	21	17	4	25.7%	18	218	135	83	62.0%	735	201	820
	0	0	0		0	3,500	0	3500		1,587	0	(1,913)
	(36)	(349)	313	(89.7%)	(230)	(1,856)	(2,773)	917	(33.1%)	(2,618)	(4,250)	(3,148)
	0	0	0	0.00	0	(11)	(100)	89	(89.0%)	0		
	(15)	(332)	317	(95.5%)	(212)	1,851	(2,738)	4589	(167.6%)	(296)	(4,049)	(4,241)
	0	1,000	(1,000)		0	0	1000	(1,000)		0	4,500	7,212
	0	0	0		0	0	0	0		0	(68)	(68)
	0	1,000	(1,000)		0		1000	(1,000)			4,432	7,144
	0	0	0		0	0	0	0		0	(250)	(250)
	0	0	0		0	0	0	0			-250	-250
	66	1,193	(1,127)	(94.5%)	1126	960	495	465	93.9%	(1,145)	2,361	(254)
	3,816	2,427	1389	57.2%	459	2,922	3,125	(203)	(6.5%)	3176	3,125	3,176
	3,882	3,620	262	7.2%	1585	3,882	3,620	262	7.2%	2,031	5,486	2,922

West Coast District Health Board
 Provider Operating Statement for period ending
 in thousands of New Zealand dollars

29 February 2012

	Monthly Reporting					Year to Date					Full Year 2011/12	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2010/11
Income												
Internal revenue-Funder to Provider	5,159	5,205	(46)	(0.9%)	5,297	41,878	41,638	240	0.6%	40,954	62,459	63,504
Ministry of Health side contracts	110	144	(34)	(23.6%)	116	1,161	1,151	10	0.8%	1,208	1,727	1,835
Other Government	505	447	58	13.0%	441	4,195	4,035	160	4.0%	4,153	6,010	6,183
InterProvider Revenue (Other DHBs)	17	11	6	60.4%	11	43	85	(42)	(49.3%)	83	127	110
Patient and consumer sourced	259	263	(4)	(1.5%)	221	1,956	1,990	(34)	(1.7%)	1,863	2,965	2,828
Other income	132	149	(17)	(11.6%)	131	1,078	1,016	62	6.1%	1,009	1,488	1,461
Total income	6,182	6,219	(37)	(0.6%)	6,217	50,311	49,916	395	0.8%	49,270	74,776	75,921
Expenditure												
Employee benefit costs												
Medical Personnel	948	854	(94)	(11.0%)	815	6,871	7,147	276	3.9%	6,982	10,823	10,512
Nursing Personnel	1,997	1,795	(202)	(11.3%)	1,817	16,268	15,583	(685)	(4.4%)	15,603	23,405	23,784
Allied Health Personnel	741	723	(18)	(2.5%)	668	5,879	6,275	396	6.3%	5,785	9,426	8,768
Support Personnel	189	153	(36)	(23.5%)	167	1,455	1,329	(126)	(9.5%)	1,385	1,996	2,086
Management/Administration Personnel	513	501	(12)	(2.4%)	504	4,351	4,442	91	2.1%	4,355	6,655	6,494
	4,388	4,027	(361)	(9.0%)	3,971	34,824	34,778	(46)	(0.1%)	34,110	52,304	51,644
Outsourced Services												
Contracted Locum Services	698	459	(239)	(52.1%)	646	5,802	4,466	(1,336)	(29.9%)	6,121	6,283	9296
Outsourced Clinical Services	173	279	106	38.0%	346	2,679	2,232	(447)	(20.0%)	2,430	3,348	4005
Outsourced Services - non clinical	56	75	19	25.1%	33	418	598	180	30.1%	386	898	724
	927	813	(114)	(14.1%)	1,025	8,899	7,296	(1,603)	(22.0%)	8,937	10,528	14,025
Treatment Related Costs												
Disposables, Diagnostic & Other Clinical Supplies	130	112	(18)	(16.4%)	100	1,010	894	(116)	(13.0%)	871	1,343	1,337
Instruments & Equipment	176	146	(30)	(20.5%)	190	1,240	1,170	(70)	(6.0%)	1,179	1,754	1,896
Patient Appliances	23	31	8	25.8%	26	220	248	28	11.3%	230	370	367
Implants and Prostheses	86	49	(38)	(77.3%)	118	650	388	(262)	(67.5%)	471	583	1,007
Pharmaceuticals	157	140	(17)	(12.1%)	131	1,230	1,183	(47)	(4.0%)	1,189	1,800	1,895
Other Clinical & Client Costs	109	138	29	21.0%	92	958	937	(21)	(2.2%)	801	1,442	1,204
	681	615	(66)	(10.7%)	657	5,308	4,820	(488)	(10.1%)	4,741	7,292	7,706
Infrastructure Costs and Non Clinical Supplies												
Hotel Services, Laundry & Cleaning	316	298	(18)	(6.1%)	301	2,456	2,387	(69)	(2.9%)	2,401	3,575	3586
Facilities	220	193	(27)	(13.8%)	220	1,744	1,576	(168)	(10.6%)	1,700	2,375	2666
Transport	98	70	(28)	(40.4%)	80	712	619	(93)	(15.1%)	792	898	1036
IT Systems & Telecommunications	151	120	(31)	(26.3%)	122	925	957	32	3.3%	857	1,435	1321
Professional Fees & Expenses	42	22	(20)	(91.8%)	14	271	175	(96)	(54.7%)	142	263	285
Other Operating Expenses	165	95	(71)	(74.6%)	68	706	743	37	5.0%	621	1,129	935
Internal allocation to Governance Arm	110	110	0	0.2%	82	880	882	2	0.2%	656	1,323	984
	1,102	907	(195)	(21.4%)	887	7,694	7,339	(355)	(4.8%)	7,169	10,998	10,813
Total Operating Expenditure	7,098	6,362	(736)	(11.6%)	6,540	56,725	54,232	(2,493)	(4.6%)	54,957	81,122	84,188
Deficit before Interest, Depn & Cap Charge	(916)	(143)	773	(539.6%)	(323)	(6,414)	(4,316)	2,098	(48.6%)	(5,687)	(6,347)	(8,267)
Interest, Depreciation & Capital Charge												
Interest Expense	58	61	3	5.2%	58	488	490	2	0.3%	523	735	775
Depreciation	405	400	(5)	(1.4%)	401	3,202	3,200	(2)	(0.1%)	3,099	4,797	4578
Capital Charge Expenditure	84	90	6	6.7%	66	408	720	312	43.3%	435	1,080	690
Total Interest, Depreciation & Capital Charge	547	551	4	0.7%	525	4,098	4,409	311	7.1%	4,057	6,612	6,043
Net deficit	(1,463)	(694)	769	(110.8%)	(848)	(10,512)	(8,726)	1,786	(20.5%)	(9,744)	(12,959)	(14,310)

West Coast District Health Board Meeting Papers

Section 10 - Finance Report

20 April 2012

Page 9

West Coast District Health Board

Funder Operating Statement for the period ending 29 February 2012

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	Budget	2010/11
Income												
PBF Vote Health-funding package (excluding Mental Health)	8,522	8,345	177	2.1%	8,553	68,261	67,923	338	0.5%	66,143	97,905	101,801
PBF Vote Health-Mental Health Ring fence	1,157	1,157	0	0.0%	1,120	9,256	9,256	0	0.0%	8,960	13,884	13,440
MOH-funding side contracts	117	180	(63)	(35.0%)	25	1,243	1,441	(198)	(13.7%)	941	6,721	1,028
Inter District Flow's	157	157	0	0.0%	145	1,256	1,256	0	0.0%	1,072	1,884	1,635
Other income	21	15	6	40.0%	12	136	120	16	13.3%	148	180	216
Total income	9,974	9,854	120	1.2%	9,855	80,152	79,996	155	0.2%	77,264	120,574	118,120
Expenditure												
Personal Health	6,302	6,397	95	1.5%	6,447	51,625	51,808	183	0.4%	50,973	78,016	78,436
Mental Health	1,149	1,157	8	0.7%	1,090	9,097	9,256	159	1.7%	8,730	13,884	12,995
Disability Support	1,380	1,378	(2)	(0.1%)	1,257	11,441	11,571	130	1.1%	10,771	17,370	16,542
Public Health	107	84	(23)	(27.1%)	72	548	674	126	18.6%	661	1,011	1,009
Maori Health	50	55	5	9.3%	42	343	441	98	22.2%	335	661	503
Governance	98	98	(0)	(0.2%)	98	784	782	(2)	(0.2%)	784	1,174	1,176
Total expenses	9,086	9,169	83	0.9%	9,006	73,838	74,532	694	0.9%	72,254	112,116	110,661
Net Surplus	888	685	203	29.6%	849	6,314	5,464	850	15.6%	5,010	8,458	7,459

West Coast District Health Board

Governance Operating Statement for the period ending 29 February 2012

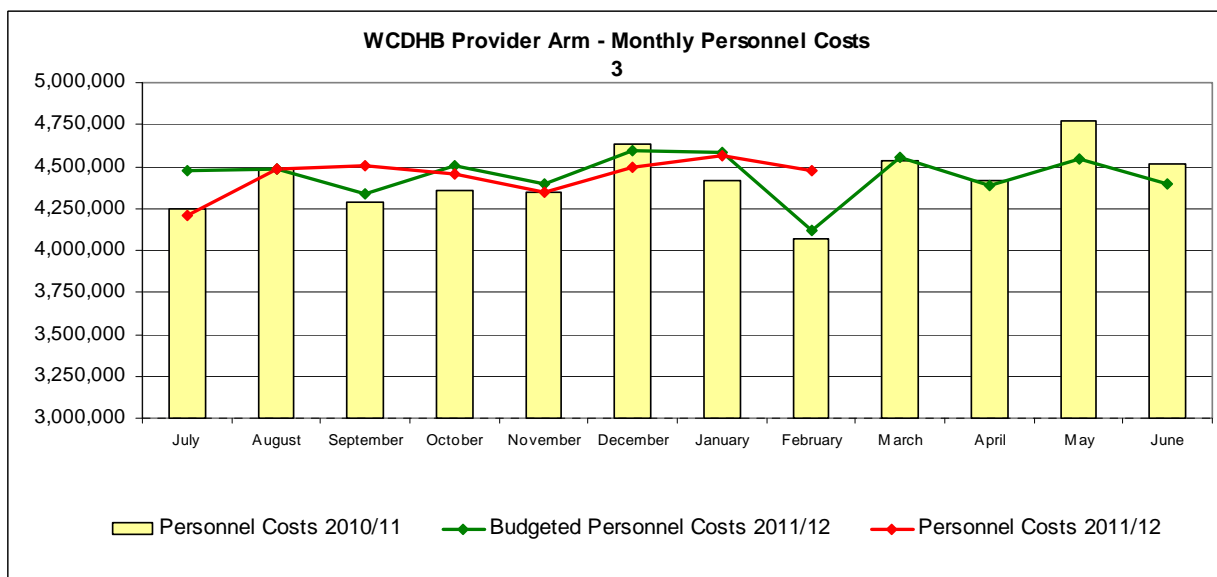
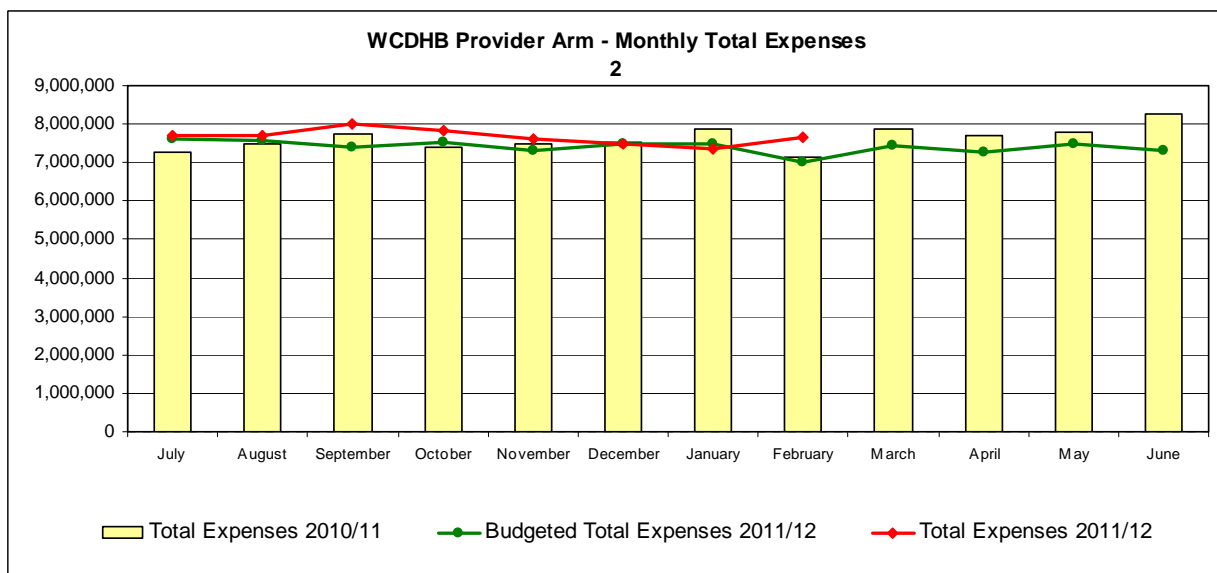
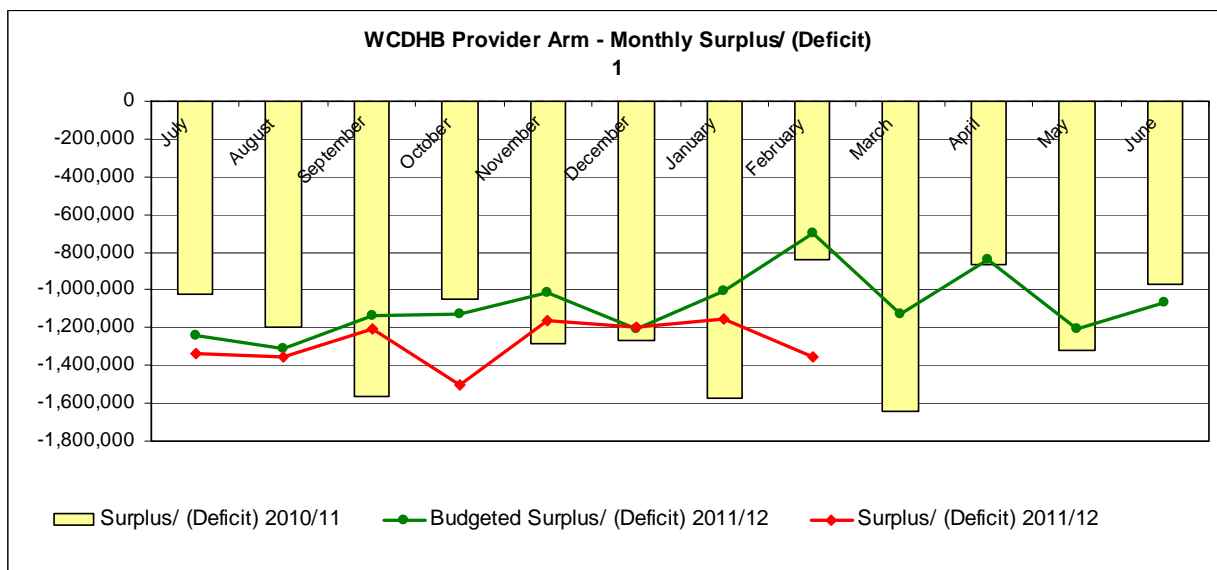
in thousands of New Zealand dollars

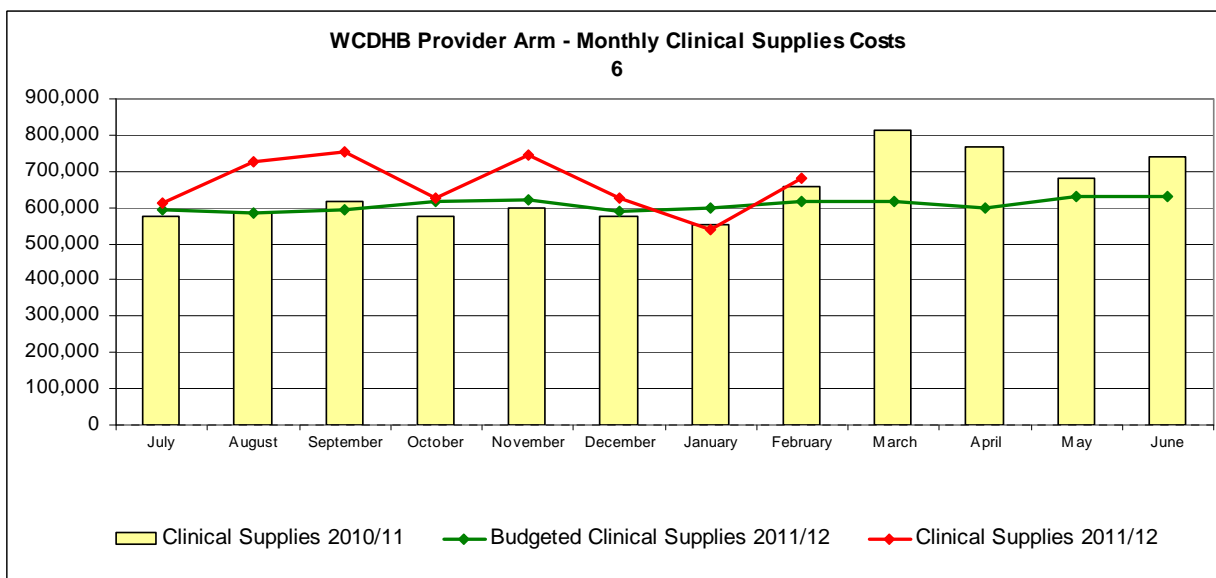
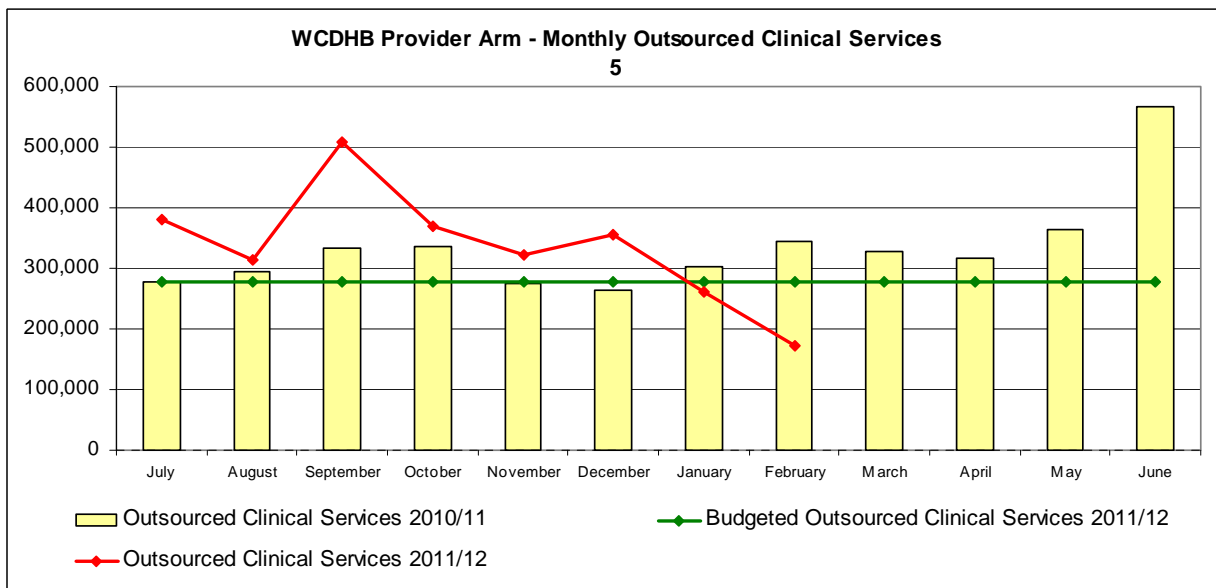
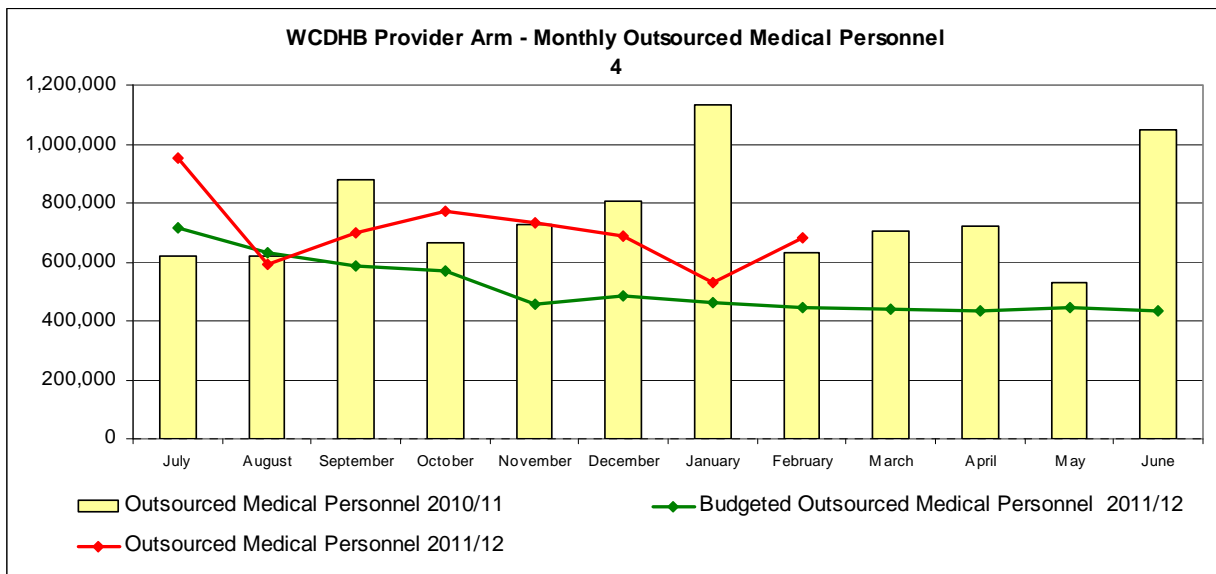
	Monthly Reporting					Year to Date					Full Year 2011/12	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2010/11
Income												
Internal Revenue	98	98	0	0.2%	98	784	782	2	0.2%	784	1,174	1,176
Other income	0	4	(4)	(100.0%)	6	40	34	6	19.0%	78	50	115
Internal allocation from Provider Arm	110	110	(0)	(0.2%)	82	880	882	(2)	(0.2%)	656	1,323	984
Total income	208	212	(4)	(2.0%)	186	1,704	1,698	6	0.4%	1,518	2,547	2,275
Expenditure												
Employee benefit costs	88	91	3	3.2%	81	719	727	8	1.1%	700	1,091	1,060
Outsourced services	(45)	54	99	183.6%	43	228	431	203	47.0%	379	646	521
Other operating expenses	36	44	8	18.7%	24	313	354	41	11.6%	243	531	373
Democracy	24	23	(1)	(3.0%)	23	190	186	(4)	(1.9%)	230	280	315
Total expenses	103	212	109	51.5%	171	1,450	1,698	248	14.6%	1,552	2,548	2,269
Net Surplus / (Deficit)	105	0	105		15	254	0	254		(34)	(0)	6

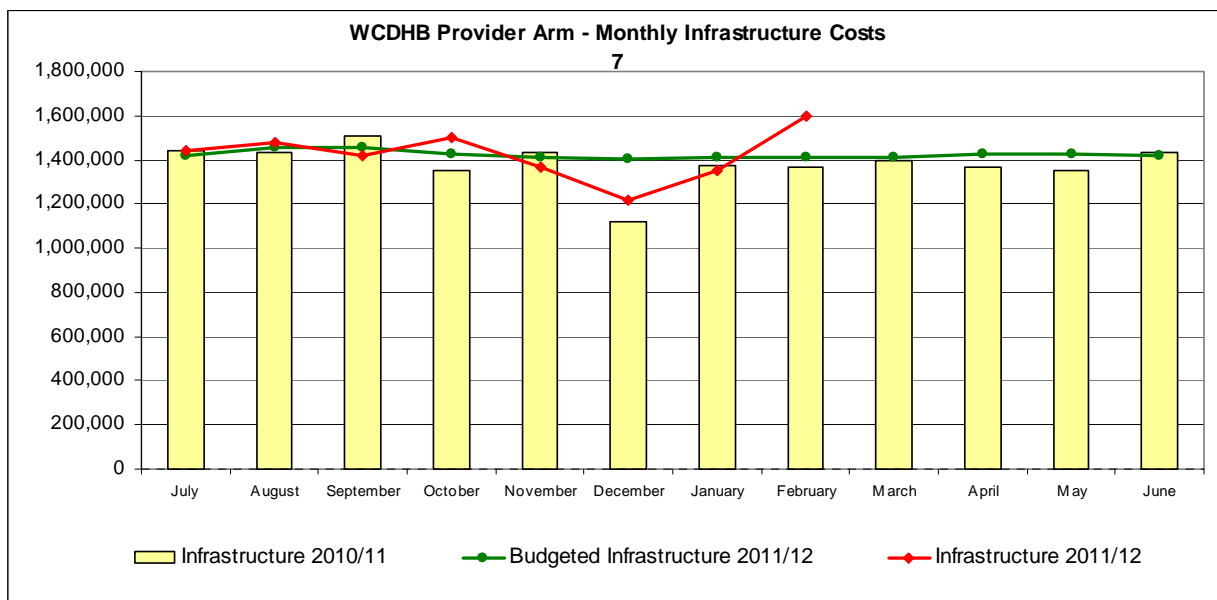
WEST COAST DISTRICT HEALTH BOARD
FUNDER ARM - PAYMENTS TO EXTERNAL PROVIDERS
as at 29 February 2012

Feb-12					Year to Date					2011/12	2010/11	Change (actual 10/11 to budget 11/12)	
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance		Annual Budget	Actual Result		
\$000	\$000	\$000	%			\$000	\$000	\$000	%		\$000		\$000
					Referred Services								
24	36	12	34%	✓	Laboratory	269	322	53	16%	✓	486	511	5%
573	634	61	10%	✓	Pharmaceuticals	5,337	5,505	168	3%	✓	8,473	7,705	-10%
597	670	73	12%	✓		5,606	5,826	219	4%	✓	8,959	8,216	-9%
					Secondary Care								
5	20	15	74%	✓	Inpatients	31	157	126	80%	✓	237	38	-523%
87	116	29	25%	✓	Travel & Accommodation	802	927	125	14%	✓	1,391	1,189	-17%
1,285	1,285	0	0%	✓	IDF Payments Personal Health	10,253	10,276	24	0%	✓	15,414	15,606	1%
1,377	1,421	44	3%	✓		11,086	11,360	274	2%	✓	17,042	16,833	-1%
					Primary Care								
22	25	3	12%	✓	Dental-school and adolescent	242	296	54	18%	✓	467	399	-17%
0	2	2	100%	✓	Maternity	0	18	18	100%	✓	26	0	
0	1	1	100%	✓	Pregnancy & Parent	0	5	5	100%	✓	8	0	
0	3	3	100%	✓	Sexual Health	8	22	14	64%	✓	33	13	-152%
1	0	-1		×	General Medical Subsidy	19	3	-16	-494%	×	5	76	94%
526	523	-3	-1%	×	Primary Practice Capitation	4,303	4,183	-120	-3%	×	6,275	6,135	-2%
9	7	-2	-29%	×	Primary Health Care Strategy	60	55	-5	-9%	×	83	251	67%
77	77	0	0%	✓	Rural Bonus	617	618	1	0%	✓	928	970	4%
-14	13	27	204%	✓	Child and Youth	76	107	31	29%	✓	162	162	0%
2	3	1	33%	✓	Immunisation	40	42	2	5%	✓	96	154	38%
22	14	-8	-56%	×	Maori Service Development	119	108	-11	-10%	×	162	165	2%
18	31	13	42%	✓	Whanua Ora Services	144	250	106	42%	✓	373	215	-74%
62	13	-49	-373%	×	Palliative Care	99	105	6	6%	✓	157	110	-43%
9	15	6	40%	✓	Chronic Disease	86	174	88	51%	✓	286	3	-9440%
11	11	0	2%	✓	Minor Expenses	88	90	2	2%	✓	134	206	35%
745	738	-7	-1%	×		5,901	6,076	175	3%	✓	9,195	8,859	-4%
					Mental Health								
11	1	-10	-1000%	×	Eating Disorders	11	8	-3	-38%	×	12	23	48%
51	50	-1	-2%	×	Community MH	401	401	0	0%	✓	601	538	-12%
1	1	0	0%	✓	Mental Health Work force	8	6	-2	-43%	×	8	15	44%
47	47	0	0%	✓	Day Activity & Rehab	381	379	-2	0%	×	569	518	-10%
10	10	0	0%	✓	Advocacy Consumer	67	82	15	18%	✓	122	120	-2%
6	5	-1	-13%	×	Advocacy Family	59	42	-17	-39%	×	64	71	10%
0	5	5	100%	✓	Minor Expenses	0	41	41	100%	✓	61	0	
102	118	16	13%	✓	Community Residential Beds	813	941	128	14%	✓	1,411	1,261	-12%
66	66	0	0%	✓	IDF Payments Mental Health	528	530	2	0%	✓	796	813	2%
294	303	9	3%	✓		2,268	2,430	162	7%	✓	3,644	3,359	-8%
					Public Health								
0	29	29	100%	✓	Nutrition & Physical Activity	140	228	88	39%	✓	342	328	-4%
0	7	7	100%	✓	Public Health Infrastructure	75	55	-20	-36%	×	83	82	-1%
0	0	0		✓	Social Environments	0	0	0		✓	0	-15	100%
78	6	-72	-1293%	×	Tobacco control	96	45	-51	-114%	×	68	58	-17%
78	42	-36	-86%	×		311	328	17	5%	✓	493	453	-9%
					Older Persons Health								
0	0	0		✓	Information and Advisory	22	0	-22		×	0	0	
4	0	-4		✓	Needs Assessment	33	0	-33		×	0	0	
83	36	-47	-128%	×	Home Based Support	409	393	-16	-4%	×	595	708	16%
10	10	-1	-5%	×	Caregiver Support	89	76	-13	-17%	×	114	130	12%
214	156	-58	-37%	×	Residential Care-Rest Homes	1,878	1,355	-523	-39%	×	2,030	2,344	13%
-2	0	2		✓	Residential Care Loans	-35	0	35		✓	0	-113	100%
13	10	-3	-27%	×	Residential Care-Community	96	82	-14	-18%	×	122	48	-155%
279	342	63	18%	✓	Residential Care-Hospital	2,393	3,076	683	22%	✓	4,622	3,949	-17%
0	5	5	100%	✓	Ageing in place	12	43	31	72%	✓	65	12	-440%
7	7	0	1%	✓	Environmental Support Mobility	29	57	28	49%	✓	85	28	-204%
12	6	-6	-94%	×	Day programmes	88	50	-38	-77%	×	74	75	1%
10	12	2	17%	✓	Respite Care	126	95	-31	-32%	×	143	118	-21%
108	108	0	0%	✓	IDF Payments-DSS	864	866	2	0%	✓	1,300	1,060	-23%
738	692	-46	-7%	×		6,004	6,093	89	1%	✓	9,151	8,359	-9%
3,829	3,865	37	1%	✓		31,176	32,111	935	3%	✓	48,483	46,079	-5%

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







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 2012	Three Months	30 April 2012
Peter Ballantyne Deputy Chair	27 January 2012	Three Months	30 April 2012
Susan Wallace	27 January 2012	Three Months	30 April 2012
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 2012	Three Months	30 April 2012
Sharon Pugh Deputy Chair	27 January 2012	Three Months	30 April 2012
Doug Truman	27 January 2012	Three Months	30 April 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	
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 2012	Three Months	30 April 2012
Kevin Brown Deputy Chair	27 January 2012	Three Months	30 April 2012
John Vaile	27 January 2012	Three Months	30 April 2012
Mary Molloy	27 January 2012	Three Months	30 April 2012
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 2012
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 SCHEDULE JANUARY TO DECEMBER 2012

DATE	MEETING	TIME	VENUE
Friday 27 January 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 23 February 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 23 February 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 23 February 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Thursday 23 February 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Friday 9 March 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Wednesday 11 April 2012	TATAU POUNAMU	1.00 pm	Arahura Marae, Hokitika
Thursday 12 April 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 12 April 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 12 April 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 20 April 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 24 May 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 24 May 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 24 May 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Thursday 24 May 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Friday 8 June 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Wednesday 11 July 2012	TATAU POUNAMU	1.00 pm	Westport Motor Hotel, Westport
Thursday 12 July 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 12 July 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 12 July 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 20 July 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 23 August 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 23 August 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 23 August 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Thursday 23 August 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Friday 7 September 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 11 October 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 11 October 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 11 October 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Thursday 11 October 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Friday 19 October 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 22 November 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 22 November 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 22 November 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Thursday 22 November 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Friday 7 December 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth