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

HOSPITAL ADVISORY COMMITTEE MEETING

27 July 2017

11.00am

Board Room, Corporate Office
Grey Base Hospital

AGENDA AND MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

ATTENDANCE & PURPOSE

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

The functions of the Hospital Advisory Committee, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are:

- to monitor the financial and operational performance of the hospital and specialist services of the West Coast DHB; and
- to assess strategic issues relating to the provision of hospital and specialist services by the West Coast DHB; and
- to give the Board advice and recommendations on that monitoring and that assessment.

The Hospital Advisory Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy and with the Strategic Plan of the West Coast DHB.

HOSPITAL ADVISORY COMMITTEE MEMBERS	**EXECUTIVE SUPPORT**
Michelle Lomax *(Chair)* Kevin Brown *(Deputy Chair)* Chris Auchinvole Paula Cutbush Gail Howard Nigel Ogilvie Richard Wallace Chris Lim Jenny Black *(ex-officio)* Chris Mackenzie *(ex-officio)*	Philip Wheble *(Interim General Manager Grey | Westland)* Gary Coghlan *(General Manager, Maori Health)* Carolyn Gullery *(General Manager, Planning & Funding)* Karyn Bousfield *(Director of Nursing)* Justine White *(General Manager, Finance)* Kathleen Gavigan *(General Manager, Buller)* Kay Jenkins *(Governance)*

AGENDA

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

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Friday 27 July 2017 commencing at 11.00 am

ADMINISTRATION — 11.00am

Karakia

Apologies

1. **Interest Register**
   Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.
2. **Confirmation of the Minutes of the Previous Meeting**
   8 June 2017
3. **Carried Forward/Action Items**

REPORTS/PRESENTATIONS — 11.10am

4.	**Management Report**	Hamish Brown *Hospital Operations Manager*	*11.10am – 11.30am*
5.	**Finance Report**	Justine White *General Manager, Finance*	*11.30am – 11.45am*
6.	**Clinical Leaders Update**	Karyn Bousfield *Director of Nursing*	*11.45am – 12.00noon*
7.	**General Business**	Michelle Lomax *Chair*	*12.00noon – 12.10pm*

ESTIMATED FINISH TIME — 12.10pm

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Board Agenda – 23 June 2017**
- **2017 HAC Workplan (Working Document)**
- **West Coast DHB 2017 Meeting Schedule**

NEXT MEETING:

Date of Next Meeting: 14 September 2017
Board Room at Corporate Office, Grey Base Hospital, Greymouth

KARAKIA

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

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.

INTEREST REGISTER

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

Member	Disclosure of Interests
Michelle Lomax **Chair** **Board Member**	• West Coast Community Trust – Trustee • St John Youth – Area Youth Manager • Employee - Damien O'Connor's Electorate Office • Chair, West Coast/Tasman Women's branch of Labour Party • List candidate for Labour Party • Daughter is a recipient of WCDHB Scholarship • Member, Kawatiri Action Group
Kevin Brown **Deputy Chair** **Board Member**	• West Coast Electric Power Trust - Trustee • Wife works part time at CAMHS • West Coast Diabetes – Patron & Member • West Coast Juvenile Diabetes Association – Trustee • President Greymouth Riverside Lions Club • Justice of the Peace • Hon Vice President West Coast Rugby Football League
Chris Auchinvole **Board Member**	• Director Auchinvole & Associates Ltd • Trustee, Westland Wilderness Trust • Trustee, Moana Holdings Heritage Trust • Member, Institute of Directors • Justice of the Peace • Daughter-in-law employed by Otago DHB
Paula Cutbush	• Owner and stakeholder of Alfresco Eatery and Accommodation • Daughter involved in Green Prescriptions • Justice of the Peace
Gail Howard	• Buller Electric Power Trust - Trustee • Energy Trust New Zealand – Director
Chris Lim	• No interests to declare
Nigel Ogilvie **(Board Member)**	• Chairman, Life Education Trust • Managing Director, Westland Medical Centre • Shareholder/Director, Thornton Bruce Investments Ltd • Shareholder, Hokitika Seaview ltd • Shareholder, Tasman View Ltd • Wife is General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre.
Richard Wallace	• Upoko, Te Runanga o Makawhio • Negotiator for Te Rau Kokiri • Trustee Kati Mahaki ki Makawhio Limited • Honorary Member of Maori Women's Welfare League • Wife is employed by West Coast District Health Board • Trustee West Coast Primary Health Organisation • Kaumatua Health Promotion Forum New Zealand • Daughter is a Member of the Board of the Canterbury DHB • Member of the National Asthma Foundation Maori Reference Group

Member	Disclosure of Interests
	• Kaumatua/Cultural Advisor for Child Youth & Family (Greymouth and Nelson)
Jenny Black **(ex-officio)**	• Nelson Marlborough District Health Board – Chair • Diabetes New Zealand – Life Member • South Island Alliance Board – Chair • National DHB Chairs - Chair
Chris Mackenzie **(ex-officio)**	• Development West Coast – Chief Executive • Horizontal Infrastructure Governance Group – Chair • Mainline Steam Trust - Trustee

MINUTES – HOSPITAL ADVISORY COMMITTEE

DRAFT

MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Thursday 8 June 2017, commencing at 11am

PRESENT

Michelle Lomax (Chair); Chris Auchinvole; Paula Cutbush; Gail Howard; Chris Lim; Nigel Ogilvie; and Jenny Black.

APOLOGIES

Apologies were received and accepted from Kevin Brown, Richard Wallace & Chris Mackenzie

MANAGEMENT SUPPORT

Philip Wheble (Interim, General Manager, Grey/Westland); Kathleen Gavigan (General Manager, Buller) (via video conference); and Kay Jenkins (Minutes)

IN ATTENDANCE

Elinor Stratford
Justine White, (General Manager, Finance) – via video conference for Item 5.

WELCOME

Everyone joined together in the Karakia

1. INTEREST REGISTER

There were no changes to the Interest Register.

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

There were no perceived conflicts of interest.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (6/17)
(Moved: Gail Howard/Seconded: Paula Cutbush – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 27 April 2017 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

There were no carried forward items.

4. HOSPITAL AND SPECIALIST SERVICE (H&SS) MANAGEMENT REPORT

Philip Wheble, Interim General Manager, Grey/Westland presented the report. He highlighted the following most notable features as:

- Rural Generalist Medical Workforce project starting soon;
- Central Booking Unit looking at DNAs; and
- ESPI results improve but there will be ongoing challenges.

Mr Wheble advised that a really good session was held with ASMS and the Senior Medical workforce and that Brendan Marshall will be leading some work around Rural Generalist Medicine Workforce here on the West Coast.

He also advised that work is continuing in the CBU around reducing DNAs.

Mr Wheble reported that the first bowel surgery in 18 months has recently been done in Greymouth, with WCDHB and CDHB staff working together.

In regard to ESPI 2 the Committee noted that the DHB will continue to have challenges in this area, particularly with limited orthopaedic surgeons available and the South Island Alliance is looking at options across the Region. It was noted that this ESPI will go "red" until a solution is found.

In addition the DHB is working with PHOs around communication with GPs to provide clarity and transparency to their patients around referrals. This includes support to GPs around the provision of alternative services.

Discussion took place regarding young graduates and the voluntary bonding scheme and the Committee noted that under this scheme if graduates stay for any length of time they come back later.

Discussion also took place regarding specialists working in the public sector and private sector.

In regard to Outpatient Clinics discussion took place regarding the drop in numbers from 2016 and the Committee noted that whilst these have decreased there are a number of reasons for this and it is probably not a good indicator to focus on.

There was discussion about what reporting is appropriate to accurately assess the outcomes from the patient's perspective. It was suggested the HAC Chair work with Mr Wheble to review the information contained in the HAC papers.

It was noted that on the West Coast there is the unique situation where we can see the journey from the GP right through the whole system.

Discussion took place regarding looking at some more graphic reporting that will show trends and comparisons.

There was a query about the numbers of patients not being accepted for ESPI 2 appointments, and for surgery. This information will be provided for the next meeting.

A query was made regarding College of Midwives Competency around the number of births and this information will be provided back to the Committee.

Resolution (7/17)
(Moved: Nigel Ogilvie/Seconded: Chris Auchinvole – carried)
That the Committee:

i. Notes the management report.

5. FINANCE REPORT

Justine White, General Manager, Finance, presented this report which showed that the consolidated West Coast District Health Board financial result for the month of April 2017 was a deficit of $145k, which was $86k unfavourable to budget. The year to date position is $247k unfavourable.

Ms White advised that we are seeing a deterioration of the financial position which is disappointing and it is unlikely we will be able to recover from this. The Committee noted that the current Annual Plan result is a deficit of $554k with the forecast being an $850k deficit.

Revenue streams are down and it was noted that the DHB operates to minimum staffing levels and although some of the elective work may not be taking place the ability to match staffing to this is not there. Discussion took place regarding the movement of other South Island patients to the West Coast to use spare capacity.

In regard to the decrease in ACC Revenue it was noted that the success of our falls campaign has been a good result for patients however is not so good for the DHB revenue. The Committee also noted that a lot of work has been undertaken around claiming processes to ensure we are claiming everything we can. Discussion took place around this process and Ms White commented that this may be revisited.

Ms White advised that the revenue allocation 2 weeks ago was $1.4m higher than expected and we will be taking the opportunity to look at the cost side of this and only $600k will go right to the bottom line. She also advised that she is not expecting people and pharmaceutical costs to change and if Dunsford stays open longer this will also have an effect.

Resolution (8/17)
(Moved: Michelle Lomax/Seconded: Chris Lim – carried)
That the Committee

i. Notes the finance result and related matters for the period ending 30 April 2017.

6. CLINICAL LEADERS REPORT

Karyn Bousfield, Director of Nursing, presented this report.

Ms Bousfield provided the Committee with an update around HWNZ funding and the proposal for change around this. Clinical Leaders have provided feedback on this proposal with a focus on ensuring the dissemination of HWNZ funding reflects cross-sector workforce training requirements, and implements a fair and equitable decision-making process that is transparent. Feedback also highlighted important rural considerations.

Discussion took place around the additional work undertaken to support Aged Care Facilities in recent months.

Discussion also took place around some issues regarding the collection of prescriptions in some areas.

Resolution (9/17)
(Moved: Gail Howard/Seconded: Nigel Ogilvie – carried)
That the Committee

i. Notes the Clinical Leaders' Update

7. CASE WEIGHTS AND PRODUCTION PLANNING

The Committee received an overview of Case Weights and Production Planning. The Committee noted that this is a way for the Ministry of Health to recognise the different inputs and costs around patient care and is revised on a regular basis.

INFORMATION ITEMS

- Chair's report to last Board meeting.
- Board Agenda – 12 May 2017
- 2017 HAC Workplan
- West Coast DHB Meeting Schedule 2017.

There being no further business the meeting closed at 12.50pm

Confirmed as a true and correct record.

_____ _____

Michelle Lomax, Chair Date

CARRIED FORWARD/ACTION ITEMS

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

(There are no carried forward items)

Item No	DATE LAST UPDATED	ACTION	COMMENTARY	STATUS

MANAGEMENT REPORT

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

TO: **Chair and Members**
Hospital Advisory Committee

SOURCE: **General Manager Grey Westland | General Manager Buller**

DATE: **27 July 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Hospital Advisory Committee:

i. Notes the Management Report.

3. SUMMARY

This report is intended to:

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

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

The following are the most notable features of the report:

- The Rural Generalist Medical Workforce project is commencing in the coming weeks.
- A recruitment campaign is currently being developed to bring WCDHB Allied Health positions to the attention of great candidates.
- Coasters awaiting Bone Density Imaging through CDHB are being offered appointments at Grey Base following the procurement of a Dexa scanner.

4. DISCUSSION

4.1 Activity

Volumes

This Provider Arm Report includes base service level agreement volumes against delivery for the full 2016-17 financial year (excluding ACC-funded activity).

Inpatient Volumes

Overall case-weighted discharge [CWD] throughput from Grey Base Hospital ended well behind contracted volumes for surgical specialty services (principally in orthopaedics and gynaecology); offset by significantly higher throughputs in medical specialty services. Overall, net delivery of contracted caseweights was up by 3.4%.

The split between acute and electives was as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	1121.09	882.39	-238.70	-21.3%
Elective	1232.75	1002.97	-229.78	-18.6%
Sub-Total Surgical:	**2353.84**	**1885.36**	**-468.48**	**-19.9%**
Medical				
Acute	1392.11	1988.93	596.82	42.9%
Elective	0	0	0	0%
Sub-Total Medical:	**1392.11**	**1988.93**	**596.82**	**42.9%**
TOTALS:	**3745.95**	**3874.29**	**128.34**	**3.4%**

Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical services was down 8.5 % for the year from overall expected volumes (down 1211 attendances). Among surgical specialities, there have been fewer locally-delivered outpatient orthopaedic, ENT and urology attendances, along with fewer general surgery follow-ups. Individually, medical department outpatient clinics were mostly on track; the overall shortfall being largely driven by a lack of dermatology and gastroenterology clinics in the current year, as well as the smaller number of rheumatology appointments and reduced need for general medical follow-up appointments.

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

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1st Visit	3375	3100	-275	-8.1%
Sub. Visit	5420	4752	-668	-12.3%
Sub-Total Surgical:	**8795**	**7852**	**-943**	**-10.7%**
Medical				
1st Visit	1614	1476	-138	-8.5%
Sub. Visit	3846	3716	-130	-3.4 %
Sub-Total Medical:	**5460**	**5192**	**-268**	**-4.9%**
TOTALS:	**14,225**	**13,044**	**-1,211**	**-8.5%**

Outpatient Clinics

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend [DNA]	Percentage of patients did not attend [DNA]
June 2016	1256	1173	83	6.61%
July 2016	1741	1621	120	6.89%
August 2016	1718	1604	114	6.64%
September 2016	1726	1620	106	6.14%
October 2016	1675	1572	103	6.15%
November 2016	1553	1455	98	6.31%
December 2016	1758	1640	118	6.71%
January 2017	1447	1338	109	7.53%
February 2017	1675	1570	105	6.27%
March 2017	1528	1424	104	6.81%
April 2017	1520	1410	110	7.24%
May 2017	1782	1670	110	6.17%
June 2017	1560	1406	70	4.48%
13 month rolling totals	**20939**	**19503**	**1350**	**6.45% Average**

- The DNA project has been reinvigorated with a media release in May. Staff from the Outpatient Department are phoning patients to find out why they did not attend. Gathering this information will help inform any processes that we may need to change. We also see it as a way of helping patients that may not be able to attend for certain reasons such as transport. Since the new launch in May, we have seen a small decline in DNA patients but we still have some way to go. Our DNA rates for Maori and Pacific Island groups still remain high but some of this is down to the low numbers. Staff phoning patients work from a script which was developed to ensure patients are not feeling they are being targeted.

4.2 Workforce Update

Nursing

- Staffing within hospital services remains stable. The new Clinical Nurse Manager (CNM) roles have been appointed to in preparation for the new facility. We are presently advertising and interviewing for the Associate CNMs.
- A quality initiative for falls has been rolled out throughout the DHB. This has seen the introduction of a self-adhesive post falls sticker to alert staff of recent falls in the home or in the hospital.
- Brian Dolan from CDHB will be visiting at the end of the month to see how 'End PJ Paralysis' is going in the wards. It is really pleasing to see not only patients that are up and about are dressed but also those who are resting on beds. Brian will also be leading the second part of the productive leader workshop which was well attended last time he was here.
- Education sessions continue with staff on the IDEAL concept, with the latest being the medical staff. This saw a lot of interest and interaction from the Doctors.
- Casual and sick leave hours have continued to decrease for the month.

Medical

- We have offered a position to a General Surgeon and as part of this process a visit is scheduled for early August.
- The offer to an Anaesthetist is progressing through MCNZ and Immigration. A transalpine Anaesthetist role is being developed.
- We have had further interest in our RHM vacancy and interviewed a candidate.
- A strong candidate for a General Physician has been interviewed however his availability has changed to a later date.
- Annual recruitment for the junior workforce is underway and discussions around implementation of schedule 10 of the RDA MECA settlement are underway.
- Rural Generalist Medical Workforce project is commencing in the coming weeks.

Maternity

- There were 19 births in June, 6 Emergency Caesarean Sections and 1 elective. There were no inductions.
- One 34 week pre-term neonate born at Grey Base Hospital was transferred to CWH NICU.
- Numbers of Lead Maternity Carers (LMC) and also employed midwives are stable across the Coast. Norma Campbell is visiting at least monthly and speaks with Linda Monk, who is in the interim role, each week. Recruitment for the permanent role is progressing with a strong candidate being interviewed on site on 24 July.

Reefton Health

- *Medical Centre* – Integration and work across practice, primary, community and Aged Residential Care is continuing with functional elements integrating from 1 July – single cost code, stores, administration team, etc. A nurse has been recruited following a resignation and interviews are underway for a pending retirement. Work continues on the leadership structure for the Reefton IFHC; however this is influenced by the end result of the West Coast DHB leadership document and the primary community project feedback.
- *Aged Residential Care* – Currently 6 hospital level and 3 residential level residents.

Allied Health

- A recruitment campaign is currently being developed to bring WCDHB Allied Health positions to the attention of great candidates. We hope to catch the attention of people who may not have considered the West Coast previously, by showcasing some of the opportunities being created through our integrated services such as Older Persons Rehabilitation.
- Capturing the stories of some of our new graduate staff, who are preparing to head off on their OEs, is part of our current recruitment campaign and will also provide a backdrop for work with high schools and tertiary providers to capture the attention of students.
- We are well underway with our service workshops, which are part of both the Primary & Community and Mental Health Future State workplans. It is great to see staff being energised by the possibilities they are identifying to work together in different ways.
- A number of the Allied Health Clinical Managers will be joining with their Nursing colleagues to complete the Releasing Time to Lead programme led by Brian Dolan from the Organisational Development Unit. This programme, developed by the NHS, builds on the Releasing Time to Care programme which supports staff to work in ways that use standardisation and organisation to better manage their competing priorities.

- Coasters awaiting Bone Density Imaging through CDHB are currently being contacted to offer them appointments at Grey Base as an alternative, following the procurement of a Dexa scanner. We have also been able to offer local appointments to Coasters who had turned down appointments at CDHB due to being unwilling or unable to travel there.

Industrial Relations

Negotiations Update:

- SMO MECA (ASMS) – 23 June 2017: On 21 June 2017 parties reached agreement on the terms of settlement. On 22 June 2017 ASMS National Executive voted to recommend the offer to its members and the ratification process will commence shortly.
- Nurses MECA (NZNO) – 14 July 2017: Ministry approved the draft bargaining strategy and bargaining commenced on 12/13 June 2017. Bargaining continues (on 25/26 July 2017).

Recruitment

New Vacancies	8
Total Open Vacancies	29
Total FTE Recruiting	26.8
Appointed Vacancies	11
Total FTE Appointed	6.5

- A few of the consultant and GP roles are in the process of being finalised or candidates flown out to New Zealand for face to face meetings.
- Nursing recruitment continues to have some challenges particularly when recruiting to more senior or specialist roles.
- Allied Health has some challenges as well, particularly with Physiotherapist recruitment due to a shortage here and abroad.
- Corporate roles remain steady as does the number of applicants for these vacancies.
- GP locums are becoming difficult to source for vacancies which arise for 2017 as most are already booked up. Bookings for 2018 have started to trickle in.

4.3 Patient

Patient Transfers

- The number of tertiary patient transfers from Grey Base and Buller Hospitals decreased with 53 transfers in May to 47 transfers in June 2017. The majority of transfers in May were for medical patients and in June for surgical and orthopaedic, with the principal methods of transportation being via ambulance and pressurised aircraft.
- The main reason for the transfers in May and June 2017 was for 'Specialty Care not available at Grey Base Hospital'.
- For patients transferred from Buller to Grey Base, the numbers decreased from 28 in May to 24 in June 2017. Most of these transfers were for medical and surgical patients, and the majority were transported to Grey Base via ambulance and hospital board car in May and helicopter in June 2017.
- There was an increase in patient transfers from Reefton to Grey Base from 1 in May 2017 to 4 in June 2017. These transfers were mostly for medical patients and were all transported to Grey Base via ambulance.
- All figures provided include those recorded as transferring via private motor vehicle.

4.4 Health Targets

Health Target progress

Quarterly & progress data

Target	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Target	Current Status	Progress
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours[1]	100%	99%	99%	100%	95%	✓	The West Coast continues to achieve the ED health target, with 99.6% of patients admitted, discharged or transferred from ED within 6 hours during quarter three.
Improved Access to Elective Surgery West Coast's volume of elective surgery	1,942	480	991	1,441	1,906	✓	This quarter, West Coast DHB provided 1,441 elective surgical discharges, delivering 105.5% of planned discharges.
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	80%	63%	76%	83%	85%	✗	Performance increased this quarter to 83.3% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Small numbers are challenging with this result reflecting only four non-compliant patients. Audits into patient pathways have taken place with no capacity issues identified.
Increased Immunisation Eight-month-olds fully immunised	78%	76%	80%	91%	95%	✗	During quarter three, 91.4% of all eight-month-olds were fully immunised with just one child missed. Coverage by ethnicity was achieved for all groups, with 100% of Maori and Asian children vaccinated and 96.4% of NZE children. Opt-off (5) and declines (1) increased slightly this quarter to a combined 7.4%. This continues to make meeting the target impossible. We are pleased 99% of our consenting population were immunised.

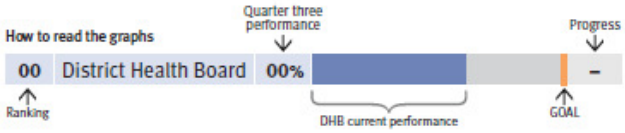
[1] Greymouth Emergency Department only

Target	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Target	Current Status	Progress
Better Help for Smokers to Quit **Hospitalised** smokers receiving help and advice to quit[2]	79%	84%	91%	92%	90%	✓	West Coast health practitioners have reported giving 4,888 smokers cessation advice in the 18 months ending March 2017. This represents 92% of smokers against the 90% target. The DHB is pleased to have exceeded the target this quarter not only for total population but also for Maori and High Needs
Raising Healthy Kids Percent of obese children identified at B4SC offered a referral for clinical assessment and healthy lifestyle interventions	New	40%	0%	17%	95%	✗	This quarter, six children were identified as obese with two referred. Of the two referrals, one declined and one was not acknowledged. This is counted as 1/6 children referred—17%. While this is disappointing, technical issues are contributing to this with three of those four missed children having had an incorrect BMI calculation. Key staff have met and investigated this result, identifying challenges in accessing the correct BMI at the B4 School Check (B4SC) due to limited database access from poor internet connectivity at clinic sites. This issue is being discussed at a national level and the DHB continues to work to find an off-line digital solution. Meanwhile, a hard copy chart is in use and B4SC staff are encouraged to offer referrals to children close to the 98th centile.

[2] Results may vary due to coding processes. Reflects result as at time of reporting to MoH.

My District Health Board

2016/17 QUARTER THREE (JANUARY–MARCH 2017) RESULTS



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

MINISTRY OF HEALTH
MANATŪ HAUORA

Shorter stays in Emergency Departments

Shorter stays in Emergency Departments

The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

		Quarter three performance (%)	Change from previous quarter
1	West Coast	100	–
2	Wairarapa	98	▲
3	Waitemata	97	–
4	Bay of Plenty	96	–
5	South Canterbury	96	–
6	Tairawhiti	95	–
7	Nelson Marlborough	95	–
8	Counties Manukau	95	–
9	Auckland	95	–
10	Whanganui	94	–
11	Canterbury	94	–
12	Hawke's Bay	94	–
13	Lakes	94	–
14	Hutt Valley	93	▼
15	Northland	92	–
16	Southern	92	▼
17	Capital & Coast	92	▲
18	Taranaki	92	▼
19	MidCentral	91	▼
20	Waikato	88	–
	All DHBs	94	–

95%

Improved access to Elective Surgery

Improved access to elective surgery

The target is an increase in the volume of elective surgery by an average of 4,000 discharges per year. DHBs planned to deliver 142,690 discharges for the year to date, and have delivered 5,394 more.

		Quarter three performance (%)	Progress against plan (discharges)
1	Taranaki	113	▲
2	Northland	113	▲
3	Waikato	110	▲
4	Whanganui	109	▲
5	Waitemata	108	▲
6	Counties Manukau	107	▲
7	Hutt Valley	106	▲
8	Tairawhiti	106	▲
9	West Coast	105	▲
10	MidCentral	105	▲
11	Nelson Marlborough	104	▲
12	Bay of Plenty	104	▲
13	Lakes	104	▲
14	Wairarapa	102	▲
15	Hawke's Bay	99	▼
16	Southern	98	▼
17	Canterbury	98	▼
18	Capital & Coast	98	▼
19	South Canterbury	96	▼
20	Auckland	96	▼
	All DHBs	104	▲

100%

Faster Cancer Treatment

Faster cancer treatment

The target is 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks. Results cover those patients who received their first cancer treatment between 1 October 2016 and 31 March 2017.

		Quarter three performance (%)	Change from previous quarter
1	Waitemata	92	▲
2	Canterbury	87	▲
3	Auckland	87	▼
4	Waikato	86	–
5	Nelson Marlborough	85	–
6	West Coast	83	▲
7	Southern	83	–
8	Northland	83	–
9	Bay of Plenty	82	▼
10	South Canterbury	81	▼
11	Lakes	80	▼
12	Wairarapa	79	▼
13	Tairawhiti	79	▼
14	Capital & Coast	78	▼
15	Counties Manukau	76	▲
16	MidCentral	75	▼
17	Taranaki	72	▼
18	Hutt Valley	70	▲
19	Whanganui	69	▼
20	Hawke's Bay	69	▲
	All DHBs	82	–

85%

Increased Immunisation

Increased Immunisation

The national immunisation target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time. This quarterly progress result includes children who turned eight-months between 1 January and 31 March 2017 and who were fully immunised at that stage.

		Quarter three performance (%)	Change from previous quarter
1	South Canterbury	96	▲
2	Canterbury	94	–
3	Hawke's Bay	94	–
4	Auckland	94	–
5	Southern	94	–
6	Counties Manukau	94	–
7	MidCentral	93	▼
8	Wairarapa	93	▼
9	Whanganui	93	–
10	Capital & Coast	93	▼
11	Hutt Valley	93	▼
12	Taranaki	92	–
13	Waitemata	92	–
14	West Coast	91	▲
15	Lakes	91	▼
16	Waikato	90	▼
17	Nelson Marlborough	89	▼
18	Northland	88	▼
19	Bay of Plenty	86	–
20	Tairawhiti	85	▼
	All DHBs	92	–

95%

Better help for Smokers to Quit

Better help for smokers to quit

The target is 90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.

		Quarter three performance (%)	Change from previous quarter
1	West Coast	92	–
2	Tairawhiti	92	▲
3	Bay of Plenty	90	–
4	Lakes	90	–
5	Counties Manukau	89	–
6	Wairarapa	89	▲
7	Hutt Valley	89	–
8	Auckland	88	–
9	Waitemata	88	–
10	MidCentral	87	▲
11	Canterbury	87	▲
12	Hawke's Bay	86	–
13	Waikato	86	–
14	Capital & Coast	86	–
15	Taranaki	86	–
16	South Canterbury	85	▼
17	Nelson Marlborough	84	▼
18	Whanganui	84	–
19	Northland	82	–
20	Southern	73	▼
	All DHBs	86	–

90%

Raising Healthy Kids

Raising healthy kids

The target is that by December 2017, 95 percent of obese children identified in the Before School Check programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions. Data is based on all acknowledged referrals for obese children up to the end of the quarter from Before School Checks occurring in the six months between 1 September 2016 to 28 February 2017.

		Quarter three performance (%)	Change from previous quarter
1	Waitemata	100	–
2	Whanganui	100	▲
3	Auckland	99	▲
4	Canterbury	93	▲
5	Hutt Valley	91	–
6	Counties Manukau	91	▲
7	MidCentral	89	–
8	Wairarapa	88	▲
9	Waikato	84	▲
10	Northland	83	▲
11	Hawke's Bay	81	▲
12	Lakes	79	▲
13	South Canterbury	79	▼
14	Southern	78	▲
15	Capital & Coast	73	▲
16	Tairawhiti	70	▲
17	Nelson Marlborough	67	▲
18	Taranaki	61	▲
19	Bay of Plenty	55	▲
20	West Coast	17	▲
	All DHBs	86	▲

95%

This information should be read in conjunction with the details on the website www.health.govt.nz/healthtargets

Health target results are sourced from individual DHB reports, national collections systems and information provided by primary care organisations.

New Zealand Government

Elective Services Patient Indicators [ESPI Compliance]

ESPI 2 FSA (First Specialist Assessment)

There were 24 orthopaedic patients waiting over 120 days for their outpatient First Specialist Assessment as at the end of May 2017. Both West Coast and Canterbury DHB orthopaedic services are facing similar non-compliance issues at present due to service constraints and a recovery plan for orthopaedic services is currently being worked upon.

ESPI 5 (Treatment)

The DHB exceeded the 120-day maximum wait times from FSA to surgical treatment with two plastic surgery and one gynaecology patient non-compliant as at the end of May 2017. The gynaecology case was one where the patient cancelled and deferred surgery at their own request – but this situation is still included within the ESPI 5 calculations. This result was within compliance tolerance levels; at 1.7% of total wait listed cases.

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

DHB Name: West Coast

	2016 Jun			2016 Jul			2016 Aug			2016 Sep			2016 Oct			2016 Nov			2016 Dec			2017 Jan			2017 Feb			2017 Mar			2017 Apr			2017 May		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	18 of 18	100.0%	0	15 of 15	100.0%	0	16 of 16	100.0%	0	18 of 18	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0	12 of 12	100.0%	0	18 of 18	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0	16 of 18	88.9%	2	18 of 18	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	9	1.2%	-9	19	2.5%	-19	23	2.8%	-23	3	0.3%	-3	0	0.0%	0	6	0.7%	-6	24	2.4%	-24	45	5.3%	-45	62	8.4%	-62	1	0.1%	-1	22	2.5%	-22	24	2.8%	-24
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	4	0.2%	-4
5.Patients given a commitment to treatment but not treated within the required timeframe.	2	1.0%	-2	12	5.0%	-12	12	5.7%	-12	7	3.0%	-7	9	3.9%	-9	3	1.6%	-3	5	2.9%	-5	8	5.7%	-8	6	3.3%	-6	1	0.6%	-1	1	0.5%	-1	3	1.7%	-3
6. Patients in active review who have not received a clinical assessment within the last six months.	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	0.0%	0
8. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	129	100.0%	0	120	100.0%	0	152	100.0%	0	149	100.0%	0	124	100.0%	0	108	100.0%	0	108	100.0%	0	95	100.0%	0	145	100.0%	0	139	100.0%	0	154	100.0%	0	119	100.0%	0

Data Warehouse Refresh Date: 30/Jun/2017

Report Run Date: 03/Jul/2017

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

4.5 Quality

Hospital Services Incidents recorded in Safety1st for the 3 months to June 2017

GREY / WESTLAND			
Grey Base & Reefton Hospitals	**Apr**	**May**	**Jun**
Behaviour & Safety	0	3	2
Blood Product	0	0	0
Drain and Tube	1	0	0
Employee	2	5	0
Facilities, Building & Property	0	1	1
Fall	4	9	8
Hazard Register	0	1	0
Infection	1	1	0
Intravascular Access Device	0	0	2
Labs / Specimen	6	5	5
Labour and delivery	0	1	0
Medication and IV Fluids	11	5	13
Provision of Care	6	12	1
Radiology	5	2	4
Restraint	0	0	0
Security	0	1	2
Skin / tissue	1	1	1
Totals	**37**	**47**	**39**

- Medication Errors remain a focus for the KPIs of the CNMs, so increased reporting has occurred. The errors themselves are not serious – low level with no harm to the patients.
- The increase in radiology events relates primarily to LMCs referring for scan for dates as opposed to diagnostic reasons.

Maternity

- The Lead Maternity Carers (LMCs) meet monthly with the team from Greymouth to ensure all quality/practice issues are addressed.
- Clinical indicators are being reviewed with a Caesarean Section audit to be undertaken by the whole team.
- A teleconference was held with the National Screening Unit about the return of metabolic screening tests to Auckland for analysis within 4 days of the sample being taken. The West Coast DHB are doing well with 81% of cards returned in the timeframe but the NSU want further improvement. To achieve this, they want to use couriers. It was explained that this would not necessarily improve timing from some parts of the Coast. We will continue to monitor and streamline where we can. It can be difficult for the Auckland laboratory to understand rural transport issues and NZ Post/Courier availability in rural NZ also.

Report prepared by: Philip Wheble, Interim GM Grey | Westland
Report approved for release by: Michael Frampton, Programme Director

FINANCE REPORT FOR THE PERIOD ENDED 30 JUNE 2017

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

TO: **Chair and Members**
Hospital Advisory Committee

SOURCE: **Finance**

DATE: **27 July 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee:

i. notes the financial result and related matters for the period ended 30 June 2017.

3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of June 2017 was a deficit of $34k, which was $55k favourable to budget. The year to date position of a net deficit of $800k is $246 unfavourable to budget; however is $50k favourable to our latest forecast.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,964	6,980	(16)	×	82,750	83,949	(1,199)	×
Governance & Administration	69	68	1	√	826	907	(81)	×
Funder	4,696	5,005	(309)	×	59,195	60,159	(964)	×
	11,729	12,053	(324)	×	142,771	145,015	(2,244)	×
EXPENSES								
Provider								
Personnel	5,250	5,254	4	√	64,325	62,874	(1,451)	×
Outsourced Services	9	2	(7)	×	82	30	(52)	×
Clinical Supplies	570	647	77	√	8,399	7,858	(541)	×
Infrastructure	1,002	843	(159)	×	12,322	9,999	(2,323)	×
	6,831	6,746	(85)	×	85,129	80,761	(4,368)	×
Governance & Administration	69	68	(1)	×	826	907	81	√
Funder	4,516	4,800	284	√	53,161	57,697	4,536	√
Total Operating Expenditure	11,416	11,614	198	√	139,116	139,365	249	√
Surplus / (Deficit) before Interest, Depn & Cap Charge	313	439	(127)	×	3,655	5,650	(1,995)	×
Interest, Depreciation & Capital Charge	347	528	181	√	4,455	6,204	1,749	√
Net surplus/(deficit)	(34)	(89)	55	√	(800)	(554)	(246)	×

4. APPENDICES

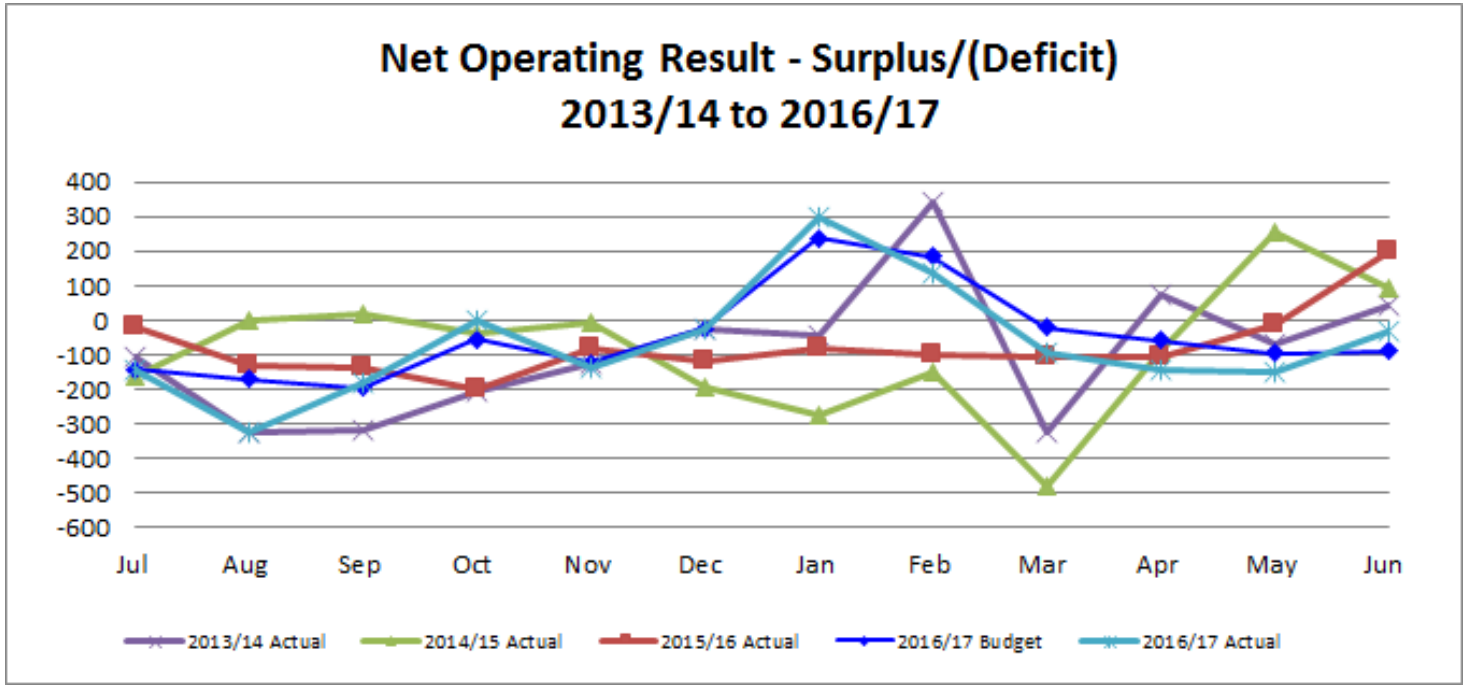
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

Report prepared by: Justine White, General Manager Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – JUNE 2017

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(34)	(89)	55	-62% ✓	(800)	(554)	(246)	44% ✗

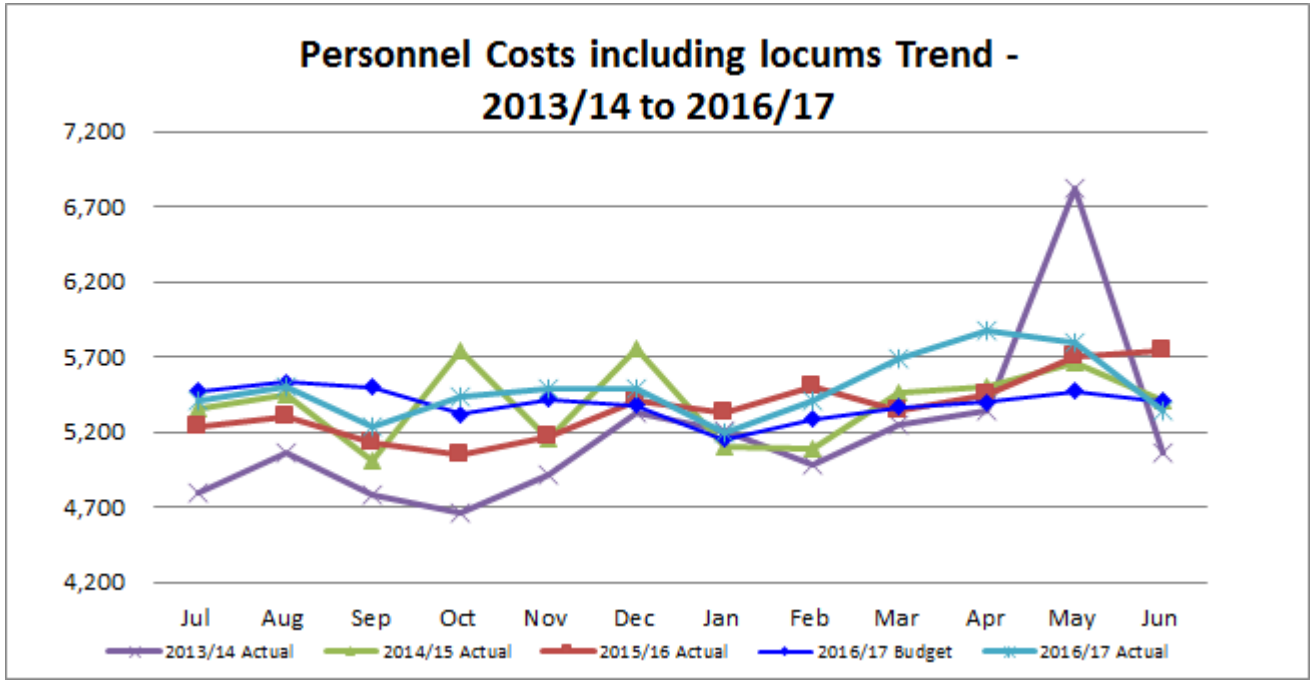


We have submitted an Annual Plan with a planned deficit of $554k, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016. In April we had forecast a deterioration to budget, with an estimated year end result of $850k deficit; this reflected the remainder of the year largely on plan, but an inability to substantially improve from that plan to offset the year to date variance.

The unaudited year end result is a deficit of $800k, which although a deterioration on budget of $254k, is slightly better than had been forecast.

PERSONNEL COSTS (including locum costs)

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Medical	1,387	1,278	(109)	-9%	✗	17,599	16,447	(1,152)	-7%	✗
Nursing	2,297	2,433	136	6%	✓	28,040	27,987	(53)	0%	✗
Allied Health	900	904	4	0%	✓	10,795	10,842	47	0%	✓
Support	106	92	(14)	-15%	✗	1,124	1,101	(23)	-2%	✗
Management & Admin	655	697	42	6%	✓	8,330	8,293	(37)	0%	✗
Total	**5,345**	**5,404**	**59**			**65,887**	**64,670**	**(1,217)**		

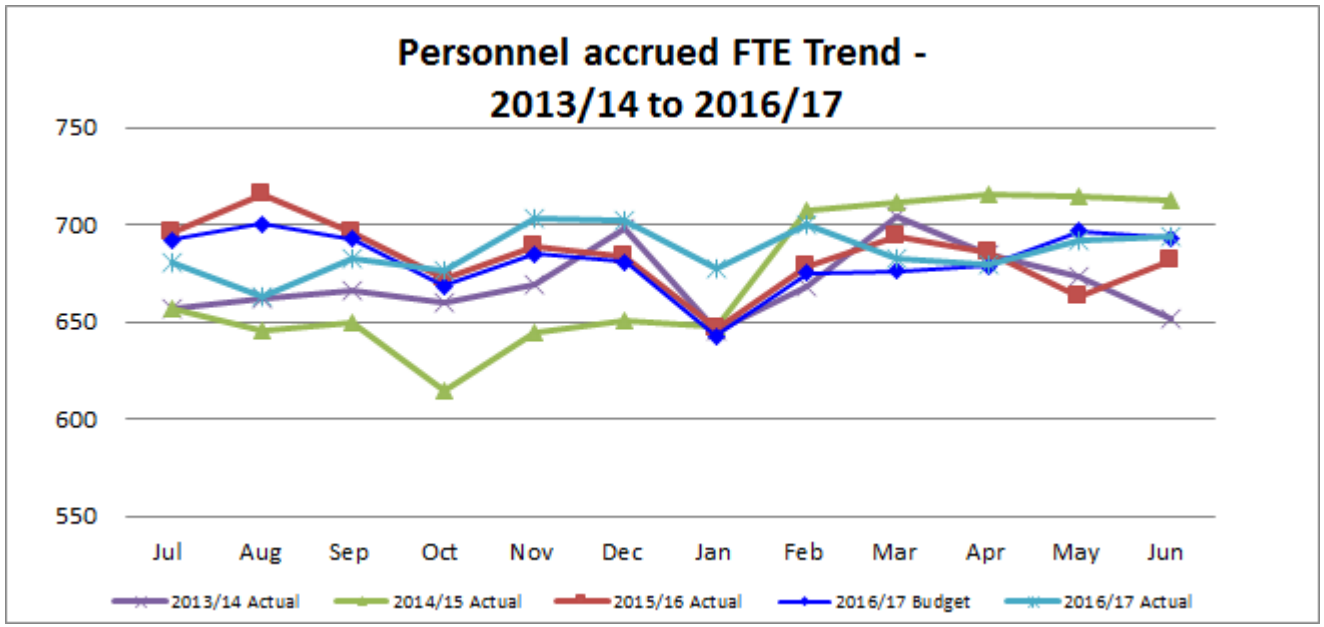


Personnel costs are favourable for the month, this has been influenced by year end adjustments in relation to annual leave accruals and similar. The underlying level of the combined personnel costs is a continuing concern, noting that locum costs are included therefore there will always be a level of fluctuation in this category. Finance continues to work closely with managers to understand the drivers for the increased costs, and to manage the impacts of this going forward. This includes detailed reviews of resource capacity and demand activity matching and roster analysis.

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

PERSONNEL ACCRUED FTE

	Month Actual	Month Budget	Month Variance			YTD Average FTE Actual	YTD Average FTE Budget	YTD Variance		
Medical	39	36	(3)	-7%	✗	39	40	1	2%	✓
Nursing	326	336	10	3%	✓	325	322	(3)	-1%	✗
Allied Health	180	177	(3)	-2%	✗	178	177	(1)	-1%	✗
Support	19	18	(1)	-7%	✗	18	18	(0)	0%	✗
Management & Admin	130	126	(4)	-3%	✗	126	125	(1)	0%	✗
Total	**694**	**693**	**(1)**			**686**	**682**	**(4)**		



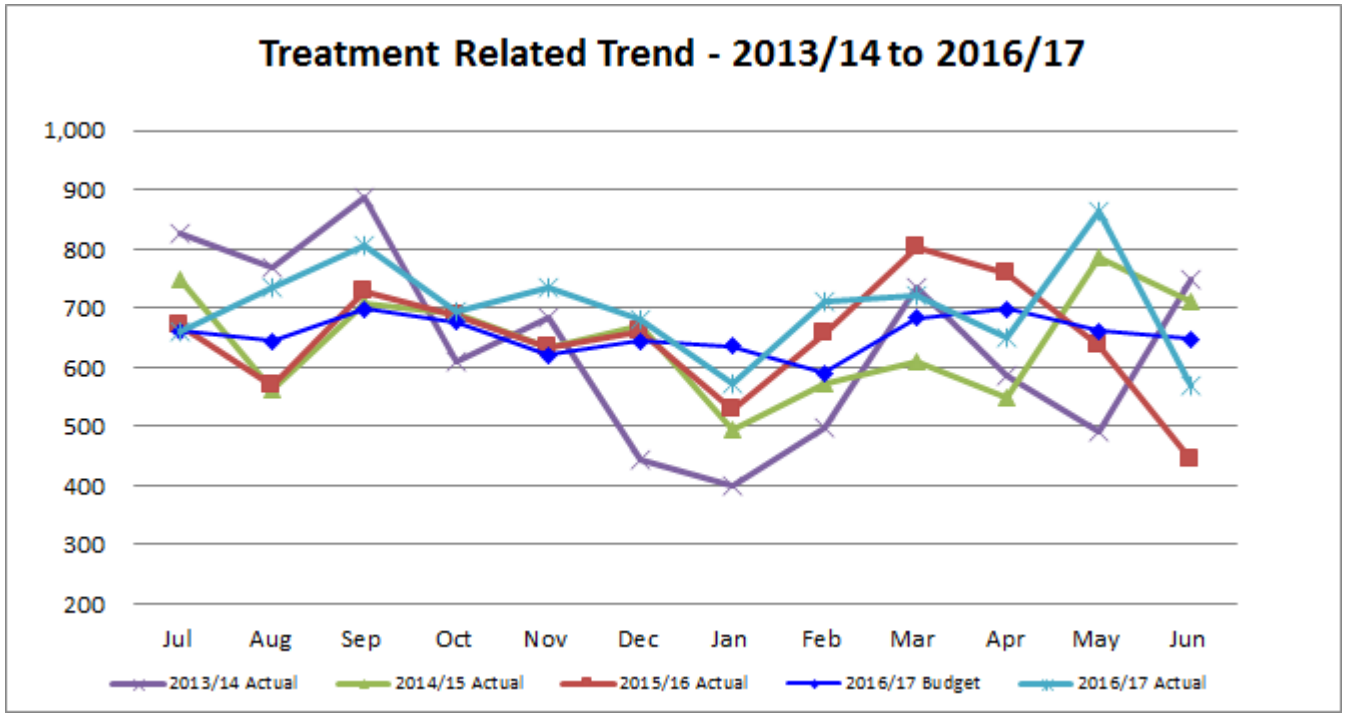
Accrued FTE is influenced by leave taken throughout the period. The current period results are impacted by general employee churn and recruitment of staff in the Buller region.

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

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

TREATMENT RELATED COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Treatment related costs	570	647	77	12% ✓	8,402	7,858	(544)	-7% ✗

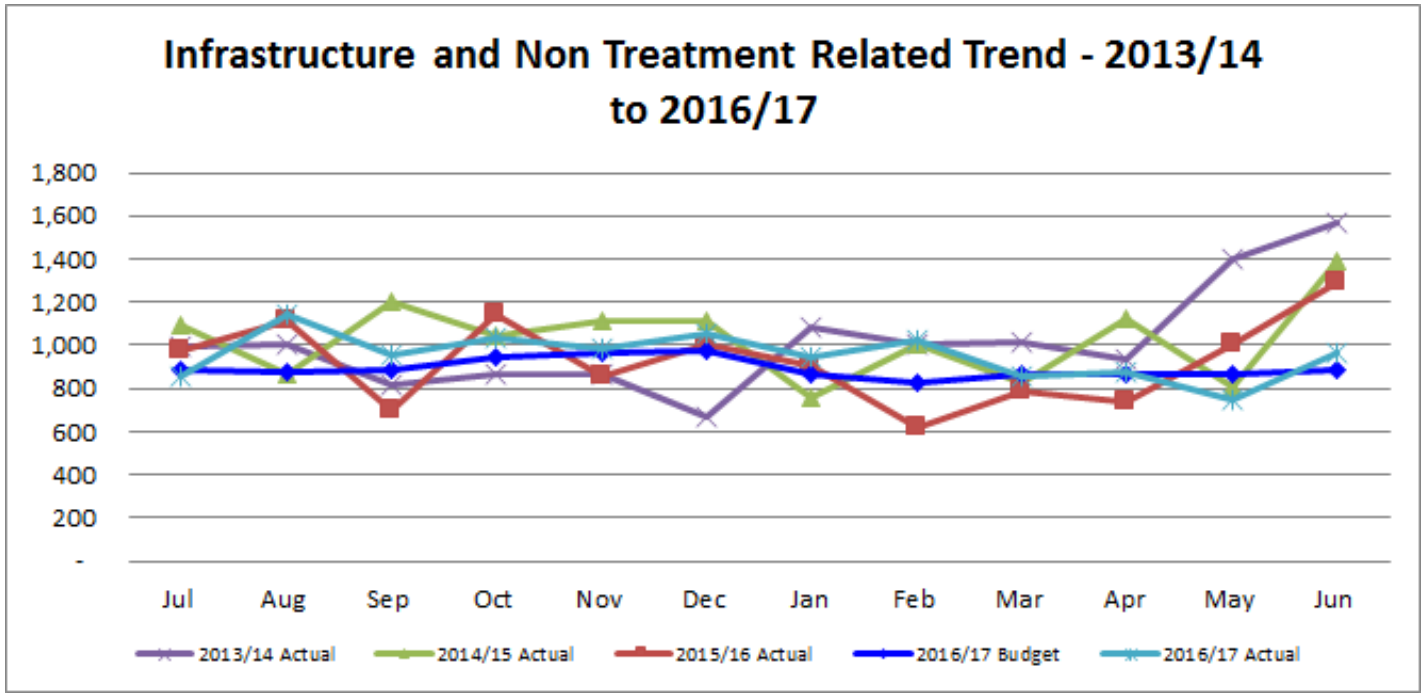


Treatment related costs are favourable to budget for the month. The unfavourable variance over Annual Plan year to date reflects the continued trend in the use of high cost medicines, particularly in Oncology and Rheumatology medicines by some clinicians. There is no sign that this use will abate in the coming year, which has been factored into the estimated planning going forward.

KEY RISKS AND ISSUES: High cost treatments particularly in oncology and rheumatology medicines have caused significant concern on costs in this category. We are continuing to ensure that we have adequately estimated these costs ongoing.

INFRASTRUCTURE AND NON TREATMENT RELATED COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Non Treatment related costs	964	890	(74)	-8%	✗	11,446	10,723	(723)	-7%	✗



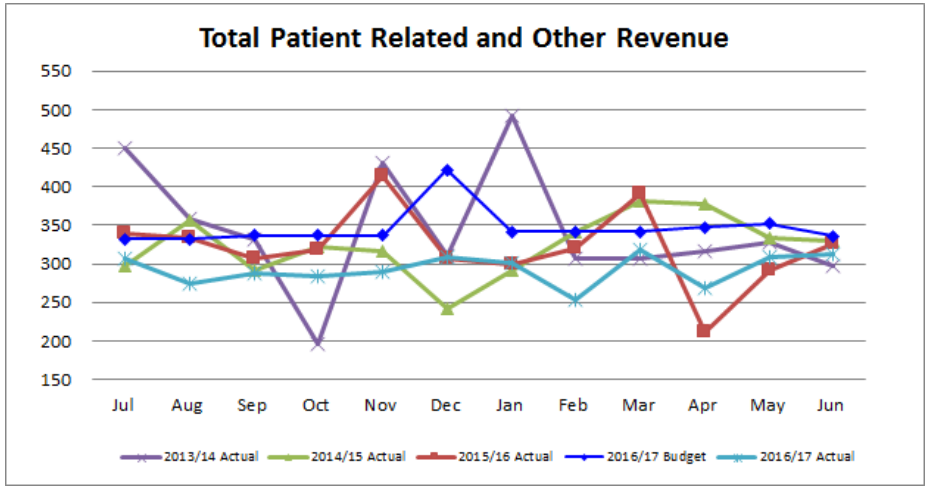
Expenses in this category continue to be closely monitored and we endeavour to make savings and efficiencies as and where available in these categories. This category excludes depreciation and interest expense (see below).

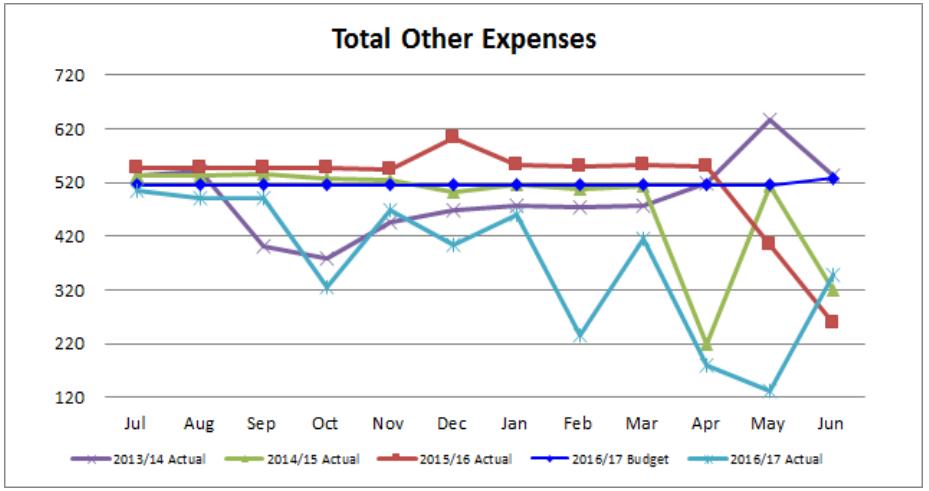
We continue to monitor areas such as Information Technology, Facilities (Maintenance, Utilities, and motor vehicle expenditure) to ensure they remain within budget.

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

OTHER REVENUE & OTHER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Interest Received	38	50	(12)	-23%	✗	408	470	(62)	-13%	✗
Donations	(1)	3	(4)	0%	✗	(1)	36	(37)	0%	✗
Rental	14	16	(2)	-12%	✗	164	192	(28)	-15%	✗
Other	61	33	28	100%	✓	280	498	(218)	-44%	✗
Total Other Revenue	**113**	**102**	**11**	**10%**	✓	**851**	**1,196**	**(345)**	**-29%**	✗
Interest Expense	-	54	54	100%	✓	343	648	305	47%	✓
Depreciation	290	392	102	26%	✓	3,373	4,572	1,199	26%	✓
Capital Charge Expense	56	82	26	31%	✓	739	984	245	25%	✓
Total Other Costs	**347**	**528**	**181**	**34%**	✓	**4,455**	**6,204**	**1,749**	**28%**	✓





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

Patient revenue continues to be lower than expected; there is a direct impact on the Other Revenue result this year.

KEY RISKS AND ISSUES: Ensuring co-payments are recovered is an issue being closely monitored by the WCDHB. Co-payments stretch from contributions to meals on wheels to partial recovery of clinical services and full recovery from non-eligible patients.

Generally Other Costs are behind budget due to expenditure reduction reviews in particular fixed assets and a drop in the interest rate charged by the NZDMO on MoH loans.

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

FINANCIAL POSITION

	Month Actual $'000	Month Budget $'000	Month Variance $'000			Annual Budget $'000
Equity	25,109	12,341	12,768	103%	✓	12,341
Cash	10,811	14,195	(3,384)	-24%	✗	14,195

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

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

For period ending 30 June 2017

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 16/17	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	11,308	11,579	(271)	(2.3%)	137,591	139,113	(1,522)	(1.1%)	139,113	135,869
Inter DHB Revenue	0	7	(7)	(100.0%)	2	84	(82)	(97.6%)	84	76
Inter District Flows Revenue	109	131	(22)	(17.0%)	1,661	1,660	1	0.1%	1,744	1,487
Patient Related Revenue	199	234	(35)	(14.9%)	2,666	2,962	(296)	(10.0%)	2,962	2,873
Other Revenue	113	102	11	10.3%	851	1,196	(345)	(28.8%)	1,112	984
Total Operating Revenue	11,729	12,053	(324)	(2.7%)	142,771	145,015	(2,244)	(1.5%)	145,015	141,289
Operating Expenditure										
Personnel costs	5,345	5,404	59	1.1%	65,887	64,670	(1,217)	(1.9%)	64,670	64,396
Outsourced Services	0	0	(0)	0.0%	(9)	6	15	242.1%	30	30
Treatment Related Costs	570	647	77	11.8%	8,402	7,858	(544)	(6.9%)	7,858	7,781
External Providers	3,091	3,065	(26)	(0.8%)	35,843	37,000	1,157	3.1%	37,000	36,269
Inter District Flows Expense	1,425	1,605	180	11.2%	17,317	19,084	1,767	9.3%	19,084	16,380
Outsourced Services - non clinical	21	3	(18)	(613.1%)	229	24	(205)	(852.3%)	0	0
Infrastructure and Non treatment related costs	964	890	(74)	(8.3%)	11,446	10,723	(723)	(6.7%)	10,723	11,129
Total Operating Expenditure	11,416	11,614	198	1.7%	139,116	139,365	249	0.2%	139,365	135,985
Result before Interest, Depn & Cap Charge	313	439	(127)	(28.8%)	3,655	5,650	1,995	35.3%	5,650	5,304
Interest, Depreciation & Capital Charge										
Interest Expense	0	54	54	100.0%	343	648	305	47.1%	648	651
Depreciation	290	392	102	26.0%	3,373	4,572	1,199	26.2%	4,572	4,572
Capital Charge Expenditure	56	82	26	31.2%	739	984	245	24.9%	984	978
Total Interest, Depreciation & Capital Charge	347	528	181	34.3%	4,455	6,204	1,749	28.2%	6,204	6,201
Net Surplus/(deficit)	(34)	(89)	55	61.8%	(800)	(554)	(246)	(44.4%)	(554)	(897)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(34)	(89)	55	61.8%	(800)	(554)	(246)	(44.4%)	(554)	(897)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 30 June 2017

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	23,306	23,292	14	0.1%	25,444
Intangible assets	636	194	442	227.6%	681
Work in Progress	3,194	1,981	1,213	61.2%	1,981
Other investments	567	567	0	0.0%	0
Total non-current assets	27,703	26,034	1,669	6.4%	28,106
Current assets					
Cash and cash equivalents	10,811	14,195	(3,384)	(23.8%)	11,871
Patient and restricted funds	72	74	(2)	(2.2%)	74
Inventories	1,060	986	74	7.5%	986
Debtors and other receivables	4,685	5,600	(915)	(16.3%)	5,920
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	16,628	20,855	(4,227)	(20.3%)	18,851
Total assets	44,331	46,889	(2,558)	(5.5%)	46,957
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	10,945	10,945	100.0%	10,945
Employee entitlements and benefits	2,842	2,629	(213)	(8.1%)	2,629
Total non-current liabilities	2,842	13,574	10,732	79.1%	13,574
Current liabilities					
Interest-bearing loans and borrowings	0	3,500	3,500	100.0%	3,500
Creditors and other payables	6,885	8,161	1,276	15.6%	8,161
Employee entitlements and benefits	9,564	9,313	(251)	(2.7%)	9,313
Total current liabilities	16,450	20,974	4,524	21.6%	20,974
Total liabilities	19,292	34,548	15,256	44.2%	34,548
Equity					
Crown equity	86,062	73,029	(13,033)	(17.8%)	72,563
Other reserves	22,082	22,082	0	0.0%	22,082
Retained earnings/(losses)	(83,035)	(82,770)	265	0.3%	(82,236)
Trust funds	0	0	0	0.0%	0
Total equity	25,109	12,341	(12,768)	(103.5%)	12,409
Total equity and liabilities	44,400	46,889	(2,489)	(5.3%)	46,957

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 30 June 2017

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	12,519	12,003	516	4.3%	145,546	144,545	1,001	0.7%
Cash paid to employees	(5,291)	(5,404)	112	2.1%	(65,782)	(64,670)	(1,112)	(1.7%)
Cash paid to suppliers	(2,815)	(1,540)	(1,275)	(82.8%)	(23,788)	(18,611)	(5,177)	(27.8%)
Cash paid to external providers	(3,059)	(3,065)	6	0.2%	(34,577)	(37,000)	2,423	6.5%
Cash paid to other District Health Boards	(1,457)	(1,605)	148	9.2%	(18,734)	(19,084)	350	1.8%
Cash generated from operations	(104)	389	(493)	(126.6%)	2,665	5,180	(2,515)	(48.5%)
Interest paid	0	(54)	54	100.0%	(343)	(648)	305	47.1%
Capital charge paid	(56)	(82)	26	31.2%	(739)	(984)	245	24.9%
Net cash flows from operating activities	(160)	253	(414)	(163.2%)	1,583	3,548	(1,965)	(55.4%)
Cash flows from investing activities								
Interest received	38	50	(12)	(23.2%)	408	470	(62)	(13.2%)
(Increase) / Decrease in investments	0	0	0		0	0	0	
Acquisition of property, plant and equipment	330	(212)	542	255.6%	(2,958)	(2,500)	(458)	18.3%
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	368	(162)	530	(327.4%)	(2,550)	(2,030)	(520)	(25.6%)
Cash flows from financing activities								
Proceeds from equity injections	0	0	0		(68)	878	(946)	0.0%
Repayment of equity	(4)	(68)	64		(4)	(68)	64	
Cash generated from equity transactions	(4)	(68)	64		(72)	810	(882)	
Borrowings raised								
Repayment of borrowings	0	0	0		0	0	0	
Payment of finance lease liabilities	0	0	0		0	0	0	
Net cash flows from financing activities	(4)	0	(4)		(72)	0	(72)	
Net increase in cash and cash equivalents	204	23	181	771.9%	(1,039)	2,328	(3,367)	(144.6%)
Cash and cash equivalents at beginning of period	10,607	14,172	(3,565)	(25.2%)	11,850	11,867	(17)	(0.1%)
Cash and cash equivalents at end of year	10,811	14,195	(3,384)	(23.8%)	10,811	14,195	(3,384)	(23.8%)

CLINICAL LEADERS UPDATE

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

TO: **Chair and Members**
Hospital Advisory Committee

SOURCE: **Clinical Leaders**

DATE: **27 July 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the Committee as a regular update.

2. RECOMMENDATION

That the Committee:
i. notes the Clinical Leaders' Update.

3. SUMMARY

WORKFORCE

Nursing & Midwifery

A Canterbury based HealthLearn expert has recently provided some teaching and support to Clinical Nurse Managers, Nurse Managers, Learning and Development and the staff at the Rural Learning Centre. HealthLearn is an IT platform that provides online learning and education to clinical staff, including mandatory training as well as profession specific clinical education. There will be a process developed to increase the interprofessional utilisation of HealthLearn and to ensure staff are maintaining their own training records.

Following a recent site visit from the Safe Staffing Healthy Workplaces National Acuity Consultant, the Nurse Manager Clinical Services and TrendCare Coordinator are planning the full introduction of TrendCare into Buller and Reefton. This will ensure we have the acuity tool in all of our facilities to enable safe staffing as well as providing relevant data for planning. It will also provide 'Hospital at a Glance' information daily for managers, across the facilities, so activity is visible and variance is managed with staffing moved appropriately to where they are required. Overall feedback from the Consultant was very positive and a quality improvement plan has been developed to assist in our full utilisation of the tool.

Allied Health

Conversations with Allied Health staff within the contact of the Primary and Community Model of Care and Specialist Mental Health Future State consultations are creating opportunities for staff to bring their ideas and experiences from other organisations into the development of the ways that Allied Health will deliver services in the future.

Following the update of the Supervision Policy, the Allied Health Workforce have now been surveyed to understand the activity and need relating to professional and clinical supervision. Analysis of these surveys will be undertaken by the Supervision Coordinators, to better understand the training and support needs of our clinical and kāiawhina staff. Work will also be undertaken with the HealthLearn team to develop content relating to Supervision, as well as space within each staff member's training record section for supervision contracts and records.

Many of the Allied Health disciplines are considering the Ministry of Health consultation for their voluntary bonding scheme, with a number of staff working with their registering bodies to complete submissions. Creating dialogue with the Ministry about our ongoing challenges to recruit in various therapy services will be supported by data relating to recruitment trends.

QUALITY & SAFETY

Nursing & Midwifery

The focus on improved documentation continues with ongoing auditing, feedback and updating of forms and patient resources. The Clinical Quality Improvement Team (CQIT) monitors and approves all documentation prior to implementation. Recent examples include a newly developed perioperative nursing document. This document will facilitate comprehensive nursing documentation of the patient journey from before surgery, during surgery and into the recovery period. This will improve the quality of documentation providing relevant information, and is formatted in a user-friendly way. Some recent examples of patient information approved by CQIT include a palliative care brochure and a Flexible Integrated Rehabilitation Support Team (FIRST) brochure. These will also be presented to the Consumer Council for final approval.

Plans are underway to roll out the Health Quality and Safety Commission (HQSC) Deteriorating Patient Programme. We have already reviewed current processes in place that form part of their programme, including updating the Early Warning Score escalation plan. This plan is the localised response to a clinical emergency or a recognised deteriorating patient. The Director of Nursing is the Executive Sponsor for this programme.

Allied Health

Dietetic and Nutrition service providers across the district are commencing a quality project to scope the current activity across primary, community and secondary services. Working as one team across the various funding streams will allow staff to support and strengthen their practice, as well as aiming to reach more of the people in our communities.

The Choosing Wisely global campaign being localised by the Council of Medical Colleges, HQSC and Consumer NZ provides useful methodology that will be applied to a Quality project to better understand requests for Medical Imaging (Radiology). We have already reviewed the current HealthPathways and are gathering data which demonstrates the trends of referrals; relating to time referred, type of image requested and by whom.

4. CONCLUSION

The Clinical Leaders will continue to work across a range of activities to promote a sustainable West Coast health care service.

Report prepared by: Clinical Leaders

Karyn Bousfield, Director of Nursing
Cameron Lacey, Medical Director
Vicki Robertson, Medical Director
Stella Ward, Executive Director of Allied Health

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 27 APRIL 2017

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

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

SOURCE: **Chair, Hospital Advisory Committee**

DATE: **8 June 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 8 June 2017.

For the Board's information the functions of HAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are to:

"- monitor the financial and operational performance of the hospital and specialist services of the West Coast DHB; and
- *assess strategic issues relating to the provision of hospital and specialist services by the West Coast DHB; and*
- *give the Board advice and recommendations on that monitoring and that assessment.*

The Hospital Advisory Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy and with the Strategic Plan of the West Coast DHB."

2. RECOMMENDATION

That the Board:

i. notes the Hospital Advisory Committee Meeting Update – 8 June 2017.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 27 April 2017. Papers presented to the Committee meeting are available on the West Coast DHB website. A copy of the agenda for this meeting is attached as Appendix 1.

MANAGEMENT REPORT

This report is intended to:

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

Philip Wheble, Interim General Manager, Grey/Westland presented the report. He highlighted the following most notable features as:

- Rural Generalist Medical Workforce project starting soon;
- Central Booking Unit looking at DNAs; and
- ESPI results improve but there will be ongoing challenges.

Mr Wheble advised that a really good session was held with ASMs and the Senior Medical workforce and that Brendon Marshall will be leading some work around Rural Generalist Medicine Workforce here on the West Coast.

He also advised that work is continuing in the CBU around reducing DNAs.

Mr Wheble reported that the first bowel surgery in 18 months has recently been done in Greymouth, with WCDHB and CDHB staff working together.

In regard to ESPI 2 the Committee noted that the DHB will continue to have challenges in this area, particularly with limited orthopaedic surgeons available and the South Island Alliance is looking at options across the Region. It was noted that this ESPI will go "red" until a solution is found.

In addition the DHB is working with PHOs around communication with GPs to provide clarity and transparency to their patients around referrals. This includes support to GPs around the provision of alternative services.

Discussion took place regarding young graduates and the voluntary bonding scheme and the Committee noted that under this scheme if graduates stay for any length of time they come back later.

Discussion also took place regarding specialists working in the public sector and private sector.

In regard to Outpatient Clinics discussion took place regarding the drop in numbers from 2016 and the Committee noted that whilst these have decreased there are a number of reasons for this and it is probably not a good indicator to focus on.

There was discussion about what reporting is appropriate to accurately assess the outcomes from the patient's perspective. It was suggested the HAC Chair work with Mr Wheble to review the information contained in the HAC papers.

It was also noted that on the West Coast we have the unique situation where we can see the journey from the GP right through the whole system.

Discussion took place regarding looking at some more graphic reporting that will show trends and comparisons.

There was a query about the numbers of patients not being accepted for ESPI 2 appointments, and for surgery. This information will be provided for the next meeting.

A query was made regarding College of Midwives Competency around the number of births and this information will be provided back to the Committee.

The report was noted.

FINANCE REPORT

Justine White, General Manager, Finance, presented this report which showed that the consolidated West Coast District Health Board financial result for the month of April 2017 was a deficit of $145k, which was $86k unfavourable to budget. The year to date position is $247k unfavourable.

Ms White advised that we are seeing a deterioration of the financial position which is disappointing and it is unlikely we will be able to recover from this. The Committee noted that the current Annual Plan result is a deficit of $554k with the forecast being an $850k deficit.

Revenue streams are down and it was noted that the DHB operates to minimum staffing levels and although some of the elective work may not be taking place the ability to match staffing to this is not there. Discussion took place regarding the movement of other South Island patients to the West Coast to use spare capacity.

In regard to the decrease in ACC Revenue it was noted that the success of our falls campaign have been a good result for patients however is not so good for the DHB revenue. The Committee also noted that a lot of work has been undertaken around claiming processes to ensure we are claiming everything we can. Discussion took place around this process and Ms White commented that this may be revisited.

Ms White advised that the revenue allocation 2 weeks ago was $1.4m higher than expected and we will be taking the opportunity to look at the cost side of this and only 600k will go right to the bottom line. She also advised that she is not expecting people and pharmaceutical costs to change and if Dunsford stays open longer this will also have an effect.

The report was noted.

CLINICAL LEADERS UPDATE
The Clinical Leaders is provided in today's Board papers.

CASE WEIGHTS AND PRODUCTION PLANNING
The Committee received an overview of Case Weights and Production Planning. The Committee noted that this is a way for the Ministry of Health to recognise the different inputs and costs around patient care and is revised on a regular basis.

The update was noted.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 8 June 2017

Report prepared by: Michelle Lomax Chair, Hospital Advisory Committee

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at the Regional Council, Main Road, Greymouth
on Friday 23 June 2017 commencing at 1.15pm

KARAKIA			
ADMINISTRATION			***1.15pm***
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *12 May 2017*		
3.	**Carried Forward/Action List Items** *(there are no carried forward items)*		
REPORTS FOR NOTING			***1.20pm***
4.	**Chair's Update** **(Verbal Update)**	Jenny Black *Chairperson*	*1.20pm – 1.25pm*
5.	**Chief Executive's Update**	Michael Frampton *General Manager, People & Capability*	*1.25pm – 1.35pm*
6.	**Clinical Leader's Update**	Karyn Bousfield *Director of Nursing* Mr Pradu Dayaram *Medical Director, Facilities Development*	*1.35pm – 1.40pm*
7.	**Finance Report**	Justine White *General Manager, Finance*	*1.40pm – 1.50am*
8.	**Wellbeing Health & Safety Update**	Michael Frampton *General Manager, People & Capability*	*1.50pm – 2.00pm*
9.	**Maori Health Update**	Kylie Parkin *Portfolio Manager, Maori Health*	*2.00pm – 2.10pm*
10.	**Reports form Committee Meetings**		
	- CPH&DSAC *8 June 2017*	Elinor Stratford *Chair, CPH&DSA Committee*	*2.10pm – 2.15pm*
	- Hospital Advisory Committee *8 June 2017*	Michelle Lomax *Chair, Hospital Advisory Committee*	*2.15pm – 2.20pm*
11.	**Resolution to Exclude the Public**	*Board Secretary*	*2.20pm*
INFORMATION ITEMS			
ESTIMATED FINISH TIME			***2.20pm***

NEXT MEETING: Friday 11 August 2017

2017 HOSPITAL ADVISORY COMMITTEE DRAFT WORKPLAN

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

DRAFT WORKPLAN FOR HAC 2017 - BASED ON WEST COAST DHB PRIORITY PLAN (*WORKING DOCUMENT)*

	10 March	27 April	8 June	27 July	14 September	26 October	23 November
STANDING ITEMS	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items
STANDARD REPORTS	Hospital Services Management Report Finance Report Clinical Advisor Update 2017 Committee Work Plan	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update
PLANNED ITEMS							
PRESENTATIONS	As required	As required	Case Weights Production Planning and Prioritisation		Mental Health Update Population Based Funding	Aged Care Update	As required
GOVERNANCE AND SECRETARIAT							
INFORMATION ITEMS:	Latest Board Agenda Chair's Report to Board from last meeting 2017 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2017 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2017 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2017 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2017 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2017 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2018 Schedule of Meetings

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2017

DATE	MEETING	TIME	VENUE
Friday 10 February 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Friday 10 March 2017	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Friday 10 March 2017	HAC	11.00am	Boardroom, Corporate Office
Friday 10 March 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 March 2017	BOARD	10.15am	West Coast PHO Boardroom
Thursday 27 April 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 April 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 April 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 May 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 8 June 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 8 June 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 June 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 June 2017	BOARD	10.15am	West Coast Regional Council
Thursday 27 July 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 July 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 July 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 11 August 2017	BOARD	10.15am	Arahura Marae
Thursday 14 September 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 14 September 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 14 September 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 29 September 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 26 October 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 26 October 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 26 October 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 3 November 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 November 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 November 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 November 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 8 December 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

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