



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

ADVISORY COMMITTEE MEETING

1 November 2019

9.45am

**St John
Water Walk Road, Greymouth**

AGENDA AND MEETING PAPERS

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

WEST COAST DISTRICT HEALTH BOARD

ADVISORY COMMITTEE MEMBERS

Michelle Lomax (Joint Chair)
Elinor Stratford (Joint Chair)
Chris Auchinvole
Jenny Black
Lynnette Beirne
Kevin Brown
Sarah Birchfield
Cheryl Brunton
Paula Cutbush
Helen Gillespie
Chris Lim
Jenny McGill
Chris Mackenzie
Joseph Mason
Edie Moke
Peter Neame
Nigel Ogilvie
Francois Tumahai

EXECUTIVE SUPPORT

David Meates (*Chief Executive*)
Ginny Brailsford (*Team Leader, Planning & Funding*)
Gary Coghlan (*General Manager, Maori Health*)
Mr Pradu Dayaram (*Medical Director, Facilities Development*)
Michael Frampton (*Chief People Officer*)
Carolyn Gullery (*Executive Director, Planning, Funding & Decision Support*)
Brittany Jenkins (*Director of Nursing*)
Dr Cameron Lacey (*Medical Director, Medical Council, Legislative Compliance and National Representation*)
Jacqui Lunday-Johnstone (*Executive Director, Allied Health*)
Dr Vicki Robertson (*Medical Director, Patient Safety and Outcomes*)
Karalyn van Deursen (*Executive Director, Communications*)
Stella Ward (*Chief Digital Officer*)
Philip Wheble (*General Manager, West Coast*)
Justine White (*Executive Director, Finance & Corporate Services*)
Kay Jenkins (*Board Secretary*)

WEST COAST ADVISORY COMMITTEE MEETING
To be held at St John, Water Walk Road Greymouth
Friday 1 November 2019 commencing at 9.45am

ADMINISTRATION

9.45am

Karakia

Apologies

1. **Interest Register**

Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.

2. **Minutes of the Previous Meeting**

- 27 September 2019

3. **Carried Forward/Action Items** *(There are no carried forward items)*

REPORTS

9.50am

4. **Community and Public Health Update**

Cheryl Brunton
Community and Public Health

9.50am – 10.00am

5. **Disability Action Plan Update**

Kathy O'Neill
Planning & Funding

10.00am – 10.15am

6. **Alliance Update**

Jenni Stephenson
Programme Manager, West Coast Alliance

10.15am – 10.25am

7. **Operational Update**

Philip Wheble
General Manager, West Coast

10.25am – 10.45am

ESTIMATED FINISH TIME

10.45am

INFORMATION ITEMS

- 2019 Committee Work Plan – Working Document

NEXT MEETING

Date of Next Meeting: 2020

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

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

WEST COAST DISTRICT HEALTH BOARD ADVISORY COMMITTEE MEMBERS INTERESTS REGISTER



Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Elinor Stratford Joint Chair	<ul style="list-style-type: none"> Clinical Governance Committee, West Coast Primary Health Organisation The West Coast PHO Clinical Governance Committee (CGC) act as an advisory committee to its Board. The CGC's role is to assist the Board with any clinical aspects that relate to its business. 	N	Perceived
	<ul style="list-style-type: none"> Active West Coast – Committee Member Active West Coast (AWC) is a network of agencies and groups committed to improving the health of West Coasters through the promotion of healthy life styles such as physical activity, nutrition, smoke free, youth and older person's health. 	N	Perceived
	<ul style="list-style-type: none"> West Coast Sub-branch - Canterbury Neonatal Trust – Chairperson 	N	Perceived
	<ul style="list-style-type: none"> Canterbury Neonatal Trust – Trustee The primary focus of The Neonatal Trust (Canterbury) is to support families who are going through or have been through a neonatal journey. 	N	Perceived
	<ul style="list-style-type: none"> Accessible West Coast Coalition Group – Member A group that works together to improve access to all aspects of the community. 	N	Perceived
	<ul style="list-style-type: none"> Kowhai Project Committee - Chair The Kowhai Project, is a community project and is raising money to provide an inner courtyard for staff, patients and visitors including plantings for the entry and the parking areas at the new Te Nikau, Grey Hospital and Health Centre 	N	Perceived
	<ul style="list-style-type: none"> MS - Parkinsons New Zealand – West Coast Committee Member MS Parkinsons provides education, information and help people make informed decisions about living with Parkinson's. 	Y	Actual
Michelle Lomax Joint Chair	<ul style="list-style-type: none"> Daughter is a recipient of WCDHB Scholarship Community Law Canterbury - Part-time Advisor on Disability Issues Daughter is part of the Rural Medicine Emerging Programme in Greymouth Elected Member Christchurch Central Ward Community Board Pharmacy Council – lay member 	N N N N N	

Chris Auchinvole Board Member	<ul style="list-style-type: none"> • Director Auchinvole & Associates Ltd • Trustee, Westland Wilderness Trust • Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand • Daughter-in-law employed by Otago DHB 	N N N N	
Lynnette Beirne	<ul style="list-style-type: none"> • Patron of the West Coast Stroke Group Incorporated • Daughter employed as nurse for West Coast DHB • Consumer Representative on WCDHB Stroke Coalition Committee • Running a Homestay for DHB Students & Staff • Member, Accessible West Coast Coalition Group • Consumer Representative on West Coast DHB Health of Older Persons Committee 	N N N N N N	Perceived Perceived
Sarah Birchfield	<ul style="list-style-type: none"> • Member, Accessible West Coast Coalition Group • Member West Coast DHB Consumer Council • Member, West Coast DHB Child & Youth Committee • Member, Canterbury/West Coast Action Plan Committee 	N N N N	
Jenny Black Board Chair	<ul style="list-style-type: none"> • Chair, Nelson Marlborough District Health Board Appointed as Chair for a third term by the Minister of Health. Member of Statutory Committees and Audit Committee. • Chair, South Island Alliance Board The South Island Alliance enables the regions five DHBs to work collaboratively to develop more innovative and efficient health services than could be achieved independently. • Chair, National DHB Chairs Elected position from the National DHB Chairs. • West Coast Partnership Group This is a Partnership Group set up by government to provide governance for the facilities development of the new Grey Hospital & Health Centre and a health facility at Buller. • Health Promotion Agency (HPA) – Chair The Health Promotion Agency is an evidence-based health promotion organisation, influencing all sectors that contribute to health and wellbeing. Their key role is to lead 	Y N N N N	Perceived Perceived Perceived Perceived

	and support health promotion initiatives to: promote health and wellbeing and encourage healthy lifestyles; prevent disease, illness and injury; enable environments that support health, wellbeing and healthy lifestyles; and reduce personal, social and economic harm.		
Kevin Brown Board Member	<ul style="list-style-type: none"> West Coast Electric Power Trust - Trustee The West Coast Electric Power Trust was formed in 1992 as a consequence of the passing of the Energy Companies Act 1992. The six Trustees hold the shares of Westpower Ltd and the associated companies on behalf of the electricity consumers of the West Coast. Diabetes West Coast - Patron and Member West Coast Juvenile Diabetes Association - Trustee Diabetes West Coast provides services for people with diabetes. Greymouth Lions Club – Member Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand West Coast Rugby League - Hon Vice President West Coast Rugby League is a sporting organisation 	N N N N N	 Perceived Perceived Perceived
Cheryl Brunton	<ul style="list-style-type: none"> Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) Member - Public Health Association of New Zealand Member - Association of Salaried Medical Specialists Member - West Coast Primary Health Organisation Clinical Governance Committee Member – National Influenza Specialist Group Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation Member – DISC Trust 	N N N N N N N	
Paula Cutbush	<ul style="list-style-type: none"> Owner and stakeholder of Alfresco Eatery and Accommodation Daughter involved in Green Prescriptions Justice of the Peace 	N N N	
Helen Gillespie Board Member	<ul style="list-style-type: none"> Department of Conservation – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a 	N	

	<p>positive difference to the lives of all New Zealanders through nature.</p> <ul style="list-style-type: none"> Husband works for New Zealand Police – Based in Hokitika and currently working in the Traffic Safety Team Accessible West Coast Coalition Group - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people Kowhai Project Committee – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors. 	N	
Chris Lim	<ul style="list-style-type: none"> No interests to declare 		
Chris Mackenzie Board Deputy Chair	<ul style="list-style-type: none"> Development West Coast – Chief Executive Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the Government. It is governed by a "Deed of Trust" which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future. Horizontal Infrastructure Governance Group – Chair A Memorandum of Understanding was agreed in September 2013 between the Government and the Christchurch City Council to create this group to focus on lessons learned from one of New Zealand's most challenging civil engineering projects: rebuilding the earthquake damaged pipes, roads, bridges and retaining walls in the city of Christchurch 2011 - 2016. Mainline Steam Trust – Trustee Mainline Steam is an organisation devoted to the restoration and operation of historic mainline steam locomotives. Christchurch Mayors External Advisory Group – Member An External Advisory Group set up by Government and the Christchurch City Council to provide independent advice on Christchurch City Council's long-term capital works programme and related spending plans. 	N N N N	
Jenny McGill	<ul style="list-style-type: none"> Husband employed by West Coast DHB Peer Support – Mum4Mum Member, Accessible West Coast Coalition Group 	Y N N	
Joseph Mason	<ul style="list-style-type: none"> Representative of Te Runanga o Kati Wae Wae Arahura Employee Community and Public Health, Canterbury DHB 	N Y Y	Perceived Perceived

	<ul style="list-style-type: none"> Tatau Pounamu – Committee Member 		
Edie Moke Board Member	<ul style="list-style-type: none"> South Canterbury DHB – Appointed Board Member; Chair: Disability Support Advisory Committee; Deputy Chair: Maori Health Advisory Committee; and Member: Audit and Assurance Committee Nga Taonga Sound & Vision - Board Member (elected); Chair: Assurance and Risk Committee; and Member: Property Committee <p>Nga Taonga is the newly merged organisation that includes the following former organisations: The New Zealand Film Archive; Sounds Archives Nga Taonga Korero; Radio NZ Archive; The TVNZ Archive; Maori Television Service Archival footage; and Iwi Radio Sound Archives.</p>	Y N	Perceived
Peter Neame Board Member	<ul style="list-style-type: none"> White Wreath Action Against Suicide – Board Member and Research Officer <p>White Wreath is a non-denominational, non-political and anti-discriminatory body supporting people who have been directly affected by suicide and those who are affected by mental illness/disorders.</p> <ul style="list-style-type: none"> Author and Publisher of “Suicide, Murder, Violence Assessment and Prevention” 2017 and four other books. 	N N	Perceived
Nigel Ogilvie Board Member	<ul style="list-style-type: none"> Westland Medical Centre - Managing Director Thornton Bruce Investments Ltd - Shareholder/Director Hokitika Seaview Ltd - Shareholder Tasman View Ltd - Shareholder, White Ribbon Ambassador for New Zealand Sister is employed by Waikato DHB West Coast PHO - Board Member Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre Wife is Board Member West Coast PHO 	Y N N N N N Y Y Y	Actual Perceived Actual Perceived
Francois Tumahai Board Member	<ul style="list-style-type: none"> Te Runanga o Ngati Waewae – Chair <p>This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast.</p> <ul style="list-style-type: none"> Poutini Environmental - Director <p>Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification.</p>	N N N	

	<ul style="list-style-type: none"> • Arahura Holdings Limited – Chief Executive • West Coast Regional Council Resource Management Committee – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991. • Poutini Waiora Board - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini. • Development West Coast – Trustee Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the Government. It is governed by a “Deed of Trust” which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future. • West Coast Development Holdings Limited – Director • Putake West Coast – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business. • Ngai Tahu Pounamu – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving • Westland Wilderness Trust – Chair • West Coast Conservation Board – Board Member The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for the West Coast region. • New Zealand Institute for Minerals to Materials Research (NZIMMR) – Director • Westland District Council – Councillor 	<p>N</p> <p>Y</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p>	<p>Actual</p>
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DRAFT
MINUTES OF THE WEST COAST ADVISORY COMMITTEE
held at St John, Water Walk Road, Greymouth
on Friday 27 September 2019 commencing at 10.30am

PRESENT

Elinor Stratford (Joint Chair – in the Chair); Chris Auchinvole; Jenny Black; Sarah Birchfield; Kevin Brown; Dr Cheryl Brunton; Paula Cutbush; Helen Gillespie; Chris Lim; Chris Mackenzie; Jenny McGill; Joseph Mason; Peter Neame; and Nigel Ogilvie.

APOLOGIES

Apologies were received and accepted from Lynnette Beirne; Michelle Lomax, Edie Moke and Francois Tumahai.

EXECUTIVE SUPPORT

Philip Wheble (General Manager, West Coast); Pradu Dayaram (Medical Director, Facilities); Carolyn Gullery (Executive Director, Planning & Funding & Decision Support); Jenni Stephenson (Planning & Funding); and Kay Jenkins (Minutes).

APOLOGIES

David Meates (Chief Executive); Imogen Squires (Communications); Karalyn van Deursen (Executive Director, Communications)

IN ATTENDANCE

Kerry Marshall, Community & Public Health – Items 4 & 6

Joe Mason opened the meeting with a Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Elinor Stratford advised that MS Parkinsons now have a contract with the DHB so her conflict is “actual” and not “perceived”

Joseph Mason advised that he is now a member of the Tatau Pounamu Advisory Committee.

Declarations of Interest for Items on Today's Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (9/19)

(Moved: Paula Cutbush/Seconded: Sarah Birchfield - carried)

“That the minutes of the meeting of the West Coast Advisory Committee held on 9 August 2019 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

There were no carried forward items.

4 ENVIRONMENTALLY SUSTAINABLE HEALTH CARE: POSITION STATEMENT

Kerry Marshall, Community & Public Health presented the position statement around environmentally sustainable health care. Ms Marshall advised that this statement had been developed for use across the South Island and has already been endorsed by CDHB, NMDHB & Southern DHB.

Resolution (10/19)

(Moved Helen Gillepsie/seconded Nigel Ogilvie – carried)

That the Committee recommend to the Board that they:

- i. endorse the Sustainability Position Statement; and
- ii. notes that before fully committing to the programme some clarity is required around costs, funding and resourcing.

5. PRESENTATION – MAORI HEALTH

Gary Coghlan, General Manager, Maori Health and Kylie Parkin, Portfolio Manager, Maori Health, provided a presentation to the Committee.

The presentation provided information as follows:

- Ministry Definition of Equity
- Minister's Expectations
- Reviews and what they tell us
- Mental Health
- Chils Health Strategy
- Wai 2575
- Treaty Principles
- Maori Health Strategy
- National Strategies
- Workforce
- Maori Models of Care and
- Organisational Accountability

The Chair thanked Gary & Kylie for their presentation.

6. COMMUNITY AND PUBLIC HEALTH UPDATE

Kerry Marshall, Community & Public Health presented the Community & Public Health update. She provided an updates on activity around: Health Promoting Schools (Heritage Apple Project); Healthy Public Policy; Nutrition; Alcohol; Smokefree; and Smoking Cessation.

The update was noted.

7. DISABILITY ACTION PLAN UPDATE

This item was deferred until the 1 November meeting.

8. ALLIANCE UPDATE

Jenni Stephenson, Programme Manager, West Coast Alliance Leadership presented this update which was taken as read.

It was noted that at the August meeting the ALT:

- The new Chair, Kevin Hague, thanked Dr Cheryl Brunton for her time acting in the role of Chair;
- Approved the workplans presented by the workstreams with the exception of the Mental Health workstream who will be invited to present a revised plan to the next ALT meeting; and
- Reviewed the workstreams' Highlights and Opportunities report which is attached as Appendix 1 to share with the Committee.

The update was noted.

9. PLANNING & FUNDING UPDATE

Carolyn Gullery, Executive Director, Planning & Funding & Decision Support, presented this update which was taken as read. Ms Gullery advised that this report includes the year end results and drew the Committee's attention to the quarter 4 results which were outstanding.

The report noted the following key points:

- The Whakakatoahi Pilots in the Buller region was re-scoped and linked in with Poutini Waiora to better support Maori with diabetes. The initial evaluation has indicated this has been successful in targeting high risk groups.
- The Healthy West Coast Alliance workstream is leading the development of a cohesive Oral Health Promotion plan that capitalises on opportunistic contacts as well as creating supportive environments.
- A Living Well workshop held Greymouth on 13 April 2019, with a host of smaller targeted group sessions also being delivered. West Coast DHB is engaged in the following regional priority focus areas: improving lung cancer pathways, roll-out of MOSAIQ, and increased use of clinical Multi-Disciplinary Meetings for reviewing individual patient care.
- Performance against national targets was really positive in quarter four. Despite small population number making it difficult to achieve a 100% result: 100% of newborns were enrolled with general practice; 100% of pregnant women were offered brief advice and support to stop smoking; 100% of obese children (identified at their B4 School Check) were referred for support; 100% of people received urgent colonoscopies in under two weeks and 100% received non-urgent colonoscopies in under six weeks; 100% of stroke patients were admitted to an organised stroke service; 100% of 0-19 year olds were seen in addiction services within three weeks; we delivered 100%+ against the elective surgical discharges target; and data for 100% of patients with Acute Coronary Syndrome was entered onto national registers within 30 days. The West Coast was also one of only four DHBs meeting the Shorter Stays in ED performance target in quarter four.

It was noted that the colonoscopy wait times were being addressed as part of the national bowel screening programme. Implementation of this in Canterbury is planned for May/June 2020 and this will then be rolled out to the West Coast.

The update was noted.

10. OPERATIONAL UPDATE

Philip Wheble, General Manager, West Coast, presented the Operational update.

Mr Wheble's report highlighted the following notable features:

- Health strategies across the age continuum – as work comes to a completion around the Maternity Health Strategy the teams will be moving to the Child Health Strategy looking at all our services that provide care and support for our children.
- Work is commencing with the Ministry of Health on the implementation of the National Bowel Screening Programme

Mr Wheble advised that there was an ongoing issue around the lack of General Practitioners and going into the school holidays this is a more difficult period of time. Staff are working hard on this.

He also advised that clinical teams are progressing the work around the Maternity Strategy that Norma Campbell and the team have undertaken and as this approaches completion the teams will be moving to the Child Health Strategy and will commence engagement around this in the new year.

In regard to ESPIs, Mr Wheble advised that there is no longer an issue with orthopaedics in ESPI2 (FSA) as this has been addressed through the provision of additional specialist clinics. It was noted that wait times on the orthopaedic surgical waiting list have started to increase as more patients are being seen at FSA and this will take time to resolve over the coming months.

Discussion took place regarding DNAs and it appears there are still a lot of patients who do not arrive on the day for appointments. It was noted that follow up does take place to try to find any reasons for this. Discussion took place regarding postal delivery times and the effect of this on the ability to attend appointments.

The update was noted.

INFORMATION ITEMS

- Disability Directorate e-Newsletter
- West Coast DHB 2019 Meeting Schedule
- 2019 Committee Work Plan – working Document

There being no further business the meeting concluded at 12.25pm.

Confirmed as a true and correct record:

Elinor Stratford, Joint Chair

Date

COMMUNITY AND PUBLIC HEALTH UPDATE



TO: Chair and Members
West Coast Advisory Committee

SOURCE: Community and Public Health

DATE: 1 November 2019

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

This report is to provide the Committee with information regarding items of interest around Community and Public Health on the West Coast.

2. RECOMMENDATION

That the Advisory Committee:

- i notes the Community and Public Health Update

3. APPENDICES

Appendix 1: Community and Public Health Update

Report approved for release by: Dr Cheryl Brunton, Public Health Specialist,
Community and Public Health

REPORT to JOINT COMMITTEE COMMUNITY AND PUBLIC HEALTH (CPH)

October 2019

Health Promoting Schools

CPH took an active role in planning and supporting the 2019 Te Tai Poutini Te Ahurei Kapa Haka Festival for schools held in Māwhera on the 23rd September. Over 500 students from 20 schools participated; some travelling more than two hours to take part. Te Ahurei was held at the Regent Theatre, Greymouth which had a full audience for much of the day comprising schools, kaumātua and local community members. This was a mana enhancing day which encapsulated Te Whare Tapa Wha for our tamariki, rangatahi and whānau, being well supported by mana whenua. Hokitika Primary School, Reefton Area School, and Westland High School were the champions of their sections. Strong whanaungatanga saw schools connecting, supporting each other, and welcoming new participants into the event whilst all celebrating kapa haka. This has already had a flow on effect with an increased participation in the community Te Tai Poutini rangatahi kapa haka roopu.



Alcohol harm reduction

On 27th September, our alcohol licensing officer joined the Westland District licensing inspector and the Officer in Charge Franz Josef Police to monitor licensed premises in Franz Josef and Fox Glacier. The visits were very well received by Licensees and Duty Managers and there were no non-compliances with the Sale and Supply of Alcohol Act (2012) observed.

CPH's alcohol licensing and health promotion staff take part in regular Tri-Agency meetings with the other agencies (Police and council Licensing Inspectors) involved in alcohol licensing. Kelly Crawford, Regional Manager, Hospitality NZ (Nelson, Marlborough, Westland, Buller and North Canterbury) was a guest at the recent meeting on 1st October. She spoke about forming voluntary local alcohol accords with licensees and the Tri-Agency group agreed unanimously to work towards an accord in Franz Josef. There will be a meeting of Police, CPH's alcohol licensing officer and the Westland District licensing inspector, Hospitality NZ and local licensees on the 22nd October in Franz Josef to start this process.

"All Tracks Lead to Blackball" on 30th November is a community event to celebrate the opening of the Paparoa Track. During a meeting between CPH staff and the event organisers they decided to make this event alcohol and smokefree. CPH is supporting them with resources and signage to help promote and advertise this.

Smokefree

On 2, 3 and 4th October CPH Smokefree enforcement staff conducted Controlled Purchase Operations (CPOs) at tobacco retailers in Hokitika, Kumara, Runanga, Blackball, Moana, Ahaura, Ikamatua, Reefton and Westport.

Two underage youth volunteers assisted. The CPOs were successful in that all of the retailers visited asked the Volunteer to produce identification, and did not sell cigarettes to them.

As part of the West Coast Tobacco Free Coalition CPH contributed to a submission on the Grey District Council's Draft Outdoor Dining Policy to allow the extension of outdoor dining spaces into car parks. We supported the condition in the draft policy that these spaces will be smokefree and vape-free, and offered to provide signage to businesses at no cost to support implementation of the policy.

Sustainability and environmental awareness sessions

As part of the Transalpine Environmental Sustainability approach, Dr Anna Stevenson from CPH's Christchurch office co-led two presentations and facilitated workshops to raise staff awareness and identify potential actions to improve environmental sustainability within the WCDHB. Participants provided ideas to support a more environmentally sustainable health service including: decreasing the number of polystyrene cups and plastic food containers being used across the DHB, increasing opportunities and support for recycling, encouraging car-pooling, and promoting sustainability as everyone's responsibility. Notes from the sessions have been compiled for distribution to participants and will be used to help plan further action.

Measles contacts on the West Coast

Earlier this month, our on-call Protection Officer was notified of West Coast contacts of a confirmed measles case associated with the national Secondary Schools basketball tournament held in Palmerton North during the school holidays. Two West Coast secondary schools had sent teams and supporters to the tournament. The vaccination status of the players had been checked by the schools beforehand and they were all fully immunised but this was not the case for all of the supporters. CPH arranged for contacts to have blood tests to check their measles immunity (if they were born after 1969 and could not produce records of having had two doses of MMR vaccine). One adult supporter from Buller and three adults and a pre-schooler from Grey were advised to quarantine themselves at home between 7-16 October. All did so voluntarily and none developed any symptoms.

Just a few days later, Southern DHB notified CPH that a confirmed measles case had visited Haast for a meeting with staff at a local business on 3rd October before they became symptomatic. In this instance, there were three adult contacts who were born after 1969 and who could not produce records of having had two doses of MMR. With the help of the local rural nurse specialist, blood tests were able to be arranged for all three before they needed to go into quarantine. Fortunately, all three were found to be immune.

Nutrition

CPH staff attended the Arahura networking hui in early October and delivered a presentation about the West Coast Nutrition Service and current health promotion activities related to nutrition and wellbeing. We took copies of Nutrition Bites (our "bite-sized" recipes), our early childhood nutrition resource 'Nourishing Futures with Better Kai', information with details about an upcoming Appetite for Life course and the referral criteria for the clinical dietitian service within the WCPHO and WCDHB.

Early Childhood nutrition continues to remain a priority, with a very successful workshop being held in Hokitika. Nine participants attended, including parents, grandparents and teachers. Popular topics included: fizzy drinks - how to decrease household consumption, family meals, lunchbox food s- how to read labels when purchasing packaged food is your reality, boosting fruit and vegetable intake on a budget and enjoying breakfast time as a family. In the next few weeks, two early childhood centres in Greymouth and Hokitika will receive their Healthy Heart Awards. These require the centre to hold up-to-date nutrition and physical activity policies, professional development for staff, healthy eating and physical education as a core component of their curriculum, regular whānau engagement and lunchbox/catering guidelines meeting Ministry of Health guidelines.

REFRESHING THE DISABILITY ACTION PLAN 2020-2023



TO: Chair and Members
Advisory Committee

SOURCE: Planning and Funding

DATE: 1 November 2019

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

The Transalpine Health System Disability Action Plan 2016 - 2026 (the Plan) which launched in July 2016 included in the priority actions for each of the 16 objectives identified through an extensive consultation process in 2015-2016. Included in the priority actions was the commitment to refresh the priority actions every two years through engagement with the disability community. Attendance at two disability forums in 2018 and a survey run through survey monkey did not identify the need for any substantial change to the existing priority actions, but in 2019 the Canterbury DHB Disability Steering Group (DSG) recommended that a different approach would be required to engage with the disability community in a more meaningful way. It was intended that this new engagement approach would assist in the identification of core issues and challenges experienced by the disability community across the Canterbury and West Coast health systems. This report provides a brief update on the priority actions of 2016-2019 and identifies the key themes that emerged from the feedback received from the recent engagement forums and written feedback.

2. RECOMMENDATION

That the West Coast Advisory Committee:

- i. notes the progress on achieving the Priority Actions of the Disability Action Plan; and
- ii. notes the intent to bring back the refreshed priority actions which will include proposal on the implementation structure.

3. SUMMARY

In August 2019 six forums were held across Canterbury and the West Coast and people were offered the opportunity to provide feedback via email or telephone. While there was variable attendance at the forums, held at different times and locations, a total of 70 people who directly connected to the disability community attended the forums. A small number of people also provided written feedback. To represent the partnership, the forums were jointly facilitated by a reputable disability sector leader who has lived experience of disability and the Planning and Funding Disability Lead. The refreshed Action Plan will update existing priority actions, add additional actions identified as part of the recent engagement and remove completed or obsolete actions.

In addition to refreshing the plan a proposal will be put forward for approval through the Alliance Leadership Team and the Advisory Committee on the structure that will enhance the capacity and pace of implementation of the priority actions on the West Coast.

The draft refreshed Plan and proposed implementation structure will be submitted for approval to ALT, the West Coast DHB Executive Management Team and the Advisory Committee during the remainder of 2019.

4. **DISCUSSION**

Building on the Current Plan

The 16 Objectives of the Disability Action Plan are unchanged and these high priority areas identified as the focus for the last three years remain, although the progress made to date will be built upon. These priority areas are as follows, with key areas of progress provided:

a. Employing More People with a Disability in the Canterbury DHB

- In February 2019 the DHB had the first eight school leavers with intellectual disability commence a one year internship to provide work experience and grow essential skills for permanent employment. The internship is a validated approach known as Project Search. While it is expected that some interns will remain in the DHB as employees, 80% of Project Search graduates go on to at least part-time employment. Project Search is planned to be implemented on the West Coast however a specific timeframe has yet to be identified.
- The Canterbury DHB, with West Coast attendees, hosted a cross sector employment forum to identify approaches and opportunities on how to employ more people in the DHBs was held on 5 July 2019. Key themes and opportunities identified from the forum have been collated and an action plan specifically related to achieving employment of a diverse workforce is being developed. A follow up forum is planned for 2020 on the West Coast to ensure the action plan is relevant to the local environment.
- A policy on Diversity, Inclusion and Belonging has been drafted and is currently being circulated internally in the DHB for feedback. This policy will establish the expectations for the DHB, provide a toolkit for employing managers on practices to reduce barriers for employing people from diverse backgrounds and human resource processes which will support improved attraction, recruitment and retention of staff with diverse needs.

b. Disability Awareness Training for staff

- An on-line training module on disability awareness is available to health system staff on HealthLearn and there have been 1,423 staff complete the module to date. This is far below the target being sought and the West Coast DHB Annual Plan for 2019/20 includes the following actions:
 - *Engage subject matter experts to develop disability training modules, building on the e-learning work completed in 2017/18.*
 - *Engage with Māori and Pacific leads to ensure content is consumer focused and culturally appropriate.*
 - *Track uptake and feedback on modules as a means of evaluation and to identify improvements.*
- A video library is being developed that shares the experiences people with a disability and their families have had in our health system. This video will be shared with staff to support learning, at orientations, and as a component of other training modules.
- A toolkit for hiring managers has been developed to ensure processes and unintentional bias is addressed.
- Accessible buildings and facilities
- The WCDHB has endorsed the West Coast Accessibility Strategy and is a member of the West Coast Accessibility Coalition. This commits the DHB to be accountable to the community for improving its built environment, making the commitment to take a

universal design approach which will better achieve accessibility for everyone, including people with a disability, not just to Building Code.

- For example: The new hospital and IFHC has been built to comply with New Building Standard, NZ building code, Grey District Council requirement and takes into account the Australasian Health Facility Guidelines. Access to the Hospital and IFHC is via accessible pathways and doorways. Patient spaces and rooms have been designed and built with accessibility in mind in regard to room sizes, bathrooms and toilets, along with corridor widths and doorways, along with car parking.
- Wayfinding is implemented in new WCDHB facilities.
 - Improving Communication
 - A Communication Plan to regularly communicate and engage with the sector has been developed and key documents are used to disseminate disability related information e.g CEO Update
 - The DHB website has been reviewed for accessibility, re-designed based on recommendations and launched in 2018.
 - Access to NZSL interpreters when people with a hearing impairment are using DHB health services has been included in an overarching policy for interpreter services. A working group has been formed to review the current provision across all the health system including primary care, it is anticipated this will result in recommendations to ensure improved access to interpreters.

If further information on progress is required a full summary report is available on request.

Key Themes from the Forums that will be used to refresh the Priority Actions in the Plan 2020 -2023

In general the feedback received has shifted from the hospital setting to the wider health system, particularly General Practice.

- a. People felt that the priority focus should be on child services.
- b. Very strong and consistent feedback is that Child Development Services (CDS) are under resourced and that this is even worse in terms of wait time for diagnosis and treatment for those with Autism Spectrum Disorder and Attention Deficit Disorder. While the new funding for Child Development Services (CDS) from Disability Support Services, Ministry of Health is aimed at increasing capacity for these services there was feedback that CDS, Paediatric and mental health services for children needs to be more integrated and coordinated between agencies, to really achieve improved service responses.
- c. Feedback indicated that there was not enough about intellectual disability in the plan, which was seen to be more weighted to physical or sensory disability.
- d. Transition of child to adult services and specialist to general practice care was seen as an area where services consistently fail to meet the needs of people with complexity.
- e. Electronic Shared Care Plans were seen as crucial to improving the experience of people with disabilities in health services. People expressed their frustration about re-telling their story and what they needed. People want their voice in their treatment and were excited to hear about a pilot at New Brighton Medical Centre where 30 people with an intellectual disability who live in NZ Care residential facility have piloted the use of acute plans to record their needs when being

treated within secondary care settings. It was identified that the West Coast had challenges around the interoperability of technology on the West Coast and would recommend a similar pilot occur on the West Coast to identify the challenges.

- f. People with a disability wanted control of their information. They saw this as a key factor in attaining more self-determination to address their health needs. Access to their patient records, through patient portals and knowing what is being communicated about them, (particularly in General Practice) was a consistent theme in each forum. Increasing the availability and enrolment of patient portals is a priority action in the current Plan, but there has not been engagement with the PHO around this. This will be a new area of focus for 2020-2023.
- g. There was more specific feedback about General Practice. People expressed a lot of frustration about cost, not getting timely appointments with their GP, general practice rooms being poorly equipped and often not having accessible toilets etc. Several people asked why appointments have to be at the Practice rooms and what about skype or zoom appointments. This would work for people where physically getting to appointments is challenging or there is a lack of accessibility for the General Practice facility.
- h. Employing more people with a disability communicated slightly differently this time but is still a priority. People want the workforce to reflect the community and this included specific feedback on employing more Maori and Pacific people. This approach is seen as improving awareness, enhancing equity and shifting the culture of health services to be more responsive and inclusive.
- i. There was further feedback that communication needs to improve on all levels e.g. how we communicate, still not using plain language. It was highlighted that the deaf community on the West Coast were not adequately serviced with only one NZ Sign Language interpreter on the West Coast. Feedback received directly from Deaf Aotearoa would be very useful in countering the impact of this suggesting having TV's with captions and the use of technology such as iPads adds communication for deaf people.
- j. Every forum raised the challenge of finding what they needed in a complex system. A person or a place where they could go to navigate them to what they needed. People often don't even know what's out there and what to ask for. The navigator role active in the General Practice in Buller was highly praised for its effectiveness and suggestions were made about replicating the role in other parts of the system.
 - The alliance type structures were seen as crucial in unlocking services and stopping people bouncing from service to service.
- k. Lack of confidence that new builds were getting people with lived experience of having a disability involved in planning layout and fit out. People described recent mistakes and thought their involvement should be at key stages of the build not just once. This was a stronger theme on the West Coast than in Canterbury.

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

Report approved by: Jacqui Lunday Johnstone Executive Director of Allied Health and Technical

TO: Chair and Members
West Coast Advisory Committee

SOURCE: Alliance Leadership Team

DATE: 1 November 2019

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

This report is a standing agenda item, highlighting the progress made by the West Coast Alliance.

2. RECOMMENDATION

That the Committee;

- i. Notes the Alliance Update.

3. SUMMARY

Progress of Note:

Alliance Leadership Team (ALT)

At their meeting in September the Alliance Leadership Team (ALT):

- Reviewed workplan progress and were satisfied these are being implemented.
- Thanked the Mental Health team specifically for the progress and changes they have made to the workplan as well as their presentation at the meeting.
- The Oral Health Services Development Group presented to the meeting and there will be ongoing conversations on opportunities towards integrated needs assessment and Whānau Ora.
- The ALT Charter will undergo review at the next ALT meeting along with exploring ways the Team can be more effective.
- Jenni Stephenson and Planning and Funding were thanked for their work for the ALT.

Report prepared by: Jenni Stephenson, Programme Manager – West Coast Alliance
Report approved for release by: Kevin Hague, Chair, Alliance Leadership Team

TO: Chair and Members
West Coast Advisory Committee

SOURCE: General Manager, West Coast DHB

DATE: 1 November 2019

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

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

2. RECOMMENDATION

That the West Coast Advisory Committee:

- i. notes the Operational Update.

3. SUMMARY

This report is intended to:

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

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

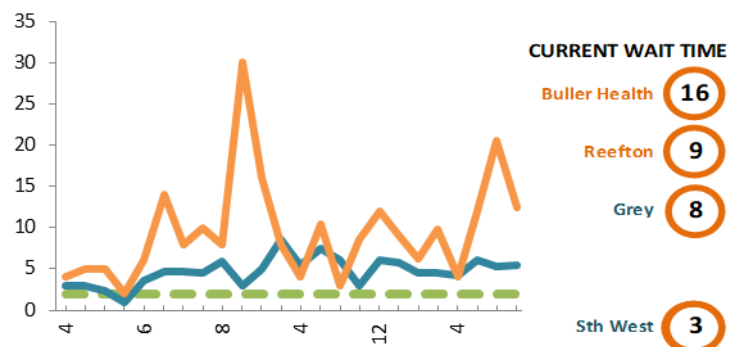
The following are the most notable features of the report:

- While we have managed to improve our ESPI compliance with Orthopaedics we are seeing an increase in Plastics volumes. This has meant that while we have increased the number of clinics we are still seeing an increase in non-compliant waiting times. The team continue to look at this to see how we can reduce wait times in this area.
- Significant work is occurring across our workforces as we continue to develop our rural generalist model and preparing for working in the new facilities. One positive outcome from this has been the increased interest around what we are doing that has led to improved recruitment into key roles.

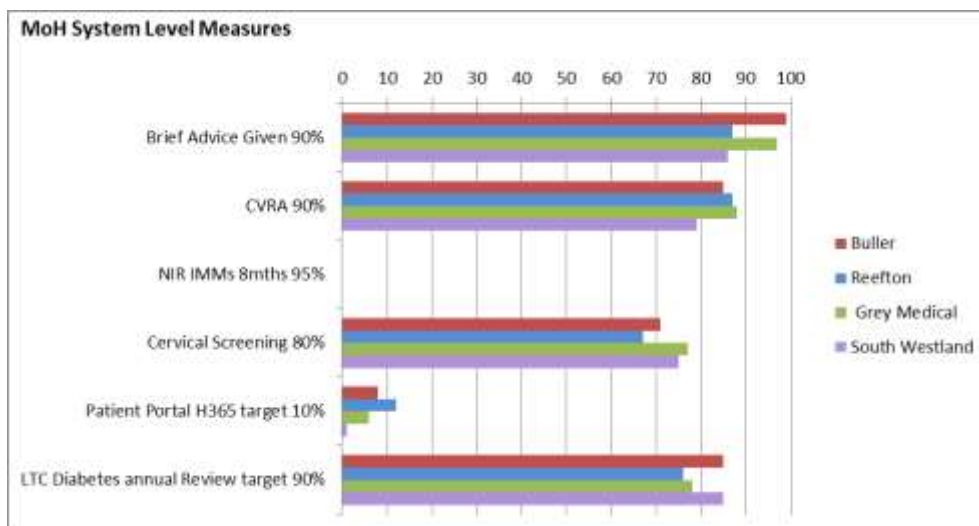
4. DISCUSSION

4.1 Service Update

Primary Care & Northern Region Integrated Health Services

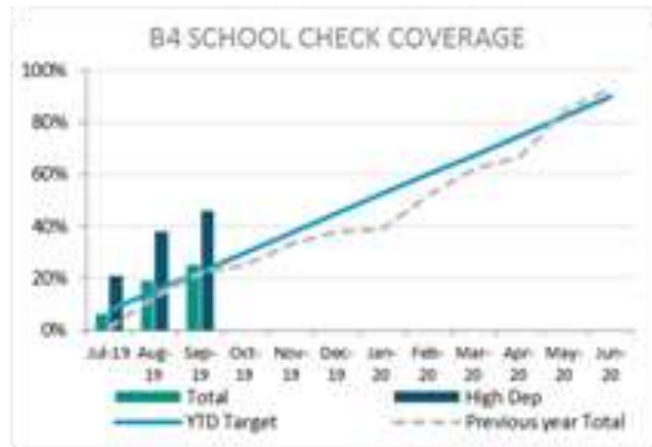


Wait times for planned GP appointments continue to be higher than we want to achieve due to a shortage of GPs. This will improve from November as we progress through to the summer period where it has traditionally been easier to source locum support for our practices. The team are continuing to look at initiatives to improve our ability to attract both permanent and locum GP's to ensure we have a consistent level of GP services across the whole year. We are also increasingly looking at other workforces that can support our GP's including Nurse Practitioners, Prescribing Nurses and Allied Health Consultants. Urgent on the day appointments continue to be available.

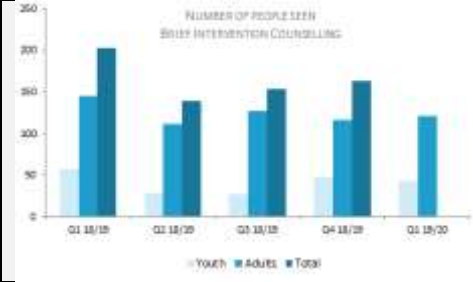
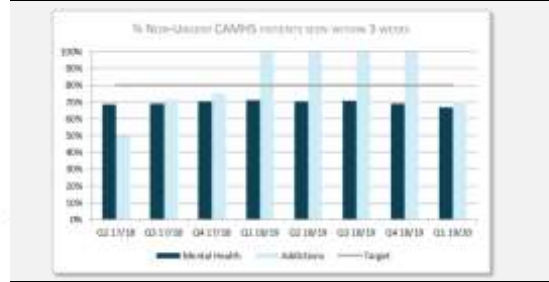
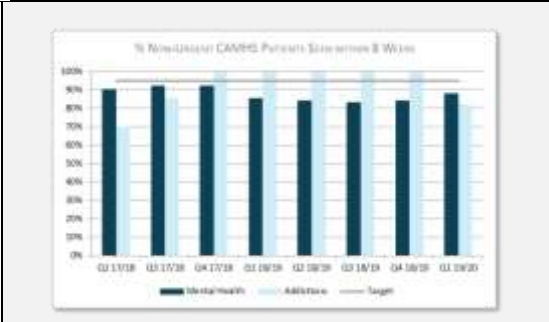
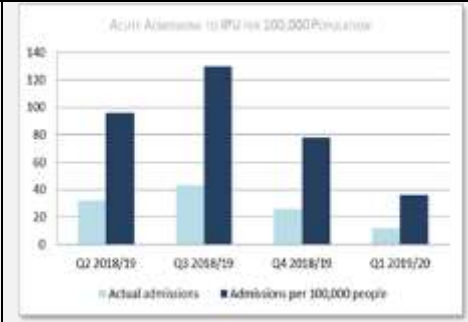
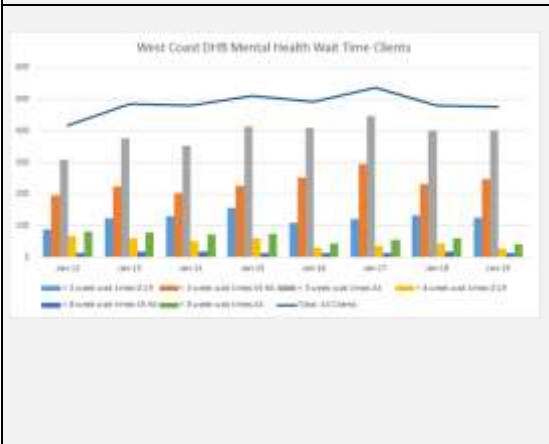


Community

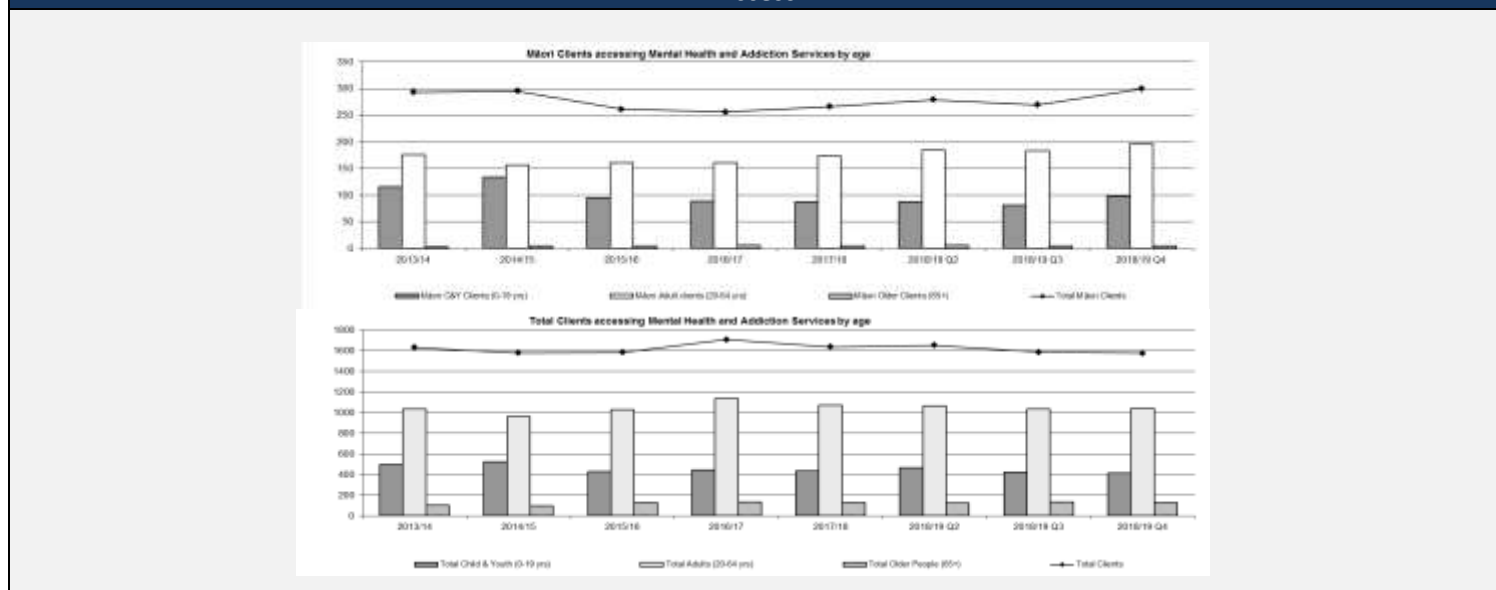
We continue to see good results with our community teams working with B4 School checks progressing well. Our preschool oral health services are also improving over last year's trend.



Mental Health

Early Intervention	Non-urgent wait times for CAMHS	Acute
 <p>Community-based AOD service across the Coast is operational and is providing service both individually and in group settings. There have been some staffing challenges; however the service is on track to reach their target.</p>		
<p>The West Coast Maternal Health Pathway was audited and revised. The revised Pathway puts focus on early support for women requiring support and links them with services provided in the community.</p>		
		<p>Activity continues on the implementation of the new model of care for West Coast that will provide mental health and addiction services largely from the locality hubs. Homecare Medical is now providing phone triage for crisis calls out of hours and crisis response will become more available in local teams. New funding announced in the Wellbeing budget is expected to support a more flexible and reactive response in primary and community settings and we expect to be working with MOH on the national rollout from early 2020.</p>

Access



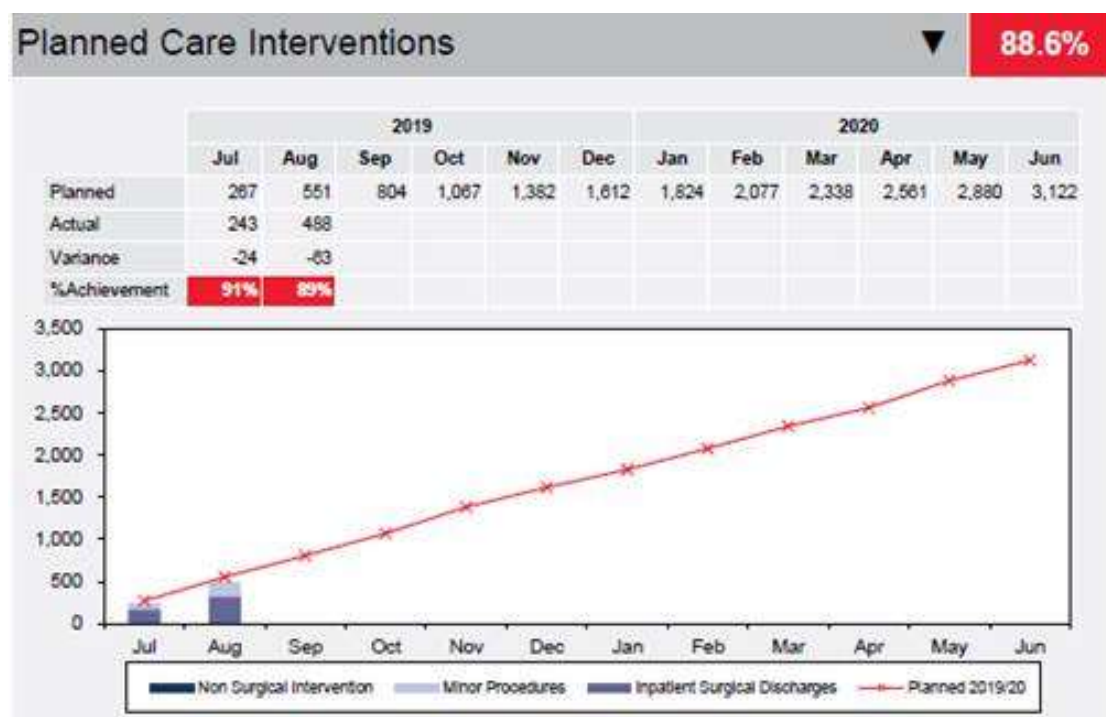
Inpatient and Outpatient

Outpatient Clinic DNA Rates

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend [DNA]	Percentage of patients did not attend [DNA]
September 2018	1566	1437	129	8.24%
October 2018	1637	1485	152	9.29%
November 2018	1644	1522	122	7.42%
December 2018	1155	1061	94	8.14%
January 2019	1507	1371	136	9.02%
February 2019	1544	1428	116	7.51%
March 2019	1555	1443	112	7.20%
April 2019	1488	1338	150	10.08%
May 2019	1730	1583	147	8.50%
June 2019	1375	1259	116	8.44%
July 2019	1515	1367	148	9.77%
August 2019	1664	1511	153	9.19%
September 2019	1636	1502	134	8.19%
13 month rolling totals	20016	18307	1709	8.54% Average

We are looking to modify the DNA report to reflect “did not attend” for our population, whether in Grey or Christchurch. We are also looking to provide some further details around ethnicity and DNA’s that confirmed but did not attend.

The total DNA rate for New Zealand Maori for the period 1 July to 30 September 2019 was 18.7%



Planned care service interventions now incorporate a wider range of waiting list and ranged volumes than the previous elective surgical services target volumes (which had been 1,916 operations in 2018/19). These now include a range of minor operation procedures undertaken in outpatient and community settings in addition to inpatient surgical procedures. West Coast is expected to deliver 3,122 planned care interventions in 2019/20.

Results for West Coast DHB as at the end of August indicate that we are currently behind year-to-date target by 83 procedures for the two months to the end of August. It is noted that there is some administrative back-log in data completion for some ophthalmology minor operation procedures at present that still need to be caught up, and counted once data is submitted.

The Ministry of Health recently confirmed our indicative targets for the new model for Planned Care services for our 2019/20 Annual Plan at the end of September 2019.

Elective Services Patient Indicators [ESPI Compliance]

ESPI 2 FSA (First Specialist Assessment)

There were 30 patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of August 2019. Of these, 23 were plastic surgery cases. This volume is expected to continue to increase in future month results due to the current backlog of plastics patients waiting to be seen overall. The remaining 7 patients (gynaecology, ophthalmology neurology, neurology and respiratory) were delayed due to clinical complications (two) and quirk of timing between visiting specialist clinics. There were no orthopaedic patients accepted for FSA who were waiting longer than 120 days as at 31 August 2019.

Some patients who are indicated as being over the 120-day target have previously been offered appointments, but not turned up at their clinic appointments; the reasons for which may be quite variable depending on the individual patient and their particular circumstances. They have been left on our waiting lists for re-booking, so as to offer them additional appointment dates to see a Specialist, rather than being simply removed and their referral returned to their primary care referrer.

ESPI 5 (Treatment)

There were 42 patients waiting over 120-days from FSA to surgical treatment as at the end of August 2019. Additional plastic surgery theatre and outpatient sessions have been delivered to help address the back-log to the service, but this has only helped to keep relative pace with the increased demand rather than remove it. Outpatient clinic and theatre list mix of the visiting specialists are being reviewed as a possible option to help smooth this out. While the number waiting was up by 8 cases at the end of August, wait times on the orthopaedic surgical waiting list continues to reduce as an overall trend within the service, with additional visits from Canterbury specialists being undertaken.

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results

DHB: West Coast

	Sep		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun		Jul		Aug	
	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %
1. DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	18 of 18	100.0 %	17 of 17	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %	18 of 18	100.0 %
2. Patients waiting longer than four months for their first specialist assessment (FSA).	181	17.1%	215	21.3%	202	20.3%	197	19.1%	178	16.8%	140	15.2%	88	10.1%	67	7.9%	72	9.1%	25	3.0%	23	2.8%	30	3.5%
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%	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
5. Patients given a commitment to treatment but not treated within four months.	9	3.8%	14	5.8%	15	6.8%	18	7.9%	18	8.7%	20	9.3%	20	8.0%	30	11.6%	19	8.3%	24	11.3%	30	11.6%	42	14.2%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %

Notes:

- From July 2016 the required timeframe for ESPI 1 is 15 calendar days.
- From January 2015 the required timeframe for ESPI 2 and ESPI 5 is 4 months.
- ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
- Medical specialties are currently included in ESPI 1, ESPI 2 and ESPI 5 but excluded from other ESPIs.
- ESPIs 4, 6 and 7 have all been retired and are no longer reported.

Please contact the Ministry of Health's Planned Care team if you have any queries about ESPIs (elective.services@health.govt.nz).

ESPI Compliance Levels:

- DHB Level 'Non-compliant Red' status for ESPI 1 is temporarily removed so from July 2016 ESPI 1 will be Green if 100%, and Yellow if less than 100%.
- ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
- ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 4.99%, and Red if 5% or higher.
- ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
- ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if less than 90%.

West Coast DHB national performance measures report

Quarter 4 2018/19 April - June 2019



What are the national performance measures?

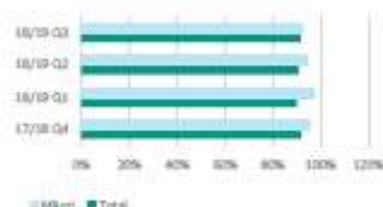
This report presents current performance against the national performance measures formerly referred to as national health targets.

These measures reflect Canterbury's performance in areas of significant public and government interest and continue to be tracked by the Ministry as part of the DHB's quarterly performance reporting suite. The targets remain in place until the new high-level measures set is released. We will continue to present performance across these priority areas. Three of the measures focus on patient access and three focus on prevention.



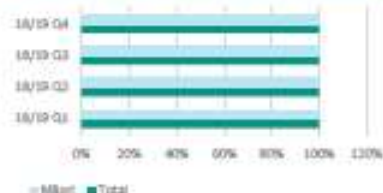
Supplementary indicators

Better help for smokers to quit: secondary smoking



This measure reflects patients in our hospitals, identified as smokers, being offered advice and help to quit smoking.

Better help for smokers to quit: maternity smoking



The Ministry sources this data for DHBs from the national Maternity Data Set. It should be noted that the source of the data only represents around 85% of all pregnancies nationally and the measure is still considered developmental. Results are provided for

Shorter stays in ED

98%

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



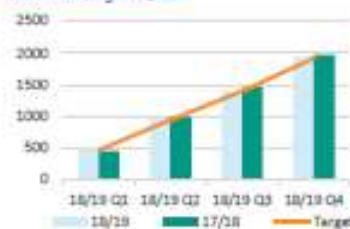
The West Coast continues to achieve the national ED target, with 98% of all patients admitted, discharged or transferred from ED within 6 hours during quarter three.

98% of all Māori patients were admitted, discharged or transferred from ED within 6 hours during the same quarter.

Improved access to elective surgery

101%

Patients receiving planned surgery Year-and-target: 1,916



The West Coast DHB has provided 1,940 elective surgical discharges at the end of quarter four, achieving the year-end target.

Faster cancer treatment

73%

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



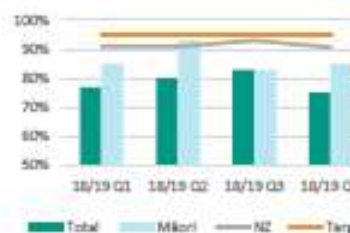
This quarter 73% of patients received treatment on time. Small numbers are challenging with this result reflecting only five patients who were not seen within the 62 day period.

A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, or diagnostically challenging.

Increased immunisation

75%

Eight-month-olds fully immunised



Overall, 75% of all eligible eight-month-olds were fully immunised this quarter.

Small numbers are challenging with this result reflecting only four consenting children who were missed this quarter.

Stronger results were achieved for Māori (85%) and Asian children (100%).

Better help for smokers to quit

95%

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



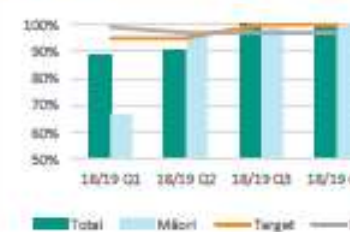
West Coast health practitioners have reported giving 4,674 smokers cessation advice in the 15 months ending June 2019. This represents 95% of smokers against the 90% target.

90% of Māori and 95% of our Pacific populations were given brief advice to quit smoking.

Raising healthy kids

100%

Children with obesity referred for support Target: 95%



During quarter four 166 checks were completed and 14 children were identified as obese and offered a referral.

This result reflected 100% of children exceeding the national average (97%) and target.

4.2 Workforce Update

Enabling our Workforce

- The Te Nikau room scheduling and utilisation work stream has advanced well and we are confident that the demand on the space available is able to be well managed and coordinated. In the last month working groups have met to discuss patient flow and front of house services. This work is expected to continue for some months as we strive to refine our progresses.

Medical

- We have re-advertised and now shortlisted three people for the two full-time anaesthetic vacancies (for which we had no suitable applicants in August). Interviews are scheduled for mid-November.
- Work continues to progress our medical rural generalist workforce. The team will also be presenting to a number of other DHB's around the country that are interested in what we are doing. With more DHB's developing rural generalists we will be able to build a larger, more sustainable workforce in New Zealand.

Nursing

- Overall hospital occupancy has increased by 1.4% from last month; total occupancy being 74%. On average our occupancy continues to increase.
- We are working through all Nurse Managers position descriptions ensuring consistency across the DHB.
- We have had some success in Maternity recruitment with time to recruit decreasing considerably from 300 days to 85 days.
- Following a visit to the local high school discussing opportunities in health, we have recruited three students into Health Care Assistant roles. This is giving these students a look internally at the health care system and already one has shown an interest in Dietetics. Anecdotally, we know the West Coast population generally stay on the West Coast if they have jobs. Growing our own has been proven to be beneficial historically.
- We have now recruited into some of our new roles within Mental Health including the Nurse Consultant and Nurse Educator roles. We are also just completing recruitment of the Clinical Manager for Mental Health based in Greymouth. These positions will provide additional support for the mental health teams as we progress the transformation of the service in line with the outcomes of the Mental Health Review.

Maternity

- In September there were a total of 26 births in McBrearty and 1 in Kawatiri. Of these births, 14 were normal vaginal births, 3 instrumental and 9 births by caesarean section (6 emergency and 3 elective).
- A new graduate midwife will be starting in early 2020 and a new Registered Midwife has finished her orientating and is now working 0.8FTE on McBrearty.
- Our Midwifery Educator facilitated Newborn Life Support in both Greymouth and Buller; both were well attended. Buller was attended by 5 RNs and 2 Doctors. The PROMPT course was held which included a full day of lectures and scenarios in Obstetric emergencies.

- We have our first ever PROMPT course being held in Buller in October and already have 10 registered for this.
- We are looking at initiating a new Breastfeeding Care plan for the women once they have birthed. This will ensure everyone is on board with what each mother and baby requires while an inpatient.
- The implementation of the MEWS has been well received and we are doing ongoing audits showing favourable results with the RMs and RN/ENs using them.

Allied Health

- As reported in previous months, delays in the new build process are creating risk within our radiology service, as a number of imaging technologies reach their end of life. This means that the technology may become less reliable, equipment may no longer be able to be repaired, parts may no longer be available, and the levels of radiation emitted may become too high for staff or patient safety. These factors are being monitored regularly and this risk has been elevated on the risk register.
- The Allied Health team in Westport are engaged in conversations about working in new ways, as the decant of parts of the facility commence, ahead of demolition.
- Work is progressing on the ePharmacy programme that will align the electronic medication management systems with the South Island regional plan. This piece of work is crucial due to the current system Windose no longer being supported technically as of December 2019.
- Workflows are currently being designed to standardise the ways that commonly used letters, contemporaneous notes and assessment documents are embedded into the eHR (Health Connect South). This is being designed to be used by all professions and services via a regional consultation process, and has been identified as a requirement for Allied Health ahead of our move to the new facilities which will not have capacity for paper files.

Recruitment

New Vacancies	7
Total Open Vacancies	37
Appointed Vacancies	8

- Nursing – We had a successful month of recruitment with two successful appointments into senior nursing roles with a new Rural Nurse Specialist being appointed in Ngakawau and a new Nursing Manager in our Acute Zone.
- Allied Health – Vacancies within Allied Health are minimal at this stage but a key appointment was made in the previous month with Jane George appointed as the Director of Allied Health Scientific and Technical. From this she is pushing forward with the appointments for her new leadership team which will be recruited for in the coming months.
- Corporate – A small number of vacancies are present within the Corporate space but two key appointments have been made which are the Operations Manager Rural Inpatients & Transalpine Service and Operations Manager Integrated Health Services Central Region. Both will be starting in these positions before the end of the year.
- Medical – Challenges continue in GP recruitment with shortages across winter. With the use of new streams of locum attraction this should ease further. We have appointed a new Anaesthetist within our team which is a highlight for medical and surgical teams. A strong focus continues in the recruiting of Rural Generalists across the DHB with the appointment

of another one into the team. This is being worked through but challenges still exist. Annual recruitment for RMOs is completed and we are awaiting our new arrivals.

4.3 Patient

Patient Transfers

- The number of tertiary patient transfers from Grey Base and Buller Hospitals in September was 55. The majority of transfers were for medical and surgical patients, with the principal methods of transportation being via ambulance and pressurised aircraft.
- The number of patients transferred from Buller to Grey Base in September was 20. The majority of the transfers were for medical patients. They were transported to Grey Base predominantly via ambulance and helicopter.
- The number of patients transferred from Reefton to Grey Base in September was 4. The transfers were for medical patients and the method of transportation was via private vehicle and ambulance.

Patient Communication

- The revised and updated content of patient appointment letters is being consulted upon with the Consumer Council and Tatau Pounamu representatives.

4.4 Quality

Hospital Services Incidents recorded in Safety1st for the 9 months to September 2019



GREY / WESTLAND 2019									
Hospital Services	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Behaviour & Safety	16	12	17	18	15	13	16	22	14
Blood Product	1	0	0	0	0	0	1	0	0
Drain and Tube	0	0	1	0	0	0	0	1	0
Employee	16	7	7	4	7	9	8	7	8
Facilities, Building & Property	0	1	3	1	2	1	0	3	1
Fall	19	9	15	19	19	18	17	15	10
Hazard Register	0	0	0	0	0	0	0	0	0
Infection	1	1	2	1	0	2	0	0	0
Intravascular Access Device	2	0	1	0	0	0	0	0	0
Labs / Specimen	2	3	3	3	6	1	4	2	1
Labour and delivery	1	1	6	4	4	2	1	0	2
Medication and IV Fluids	7	7	14	12	8	8	13	14	24
Provision of Care	8	7	11	15	10	5	5	9	11
Radiology	2	2	1	0	2	0	2	2	4
Restraint	6	4	10	6	3	2	10	0	2
Security	2	5	1	3	2	0	5	0	6
Skin / tissue	2	1	10	4	4	3	5	6	4
Totals	85	60	102	90	82	64	87	81	87

During September we continued to see the number of falls declining; evidence that the work being put into the post-falls pathway is beginning to have a positive impact. Behaviour and Safety events were lower for this period; 57% of these occurred in Aged Care services (most dementia related). There were no restraints carried out in August; an early success of focusing on Zero Seclusion and restraints overall, and that number has only risen to two for September (one locked doors to facilitate care and the other was personal restraint due to the cognitive function of that patient). Reporting of Medication and IV Fluids has increased for the period (70% higher than last month); 4 relate to Opioids Substitution Treatment clinic issues, 2 dose omissions, 3 medication given but not signed for, 3 x patient compliance, 2 x supply/ordering factor, 3 x wrong dose, 2 x wrong quantity, 2 x wrong time.

Report prepared by:

Philip Wheble, General Manager West Coast DHB

DRAFT 2019 WORKPLAN FOR WEST COAST ADVISORY COMMITTEE (WORKING DOCUMENT)



	15 February	29 March	10 May	28 June	9 August	27 September	1 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
REPORTS FOR RECOMMENDATION TO THE BOARD		Accessible West Coast 2019/20 Draft West Coast Public Health Plan		West Coast Maternity Strategy		Environmentally Sustainable Health Care: Position Statement	
REPORTS	Community & Public Health Update Planning & Funding Update Alliance Update Maori Health Update Operational Update Committee Work Plan	Community & Public Health Update Alliance Update Operational Update	Community & Public Health Update Planning & Funding Update Alliance Update Operational Update	Community & Public Health Update Alliance Update Operational Update Maori Health Update	Community & Public Health Update Alliance Update Operational Update	Community & Public Health Update Planning & Funding Update Alliance Update Operational Update	Community & Public Health Update Alliance Update Operational Update
PRESENTATIONS	Oral Health	Facilities Visit	Mental Health	Child & Youth Wellbeing	Ageing Well on the West Coast Drinking Water Update	Maori Health	
DISABILITY REPORTING	Disability Support Services Newsletter	Disability Action Plan Update (Deferred)	Disability Action Plan Update Disability Support Services Newsletter		Disability Support Services Newsletter	Disability Support Services Newsletter	Disability Action Plan Update
INFORMATION ITEMS	2019 Schedule of Meetings	Committee Work Plan 2019 Schedule of Meetings Revised Terms of Reference	Committee Work Plan 2019 Schedule of Meetings	Committee Work Plan 2019 Schedule of Meetings	Committee Work Plan 2019 Schedule of Meetings	Committee Work Plan 2019 Schedule of Meetings	Committee Work Plan