West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 28 June 2013
10.00am

ST JOHN
WATERWALK ROAD
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

KARAKIA

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

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

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 St John, Waterwalk Road, Greymouth
Friday 28 June 2013 commencing at 10.00am

KARAKIA			***10.00am***
ADMINISTRATION			***10.05am***
	Apologies		
1.	**Interest Register** *Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.*		
2.	**Confirmation of the Minutes of the Previous Meeting** ▪ *10 May 2013*		
3.	**Carried Forward/Action List Items**		
REPORTS			***10.15am***
4.	**Chair's Update – Verbal Report**	Dr Paul McCormack *Chairman*	*10.15am – 10.25am*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*10.25am – 10.40am*
6.	**Clinical Leader's Report**	Karyn Kelly *Director of Nursing and Midwifery*	*10.40am – 10.50am*
7.	**Finance Report**	Justine White *General Manager, Finance*	*10.50am – 11.05am*
8.	**Health Target Results – Quarter 3**	Carolyn Gullery *General Manager, Planning & Funding*	*11.05am – 11.15am*
9.	**Revised PHO Services Agreement**	Carolyn Gullery *General Manager, Planning & Funding*	*11.15am – 11.25am*
10.	**Report from Committee Meetings**		
	- CPH&DSAC *6 June 2013*	Elinor Stratford *Chairperson, CPH&DSAC Committee*	*11.25am – 11.35am*
	- Hospital Advisory Committee *6 June 2013*	Sharon Pugh *Chairperson, Hospital Advisory Committee*	*11.35am – 11.45am*
	- Tatau Pomanau *6 June 2013*	Elinor Stratford *Board Delegate to Tatau Pounamu*	*11.45am – 11.55am*
11.	**Resolution to Exclude the Public**	*Board Secretariat*	*11.55am – 12noon*

INFORMATION ITEMS

- Confirmed Minutes
  - CPH&DSAC Meeting – 10 May 2013
  - HAC Meeting – 10 May 2013
  - Tatau Pounamu Meeting – 10 May 2013
- 2013 Meeting Schedule

ESTIMATED FINISH TIME *12noon*

NEXT MEETING

Friday 2 August 2013 commencing at 10.00am

ATTENDANCE

WEST COAST DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

David Meates (*Chief Executive)*
Michael Frampton (*Programme Director)*
Dr Carol Atmore (*Chief Medical Officer)*
Gary Coghlan *(General Manager, Maori Health)*
Kathleen Gavigan *(General Manager, Buller)*
Carolyn Gullery *(General Manager, Planning & Funding)*
Karyn Kelly *(Director of Nursing & Midwifery & Acting GM Primary & Community Services)*
Stella Ward *(Executive Director, Allied Health)*
Karalyn van Deursen *(Strategic Communications Manager, Canterbury & West Coast)*
Justine White *(General Manager, Finance)*
Kay Jenkins (*Minutes)*

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER

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

Member	Disclosure of Interest
Dr Paul McCormack Chair	• General Practitioner Member, Pegasus Health
Peter Ballantyne Deputy Chair	• Appointed Board Member, Canterbury District Health Board • Chair, Quality, Finance, Audit and Risk Committee, Canterbury DHB • Retired partner now in a consultancy role, Deloitte • Member of Council, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Spouse, Canterbury DHB employee (Ophthalmology Department) • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board
Kevin Brown	• Councillor, Grey District Council • Trustee, West Coast Electric Power Trust • Wife is a Pharmacy Assistant at Grey Base Hospital • Member of CCS • Co Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association
Warren Gilbertson	• Chief Operational Officer, Development West Coast • Member, Regional Transport Committee • Director, Development West Coast Subsidiary Companies • Trustee, West Coast Community Trust
Helen Gillespie	• Peer Support Counsellor, Mum 4 Mum • Employee, DOC
Sharon Pugh	• Shareholder, New River Bluegums Bed & Breakfast • Deputy Chair, Grey Business Promotions Association
Elinor Stratford	• Clinical Governance Committee, West Coast Primary Health Organisation • Committee member, Active West Coast • Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust • Deputy Chair of Victim Support, Greymouth • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Committee Member of C.A.R.E. • Advisor MS/Parkinson West Coast • Member of sub committee for Stroke Conference

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

MINUTES

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Waterwalk Road, Greymouth
on Friday 10 May 2013 commencing at 10.00am

BOARD MEMBERS

Dr Paul McCormack (Chair); Peter Ballantyne (Deputy Chair); Warren Gilbertson; Helen Gillespie; Mary Molloy; Sharon Pugh; Elinor Stratford; Doug Truman; John Vaile; and Susan Wallace.

APOLOGIES

An apology for absence was received and accepted from Kevin Brown.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Michael Frampton (Programme Director); Gary Coghlan (General Manager, Maori Health); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

The Chief Executive advised that Carolyn Gullery, Dr Carol Atmore and Karyn Kelly would not be in attendance today as they were attending an important meeting around the design process for the Facilities Business Case.

Due to the Chair experiencing some difficulty with an ear injury Deputy Chair, Peter Ballantyne, took the Chair.

The Acting Chair asked Gary Coghlan to lead the Karakia.

The Acting Chair also welcomed Kathleen Gavigan, to her now role as General Manager, Buller.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Elinor Stratford advised that she is no longer a member of the MS/Parkinson Committee but is an Advisor to the Committee.

Declarations of Interest for Items on Today's Agenda
There were no declarations of interest regarding items on today's agenda.

Perceived Conflicts of Interest
There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (15/13)
(Moved Susan Wallace/seconded John Vaile - carried):

"That the minutes of the Meeting of the West Coast District Health Board held in the Board Room, Corporate Office, Grey Base Hospital, Greymouth on Friday 22 March 2013 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.

The Board asked that the Chair of the Clinical Board present to a future meeting.

4. CHAIR'S UPDATE

The Chair reminded that Board that the Minister has an ongoing interest in this DHB and that he is also keen on landing the facilities projects in Greymouth and Buller.

Partnership Group Process
In regard to the Partnership Group process he commented that he is confident that the Group, with assistance from management, can produce a result to present to the Capital Investment Committee and the joint Ministers.

South Island Alliance
The last South Island Alliance Group meeting took place on 22 April 2013. Discussions took place regarding Health Benefits Limited (HBL) and Neurosurgery in Otago where a proposal is being prepared for other South Island DHBs to pick up costs relating to this.

Resolution (16/13)
(Moved Elinor Stratford/seconded Sharon Pugh - carried)
i. That the Board notes the Chair's Update.

5. CHIEF EXECUTIVE'S UPDATE

The Chief Executive presented his update which was taken as read. He commented on the new reporting framework which relates to the core priorities of the DHB.

He advised the Board as follows:

- Over the last 18 months the Board will have had a sense that everything in the DHB has been stripped back and is being rebuilt and that this is a relatively uncomfortable process. To date we have not made the health system as reliable as we would like but we are moving towards this which is a very challenging balancing act. He acknowledged the work undertaken by Michael Frampton, Programme Director, in leading this work on his behalf and that of the Board and added that these roles can be very challenging and demanding. He also added that the West Coast has taken more resource from Canterbury than ever imagined but this is part of rebuilding a reliable safe health system here.

- The DHB is seeing the fiscals turning with some of the underlying trends moving in the right direction. He confirmed that the DHB will meet its budgeted deficit at the end of the year.

- A lot of work has gone into achieving ESPI compliance and this is closely monitored by the Hospital Advisory Committee on behalf of the Board.

- The West Coast Alliance has been rejuvenated and is starting to make headway.

- Good progress has been made with the Maori Health Plan which is important to the overall health and wellbeing of the Community.

- In regard to facilities there are still some issues around electricity at the Grey Hospital and also at Buller which are being addressed. Management will shortly be looking at the laundry building and chimney demolition.

- Secondary and Transalpine services continue to work effectively and whilst orthopaedics continues to be a challenge there are 10 transalpine services working well.

- In regard to mental health services, 2 psychiatrists are finishing this month and there is some thinking taking place around this and also around a Terms of Reference for a review of this service where a far stronger community focus is required.

- Real progress is being made with the Clinical Care Network.

- In regard to the IFHC at Buller we are not waiting for the new facilities development. There is a lot of unbundling to be done here and this is part of the work that the new General Manager, Buller will be undertaking.

- Work around Clinical Information Systems and the enabling framework being put in place is continuing and working well.

Discussion took place regarding ESPI compliance recovery plans and the Chief Executive confirmed that the recovery plan is definitely in place and some people will get their treatment in Canterbury as the West Coast does not have the capacity to do the catch-up surgery. He added that dental is a real challenge and some weekend work will take place around this.

Discussion also took place regarding the Central Booking Unit and the Chief Executive commented that really good progress has been made in this area.

Resolution (17/13)
(Moved Doug Truman/seconded Sharon Pugh – carried)
That the Board:

i. notes the Chief Executive's update.

6. CLINICAL LEADERS REPORT

In the absence of the Clinical Leaders, Michael Frampton, Programme Director, presented this update. He advised that 10 Clinicians are currently in a meeting with Treasury and the National Health Board regarding the design of the new facilities and commented that our Clinical Leaders have done an extraordinary job in ensuring our partners understand our challenges and opportunities.

Discussion took place regarding the private practice in Buller and Mr Frampton confirmed that the DHB view is that the IFHC is still the best option in Buller.

Resolution (18/13)
(Moved John Vaile/seconded Susan Wallace – carried)
That the Board:

i. notes the Clinical Leader's updates.

7. FINANCE REPORT

Justine White, General Manager, Finance, spoke to the Finance Report for the period ending 31 March 2013. She advised that the consolidated result for the year to date ending March 2013 was a deficit of $3,209k which is an unfavourable variance of $228k to budget ($2,981k deficit), and the result for the month of March 2013 was a surplus of $86k which is $562k favourable to budget.

She commented that we are starting to see the impact of the laundry closure and whilst we are still seeing insurance increases, it is likely that this will reduce next year.

Resolution (19/13)
(Moved Helen Gillespie/seconded Elinor Stratford – carried)
That the Board:
i. notes the financial result for the period ended 31 March 2013.

8. APPOINTMENT OF WEST COAST DHB ELECTORAL OFFICER

There was no discussion regarding this paper which was self explanatory.

Resolution (20/13)
(Moved Helen Gillespie/seconded Susan Wallace – carried)

That the West Coast DHB:
i. Confirms the appointment of Richard Simpson, Electoral Officer, Westland District Council, as the West Coast DHB Electoral Officer, in accordance with the Local Electoral Act 2001; and
ii. Adopts "random" as the order of candidates' names on West Coast DHB voting documents, as permitted under Clause 31(1) of the Local Electoral Regulations 2001.
iii. Agrees that the West Coast DHB Electoral Officer, in accordance with the Local Electoral Act 2001, can process returned voting documents for the 2013 West Coast DHB elections during the voting period.

9. REPORTS FROM COMMITTEE MEETINGS

a. Elinor Stratford, Chair, Community & Public Health & Disability Support Advisory Committee provided an update from the Committee meeting held on 2 May 2013. She made particular mention of the Maori Health Plan and the Allied Health presentation.

   The update was noted

b. Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 2 May 2013. She commented in particular regarding the level of staffing in Allied Health (90%) and the Allied Health presentation.

   The update was noted.

c. Elinor Stratford, Board Representative to Tatau Pounamu, provided an update from the Tatau Pounamu Advisory Group Meeting held on 2 May 2013. She particularly asked that the Board recognise the work put into the Maori Health Plan by the General Manager, Maori Health, Gary Goghlan.

   The update was noted.

10. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (21/13)
(Moved Susan Wallace/seconded Helen Gillespie– carried)

That the Board:
i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6 , 7, 8 & 9 and the information items contained in the report.
ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under

Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the "Act) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 8 February 2013	For the reasons set out in the previous Board agenda.	
2.	Chief Executive and Chair – Verbal update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) s9(2)(a)
3.	Clinical Leaders Verbal Update	Protect the privacy of natural persons To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
4.	Debt Write-Off	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) s9(2)(a)
5.	Update on Loans	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	MoH Deficit Funding	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
7.	2012/13 IEA Salary reviews	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) s9(2)(a)
8.	Draft Annual Plan Update & Delegation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Advisory Committee – Public Excluded Updates	For the reasons given in the Committee agendas	

iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982";

There being no further business the public open section of the meeting closed at 11.10am.

The Public Excluded section of the meeting commenced at 11.10am and adjourned for lunch between 12.10pm & 12.50pm.

The Public Excluded part of the meeting finished at 1.05pm.

_____ _____

Dr Paul McCormack, Chair Date

CARRIED FORWARD ITEMS – PUBLIC

WEST COAST DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 28 June 2013

	DATE	ACTION	COMMENTARY	STATUS
2013				
1.	10 May 2013	Clinical Board presentation	Chair of Clinical Board to present to Board meeting	To be scheduled

CHIEF EXECUTIVE'S UPDATE

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

SOURCE: **Chief Executive**

DATE: **28 June 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a regular report and standing agenda item, providing the latest update and overview of key organisational activities and progress from the Chief Executive to the Board of the West Coast DHB.

Its format has been reorganised around the key organisational priorities that drive the board and Executive Management Team's work programmes. Its content has been refocused on reporting recent performance, together with current and upcoming activity.

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY

A: Reinvigorate the West Coast Alliance

- The Alliance Support Group and workstream members have supported the development of the *2013-14 West Coast District Annual Plan*. The West Coast Health Alliance priorities and outcome-level deliverables are provided in the service performance priorities section of the plan, which was submitted to the Ministry of Health on 24 May 2013. The final draft has been endorsed by the Alliance Leadership Team.
- A Revised *PHO Services Agreement* has been developed as a result of negotiations between the mandated representatives of the 20 DHBs, 32 PHOs and the Ministry of Health. The *PHO Services Agreement* will take effect from 1 July 2013 with the alliancing model underpinning this new agreement.
- The West Coast DHB and PHO are in the process of identifying local content that needs to be carried through to the *PHO Services Agreement* and varied *District Alliance Agreement.*

B: Build Primary and Community Capacity and Capability

Primary

Practice Management - DHB-Owned Practices: Better Health Limited Partnership

- A substantive agreement to support the management of West Coast DHB-owned general practices has been reached with Better Health Limited. This new management contract provides an opportunity to build viable and vibrant DHB owned general practices on the

West Coast. The partnership with Better Health Limited will lead to the establishment of a stable GP workforce, improved clinical, administration and recruitment systems and a heightened focus on the financial sustainability of practices. All of this is about better supporting primary care teams to deliver improved continuity of care for patients in general practice.

- Areas that Better Health will immediately focus on include:
  - Recruitment of General Practitioners and Practice Managers [in partnership with West Coast and Canterbury DHBs' recruitment centre].
  - Training and development of seconded practice managers [being seconded West Coast DHB staff] until permanent Practice Managers are recruited.
  - Accounting and bookkeeping for the practices [with support from the West Coast DHB finance team].
  - Process documentation and improvement.

- While an agreement has been reached with Better Health, the finer details associated with these services are being negotiated. However, we are moving with speed because the building of capacity and capability within general practice is a top priority for the DHB. Dr Graham McGeoch of Better Health visited DHB-owned general practices in Greymouth on 12 June, South Westland on 13 June and Westport and Reefton on 14 June. He met with as many clinical and non-clinical staff as possible. Marie West, *HealthPathways* Co-ordinator, accompanied Graham to discuss *HealthPathways* and ERMS [Electronic Referral Management System].

Immunisation Position Paper

- The Planning and Funding team are currently reviewing the immunisation service on the West Coast, as the DHB continues to work towards achieving the national immunisation health target. While the principal focus is in relation to the eight month immunisation target, the review is also considering all childhood immunisation, HPV and Seasonal Flu.
- The Planning and Funding team are working closely with the Immunisation Team to identify opportunities in service models, data management and communication. It is expect that the Immunisation Position Paper will be completed in July 2013.

Community

District Nursing and Home Based Support Services [HBSS]

- As patients are having shorter stays in hospital, there is a greater demand on community-delivered services. This is consistent with the direction of travel for our Model of Care, which is about keeping people well as well as possible in their own homes.
- In response, within the District Nurse service, hospital-based nurses are supplementing the team when demand is high and if there is spare capacity to do so. This minimises the use of casual staff and contributes to the development of our flexible nursing workforce across the system. Weekend demand is also growing and, in response, two registered nurses are now rostered on per day at weekends, where previously one nurse was able to manage the workload. An increasing number of palliative patients are able to remain at home until they die due to District Nurse and HBSS packages of care, and CNS support.

Cancer Care Coordination

- This new service recently started with dedicated Ministry of Health funding. The staff member undertaking the role has already established working relationships with the general practices, medical staff, patients, Central Booking Unit and the Southern Cancer Network. She will soon go to Wellington to meet other DHB coordinators and undergo

some additional skills training for the role. This nurse is located at the Corner house with the CNS team.

South Westland Area Practice

- South Westland is fully staffed with Rural Nurse Specialists, and recruitment continues for a permanent second GP. Until the position of the second GP is filled, cover is being provided by locums.

Buller and Reefton

- Currently, the principal focus for Reefton is GP recruitment and the continuity of GP cover for a period of five weeks from 8 July 2013, during which time there is limited GP availability.
- The priority for Buller Health is permanent GP recruitment and the continuity of GP cover for a period of two weeks from 8 July 2013, during which time there is limited GP availability.
- These circumstances reflect the longstanding Coast-wide challenge of GP recruitment and retention, for which the historical response has been locum-reliance. This solution provides poor continuity of care, fails to build and maintain confidence in health services and is financially sustainable.
- Responses are twofold:
  - Escalation plans to ensure service continuity are in place for Buller and are being developed by the RNS team in Reefton, with innovative GP support solutions that include telemedicine as available.
  - *Better Health Limited,* who have been appointed to work in partnership with the District Health Board to manage DHB-owned practices, are prioritising GP recruitment and workforce stability.

C: Implement the Maori Health Plan

Te Ara Whakawaiora

- A paper titled Te Ara Whakawaiora was tabled at the National CEO forum. This paper addresses the acceleration of Maori health plan indicator performance. The challenge will be how to bring this to life in respective DHBs. Tumu Whakarae's recommendations are:
  - That a standardised Maori health performance report be used by DHBs on a monthly basis to monitor performance.
  - CEOs, in partnership with GMs Maori, support and facilitate senior Executive and clinical leadership roles to be accountable for performance against relevant health target achievements for Maori.
  - The Maori health plan priorities have the same Mana [prominence] and status as health targets in terms of performance improvement and reducing health inequalities.

Suicide Prevention Action Plan 2013/2016

- The Suicide Prevention Action Plan 2013/2016 has been released and builds on previous initiatives. The Action Plan includes the impact of suicide on families, extend existing services to address geographical gaps, strengthen suicide prevention in high risk populations and build evidence base, specifically in relation to what works for Maori and Pasifika.

Appointment of Kaupapa Maori Nurses and Kaiarataki – Rata Te Awhina Trust

- Appointments have been confirmed for two Kaupapa Maori Nursing positions and two confirmed for the Kaiarataki (Health Navigator) one in Buller and one in Westland.

Te Herenga Hauora

- The South Island Maori Health General Manager's held a Hui in Christchurch on 24 May 2013 to discuss Whanau Ora. Another Hui is planned in June to progress this work.

Kaizen Maori Health Workshop

- The Kaizen Maori Health workshop outcomes have been presented to the Alliance Leadership Team, Grey Integrated Workshop and Tatau Pounamu. The Alliance Leadership Team are committed to ensuring that Maori health outcomes are monitored and reported on regularly through the workstreams. As a result of these outcomes the Maori Health team are working with the Complex Clinical Care Network and the Diabetes Nurse Specialists.

Maori Health Plan 2013/2014

- The Maori Health Plan has now been accepted by the Ministry.

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Report

Grey Hospital

- Medical Administration have now completed their move and the three storey seismically challenged block is now empty and locked off. A small number of residual issues are being resolved over the next month in regard to the relocated wards. This includes the call system in Morice Ward/CCU.
- Work is well underway for the urgent remediation of the electrical infrastructure at Grey Hospital following the total power outages in April 2012. A temporary electrical generator has been installed and successfully supplied the whole site with power for 30 minutes following a blackout test. This allowed the decommissioning of the permanent generator and work has begun on servicing and repairs. A building consent application for the new switchboard has been submitted and the tender process is about to begin for the manufacture of the new electrical switchboard and the electrical installation.
- Infrastructure risks continue to exist at Grey and, pending clarity about long-term solutions from the Partnership Group process, efforts continue to mitigate these risks and ensure service continuity. On 5 June 2013, a Building Management System [BMS] hardware controller failed, affecting the air conditioning to the whole of the central block, including theatres. The controls were operated manually to allow acute procedures to continue for two days while the new parts were sourced and fitted, but one day of elective surgery was cancelled.
- A specification has been drawn up and a Building Consent lodged with Grey District Council [GDC] for the demolition of the Laundry Building. The District Health Board has a statutory obligation to GDC in relation to buildings identified as earthquake prone, being either to remediate to 67% NBS or demolish. There are a number of other structures at Grey Hospital identified through Detailed Engineering Evaluations [DEEs] as earthquake prone, and the District Health Board has until 09 July 2013 to clearly identify its intentions to remediate or demolish.

Reefton and Buller

- Work on the sprinkler system in Reefton has now been completed, and similar work in Buller is underway.

Alignment of Facilities and Engineering Systems – West Coast and Canterbury

- Alignment of WCDHB facilities and engineering policies and procedures with those used at the CDHB is on-going.

B: Facilities Case Update

- The Detailed Business Case [DBC] for facilities development in Grey and Buller was submitted by the Partnership Group to the National Health Board on 31 May.
- The Partnership Group has noted that through its work, the Model of Care that has been developed in consultation with clinicians and the West Coast community over the last two years has been reconfirmed. The DBC therefore proposes facility options that are consistent with delivering on that Model of Care.

	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services [including Secondary Mental Health Services]

Hospital Services

Health Targets

- *Reference the Health Targets section of this report,* noting that secondary system targets for the quarter have been achieved.

Elective Surgery Target [1592 discharges]

- A plan is in place to meet the Elective Services Patient Flow Indicator [ESPI] target by the end of June 2013. Progress to the Elective Health Target [1592 elective discharges] continues, but is much tighter than in previous years.

Elective Services Patient Flow Indicators [ESPI] Compliance

- The District Health Board was non-compliant at the end of April 2013 in ESPI 2 [180 days for First Specialist Assessment]. A plan was designed and implemented to regain compliance by end May 2013, and compliance was achieved.
- The District Health Board was non-compliant at the end of April 2013 in ESPI 5 [180 days for inpatient treatment]. A plan has been designed and implemented and, while we will be non-compliant for May, the plan aims to regain compliance by end of June to the shorter waiting time of 150 days.

Maternity Services

- The ongoing issue with retention and recruitment of midwives continues, alongside our collaborative efforts with Canterbury and Nelson Marlborough DHBs and our continued focus on recruitment.
- Buller is experiencing significant issues resourcing its midwifery service, with the Kawatiri Unit staffed by a single midwife only during June 2013. It is therefore not possible for planned deliveries to occur in Buller, and women due to give birth in June and July have been notified.
- An appointment to the Clinical Midwife Manager role has been made and it is anticipated she will commence on 22 July 2013.

Central Booking Unit Service Design

- The Central Booking Unit Manager continues to work closely with the Electives Services Manager, Planning and Funding, to improve the systems and processes within the Central Booking Unit.

Incidents and Complaints

- Incidents and Complaints occurring in Hospital Services continue to be monitored by the Clinical Quality Improvement Team who receive detailed reports monthly.

Emergency Planning

- Exercise *Te Ripahapa* was held on 29 May 2013 and the evaluators were pleased with the West Coast DHB participation. We await formal feedback from the Ministry of Health and a "cold debrief" will be held towards the end of June with staff to discuss learnings and plan forward actions. Senior medical staff invested considerable effort to participate and start development of a mass casualty plan.
- Building on from this exercise, the District Health Board is scheduled to have an Emergo Train exercise in October 2013. These exercises are conducted by St John and funded by the Ministry of Health.

Mental Health Services

Mental Health and Addiction Service Review

- The current model of service delivery for the West Coast District Health Board [WCDHB] Adult Mental Health and Addiction Service [MHS] was designed and configured in 2001 when the Triage Assessment Crisis and Treatment team [TACT] was established, and the Acute Inpatient Unit [AIU] and administrative base for the service were relocated from Seaview Hospital in Hokitika to Grey Base Hospital. The model of service delivery in the community mental health teams has evolved to align with these developments during this time.
- In the ensuing years, there has been significant change in the wider health environment. More recently, clear direction has been provided from Government for the mental health and addiction sector to achieve the following priorities within current resources:
  - Actively use our current resources more effectively to increase productivity.
  - Build infrastructure for integration between primary and specialist services.
  - Cementing and building on the gains in resilience and recovery for the 3% of the population with serious mental illness.
  - Earlier and more effective responses by increasing access to services for young people, adults and older persons who present with mild to moderate presentations or behaviour.
- Consequently, a review has been initiated of all of the providers and systems involving in providing mental health care on the Coast – with the purpose of defining a model of service that will inform subsequent changes to the structure and function of the services involved. A small team has been established, comprised of local and external experts to undertake this review and to provide recommendations for a model of service that is consistent with the future direction of the sector and meets the needs of the West Coast community.
- The review team have convened on the Coast for the week 10 - 14 June to interview providers and stakeholders.
- A final report inclusive of recommended service model is due in July.

Developments in Maori Mental Health

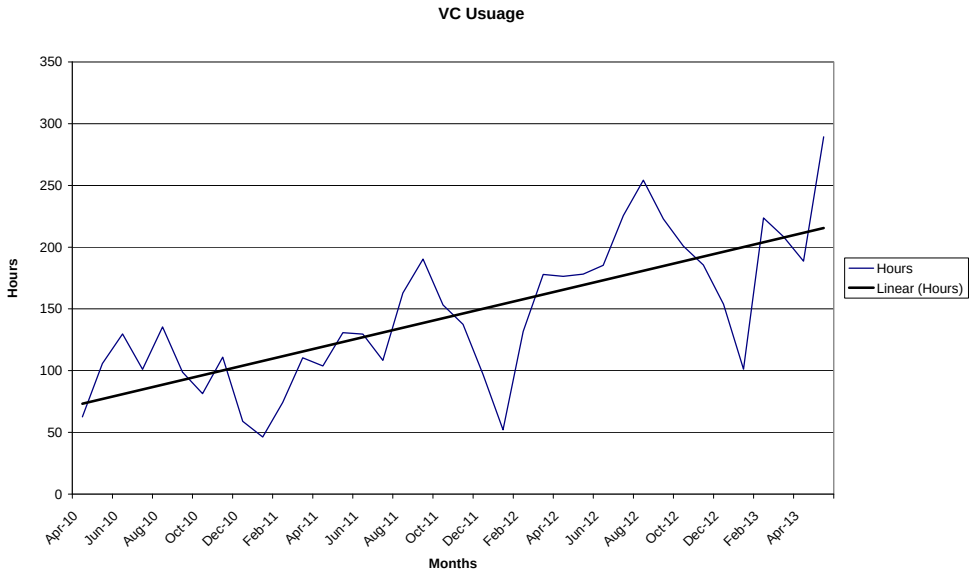
- Recent conversations with the CDHB have resulted in closer links being planned for the WCDHB Maori Mental Health Service and the CDHB Maori Mental health Service. A Memorandum of Understanding is being drafted to define the relationship and will include support and collaboration in relation to training, peer and cultural support and supervision, and leadership mentoring.

A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast

- **Planned Patient Transport:** In the eight months since its commencement in late October 2012, the Buller Red Cross has provided transport to 57 individuals ranged in age from 15 to 88 years. By age cluster:
  - Under 20 years old: 3
  - 21 - 64 years old: 17
  - 65 - 74 years old: 15
  - 75 years and over: 21
  - Unknown age: 1
- Of these, 13 people were GP-referred patients, 36 were specialist-referred, 4 were patients being repatriated home following discharge from Grey Base Hospital, 1 was referred by allied health services, and 3 were patients coming down for ACC-funded surgery at Grey. Of the specialist-referred patients, 31 were people who were otherwise eligible for National Travel Assistance [NTA] funding had they used their own private vehicles to travel from Buller to Grey. The 'savings' from NTA not claimed largely subsidise the costs of the service for the DHB.
- In spite of a slow uptake of use in the initial pilot trial period, the frequency of use has started to pick up, with eight trips in April and 12 trips in May as the service becomes more well-known about within the community. Through the support of its volunteer drivers and coordinators at Buller REAP, Red Cross are looking to step up the service to make it available on a daily basis, Monday to Friday, with Saturdays added where there is demand. The West Coast DHB is working with the Red Cross to explore options to help continue to support the longer-term sustainability of the service.
- **Unplanned Patient Transport:** Negotiations are continuing with St John as part of a South Island wide joint DHB approach for the provision of unplanned patient transport services. These discussions are reviewing key points of acute transportation, including proposed scheduling, volumes, costs, and coordination of transfers. The next face to face meeting between South Island DHB and St John representatives is scheduled for 24 June.

B: Champion the Expanded use of Telemedicine Technology

- The District Health Board has expanded its video conferencing capacity considerably within the last several years, evidenced by monthly usage details below.
- The current focus is a clinically-led project by Dr John Garrett to expand the use of telehealth from 'pockets of excellence' in services such as oncology and paediatrics to a more embedded part of clinical service delivery across the West Coast health system.
- A process is being trialled to expand the use of telemedicine to a range of specialties, and the pilot will see its first patients for general medicine across telehealth in late June 2013.



INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Implement the Complex Clinical Care Network [CCCN]

- Work on a new restorative homecare model continues to be on track as part of the CCCN project, which is about maximising independence through home-based support.
- The Westport-based Gerontology Nurse Specialist [GNS] increased from 0.5 FTE to 1 FTE from 1 May 2013, and now supports Reefton. Both the Westport-based and Greymouth-based GNSs report operationally to the CCCN Manager and professionally to the WCDHB Director of Nursing. Geriatrician and nursing clinical support and leadership from Canterbury continues for both GNSs.
- Due to reduced clinical assessor levels, the timeframe to complete the current backlog of assessments has been extended to 1 August 2013. As of 13 June 2013, 173 of the 308 outstanding re-assessments have now been completed.
- A presentation on the CCCN was provided to key stakeholders in Greymouth as part of the Alliance Workshop on 16 May. Two key short-term priorities were identified at the workshop:
  - Address poor access to health information for patients [particularly about NGO services].
  - Free up district nursing resources and create an acute response system, including medication management review for medication oversight clients in district nursing and establishment of Acute Demand Management Service Coordination within the CCCN.

B: Establish an Integrated Family Health Service [IFHS] in the Buller Community

- With the General Manager Buller Health Services now on board and dedicated support for the Buller IFHS workstream, including a clinical lead and project manager in place, this workstream is poised and ready for action.
- A meeting to review the room requirements for the Buller Integrated Health Centre facility design for the Partnership Group and Business Case process was held in Westport on Friday 17 May. Attendance included members of the Capital Committee, the architect, clinicians and health professionals from Buller and a videoconference link with

the author from Price Waterhouse Cooper. Buller clinicians then agreed the details on the room requirements for each service area to enable the provision of fully integrated health services in Buller.

C: Establish an Integrated Family Health Service [IFHS] in the Grey/Westland Community

- The first of two alliance workshops was held in the Grey district on 16 May 2013 to determine the key deliverables for integrating health care in the Grey community [including Reefton] over the next two years. These workshops will support the development of a detailed implementation plan for the integration of services, allocation of roles and areas of responsibility for clinical leads and projects managers, and commencement of the work.
- Clinicians, consumers, NGOs and health professionals from across the West Coast health system attended the first workshop. Attendees identified a number of short-term priorities related to general practice, acute demand and supported discharge services, as well as teamwork and self-management. A small group of clinicians and project managers are working to progress these priorities and develop the draft implementation plan for discussion at the next workshop.
- A similar workshop process will be provided across Westland and South Westland.

BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated result for the year to date ending April 2013 is a deficit of $3,186k which is an unfavourable variance of $218k to budget [$2,968k deficit]. The result for the month of April 2013 is a surplus of $23k which is $9k favourable to budget.

- The breakdown of the result for the month is as follows:

April 2013	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	$'000	$'000	$'000	$'000	$'000	$'000
Governance Arm	37	0	37	522	0	522
Funder Arm	1,046	891	155	10,054	8,457	1,597
Provider Arm	(1,060)	(878)	(183)	(13,762)	(11,425)	(2,337)
Consolidated Result	**23**	**14**	**9**	**(3,186)**	**(2,968)**	**(218)**

B: Implement Employee Engagement and Performance Management Processes

Health, Safety and Wellness

- To date, 521 people have been vaccinated against influenza within the organisation [this figure includes partners]. Lost time injury rates are trending down, while sick leave rates are stable.

HR Operations

- Numerous ongoing consultation processes on the West Coast associated with changes to models of care are occurring. Work relating to collective bargaining for SMOs, Pharmacy, and IT staff is continuing.

Recruitment

- Vacancy rates remain at a consistent level. Nursing recruitment activity continues to be busy and we have received higher numbers of applications during the month for nursing vacancies. Recruitment activity proceeds for a number of GP and specialist medical positions. Work on the corporate recruitment website is being finalised.

Organisational Development

- Agreement has been reached with EMT for a staged rollout of the performance management process, and this will commence in June. Work on the priority areas for employee engagement is continuing. All IEA roles have now been job evaluated and the results moderated. Work will commence in June on succession planning processes.

Learning and Development

- 149 people undertook training and education associated with the development calendar; bookings for June are solid. The online learning suite will be made available to Coast employees in the near future.

C: Effective Clinical Information Systems

Mental Health Solution – Health Connect South

- Due to the mental health solution being scoped as a regional solution, there has been involvement sought from other South Island DHBs. Final testing of the solution has begun in the CDHB Test environment. Quality Assurance testing will begin late June with go live set for late July. Communications are to be released throughout the DHB on this shortly. The solution has received favourable feedback from mental health staff and has generated significant interest nationally with several other DHBs requesting demonstrations.

e-Referrals Project

- An *e-Referrals* project has begun to be rolled out across the region by the South Island IT Alliance. The *e-Referrals* project, ERMS has gone live for phase one [electronic at GP end] to all practises on Medtech32 on the coast. There have been 242 referrals across the system since go live on 13 May, of which 115 were in the last week. Phase 2 of the project [electronic into the hospital] is about to start detailed planning.

Primary Care

- Due to Medtech32 instability, the WCDHB Medtech server was rebuilt from the ground up with the assistance of Pegasus Health. This has resulted in much improved stability and increased performance.
- Electronic Special Authorities have now been rolled out to all primary and secondary care clinicians.
- The ability to submit ACC18 forms electronically have been rolled out to all practices, with training to follow.

D: Effective two-way Communication and Stakeholder Engagement Activity Supporting Health System Transformation

Key Achievements

- Our goal of identifying and releasing stories of positive change, services and achievements on the Coast is being realised. During May, three proactive media releases were well

received.

- Increased integration of support from the Canterbury communications team with processes and activities carried out by communications staff and contractors on the Coast has been a feature of the period under review.
- An external communications and engagement strategy is now being executed. Regular meetings between the Programme Director and clinicians with community groups of interest to share information about the direction of travel for the West Coast health system and hear from Coasters about the things they care most about from their health service are planned, with the first meeting focusing on the aged care sector on 20 June2013.
- Internal communications are focusing on the Model of Care and implementation progress. Graphics are as appendices to this report.

	PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

Key Achievements/Issues of Note

Smokefree May World Smokefree Day

- To promote Smokefree May, the West Coast Tobacco Free Coalition created a display on the theme of 'Quit Now – It's about Whanau'. The display has been at a number of locations throughout the Coast including the Community Mental Health Unit at Grey Hospital, Mitre 10, The Warehouse, Tai Poutini Polytechnic, Solid Energy Centre [Westport] and New World Hokitika. Members of the Coalition have manned the display. This has provided a valuable opportunity to engage with the public and hear their stories about quitting, trying to quit and supporting their family members. As a result, several people have signed up for cessation support with the various services available on the Coast.

Tobacco Controlled Purchase Operations

- Fifteen tobacco retailers in the Grey and Westland Districts were visited in a recent controlled purchase operation [CPO]. CPOs are conducted to monitor compliance by tobacco retailers with the Smokefree Environments Act [1990] requirement that tobacco products are not sold to people under the age of 18. Tobacco enforcement officers visited the tobacco retailers in early May. 16 and 17-year-old volunteers attempted to purchase cigarettes under the supervision of CPH staff. None of the 15 premises visited sold cigarettes to the underage volunteers. This is exactly the result we hope to see when we conduct a controlled purchase operation. CPH will continue to undertake CPOs at regular intervals to ensure the law continues to be upheld.

High School Ball Season

- CPH staff worked with Greymouth High School to promote the 'Good Memories No Regrets' message for the senior school ball held recently at Shantytown. Activities included having two articles in the Greymouth High School newsletter asking parents whether their teenager is drinking and about setting alcohol ground rules. An article was also published in the Greymouth Star about After Ball parties. Good Memories No Regrets posters were also displayed at the ball.

Health Promoting Schools

- At the invitation of a Grey District primary school with approximately 120 students, CPH's Health Promoting Schools coordinator and our nutrition health promoter created an interactive 40 minute session about healthy eating which was presented to all six of the school's classes. School staff had decided to focus on healthy eating for Term 2, and will incorporate various aspects of this topic into all subjects during the term. At the beginning of the term, CPH health promoters met with teachers to discuss ideas and resources. A main aim was for students to taste and be able to make for themselves a range of healthy snacks. At each class CPH staff gave a presentation which covered healthy eating. Four easy-to-make snacks were also available for tasting by the students. Teachers took notes during the sessions so they could follow up back in the classroom with more discussion and questions. Our health promoters will re-join the students at the end of Term 2 for an expo of what has been learned.

Appetite for Life

- So far this year, CPH has held two Appetite For Life [AFL] courses on the West Coast, one in Greymouth and one in Hokitika. Participants attend a two hour session once a week for six weeks. Over this period they are provided with information around a non-diet approach to a healthy eating/healthy lifestyle. Each session also involves food tasting – for example, in week one participants learn or sometimes re-learn the importance of starting the day with breakfast, and are invited to try a range of breakfast foods provided by the course facilitators. The feedback from participants by the end of the six weeks has been very positive – with people identifying specific messages that really 'hit home' with them. All the participants on the most recent course reported feeling better about themselves and having more energy at the end of the six weeks. At least another two courses are planned for the West Coast this year.

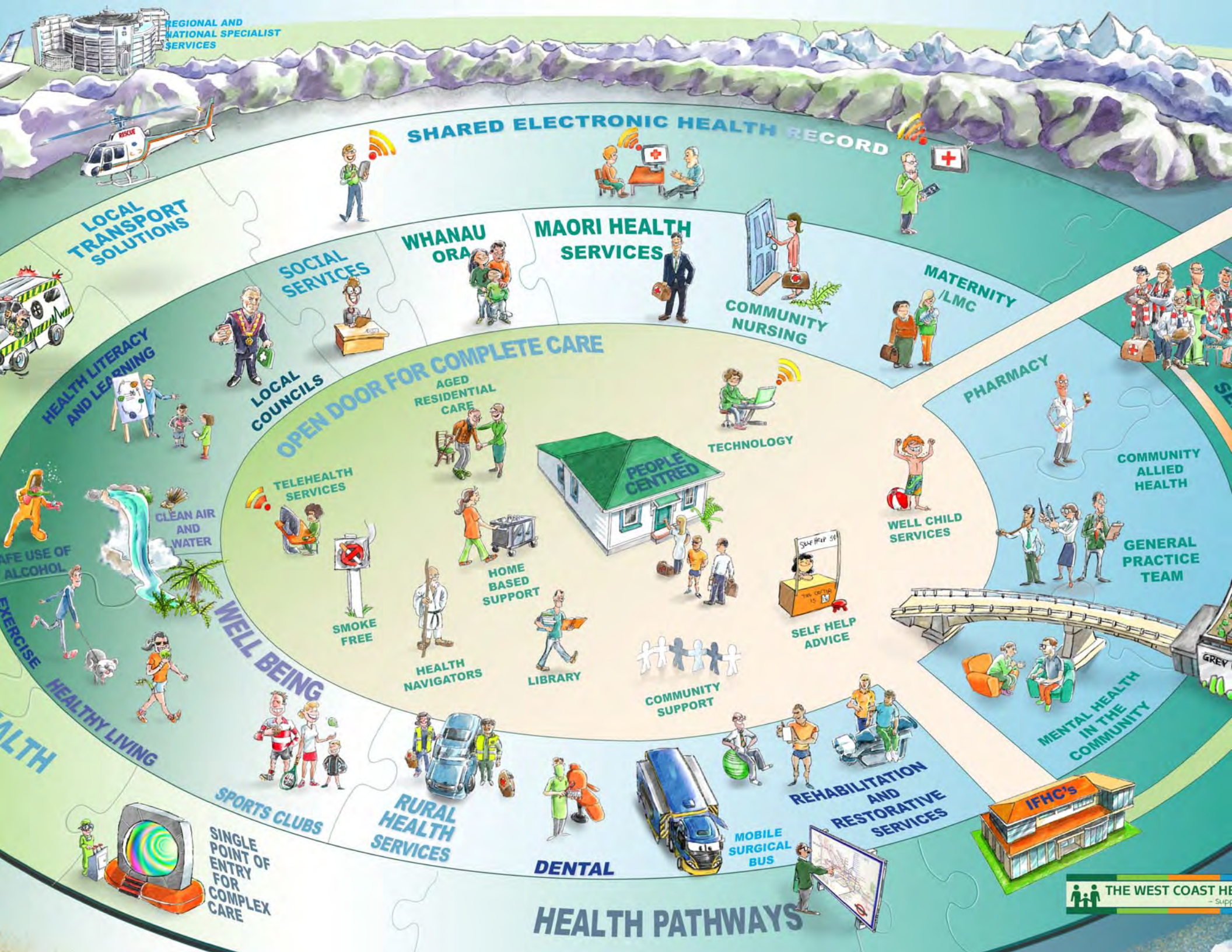
	DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES
	The West Coast continues to deliver on the Shorter Stays in Emergency Department Health Target of over 95% of people admitted, discharged or transferred within 6 hours. Results for the financial year-to-date to 30 May 2013 show that 99.7% of patients were admitted, discharged or transferred within 6 hours; and 96.56% within 4 hours.
	Progress to the Electives Health Target is much tighter than in previous years. However, attainment is still expected. Likewise the West Coast DHB intends on meeting the ESPI target by the end of June.
	West Coast continues to achieve the Cancer Treatment Health Target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
	Reaching the national Immunisation Health Target continues to be a struggle for the West Coast as discussed in the previous report. Progress continues with the review of immunisation services on the Coast as we strive to fully immunise all reachable children.

	Primary Smokefree Health Target General practices' performance against the target increased 9% in Quarter 3, with 53% of smokers expected to attend primary care receiving help and advice to quit in the year to March 2013, compared with 44% in the year to December 2012. Activities focused on improving data capture and accuracy continue, with emphasis on the new IT tool HealthStat, which can provide more frequent, practice-specific feedback about the target. The installation of the Clinical Audit Tool is delayed while IT solutions are being sought. The tool supports clinicians to improve data capture around this target by enabling them to more easily identify patients who do not have their smoking status coded. Secondary Smokefree Health Target The Quarter 3 result of 91% is an improvement of 2% from the previous quarter. As we work to gain the last few percentage points, key actions include continuing to work with Clinical Nurse Managers to identify 'missed' patients to pinpoint and resolve any gaps at ward level, and working with the Critical Care Unit to improve ABC delivery and coding.
	CVD Health Target At 58%, there has been no change in the percentage of eligible people who have had their cardiovascular risk assessed in the last five years to 31 March 2013 compared to the previous quarterly result. Within this total, the percentage of Māori assessed has increased slightly, rising from 55% to 57%. The national average for the current rolling quarter is 59%. Currently, the various DHB results around the country range from 29% up to 69%. The West Coast PHO is working on increasing the rates during this year, and has set a progress target to reach 78% for this measure by December 2013 and to achieve the national target of 90% of eligible people assessed by 30 June 2014.

APPENDICES

Appendix 1: New West Coast Health System
Appendix 2: Progress towards implementation of the new West Coast Health System

Report prepared by: David Meates, Chief Executive


REGIONAL AND NATIONAL SPECIALIST SERVICES
SHARED ELECTRONIC HEALTH RECORD
LOCAL TRANSPORT SOLUTIONS
SOCIAL SERVICES
WHANAU ORA
MAORI HEALTH SERVICES
COMMUNITY NURSING
MATERNITY /LMC
PHARMACY
COMMUNITY ALLIED HEALTH
GENERAL PRACTICE TEAM
MENTAL HEALTH IN THE COMMUNITY
IFHC's
REHABILITATION AND RESTORATIVE SERVICES
MOBILE SURGICAL BUS
DENTAL
RURAL HEALTH SERVICES
SPORTS CLUBS
HEALTHY LIVING
EXERCISE
ALTH
SINGLE POINT OF ENTRY FOR COMPLEX CARE
HEALTH PATHWAYS
HEALTH LITERACY AND LEARNING
LOCAL COUNCILS
CLEAN AIR AND WATER
AFE USE OF ALCOHOL
WELL BEING
OPEN DOOR FOR COMPLETE CARE
AGED RESIDENTIAL CARE
TECHNOLOGY
TELEHEALTH SERVICES
PEOPLE CENTRED
WELL CHILD SERVICES
SMOKE FREE
HOME BASED SUPPORT
SELF HELP ADVICE
HEALTH NAVIGATORS
LIBRARY
COMMUNITY SUPPORT
THE WEST COAST HE

June 2013 Update

CONTINUUM OF CARE

Health Care Home

Is focused on:

- An Integrated Family Health Care Service
- Teams of nurses and doctors, with pharmacists and other community based health professionals
- New ways of working with wider team
- Email and telephone consults as well as face-to-face
- Links with ambulance, ED, hospital
- Reduced waiting times

Progress to date includes:

- Patient-centered packages of care now enabled by:
  - Multi-disciplinary meetings between general practice nurses, doctors, community and district nurses now established in all practices
  - Clinical nurse specialists now directly linked with consultant clinicians on the Coast and in Canterbury
- An increased number of services being delivered at home

Single Point of Referral for Complex Care

Is focused on:

- An interdisciplinary team (Complex Care Clinical Network) which includes members of the health care home team (general practitioners, practice nurses, allied health professionals, district nurses, health navigators and Māori health professionals), along with clinicians with geriatric expertise managing long term conditions
- Coordination of care and the provision of assessment and treatment
- Supporting the delivery of cohesive services in a community setting
- Individuals with high levels of need having access to a complex array of professionals and organisations
- Promoting restorative models of care

Progress to date includes:

- Interdisciplinary team delivering wrap-around services to complex clients
- Integration of primary, secondary and aged residential care services
- Home-based support services linked with district nursing to better integrate health and social services
- Joint Canterbury DHB appointment in gerontology

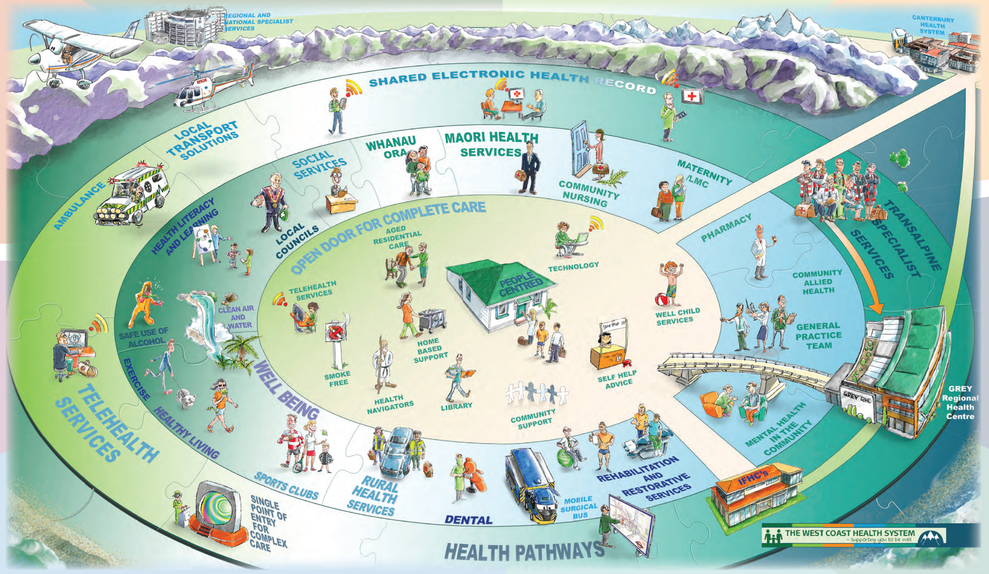
Healthy Environment & Lifestyles

Is focused on:

- The reorientation of health services to ensure emphasis on prevention and health promotion
- The creation of health-promoting environments
- The development of healthy public policy
- Community action by working alongside citizens on issues such as town development strategies
- The development of personal skills, such as through the provision of cooking / life skills class

Progress to date includes:

- Formation of *Healthy West Coast* public health Governance Group [DHB, PHO and CPH]
- Provision of healthy lifestyle services in the community:
  - Green prescription
  - Community nutrition support
  - Smoking cessation services
- Active West Coast network established to advocate for health-promoting environments



Transalpine Health Service

Is focused on:

- Local and visiting hospital level services for the Coast
- Most services on the Coast, some services off Coast
- Strong links with Canterbury DHB clinical and organisational staff
- Support for Coast based staff in sustainable

Progress to date includes:

- More than 10 Transalpine models of care operating in an expanding range of clinical specialties
- 196 of the 610 CDHB Health Pathways are now localised / part localised for the West Coast, supported by Canterbury
- Shared training / professional development

Health Professionals

Is focused on:

- Strong core with generalist skills supported by specialists
- Stronger linkages within the health system on the West Coast
- Stronger linkages with Canterbury
- Training our future workforce

Progress to date includes:

- Joint appointments in paediatrics and anaesthetics
- Transalpine recruitment process
- Initial appointment of Rural Hospital Generalist Doctor confirmed
- Nurses working to the edge of their scope to support GP workload
- Dedicated *Rural Learning Centre* for specialised rural workforce development

Māori Health

Is focused on:

- Working with whānau to implement whānau ora
- Developing Kaupapa Māori services
- Developing mainstream services to be more responsive to Māori needs

Progress to date includes:

- Collaborative review and restructuring of principal Whānau Ora provider to improve service delivery and clarity of service scope
- Appointment of Kaiarataki and Kaupapa Māori nurse positions

ENABLERS

Integrated Information Systems

Is focused on:

- Services and staff working closer together
- Timely sharing of accurate information among members of the health care team
- People have control over who has access to their health information
- People are not repeatedly asked for the same information
- Use of videoconferencing and telehealth to overcome the tyranny of distance

Progress to date includes:

- Regional laboratory System: *Delphi Multi Lab*
- Regional Clinical Information System: *Health Connect South*
- Regional eReferrals System: *ERMS*
- Integration of primary and secondary care data directly from clinical workstation: *eSCRV* [2013]
- 26 x high definition telehealth units and 1 x mobile clinical cart

Settings

Greymouth

- Hospital component
  - Flexible care within ward and other places
  - Bringing acute care into one hub within the hospital
- Integrated family health service location
  - Opportunity to bring primary and community care, and hospital care together to improve the patient journey

Westport

- An integrated family health centre with associated primary care level inpatient capacity

South Westland

- Integrated rural model

Reefton

- Need to review once Buller & Grey direction of travel confirmed

Transport

Is focused on:

- Better transport options for health care
- Within the Coast, supporting local solutions
- Between the Coast and Canterbury
- Solutions for planned and unplanned care

Progress to date includes:

- Pilot of free community transport service between Greymouth and Westport
- Planning & Funding leading negotiations with St John regarding a South Island wide approach to transport

ENABLERS

CLINICAL LEADERS UPDATE

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

SOURCE: **Clinical Leaders**

DATE: **28 June 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as a regular update.

2. RECOMMENDATION

That the Board:
i. notes the Clinical Leaders Update

3. DISCUSSION

Partnership Group
The Clinical Leaders have been continuing their involvement in the development of the Detailed Business Cases as covered elsewhere.

Future Workforce Development
The Standing Orders training for the RNS team across the Coast continues. This will ensure the RNS team are well prepared to continue providing a high standard of care while working to the full extent of their scope of practice.

Canterbury and West Coast DHBs are hosting the National Nurse Entry to Practice and Nurse Entry to Specialty Practice Programmes (NETP/NESP) forum towards the end of June. It is a fantastic opportunity to listen to key speakers and share updates, innovations and evaluations with peers from around the country. Guest speakers include Carolyn Reed from Nursing Council, Jane O'Malley Chief Nurse, and Mary Gordon will be leading a panel of national nursing leaders to discuss building capability for the future workforce (5 years into the future).

Model of Care development
District Nursing teams are experiencing an increase in workload as the Complex Clinical Care Network (CCCN) becomes imbedded. Comprehensive packages of care are being implemented and are demonstrating the effectiveness of the new alignment of teams across the community setting, in particular Home Based Support Services (HBSS) and District Nursing. Monitoring of resources will be required to ensure success of the model, such as the recent increase in District Nurse availability over the weekends. Regular interdisciplinary team meetings with general practice are in place.

With the ongoing difficulties recruiting General Practitioners across the Coast, a review of the Rural Nurse Specialist (RNS) service in Reefton has taken place. It is proposed that an additional RNS will reduce the reliance on GPs to provide some services that nurses can, such the weekend P.R.I.M.E cover. Further planning for the service is anticipated and will be done in partnership with Better Health Limited.

Quality and Safety
Eighteen people attended a training workshop for West Coast clinicians to gain the required skills to be part of our Serious and Sentinel Event investigation processes in late May. Feedback from those who attended has been very positive.

The Clinical Board and the quality teams are planning for the National Patient Safety Campaign launch in May. The key focus for the first part of the campaign is on falls prevention. Consumer member of the Clinical Board, Robyn Moore, has been appointed to the South Island Regional Quality and Patient Safety Alliance.

Allied Health
A planning day was held with all Allied Health staff in April. Key successes were shared and an implementation plan for achieving the vision of an integrated Allied Health Service across the West Coast Health System and how Allied Health will realign to achieve the new West Coast Health System models of care was developed.

Radiology has been able to extend the ultra sound service to full 5 day a week service and is continuing to work on the Buller equipment replacement.

The new Rurally Focussed Urban Specialist (RUFUS) role for Dietetics has commenced for paediatrics and the clinician will join the Paediatricians who visit from Canterbury. Nick Leach has qualified as a Pharmacist Prescriber within Mental Health and plans are in development for how this can be incorporated into the model of care and service delivery.

Medical Technicians are completing the accreditation process for cardiac physiologist outpatient work in collaboration with Canterbury.

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: Carol Atmore, Chief Medical Officer
Karyn Kelly, Director of Nursing & Midwifery
Stella Ward, Executive Director, Allied Health

FINANCE REPORT

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

SOURCE: **General Manager, Finance**

DATE: **28 June 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters of the Board of the West Coast District Health Board.

2. RECOMMENDATION

That the Board:

i. notes the financial results for the period ended 30 April 2013.

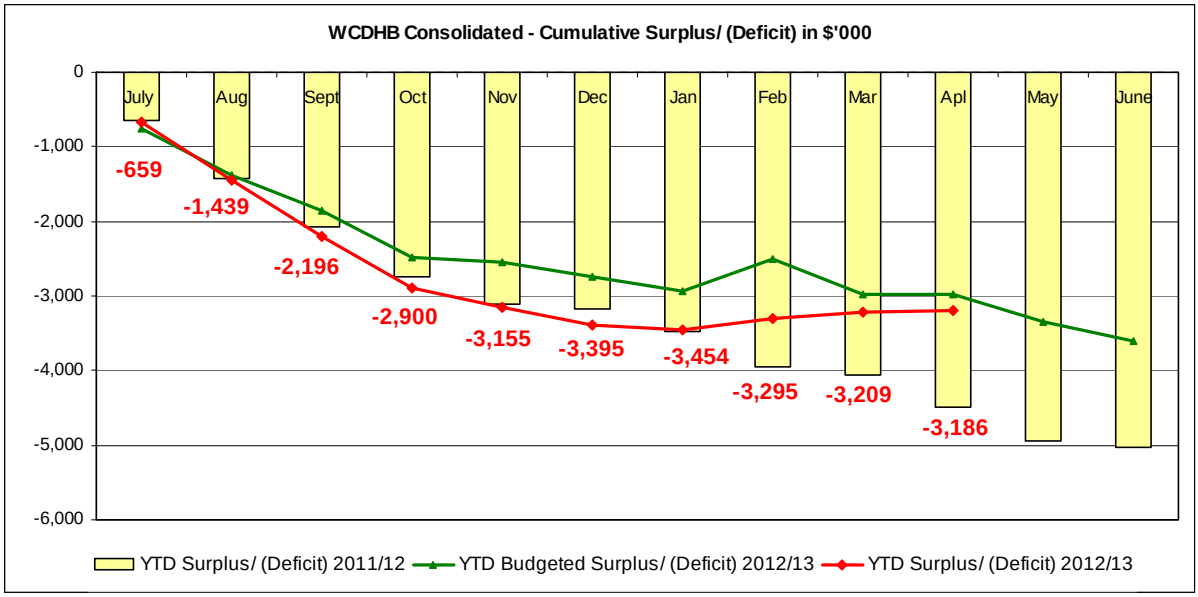
DISCUSSION

Financial Overview for the period ending 30 April 2013

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,300	6,457	(157)	×	62,360	63,807	(1,447)	×
Governance & Administration	179	183	(4)	×	1,856	1,833	23	√
Funds & Internal Eliminations	4,742	4,780	(38)	×	48,355	47,805	550	√
	11,221	11,420	(199)	×	112,571	113,444	(873)	×
EXPENSES								
Provider								
Personnel	4,582	4,697	115	√	45,573	46,371	798	√
Outsourced Services	607	676	69	√	8,511	8,156	(354)	×
Clinical Supplies	677	521	(156)	×	6,125	6,363	238	√
Infrastructure	1,040	930	(110)	×	11,281	9,242	(2,038)	×
	6,905	6,824	(81)	×	71,489	70,133	(1,357)	×
Governance & Administration	142	183	41	√	1,334	1,833	499	√
Funds & Internal Eliminations	3,696	3,888	192	√	38,301	39,350	1,049	√
Total Operating Expenditure	10,743	10,896	153	√	111,124	111,315	191	√
Surplus / (Deficit) before Interest, Depn & Cap Charge	478	524	(47)	×	1,447	2,130	(683)	×
Interest, Depreciation & Capital Charge	455	510	55	√	4,633	5,097	464	√
Net surplus/(deficit)	**23**	**13**	**9**	√	**(3,186)**	**(2,968)**	**(218)**	×

CONSOLIDATED RESULTS

The consolidated result for the year to date ending April 2013 is a deficit of $3,186k which is an unfavourable variance of $218k to budget ($2,968k deficit). The result for the month of April 2013 is a surplus of $23k which is $9k favourable to budget.



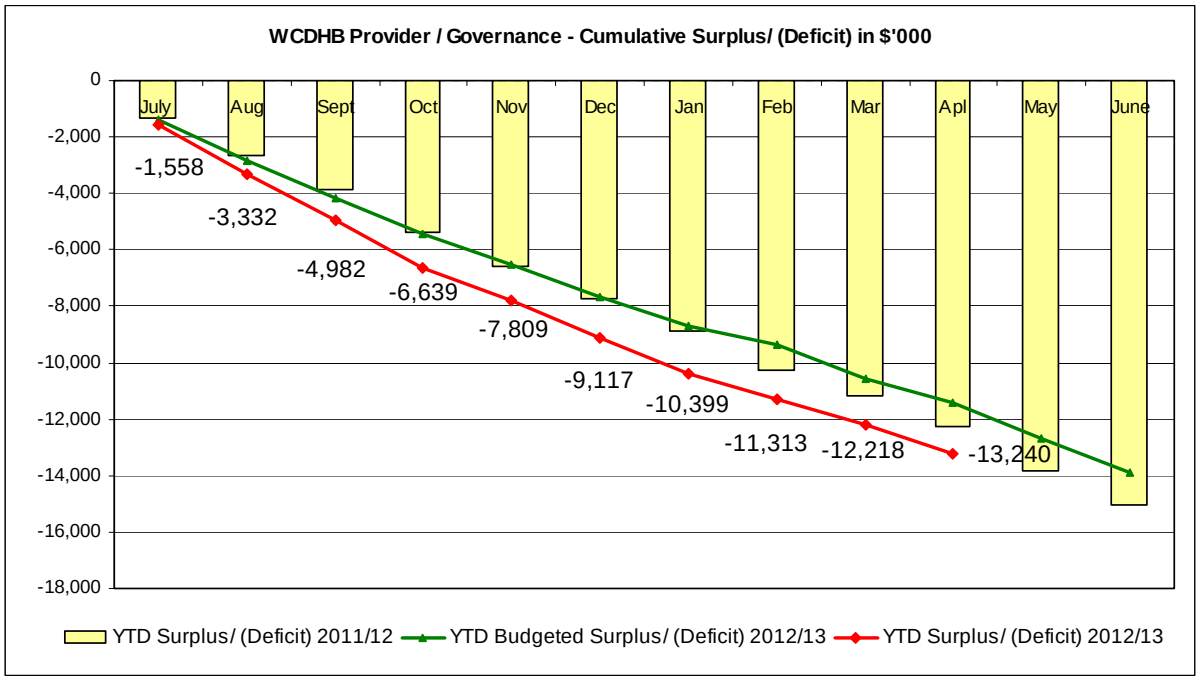
RESULTS FOR EACH ARM

Year to Date to April 2013

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	$'000	$'000	$'000	$'000	$'000	$'000
Governance Arm	37	0	37	522	0	522
Funder Arm	1,046	891	155	10,054	8,457	1,597
Provider Arm	(1,060)	(878)	(183)	(13,762)	(11,425)	(2,337)
Consolidated Result	**23**	**13**	**9**	**(3,186)**	**(2,968)**	**(218)**

The variance to budget is explained in the narrative for the separate arms below.

PROVIDER ARM



Revenue

Provider Arm

YTD Provider Arm revenue received from external sources is $1,431k unfavourable to budget. Revenue from Government sources makes up $762k of this variance

- ACC revenue for the month was $18k unfavourable to budget and YTD is $331k unfavourable; $156k of the year to date variance relates to the ACC elective services contract. The balance of the unfavourable variance is mainly spread over radiology, physiotherapy, community services and assessment, treatment and rehabilitation (AT&R) of older persons. Community nursing contracts with ACC changed in September with revenue now billed as a package of care when services are completed instead of on individual visit basis, this will affect the timing of revenue recognition. To date this revenue is unfavourable to budget. We are forecasting that annual ACC revenue will continue to be unfavourable to budget for the remainder of the year.
- Revenue for clinical training from Health Workforce New Zealand is $109k unfavourable to budget for the YTD as several programmes had lower or no trainees last semester. Costs for training are also reduced and favourable to budget YTD.
- Revenue from home based support services continues to be unfavourable, $120k unfavourable to budget YTD. We expect that this unfavourable variance will continue for the remainder of the year. Monthly revenue has been in line with the revenue received over the latter months of 2012/13 year. Budgets were set for external revenue from the Ministry of Health for immunisation services and community youth alcohol and other drug services – this funding has since been devolved to the Funder arm and is now paid as internal funding to the Provider arm ($230k to date), thus making up part of the unfavourable variance to date for Ministry of Health side contracts.
- Patient and consumer sourced revenue from Primary Care Practices is $181k unfavourable YTD. Although unfavourable YTD, revenue is in line with last years revenue. Sales of audiology aids are unfavourable to budget-this is partially offset by lower costs.

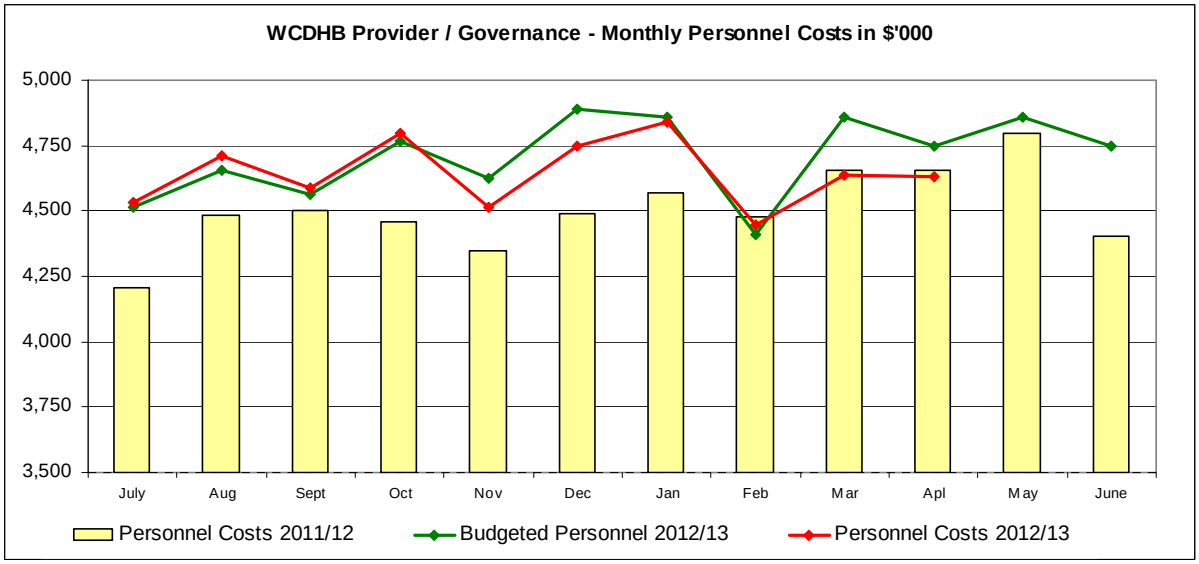
Total other income is $435k unfavourable to budget YTD; laundry services revenue comprises $308k of this variance. This variance has increased from February as we no longer supply linen to commercial customers, however offsetting this there is also a reduction in the cost of laundry services. Interest received by the Provider arm is $56k unfavourable to budget; this is offset by interest received by the Funder arm which is $105k favourable to budget.

EXPENSES

Personnel costs

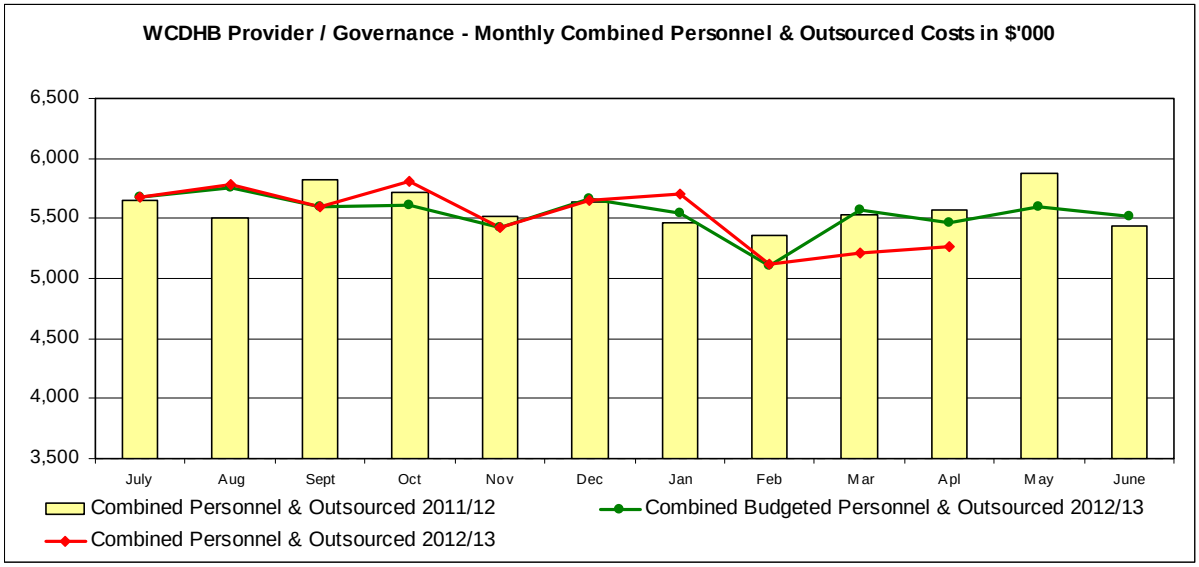
YTD Personnel costs are $45,573, $798k favourable to budget ($46,371k).

- Medical Personnel costs are $597k favourable to budget to date.
  - Salary costs for Senior Medical Officer (SMO) are $77k favourable to budget. Resident Medical Officer (RMO) costs are $149k favourable to budget; this is offset by outsourced locum costs for RMO's which are $131k unfavourable to budget.
  - General Practitioner (GP) personnel costs are $650k favourable to budget due to vacancies. Outsourced locum costs for GP's are $1,285k unfavourable to budget (includes all travel, accommodation, fees etc).
- Nursing Personnel costs are unfavourable to budget by $678k to date.
  - Costs for Caregivers and enrolled nurses working in residential care are unfavourable to budget to date; these are partially offset by increased revenue from subsidies (internal revenue from the Funder arm) and resident's contributions. District nursing costs are also unfavourable to budget to date.
- Allied Health Personnel costs are $615k favourable to budget.
  - This is due to a number of vacancies within allied services.



Outsourced services costs are $8,511k YTD; $354k unfavourable to budget ($8,156k).

- Outsourced Senior Medical Costs (locums) are $5,169k for the YTD; an unfavourable variance of $899k to budget. SMO locum costs within hospital services are favourable to budget, particularly for orthopaedic services where service changes have been implemented and locum services within primary services are unfavourable to budget due to covering vacancies and leave.
- Outsourced clinical services are $590k favourable to budget. We have been working towards an agreement with CDHB for the services that they perform which has resulted in some adjustments to costs to date. Although costs for Ophthalmology services are unfavourable to budget YTD, this variance has reduced over the last seven months with costs over this period $87k favourable to budget.

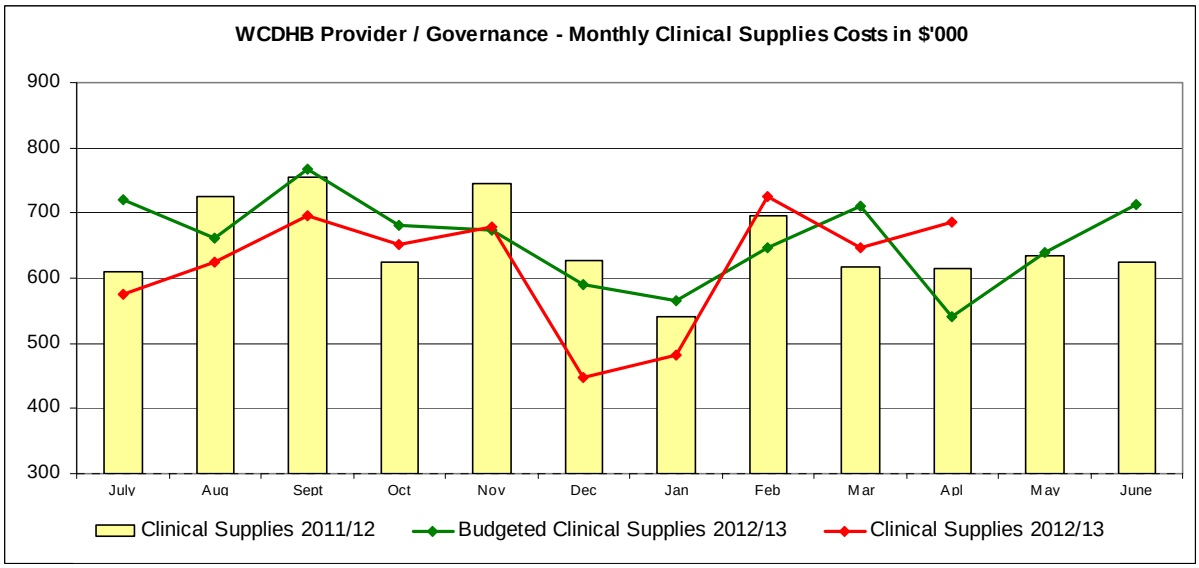


Clinical Supplies

Overall treatment related costs are $238k favourable to budget YTD.

- As reflected in reduced revenue, purchases of audiology aids, implants and prostheses and medical gases are also favourable to budget. Air ambulance costs are $341k favourable to budget.

  The budget for air transfers was increased from 2011/12 based on new models of service provision for Orthopaedics and Paediatrics in 2012/13 and was set before changes were made regarding the criteria for air transfers (particularly relating to cardiac patients) which reduced actual costs in the latter part of last year. Year to date these costs are significantly lower than they were at this time last year.



Infrastructure and non clinical Cost

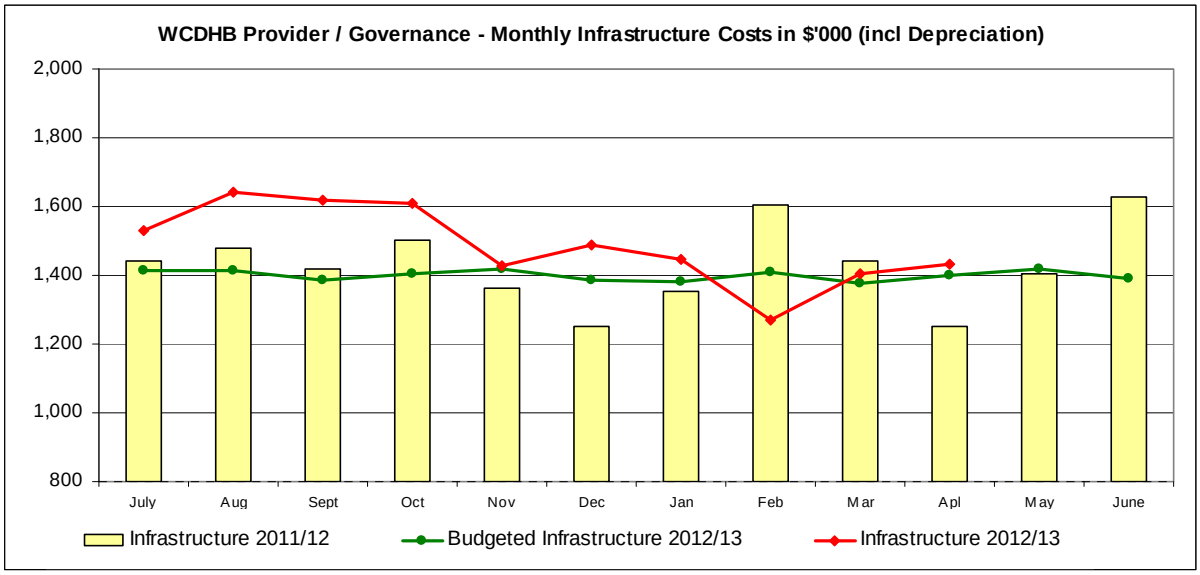
Overall infrastructure and non clinical cost for the Provider arm are $11,281k, $2,038k unfavourable to budget. Within this variance are the following specific variances:

- Facilities costs are $550k unfavourable to budget. The cost of insurance premiums on building and plant for the YTD is $463k. Insurance premiums are much higher than budget as a result of the New Zealand seismic activity causing pressure on premiums, which were only confirmed in August 2012 (after the budget was set). Insurance costs are forecast to be $556k for the year; $335k unfavourable to budget. Reconfiguration of laundry services resulted in a YTD cost for gas –for which there was no budget and electricity costs are $54k unfavourable to budget to date (increase in unit costs when the contract was renewed in the last quarter of last year). Rents are $56k unfavourable to date; this includes the cost of relocating Hannan ward patients to Granger House while remedial work was carried out in the hospital. To date the total cost of relocating services, both outside of the hospital and internally (excluding costs recorded in capital work in progress) is $99k.

- Transport costs are $126k unfavourable to budget to date.
  Staff travel costs are $18k unfavourable to budget to date - mileage reimbursements to staff. Vehicle repairs and registration are $75k unfavourable to budget. Lease costs are $11k unfavourable to budget with additional costs incurred for vehicles retained past the lease expiry date as the purchase of these vehicles was delayed; current lease costs are now favourable to budget. Fuel costs are $12k unfavourable.

- Hotel services, laundry and cleaning costs are $841k unfavourable to budget.
  Outsourced laundry costs are $808k unfavourable to budget YTD due to the closure of the laundry on site, now necessitating that all laundry processing is outsourced. This cost is now offset by savings in personnel costs as laundry staff were made redundant in January and savings in laundry supplies.

  Other operating expenses include the costs of staff made redundant to date ($425k).



FUNDER ARM

Revenue

Total Funder arm revenue year to date is $102,633, $534k favourable to budget.
Funder revenue from the Ministry of Health is $100,998, $430k favourable to budget ($100,568k).

- Funding for the HEHA programme was withdrawn after the budget was set ($170k to date) but offsetting this is additional revenue (received since the budget was set) including funding for immunisation services and community youth alcohol and other drug services (budgeted as external Ministry of Health funding in the Provider arm budget as above) and vaccine funding. Deductions from monthly Ministry of Health funding are now being made for savings in pharmaceutical costs resulting from the increase in co-payments to $5 and our reduced capital charge cost (cost is $75k favourable to budget to date) as a result of June 2012 revaluations of land and buildings; to date $237k of funding has been deducted.

Expenses

Funder payments to external providers (excluding Inter District Flows) are $24,810k, $1,083k favourable to budget ($25,895k).

- Payments to external providers for older person's health services are $195k favourable to budget YTD. Within this variance rest home care is favourable to budget and hospital level care is unfavourable to budget. The net variance of these two is $25k favourable. Payments for home based support services are $22k unfavourable to budget YTD, while costs for carer support, respite care and day programmes are $41k favourable to date.

- Payments for mental health services are $168k favourable to budget YTD. Part of this variance relates to Child and Adolescent mental health services funded from savings in the community pharmaceutical drugs budget that will not commence until the later part of this year.

- Payments for primary care services are $373k favourable to budget. Maori health services are $160k favourable to budget YTD. This favourable variance will not increase at the same rate over the remainder of the year as new contracts are now in place for the second half of the year. Chronic disease management and palliative care are together $143k favourable to budget to date. This may change over the rest of the year as client needs vary from month to month.

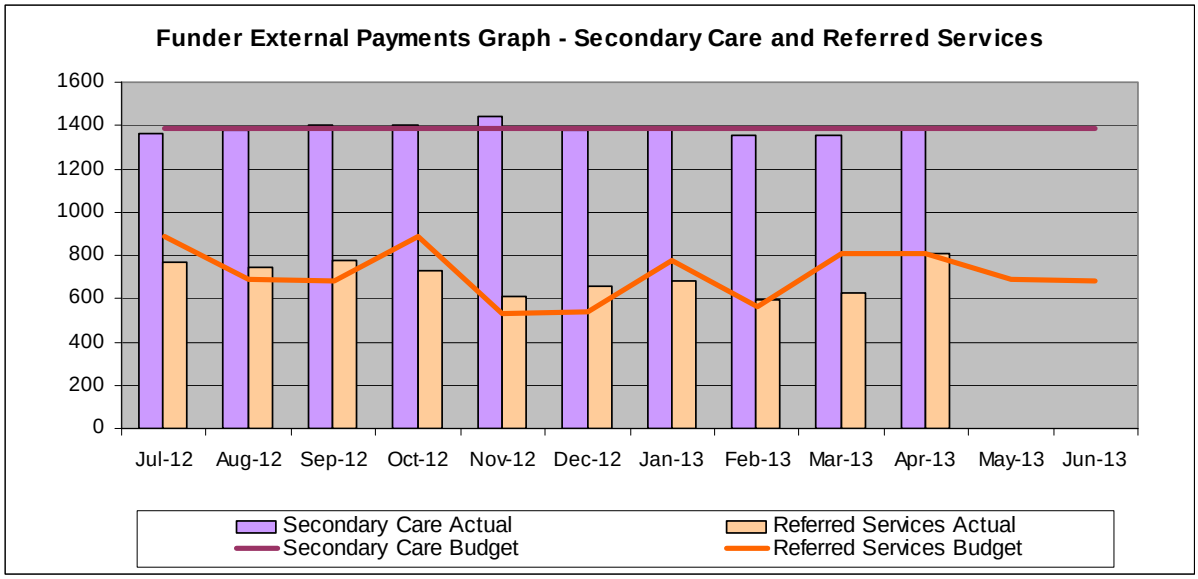
- Referred services are $265k favourable to budget for the YTD. This variance is made up of laboratory services at $65k favourable (an adjustment to a prior year accrual) and pharmaceuticals which are $200k favourable to budget. – we are forecasting that annual pharmaceutical costs will be favourable to budget.

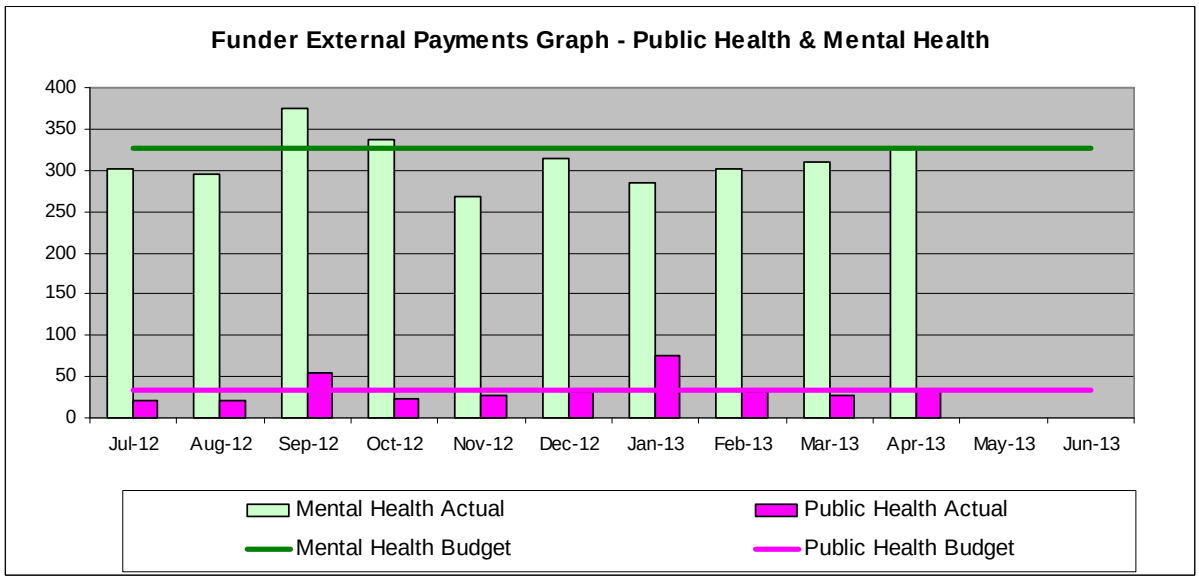
- To date payments to patients for national travel and accommodation assistance are $51k unfavourable to budget. Costs recorded over the last three months have been $44k favourable to budget.

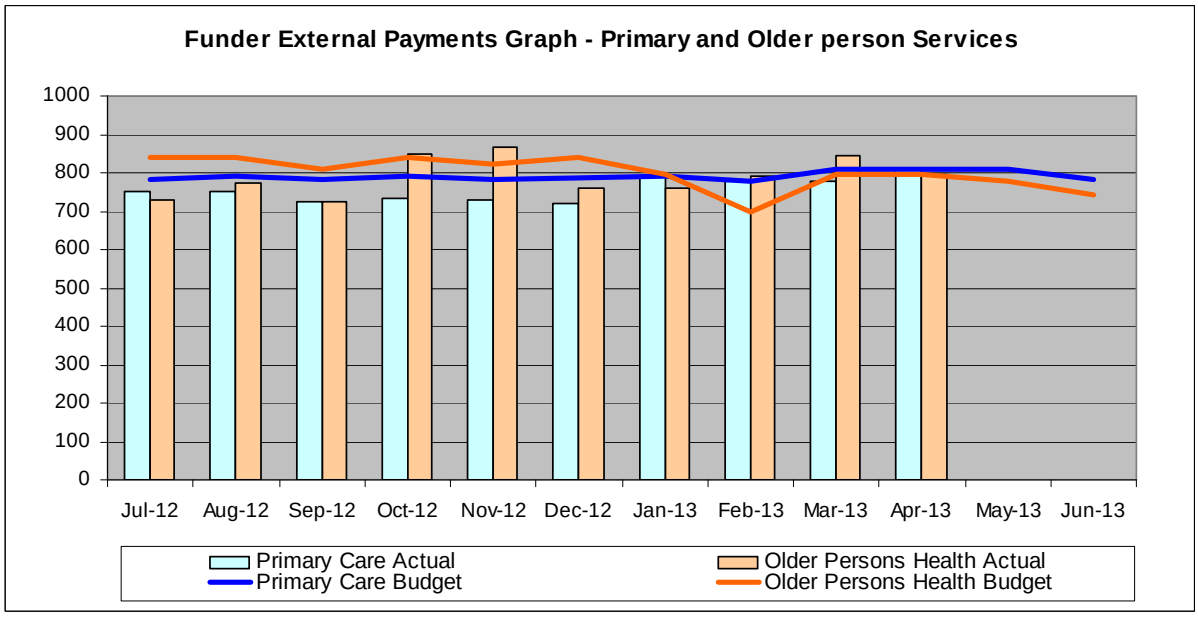
Funder Arm - Payments to External Providers

Month ended April 2013

Current Month					SERVICES	Year to Date					2012/13 Annual Budget
Actual	Budget	Variance				Actual	Budget	Variance			
$000	$000	$000	%			$000	$000	$000	%		$000
					Primary Care						
39	39	0	1%	✓	Dental-school and adolescent	341	392	51	13%	✓	470
0	3	3	85%	✓	Maternity	0	20	20	98%	✓	20
0	1	1		✓	Pregnancy & Parent	0	7	7	100%	✓	8
0	3	3	99%	✓	Sexual Health	9	28	19	68%	✓	33
2	4	2	41%	✓	General Medical Subsidy	43	38	-5	-13%	✗	46
541	538	-2	0%	✗	Primary Practice Capitation	5,405	5,382	-23	0%	✗	6,458
6	12	6	50%	✓	Primary Health Care Strategy	68	120	52	43%	✓	144
71	79	8	10%	✓	Rural Bonus	789	792	3	0%	✓	950
2	6	3	58%	✓	Child and Youth	29	58	28	49%	✓	69
53	40	-14	-25%	✗	Immunisation	142	67	-75	-112%	✗	96
14	46	32	70%	✓	Maori Service Development	174	461	287	62%	✓	551
18	9	-9	-93%	✗	Whanua Ora Services	219	92	-127	-139%	✗	110
20	16	-5	-30%	✗	Palliative Care	131	179	48	27%	✓	214
8	17	9	56%	✓	Chronic Disease	75	170	95	56%	✓	204
15	11	-4	-36%	✗	Minor Expenses	118	112	-6	-6%	✗	134
790	**824**	**35**	**4%**	✓		**7,544**	**7,917**	**373**	**5%**	✓	9,507
					Referred Services						
23	20	-3	-14%	✗	Laboratory	161	226	65	29%	✓	269
556	661	105	16%	✓	Pharmaceuticals	6,606	6,805	200	3%	✓	8,129
579	**682**	**103**	**16%**	✓		**6,767**	**7,032**	**265**	**4%**	✓	8,398
					Secondary Care						
1	22	22	97%	✓	Inpatients	79	222	143	65%	✓	266
92	97	6	6%	✓	Travel & Accommodation	1,025	973	-51	-5%	✗	1,168
1,272	1,269	-2	0%	✗	IDF Payments Personal Health	12,718	12,688	-29	0%	✗	15,226
1,364	**1,388**	**24**	**2%**	✓		**13,821**	**13,883**	**62**	**0%**	✓	16,660
2,733	**2,894**	**161**	**6%**	✓	**Primary & Secondary Care Total**	**28,132**	**28,832**	**699**	**2%**	✓	**34,565**
					Public Health						
24	16	-8	-49%	✗	Nutrition & Physical Activity	185	162	-24	-15%	✗	194
-1	6	7	114%	✓	Public Health Infrastructure	53	61	8	13%	✓	73
12	11	0	-1%	✗	Tobacco control	110	113	4	3%	✓	136
35	**34**	**-1**	**-3%**	✗	**Public Health Total**	**348**	**336**	**-12**	**-4%**	✗	**403**
					Mental Health						
0	2	2	100%	✓	Eating Disorders	23	19	-4	-21%	✗	23
53	64	11	17%	✓	Community MH	532	644	112	17%	✓	773
0	1	1	0%	✓	Mental Health Work force	-4	7	11	157%	✓	8
47	48	0	0%	✓	Day Activity & Rehab	472	479	6	1%	✓	574
12	14	2	15%	✓	Advocacy Consumer	71	144	73	51%	✓	173
11	5	-6	-103%	✗	Advocacy Family	109	54	-55	-101%	✗	65
0	0	0		✓	Minor Expenses	0	0	0		✓	0
122	124	2	2%	✓	Community Residential Beds	1,215	1,244	29	2%	✓	1,493
68	68	0	1%	✓	IDF Payments Mental Health	680	676	-4	0%	✗	811
313	**327**	**13**	**4%**	✓		**3,098**	**3,267**	**168**	**5%**	✓	3,920
					Older Persons Health						
2.5	3	1	20%	✓	Information and Advisory	28.5	25	-3	-10%	✗	30
0.08	0	-0.08		✗	Needs Assessment	0.08	0	0		✗	0
53	54	0	1%	✓	Home Based Support	578	556	-22	-4%	✗	671
6	10	4	36%	✓	Caregiver Support	88	97	9	9%	✓	115
179	187	8	4%	✓	Residential Care-Rest Homes	1,988	2,360	372	16%	✓	2,739
-2	-2	0		✓	Residential Care Loans	-45	-20	25	126%	✓	-24
22	26	4	17%	✓	Residential Care-Community	217	260	43	17%	✓	312
327	313	-14	-4%	✗	Residential Care-Hospital	3,534	3,187	-347	-11%	✗	3,828
0	4	4	96%	✓	Ageing in place	4	43	38	90%	✓	50
5	11	6	58%	✓	Environmental Support Mobility	61	109	48	44%	✓	132
9	8	0	-6%	✗	Day programmes	87	80	-6	-8%	✗	97
3	13	10	77%	✓	Respite Care	90	129	38	30%	✓	154
119	119	0	0%	✓	IDF Payments-DSS	1,190	1,192	2	0%	✓	1,430
723	**746**	**21**	**3%**	✓		**7,820**	**8,017**	**197**	**2%**	✓	9,533
1,037	**1,073**	**34**	**3%**	✓	**Mental Health & OPH Total**	**10,919**	**11,284**	**365**	**3%**	✓	**13,453**
3,804	**4,002**	**196**	**5%**	✓	**Total Expenditure**	**39,398**	**40,450**	**1,053**	**3%**	✓	**48,421**
2,346	**2,545**	**198**	**8%**	✓	**Total Expenditure (excluding IDF's)**	**24,810**	**25,895**	**1,083**	**4%**	✓	**30,954**


Funder External Payments Graph - Secondary Care and Referred Services
1600
1400
1200
1000
800
600
400
200
0
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
Jun-13
Secondary Care Actual
Secondary Care Budget
Referred Services Actual
Referred Services Budget


Funder External Payments Graph - Public Health & Mental Health
400
350
300
250
200
150
100
50
0
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
Jun-13
Mental Health Actual
Mental Health Budget
Public Health Actual
Public Health Budget


Funder External Payments Graph - Primary and Older person Services
1000
900
800
700
600
500
400
300
200
100
0
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
Jun-13
Primary Care Actual
Primary Care Budget
Older Persons Health Actual
Older Persons Health Budget

STATEMENT OF FINANCIAL POSITION

- Cash and cash equivalents
  As at 30 April 2013 the Board had $3.909m in cash and cash equivalents; $1.08m favourable to budget. Closing cash in June 2012 was $1.9m more than budget and capex expenditure to date (excluding seismic related expenditure) has been favourable to budget, but offsetting this cash from operating activities has been unfavourable to budget and $1.498m of seismic related capex expenditure has been incurred. These costs are recorded in a work in progress account under non-current assets.

- Non-current assets
  Property, plant and equipment including work in progress is $2.871m lower than budget, reflecting lower cash spent on capital expenditure to date offset by seismic related expenditure (not budgeted) of $1.498m and the revaluation and impairment of land and buildings last financial year. We have Ministerial approval to access up to $2m of funding to cover this work.

- Current liabilities
  Employee entitlements and benefits are $.496 more than budget to date, with cash payments to employees for the month of April $.725m favourable to budget as a result of the timing of the last pay period in April (unpaid at month end).

4. APPENDICES

Appendix 1: Financial Results for the period ending 30 April 2013

Report prepared by: Justine White, General Manager: Finance

West Coast District Health Board
Statement of comprehensive income
For period ending 30 April 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	2011/12
Operating Revenue										
Crown and Government sourced	10,784	10,851	(67)	(0.6%)	107,572	107,833	(261)	(0.2%)	129,383	127,209
Inter DHB Revenue	3	10	(7)	(71.0%)	33	103	(70)	(68.1%)	124	106
Inter District Flows Revenue	138	138	(0)	(0.1%)	1,380	1,381	(1)	(0.1%)	1,657	1,884
Patient Related Revenue	258	285	(27)	(9.5%)	2,613	2,847	(234)	(8.2%)	3,391	3,096
Other Revenue	38	136	(98)	(72.2%)	973	1,279	(307)	(24.0%)	1,488	1,765
Total Operating Revenue	11,221	11,420	(199)	(1.7%)	112,571	113,444	(873)	(0.8%)	136,044	134,060
Operating Expenditure										
Employee benefit costs	4,632	4,749	117	2.5%	46,032	46,888	856	1.8%	56,499	54,036
Outsourced Clinical Services	523	597	73	12.3%	7,671	7,362	(309)	(4.2%)	8,638	12,243
Treatment Related Costs	686	541	(145)	(26.8%)	6,215	6,559	344	5.2%	7,911	7,488
External Providers	2,347	2,544	197	7.7%	24,813	25,895	1,081	4.2%	30,952	29,503
Inter District Flows Expense	1,458	1,456	(3)	(0.2%)	14,587	14,556	(32)	(0.2%)	17,467	17,504
Outsourced Services - non clinical	115	115	(0)	(0.1%)	1,143	1,153	9	0.8%	1,388	854
Infrastructure Costs and Non Clinical Supplies	981	896	(85)	(9.5%)	10,662	8,902	(1,760)	(19.8%)	10,669	11,354
Total Operating Expenditure	10,743	10,897	154	1.4%	111,124	111,315	191	0.2%	133,524	132,982
Result before Interest, Depn & Cap Charge	478	523	(46)	8.7%	1,447	2,129	(682)	32.0%	2,519	1,078
Interest, Depreciation & Capital Charge										
Interest Expense	53	61	8	13.5%	541	613	72	11.7%	735	732
Depreciation	334	388	54	14.0%	3,414	3,881	467	12.0%	4,661	4,757
Capital Charge Expenditure	68	60	(8)	(12.9%)	678	603	(76)	(12.5%)	723	613
Total Interest, Depreciation & Capital Charge	455	510	55	10.8%	4,633	5,097	464	9.1%	6,119	6,102
Net Surplus/(deficit)	23	13	9	(69.2%)	(3,186)	(2,968)	(218)	(7.4%)	(3,600)	(5,024)
Other comprehensive income										
Gain/(losses) on revaluation of property										(1,741)
Total comprehensive income	23	13	9	(69.2%)	(3,186)	(2,968)	(218)	(7.4%)	(3,600)	(6,765)

West Coast District Health Board
Statement of financial position
As at 30 April 2013

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	27,154	30,897	(3,743)	(12.1%)	31,657
Intangible assets	839	2,844	(2,005)	(70.5%)	854
Work in Progress	2,877	0	2,877	#DIV/0!	807
Other investments	2	2	0	0.00%	2
Total non-current assets	30,872	33,743	(2,871)	(8.5%)	33,320
Current assets					
Cash and cash equivalents	3,909	2,829	1,080	38.2%	4,557
Patient and restricted funds	57	56	1	1.8%	56
Inventories	1,035	831	204	24.5%	880
Debtors and other receivables	3,842	4,452	(610)	(13.7%)	4,187
Assets classified as held for sale	136	136	0	0.00%	136
Total current assets	8,979	8,304	675	8.1%	9,816
Total assets	**39,851**	**42,046**	**(2,195)**	(0.4%)	**43,136**
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	12,195	12,195	0	0.00%	11,195
Employee entitlements and benefits	3,414	3,304	110	3.3%	3,041
Total non-current liabilities	15,609	15,499	110	0.7%	14,236
Current liabilities					
Interest-bearing loans and borrowings	250	250	0	0.00%	1,500
Creditors and other payables	8,324	9,254	(930)	(10.0%)	9,367
Employee entitlements and benefits	8,658	8,162	496	6.1%	8,255
Total current liabilities	17,232	17,666	(434)	(2.5%)	19,122
Total liabilities	32,841	33,165	(324)	(1.0%)	33,358
Equity					
Crown equity	66,197	66,185	12	0.0%	61,753
Other reserves	19,569	21,310	(1,741)	(8.2%)	21,310
Retained earnings/(losses)	(78,795)	(78,653)	(142)	0.2%	(73,324)
Trust funds	39	39	0	0.00%	39
Total equity	7,010	8,881	(1,871)	(21.1%)	9,778
Total equity and liabilities	**39,851**	**42,046**	**(2,195)**	**(5.2%)**	**43,136**

West Coast District Health Board
Statement of cash flows
For period ending 30 April 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				2012/13	2011/12
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Cash flows from operating activities										
Cash receipts from Ministry of Health, patients and other revenue	10,143	11,398	(1,255)	(11.0%)	112,673	113,176	(503)	(0.4%)	135,739	133,962
Cash paid to employees	(4,024)	(4,749)	725	(15.3%)	(45,230)	(46,888)	1658	(3.5%)	(56,498)	(53,657)
Cash paid to suppliers	(1,491)	(2,149)	658	(30.6%)	(26,421)	(24,035)	(2,386)	9.9%	(28,672)	(32,438)
Cash paid to external providers	(2,485)	(2,544)	59	(2.3%)	(26,193)	(25,895)	(299)	1.2%	(30,953)	(29,548)
Cash paid to other District Health Boards	(1,320)	(1,456)	135	(9.3%)	(13,207)	(14,556)	1348	(9.3%)	(17,467)	(17,481)
Cash generated from operations	822	501	321	64.0%	1621	1803	(182)	(10.1%)	2,148	838
Interest paid	(185)	(61)	(124)	202.0%	(511)	(613)	102	(16.6%)	(735)	(735)
Capital charge paid	0	(0)	0	(1)	(406)	(363)	(44)	0	(723)	(712)
Net cash flows from operating activities	637	440	197	44.8%	704	828	(124)	(15.0%)	690	(609)
Cash flows from investing activities										
Interest received	20	22	(2)	(7.7%)	209	217	(8)	(3.5%)	260	319
(Increase) / Decrease in investments	0	0	0		0	0	0		0	3,500
Acquisition of property, plant and equipment	(246)	(275)	29	(10.5%)	(3,660)	(3,395)	(265)	7.8%	(3,745)	(2,665)
Acquisition of intangible assets	(88)	(50)	(38)	76.0%	(742)	(1,405)	663	(47.2%)	(1,405)	(265)
Net cash flows from investing activities	(314)	(303)	(11)	3.5%	(4,193)	(4,583)	390	(8.5%)	(4,890)	889
Cash flows from financing activities										
Proceeds from equity injections	0	0	0		0	0	0		3,600	4,512
Repayment of equity	0	0	0		0	0	0		(68)	(68)
Cash generated from equity transactions	0	0	0		0	0	0		3,532	4,444
Borrowings raised	0	0	0		0	0	0			
Repayment of borrowings	0	0	0		0	0	0		(250)	(250)
Net cash flows from financing activities	0	0	0		0	0	0		(250)	(250)
Net increase in cash and cash equivalents	323	137	187	136.6%	(3,489)	(3,755)	267	(7.1%)	(918)	4,476
Cash and cash equivalents at beginning of period	3,586	2,692	894	33.2%	7,398	6,584	814	12.4%	6,584	2,922
Cash and cash equivalents at end of year	3,909	2,828	1,081	38.2%	3,909	2,828	1081	38.2%	5,666	7,398

West Coast District Health Board

Provider Operating Statement for period ending 30 April 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	2011/12
Income										
Internal revenue-Funder to Provider	5,273	5,250	23	0.4%	52,488	52,504	(16)	(0.0%)	63,005	62,872
Ministry of Health side contracts	170	215	(45)	(20.9%)	1,172	1,577	(405)	(25.7%)	1,862	1,824
Other Goverment	585	579	6	1.0%	5,402	5,688	(286)	(5.0%)	6,841	6,483
InterProvider Revenue (Other DHBs)	3	10	(7)	(71.0%)	33	103	(70)	(68.1%)	124	106
Patient and consumer sourced	258	285	(27)	(9.5%)	2,613	2,847	(234)	(8.2%)	3,396	3,096
Other income	11	117	(106)	(90.6%)	652	1,087	(435)	(40.0%)	1,258	1,424
Total income	**6,300**	**6,457**	**(157)**	(2.4%)	**62,360**	**63,807**	**(1,447)**	(2.3%)	**76,486**	**75,805**
Expenditure										
Employee benefit costs										
Medical Personnel	924	1,145	222	19.3%	10,446	11,044	597	5.4%	13,316	10,673
Nursing Personnel	2,214	2,040	(174)	(8.5%)	20,669	19,991	(678)	(3.4%)	24,086	24,654
Allied Health Personnel	777	789	12	1.5%	7,377	7,992	615	7.7%	9,647	8,956
Support Personnel	135	153	18	11.6%	1,621	1,658	36	2.2%	1,988	2,163
Management/Administration Personnel	532	570	38	6.6%	5,460	5,687	228	4.0%	6,842	6,488
	4,582	**4,697**	**115**	**2.5%**	**45,573**	**46,371**	**798**	**1.7%**	**55,878**	**52,934**
Outsourced Services										
Contracted Locum Services	468	287	(181)	(62.9%)	5,169	4,270	(899)	(21.1%)	4,931	8,202
Outsourced Clinical Services	55	309	254	82.2%	2,502	3,092	590	19.1%	3,710	4,041
Outsourced Services - non clinical	83	79	(4)	(4.9%)	839	793	(46)	(5.8%)	952	521
	607	**676**	**69**	**10.3%**	**8,511**	**8,156**	**(354)**	**(4.3%)**	**9,593**	**12,764**
Treatment Related Costs										
Disposables, Diagnostic & Other Clinical Supplies	119	95	(24)	(25.3%)	1,140	1,103	(37)	(3.4%)	1,323	1,388
Instruments & Equipment	162	107	(54)	(50.5%)	1,496	1,432	(64)	(4.4%)	1,733	1,613
Patient Appliances	33	27	(6)	(23.3%)	251	295	44	14.8%	354	347
Implants and Prostheses	51	52	1	2.7%	497	672	175	26.1%	817	877
Pharmaceuticals	184	125	(59)	(47.0%)	1,805	1,609	(196)	(12.2%)	1,923	2,033
Other Clinical & Client Costs	129	115	(14)	(11.8%)	937	1,252	315	25.2%	1,525	1,294
	677	**521**	**(156)**	**(29.8%)**	**6,125**	**6,363**	**238**	**3.7%**	**7,675**	**7,552**
Infrastructure Costs and Non Clinical Supplies										
Hotel Services, Laundry & Cleaning	367	307	(60)	(19.4%)	3,909	3,067	(841)	(27.4%)	3,671	3,773
Facilities	253	216	(37)	(17.0%)	2,658	2,109	(550)	(26.1%)	2,554	2,554
Transport	80	71	(10)	(13.6%)	832	707	(126)	(17.8%)	850	1,034
IT Systems & Telecommunications	139	129	(10)	(7.4%)	1,325	1,271	(53)	(4.2%)	1,527	1,375
Professional Fees & Expenses	23	18	(5)	(29.6%)	427	178	(250)	(140.6%)	209	557
Other Operating Expenses	69	79	11	13.5%	1,031	810	(221)	(27.3%)	969	1,245
Internal allocation to Governanance Arm	110	110	0	0.2%	1,100	1,102	2	0.2%	1,322	1,320
	1,040	**930**	**(110)**	**(11.8%)**	**11,281**	**9,242**	**(2,038)**	**(22.1%)**	**11,102**	**11,858**
Total Operating Expenditure	**6,905**	**6,824**	**(81)**	**(1.2%)**	**71,489**	**70,133**	**(1,357)**	**(1.9%)**	**84,248**	**85,108**
Deficit before Interest, Depn & Cap Charge	**(605)**	**(368)**	**238**	**(64.6%)**	**(9,129)**	**(6,327)**	**2,803**	**(44.3%)**	**(7,762)**	**(9,303)**
Interest, Depreciation & Capital Charge										
Interest Expense	53	61	8	13.5%	541	613	72	11.7%	735	732
Depreciation	334	388	54	14.0%	3,414	3,883	469	12.1%	4,661	4757
Capital Charge Expenditure	68	60	(8)	(12.9%)	678	603	(76)	(12.5%)	723	613
Total Interest, Depreciation & Capital Charge	**455**	**510**	**55**	**10.8%**	**4,633**	**5,098**	**465**	**9.1%**	**6,119**	**6,102**
Net surplus/(deficit)	**(1,060)**	**(878)**	**183**	**(20.8%)**	**(13,762)**	**(11,425)**	**2,337**	**(20.5%)**	**(13,881)**	**(15,405)**

West Coast District Health Board

Funder Operating Statement for the period ending 30 April 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	2011/12
Income										
PBF Vote Health-funding package (excluding Mental Health)	8,613	8,742	(130)	(1.5%)	87,557	87,418	139	0.2%	104,900	102,999
PBF Vote Health-Mental Health Ring fence	1,157	1,157	0	0,00	11,570	11,570	0	0,00	13,884	13,884
MOH-funding side contracts	259	158	101	63.9%	1,871	1,580	291	18.4%	1,896	2,018
Inter District Flow's	138	138	(0)	(0.1%)	1,380	1,381	(1)	(0.1%)	1,657	1,884
Other income	27	15	12	78.7%	255	150	105	69.9%	180	232
Total income	**10,194**	**10,210**	**(16)**	**(0.2%)**	**102,633**	**102,099**	**534**	**0.5%**	**122,518**	**121,017**
Expenditure										
Personal Health	6,354	6,499	146	2.2%	64,274	64,883	609	0.9%	77,829	77,472
Mental Health	1,161	1,170	8	0.7%	11,577	11,698	120	1.0%	14,039	13,790
Disability Support	1,438	1,451	14	0.9%	14,931	15,076	145	1.0%	18,004	17,342
Public Health	84	64	(21)	(32.2%)	614	638	24	3.8%	765	748
Maori Health	42	66	24	36.7%	493	658	165	25.1%	787	527
Governance	69	69	(0)	(0.1%)	690	689	(1)	(0.1%)	827	1,176
Total expenses	**9,148**	**9,319**	**171**	**1.8%**	**92,579**	**93,642**	**1,063**	**1.1%**	**112,252**	**111,055**
Net Surplus / (Deficit)	**1,046**	**891**	**155**	**17.4%**	**10,054**	**8,457**	**1,597**	**18.9%**	**10,266**	**9,962**

West Coast District Health Board

Governance Operating Statement for the period ending 30 April 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	2011/12
Income										
Internal Revenue	69	69	(0)	(0.0%)	690	689	1	0.1%	827	1,176
Other income	0	4	(4)	(100.0%)	66	42	24	58.4%	50	109
Internal allocation from Provider Arm	110	110	(0)	(0.2%)	1,100	1,102	(3)	(0.2%)	1,322	1,320
Total income	**179**	**183**	**(4)**	**(2.4%)**	**1,856**	**1,833**	**23**	**1.3%**	**2,199**	**2,605**
Expenditure										
Employee benefit costs	50	52	2	3.6%	458	517	58	11.3%	620	1,102
Outsourced services	32	36	4	10.3%	304	359	55	15.3%	431	333
Other operating expenses	41	70	29	41.8%	375	704	329	46.7%	845	461
Democracy	19	25	6	24.8%	196	253	57	22.4%	303	291
Total expenses	142	183	41	22.5%	1,334	1,833	499	27.2%	2,199	2,187
Net Surplus / (Deficit)	**37**	**0**	**37**		**522**	**0**	**522**		**0**	**418**

HEALTH TARGET REPORT – QUARTER 3

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

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

SOURCE: **Planning & Funding**

DATE: **28 June 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to present the Board with the West Coast DHB's progress against the national Health Targets for Quarter 3 (January – March 2013). The attached report (Appendix 1) provides a detailed account of the results and the work underway with regard to delivering each Health Target.

DHB performance against the Health Targets is published each quarter in newspapers and online on the Ministry and DHB websites. The published Quarter 3 Health Target league table is attached as Appendix 2.

2. RECOMMENDATION

That the Board:

i notes the West Coast's performance against the Health Targets.

3. SUMMARY

In Quarter 3, the West Coast has:

- Achieved the *ED Health Target*, with 99.8% of people admitted or discharged within six hours. The West Coast is leading the country in performance against this health target.
- Delivered 1,173 elective surgical discharges, representing 98% of the year-to-date *Electives Health Target*. We anticipate meeting the full-year target by year-end.
- Achieved the *Faster Cancer Treatment Health Target*, with 100% of patients ready for radiation therapy or chemotherapy beginning treatment within 4 weeks of their specialist assessment.
- Increased performance against the *Hospitalised Smokers Health Target* to 91% of hospitalised smokers having received help and advice to quit (the national target is 95%). As we work to gain the last few percentage points, key actions include continuing to work with Clinical Nurse Managers to identify 'missed' patients to pinpoint and resolve any gaps at ward level, and working with the Critical Care Unit to improve ABC delivery and coding.

Health Target performance has been weaker in the following areas:

- Performance against the *Immunisation Health Target* slipped to 78% of all eight-month-olds fully immunised (the national target is 85%), although West Coast surpassed the target for Māori (90%) children. The decrease in overall immunisation coverage in Quarter 3 was the result of the high rate of parents choosing to decline immunisation, with a combined rate of 16%. This left just five eight-month-old children overdue for their vaccinations who had not opted off or declined. The West Coast and Canterbury DHBs are now working together more closely on immunisation. This has proven positive for data management, and our next steps are to improve efforts to reach missed children and children who decline immunisation events as we strive to fully immunise all reachable children.

- General practices' performance against the *Primary Care Smokers Health Target* continues to increase steadily, with 53% of smokers attending primary care receiving help and advice to quit. Activities continue to focus on improving data capture and accuracy through IT, feedback and training. The West Coast's performance is above the national average (51%) for this target.
- Performance against the *Heart Checks Health Target* has been maintained at 58% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last 5 years. A range of activities are occurring to follow up eligible patients and provide risk assessments, including active recall to nurse-led clinics and targeting of high-need populations.

4. APPENDICES

Appendix 1:	Health Target Report – Quarter 3
Appendix 2:	Ministry Health Target League Table – Quarter 3

Report prepared by:	Katia De Lu, Accountability Coordinator, Planning and Funding
Report approved for release by:	Carolyn Gullery, General Manager, Planning & Funding

National Health Targets

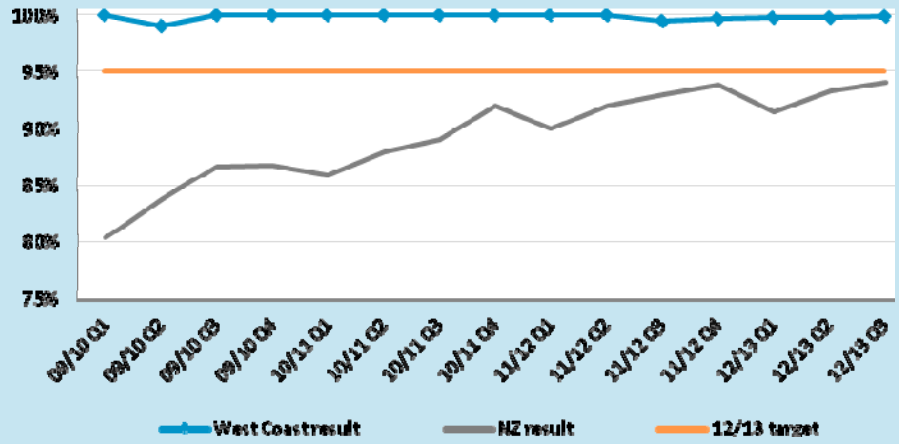
Quarter 3 2012/13 Performance Summary

Target	Q4 11/12	Q1 12/13	Q2 12/13	Q3 12/13	Target	Status	Pg
Shorter Stays in ED: Patients admitted, discharged or transferred from an ED within 6 hours	99.6%	99.7%	99.7%	99.8%	95%	✓	2
Improved Access to Elective Surgery: West Coast's volume of elective surgery	1,751	447 YTD	846 YTD	1,173 YTD	1,592	✗	2
Shorter Waits for Cancer Treatment: People needing cancer radiation therapy or chemotherapy having it within four weeks	*new*	100%	100%	100%	100%	✓	3
Increased Immunisation: Eight-month-olds fully immunised	*new*	79%	84%	78%	85%	✗	3
Better Help for Smokers to Quit: Hospitalised smokers receiving help and advice to quit	90%	91%	89%	91%	95%	✗	4
Better Help for Smokers to Quit: Smokers attending general practice receiving help and advice to quit	39%	40%	44%	53%	90%	✗	5
More Heart and Diabetes Checks: Eligible enrolled adult population having had a CV risk assessment in the last 5 years	57%	60%	58%	58%	75%	✗	7

Shorter Stays in Emergency Departments

Target: *95% of patients are to be admitted, discharged or transferred from an ED within 6 hours* ✓

Figure 1: Percentage of patients who were admitted, discharged or transferred from ED within six hours

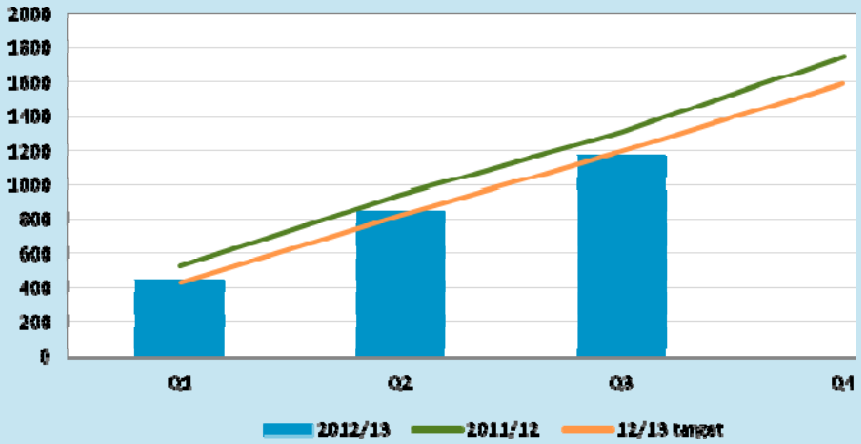


The West Coast continues to achieve impressive results against the ED Health Target, with **99.8%** of patient events admitted, discharged or transferred from ED within 6 hours.

Improved Access to Elective Surgery

Target: *West Coast's volume of elective surgery is to be 1,590 in 2012/13* ✗

Figure 2: Elective surgical discharges delivered by the West Coast DHB[1]



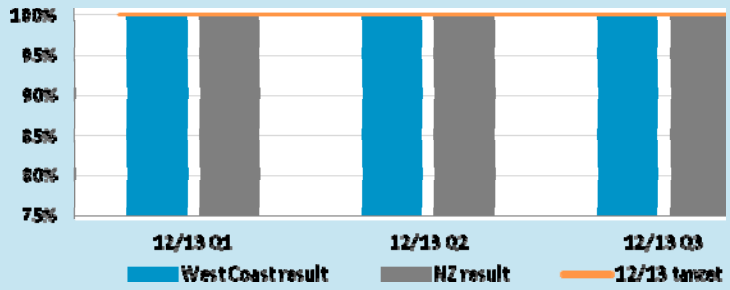
[1] *Excludes cardiology and dental procedures. Progress is graphed cumulatively.*

For the nine months year-to-date March, **1,173** elective surgical discharges have been delivered, representing **98%** of our target delivery (28 discharges below target). A recovery plan is in place, and we anticipate meeting the full-year target by the end of the year.

Shorter Waits for Cancer Treatment

Target: *100% of people needing radiation or chemotherapy are to have it within four weeks* ✓

Figure 3: Percentage of West Coasters needing radiation or chemotherapy treatment who received it within four weeks[2]

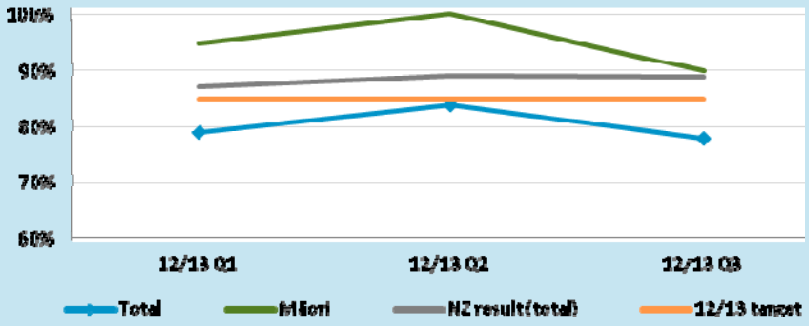


In Quarter 3, **100%** of patients met the 4 week target for both radiation therapy and chemotherapy.

Increased Immunisation

Target: *85% of eight-month-olds are to be fully immunised* ✗

Figure 4: Percentage of West Coast eight-month-olds who were fully immunised



While West Coast achieved strong results for Māori (90%) eight-month-olds, overall eight-month-old immunisation coverage declined in Quarter 3, with **78%** of all eight-month-olds fully immunised in Quarter 3 2012/13 – a decrease of 6% from the previous quarter.

The decrease in overall immunisation coverage in Quarter 3 was the result of the high rate of parents choosing to decline immunisation (4.7%) or opt their child off the NIR (11.6%), leading to a combined opt-off and decline rate of 16.3% of eligible children.

This left just five eight-month-old children overdue for their vaccinations who had not opted off or declined.

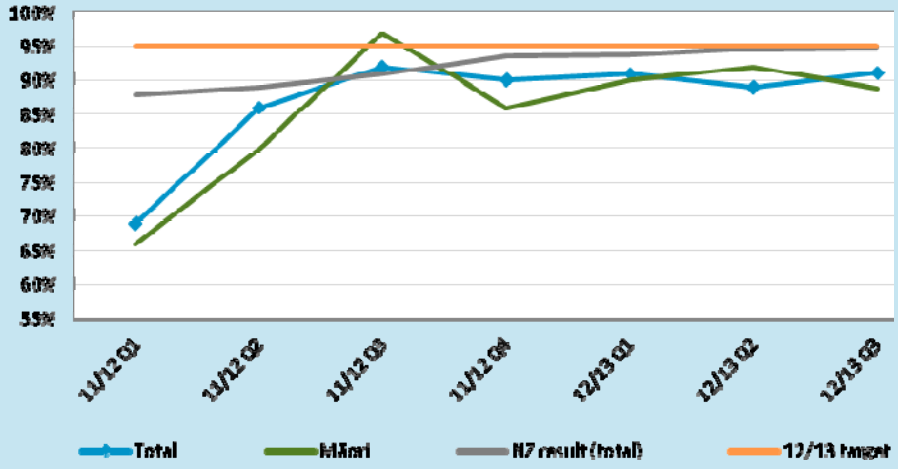
[2] *The wait time is defined as the time between the first specialist assessment and the start of treatment. The measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay. The measure reflects groups A, B and C. Group D patients have planned treatment (either as part of a trial or because of given protocols) and are therefore not included.*

The West Coast and Canterbury DHBs are now working together more closely on immunisation. This has proven positive for data management, and our next steps are to improve efforts to reach missed children and children who decline immunisation events as we strive to fully immunise all reachable children.

Better Help for Smokers to Quit: Hospital

Target: *95% of hospitalised smokers are to receive help and advice to quit*

Figure 5: Percentage of smokers in West Coast DHB hospitals who were offered advice and help to quit smoking



In Quarter 3, West Coast DHB staff provided **91%** of hospitalised smokers with smoking cessation advice and support – up from 89% in the previous quarter.

During the quarter, work continued with Clinical Nurse Managers to identify 'missed' patients and pinpoint any gaps at ward level. This continues to be a key area of focus, due to the effect of small numbers contributing to month-to-month fluctuations in performance. With fewer than 100 current smokers discharged in a month, a single 'missed' ABC contributes to more than 1% off the target. It is therefore crucial to identify any gaps in delivery so that these can be resolved to improve the next month's results.

Most clinical areas in the DHB achieve close to 100% coverage; however, the Critical Care Unit (CCU) has been identified as an area of concern. During Quarter 3, the Smokefree Services Coordinator worked with the CCU Clinical Nurse Manager, smokefree champion and staff. Improved results followed in February and March, and the Smokefree Services Coordinator will continue to work with CCU to cement and build on these gains. Another focus area of support in Quarter 4 will be Buller ED.

A new handout has been developed for the orientation pack regarding ABC, in order to bridge the gap between clinical staff starting their role and attending mandatory ABC training. This was particularly relevant for Quarter 3, as there was a high intake of clinical staff in February.

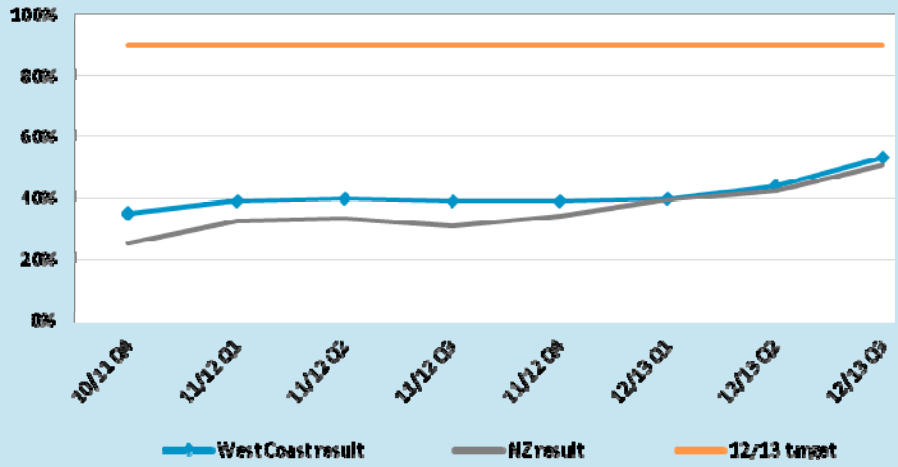
Dr Hayden McRobbie visited the West Coast DHB in March to meet with management, senior clinical staff and Smokefree staff and discuss progress, challenges and the activities put in place to improve performance against the health target. It was a positive visit, and Dr McRobbie's recommendations will be incorporated into DHB's health target 'action plan' over the coming quarter, including maintaining a clinical focus around the health target, keeping the health target relevant by using some of the key messages and tools produced by the Ministry of Health and considering the current training approach to ensure it provides clear and simple rationale.

Smokefree staff and the DHB as a whole continue to work towards achieving the health target of 95%.

Better Help for Smokers to Quit: Primary Care

Target: *90% of smokers attending primary care are to receive help and advice to quit*

Figure 6: Percentage of smokers expected to attend primary care who were offered advice and help to quit smoking[3]



West Coast general practices have reported giving 2,306 smokers brief advice and help to quit in the year to 31 March 2013. This figure is an increase of 430 patients compared to the last quarter. The quit activity during this quarter represents **53%** of current smokers expected to be seen in general practice during this period receiving advice and help to quit – an increase of 9% from the previous quarter.

During Quarter 3, a new PHO Clinical Manager started in the role. The new manager has a strong West Coast primary care background and has brought similar strengths and leadership to the role as her predecessor, who has remained in the organisation, helping to ensure a strong handover of leadership of the health target.

Key activities during Quarter 3 included:

- Continued support to practices in the use of the new HealthStat tool (installed in Quarter 2), which can provide more frequent, practice-specific feedback about the target. The Clinical Audit Tool component of HealthStat is expected to be installed in Quarter 4 and will further support improved data capture, as it enables clinicians to more easily identify patients who do not have a smoking status coded.
- Installation of automatic READ coding on two more advanced forms (in addition to the 'smoking cessation' enrolment form): the diabetes 'get checked' and cardiovascular risk assessment.
- A new monthly 'Primary Health Target Bulletin' circulated to all staff within general practice. As well as reporting both PHO-wide and practice-specific ABC performance, the bulletin is also an opportunity to communicate clinical guidelines around the health target to practice staff or transfer MoH information/guidance, including the clinical rationale.
- Commencement of coding and data entry training at the WCPHO (provided by the Smokefree Services Coordinator) as part of the orientation for all new practice staff. This training will continue as part of orientation for all new practice staff and updates for identified current staff. Planning also took place for

[3] *Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).*

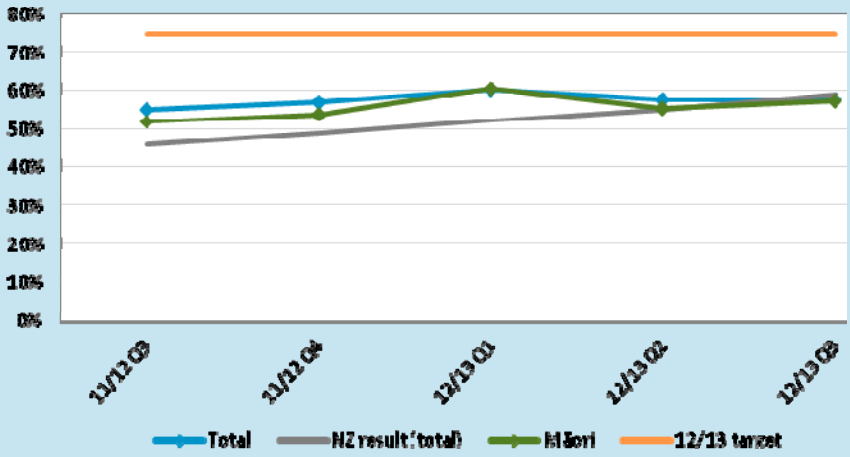
Quit Card training via the Heart Foundation for June 2013, and for a new Quit Card Update revision session, for initial delivery in May.

- Working with four targeted practice teams to improve the Brief Advice coding and to link patients to cessation via their own practice's Coast Quit provider (or other available cessation services). It is hoped that this will close the gap between A's and B's while other activities take time to implement.

More Heart and Diabetes Checks

Target: *75% of the eligible enrolled population are to have had a CV risk assessment in the last 5 years*

Figure 7: Percentage of the eligible enrolled West Coast population having had a CVD risk assessment in the last 5 years [4]

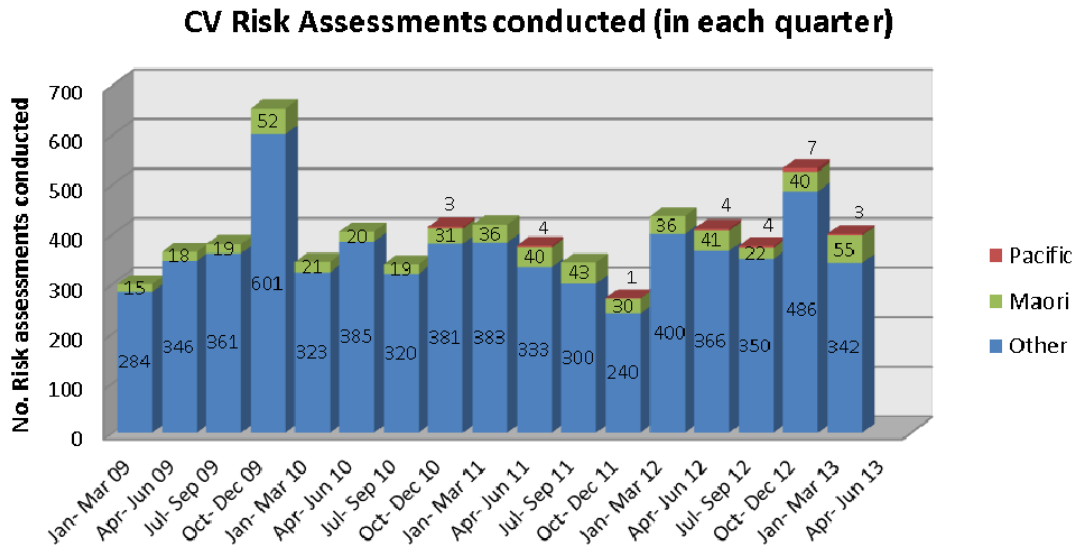


Data for the period to 31 March 2013 shows that West Coast general practices have maintained the same coverage as the previous quarter, with **58%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVRA).

A total of 400 cardiovascular risk assessments were conducted during Quarter 3 (see Figure 8). This reduction is partly due to GP and nurse staff shortages across this period. It is also a reflection that general practices have now screened the 'easy to reach' people, while the more 'reluctant' people remain to be screened. However, it is positive to note that Māori made up 10% of completed CVRAs this quarter. By comparison, Māori make up 7.8% of the eligible cohort for CVRA on the West Coast

Figure 8: Number of cardiovascular risk assessments conducted each quarter

[4] *Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).*



Activities to follow up eligible patients for CVRA include:

- Ongoing support from clinical manager to practice nurses/teams to identify eligible patients for screening;
- Practice teams actively inviting people to nurse-led clinics to have their CVRA;
- Collaboration between primary and secondary services during February 2013 Heart Month, which concentrated on encouraging West Coasters to get their CVRA and included, among other activities, the West Coast DHB Cardiac Nurse Specialist completing CVRAs for DHB staff who haven't had reviews;
- Installation of Healthstat: a Quality Improvement (QI) tool that enables monitoring of practice performance for cardiovascular indicators for practice QI teams (the Clinical Audit Tool will be installed in Quarter 4);
- Concentration on the high-need population who haven't been screened (practices receive quarterly reports on high-need patients who aren't screened);
- Targeting of workplaces and out-of-hours screening opportunities to help enable those people in work to access CVRAs more conveniently; and
- Planning with Rata Te Awhina Trust, West Coast PHO and West Coast DHB to implement a series of actions to encourage Māori who are not engaging with their general practices to take up invitations for CVRA screening. Plans include an awareness campaign; working with practices to proactively follow up patients who due and overdue for their CVRA; offering options including outreach services and community clinics; and a tailored package of care from Rata Te Awhina.

The biggest barrier to date has been the need for fasting blood tests. This does not appear to be due to cost; these tests have been free of charge to patients on the West Coast since January 2011, but this has not seen any increase in rates of uptake. It appears the additional time required and the need to fast have been the impediment to completing fasting tests. We will propose to the next meeting of the PHO Clinical Governance a move to non-fasting blood testing for people who have never been screened before for screening purposes, with follow-up of identified high risk people with a fasting test for diagnostic and treatment purposes. This should help remove one of the barriers to access as we can provide CVRA opportunistically, instead of having people leave to fast in the first instance.

Patient focus remains paramount; in endeavouring to meet the target, we must also ensure quality care, follow-up and active support for patients in the various tiers of the long-term conditions management programme in line with best practice to ensure the best outcomes for our patients.

How is My DHB performing?

2012/13 QUARTER THREE (JANUARY–MARCH) RESULTS

www.health.govt.nz/healthtargets

MINISTRY OF HEALTH
MANATŪ HAUORA

Now that the hospital target has been achieved, we are ranking DHBs against the primary care target.

Shorter stays in Emergency Departments

		Quarter three performance (%)	95%	Change from previous quarter
1	West Coast	100		–
2	Waitemata	98		–
3	Wairarapa	97		▲
4	South Canterbury	97		–
5	Whanganui	97		–
6	Counties Manukau	97		–
7	Taranaki	96		▲
8	Nelson Marlborough	96		–
9	Hutt Valley	95		▲
10	Tairawhiti	95		–
11	Auckland	95		–
12	Canterbury	94		–
13	Lakes	94		▲
14	Northland	94		–
15	Hawke's Bay	93		▼
16	Southern	93		▲
17	Bay of Plenty	90		▼
18	MidCentral	90		▼
19	Waikato	89		▲
20	Capital & Coast	88		–
	All DHBs	94		–

Improved access to Elective Surgery

		Quarter three performance (%)	100%	Progress against plan (discharges)
1	Northland	121		▲
2	Lakes	117		▲
3	Waikato	116		▲
4	Taranaki	114		▲
5	Hawke's Bay	112		▲
6	Bay of Plenty	111		▲
7	Counties Manukau	110		▲
8	Canterbury	107		▲
9	MidCentral	106		▲
10	South Canterbury	106		▲
11	Hutt Valley	103		▲
12	Tairawhiti	102		▲
13	Waitemata	101		▲
14	Whanganui	100		▲
15	Nelson Marlborough	100		▲
16	Auckland	100		▼
17	Wairarapa	99		▼
18	Southern	99		▼
19	Capital & Coast	98		▼
20	West Coast	98		▼
	All DHBs	106		▲

Shorter waits for Cancer Treatment

		Quarter three performance (%)	100%	Change from previous quarter
1	Northland	100		–
1	Waitemata	100		–
1	Auckland	100		–
1	Counties Manukau	100		–
1	Lakes	100		–
1	Bay of Plenty	100		–
1	Tairawhiti	100		–
1	Hawke's Bay	100		–
1	Taranaki	100		–
1	MidCentral	100		–
1	Whanganui	100		–
1	Capital & Coast	100		–
1	Hutt Valley	100		–
1	Wairarapa	100		–
1	Nelson Marlborough	100		–
1	West Coast	100		–
1	Canterbury	100		–
1	South Canterbury	100		–
1	Southern	100		–
20	Waikato	99.7		–
	All DHBs	99.9*		–

Increased Immunisation

		Quarter three performance (%)	85%	Change from previous quarter
1	Wairarapa	96		▲
2	Hawke's Bay	94		▲
3	Hutt Valley	94		–
4	Southern	93		–
5	MidCentral	93		▼
6	Canterbury	93		▲
7	Whanganui	92		▲
8	South Canterbury	92		▼
9	Auckland	91		–
10	Capital & Coast	91		▼
11	Waitemata	90		▼
12	Taranaki	88		▲
13	Bay of Plenty	88		▲
14	Nelson Marlborough	87		▼
15	Counties Manukau	86		▲
16	Lakes	85		▼
17	Tairawhiti	85		▲
18	Northland	83		–
19	Waikato	81		–
20	West Coast	78		▼
	All DHBs	89		–

Better help for Smokers to Quit

		Change from previous quarter	95%	Hospitals		Quarter three performance (%)	Primary care	90%	Change from previous quarter
–				99	1	Hawke's Bay	91		▲
–				98	2	South Canterbury	82		▲
▲				99	3	Bay of Plenty	82		▲
▲				95	4	Taranaki	63		▲
▼				97	5	Wairarapa	63		▲
–				92	6	Southern	61		▲
▼				93	7	Nelson Marlborough	59		▲
–				98	8	Northland	55		▲
–				96	9	Capital & Coast	55		▼
▼				93	10	Lakes	54		▼
▲				91	11	MidCentral	53		▲
▲				91	12	West Coast	53		▲
–				93	13	Waikato	51		▲
▼				91	14	Tairawhiti	47		▲
–				96	15	Counties Manukau	45		▲
▲				95	16	Whanganui	42		▲
▲				96	17	Auckland	41		▲
–				97	18	Waitemata	39		–
–				97	19	Hutt Valley	34		▲
–				90	20	Canterbury	31		▲
–				95		**All DHBs**	51		▲

More Heart and Diabetes Checks

		Quarter three performance (%)	75%	Change from previous quarter
1	Taranaki	70		▲
2	Northland	69		▲
3	Wairarapa	69		▲
4	Bay of Plenty	68		▲
5	Hawke's Bay	67		▲
6	Waikato	67		▲
7	Waitemata	65		▼
8	Auckland	64		▲
9	Whanganui	63		▲
10	Tairawhiti	63		▲
11	Lakes	62		▲
12	Counties Manukau	61		▲
13	Capital & Coast	60		▲
14	Southern	59		▲
15	South Canterbury	59		▲
16	West Coast	58		–
17	Nelson Marlborough	56		▲
18	MidCentral	55		▲
19	Hutt Valley	42		▲
20	Canterbury	29		▲
	All DHBs	59		▲

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.

Improved access to elective surgery

The target is an increase in the volume of elective surgery by at least 4000 discharges per year. DHBs planned to deliver 109,293 discharges for the year to date, and have delivered 6878 more.

Shorter waits for cancer treatment

The target is all patients, ready-for-treatment, wait less than four weeks for radiotherapy or chemotherapy. Six regional cancer centre DHBs provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin. Medical oncology services are provided by the majority of DHBs.

* One patient, who was ready-for-treatment, waited four weeks and two days for chemotherapy during quarter three.

Increased immunisation

The national immunisation target is 85 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time by July 2013, 90 percent by July 2014 and 95 percent by December 2014. This quarterly progress result includes children who turned eight-months between January and March 2013 and who were fully immunised at that stage.

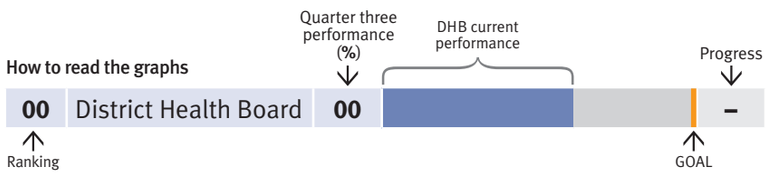
Better help for smokers to quit

The target is 95 percent of patients who smoke and are seen by a health practitioner in public hospitals, and 90 percent of patients who smoke and are seen by a health practitioner in primary care, are offered brief advice and support to quit smoking.

More heart and diabetes checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years to be achieved in stages by July 2014. The current stage is to achieve 75 percent by July 2013.

How to read the graphs



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

New Zealand Government

REVISED PHO SERVICES AGREEMENT

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

SOURCE: **Planning & Funding**

DATE: **28 June 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The Ministry of Health has requested that the Revised PHO Services Agreement be noted by all District Health Boards and relevant Committees prior to its implementation 1 July 2013.

2. RECOMMENDATION

That the Board, as recommended by the Community and Public Health & Disability Support Advisory Committee:

i. note that a Revised PHO Services Agreement, has been developed as a result of negotiations between the mandated representatives of the 20 DHBs, 32 PHOs and the Ministry of Health, and that a District/Regional Alliance Agreement underpins the new PHO Services Agreement;
ii. note the new PHO Services Agreement will take effect on 1 July 2013;
iii. note that many of the provisions of the PHO Agreement remain unchanged, however key changes include:
    a. A modular contract structure.
    b. Increased clarity on the roles and responsibilities of DHBs and PHOs.
    c. Updated Minimum Requirements of PHOs.
    d. New clauses to assist PHOs in their ('back-to-back') Agreements with providers, for example clarification of aspects of after hours and holiday cover responsibilities.
    e. Increased transparency with respect to service information and the use of public funds; and
iv. note that the West Coast DHB and West Coast PHO are in the process of identifying local content that needs to be included in the Revised PHO Services Agreement and varied District Alliance Agreement.

3. SUMMARY

This report provides the Board with an overview of the Revised PHO Services Agreement (previously the PHO Agreement), planned to take effect from 1 July 2013. A varied District/Regional Alliance Agreement will underpin this new PHO Services Agreement.

The Revised PHO Services Agreement was issued to the DHBs and PHOs 17 May 2013. The West Coast DHB and West Coast PHO are in the process of identifying local content to be included in the Revised PHO Services Agreement, with completion of this process expected shortly.

The existing PHO Agreement has been in place for 10 years and includes a set of minimum requirements that were introduced when PHOs were first established in 2002. The new PHO Services Agreement aims to better reflect the role of primary care in an integrated health system.

4. DISCUSSION

Summary of PHO Agreement Negotiations

Supported by the Ministry of Health, the DHB/ PHO Agreement Negotiating Team (representing all 35 PHOs and 19 DHBs) have conducted the negotiations. There has been a strong sense of collaboration and partnership during the negotiations, and the Negotiating Team have reached substantive agreement on all key areas.

The Agreement Negotiating Team is:

- DHB Negotiating Team: Craig Climo (Lead CEO and CEO Waikato DHB), Dr Ashley Bloomfield and Carolyn Gullery (GM Planning & Funding representatives), and Karina Elkington (DHB Portfolio Manager).
- PHO Negotiating Team: Dr Harley Aish, Dr Tim Malloy, Conway Powell, John Macaskill-Smith, Martin Hefford, Andrew Swanson-Dobbs, Simon Royal, Justine Thorpe.
- Ministry of Health Representatives: Cathy O'Malley (Deputy Director General, Sector Capability and Innovation), Sue Dashfield (Group Manager, Sector Capability and Innovation)

District/Regional Alliance Agreement

A consensus was reached by the negotiating team that the Alliancing model, already used in the sector in the Better Sooner More Convenient (BSMC) business cases, will underpin the new PHO Services Agreement through the District/Regional Alliance agreement.

As the West Coast DHB and West Coast PHO have an Alliance Agreement in place, the following statements are included for your information only. The statements detail the expectations on DHBs that are currently not operating under an Alliance model.

Each DHB that is not currently part of an Alliance will be asked to progress the establishment of an Alliance with their local PHO(s) from 1 July 2013. For DHBs who are currently not involved with a BSMC business case (and an Alliance), this is likely to be an Alliance between the DHB and PHO(s) in the first instance, and able to be progressed to a multi-party Alliance over time.

A new section in the PHO Services Agreement (Part D) sets out the Scope and the Funding arrangements that will apply in respect to decisions made by the relevant Alliance.

- The initial scope of funding covered by new Alliances are expected to be, the primary care delivery components of the 2013-14 DHB annual plans and the flexible funding pool (constituting four existing primary care funding streams – Care Plus, Health Promotion, Services to Improve Access and Management Services), if agreed.
- PHOs not currently part of an Alliance will continue to provide, and receive funding for, Management Services, Health Promotion Services, Services to Improve Access, and Care Plus Services after 1 July 2013 until such time as Flexible Funding Pool arrangements are agreed.
- Once the DHB and PHO agree to include these four funding streams and any additional funding with a flexible funding pool, new service schedules that describe the Alliance services and funding arrangements will be able to be inserted into the Agreement. A range of support will also be available to assist DHBs and PHOs with implementation, including advice and guidance on introduction of alliancing arrangements.

PHO Services Agreement

The new PHO Services Agreement incorporates many of the provisions of the current PHO Agreement; specifically the nationally consistent general practice services, First Contact Care Services funding and data reporting requirements remain unchanged.

However, key changes include a new modular contract structure, and greater clarity on the respective roles and responsibilities of PHOs and DHBs and the Minimum Requirements of PHOs. Of note is:

- A new introductory section providing background and context to the relationship between PHOs and DHB. This sets out the policy objectives for primary health care services and that they should be provided on a best for patient care and "best-for-system" basis.
- A new section providing clarity on the respective roles and responsibilities of DHBs and PHOs, through to providers. This reflects primary health care as a key part of the whole system of healthcare (Part A and Part B; Schedule B1 in the new Agreement). The roles and responsibilities include:
    - Reinforcing the requirement of DHBs and PHOs to work together in Alliancing arrangements.
    - Working together to develop the DHB Annual Plan.
    - Agreeing the explicit contributions the PHO will make to the successful delivery of the plan.
- A new section updating the functions and minimum requirements of PHOs and outlining the outcomes that the PHO will endeavour to achieve.

  The new minimum requirements for PHOs:

    - Reflect the capability and capacity expected from high performing organisations in terms of governance, clinical and financial expertise, and the ability to ensure the delivery of high quality services for local communities.
    - Include facilitating and promoting service development, co-ordination and service integration.
    - Clarify aspects of after-hours and holiday cover responsibilities. This includes the ability for a provider to provide phone or electronic triage/consultation after hours, but access to face-to-face consultations are required where this is clinically indicated (Part C; Schedule C1).
    - Provide for increased transparency with respect to service information and the use of public funds to enable public reporting of outputs and outcomes, while respecting the requirements of the Health Information Privacy Code.
    - Remove the need for separate PHO level Maori Health Plans in favour of PHO involvement in the development and implementation of specific deliverables in the DHB Maori Health plans (Part B; B6 and B7).
    - Increase clarity regarding the timing of practices moving between PHOs. The new criteria is the need for a PHO to give at least six month's notice of the change from 31 December in any given year, in order that the change is able to be aligned with the planning year[Part B, B.11, Clause (8) and (9)].

  The Rural Primary Health Care Schedule has not been reviewed at this time as this is awaiting a final decision from the Minister of Health.

Contracting Arrangements

The new PHO Services Agreement has been changed to a modular contract structure. This will enable increased flexibility to incorporate local service models, while maintaining consistency across nationally funded services.

The Agreement also provides a transition process into the new Flexible Funding Pool arrangements which were agreed by Cabinet earlier this year.

Most DHBs and PHOs are expected to agree fixed term agreements under the new Agreements with minimum three year term. However, the DHB retains the option of entering into an 'evergreen' agreement with high performing PHOs where there is significant financial investment in infrastructure or in change models. Enduring 'evergreen' agreements will have a strong 'no-fault' termination clause with a six month notice period similar to the existing one.

PHO 'Back-to-Back' Agreements with Providers

To ensure consistency in implementation of national requirements, a national template will be developed for PHO Back–to-Back agreements with practices and other local service providers. New Back-to-Back Agreements are expected to be signed by 1 October 2013.

Integrated Performance and Incentives Framework

In the coming months, a new Performance and Incentives Framework that has a whole-of-system approach will be progressed. This will be developed with extensive sector input ahead of phased implementation in 2014.

The focus of the Framework will be on improving the quality of patient care while ensuring the clinical and financial sustainability of the health system. The process of developing the performance framework has begun with a meeting in April of the Expert Group who are providing advice on the structure and design of the framework. This is followed in June by a larger multi-disciplinary reference group to help shape the detail of the Framework.

5. APPENDICES

Appendix 1: Presentation - PHO Services Agreement Workshop, Christchurch 9 May 2013

Report prepared by:	Linda Wensley & Kim Sinclair-Morris Planning & Funding Canterbury & West Coast DHB
Report approved for release by:	Carolyn Gullery General Manager Planning & Funding

PHO Services Agreement 2013
Promoting integration; strengthening primary care

PREPARED BY

Rationale

The principal aim of this work is to achieve greater clinical integration closer to home, by strengthening primary care and to enable the whole system to adapt to the challenges of:

- Aging populations
- Increasing chronic conditions
- Tighter fiscal environments
- Workforce pressures

“Driving Clinical integration” - Origins

The work being developed is to help meet expectations stated in a number of key documents:

*“The health and disability sector is already **evolving** towards a system that is more focused on community and primary care… **A more integrated system** would better coordinate care within an expanded model of **primary care**, and connect services across the system.”*

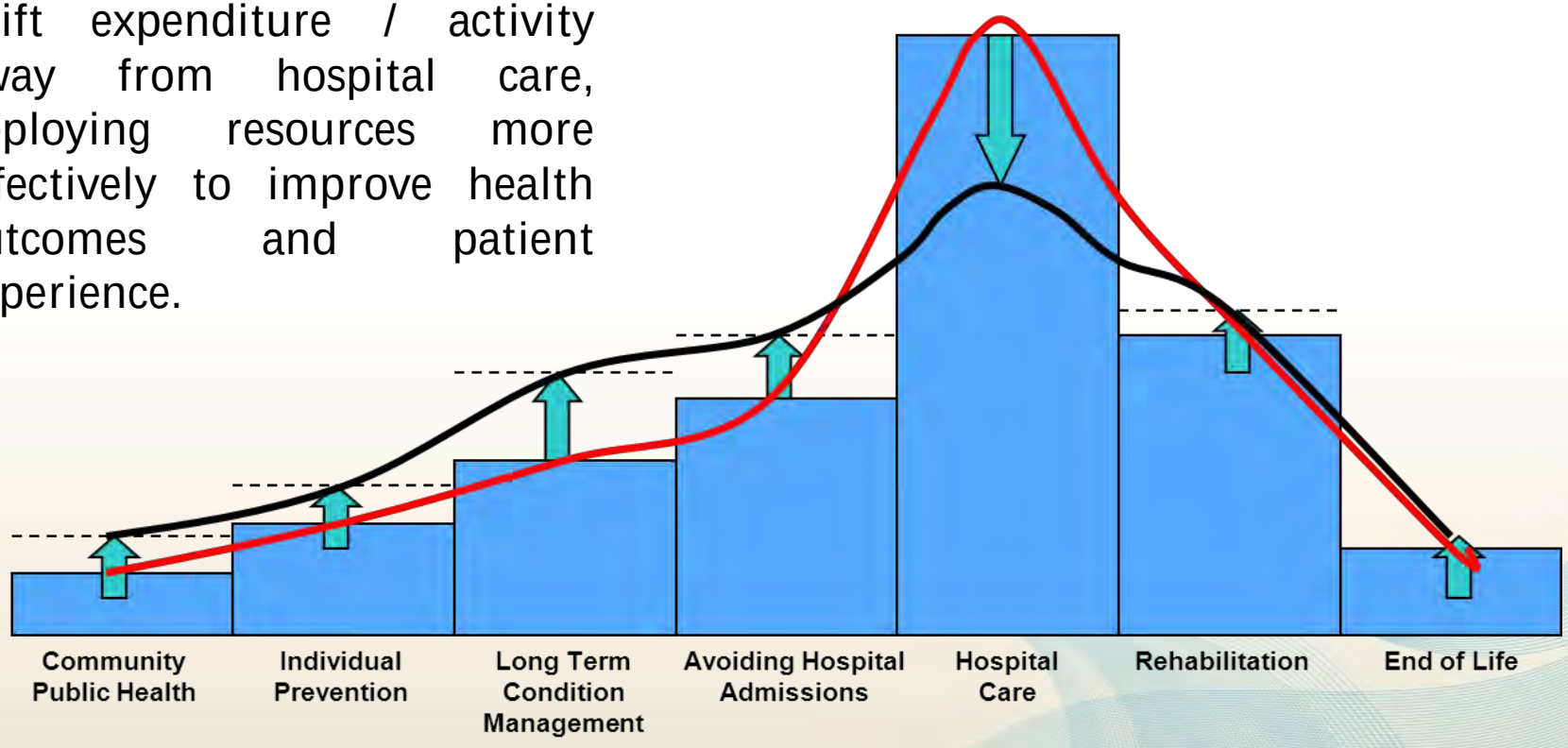
- Briefing to the Incoming Minister 2011

*“It is vital that New Zealanders continue to receive **quality health care**… This needs to happen in a **financially sustainable way**… the Ministry of Health will drive **greater integration of services** across the health service…”*

- Hon Tony Ryall, Foreword to Statement of Intent 2012/13 to 2014/15

Changing models of care

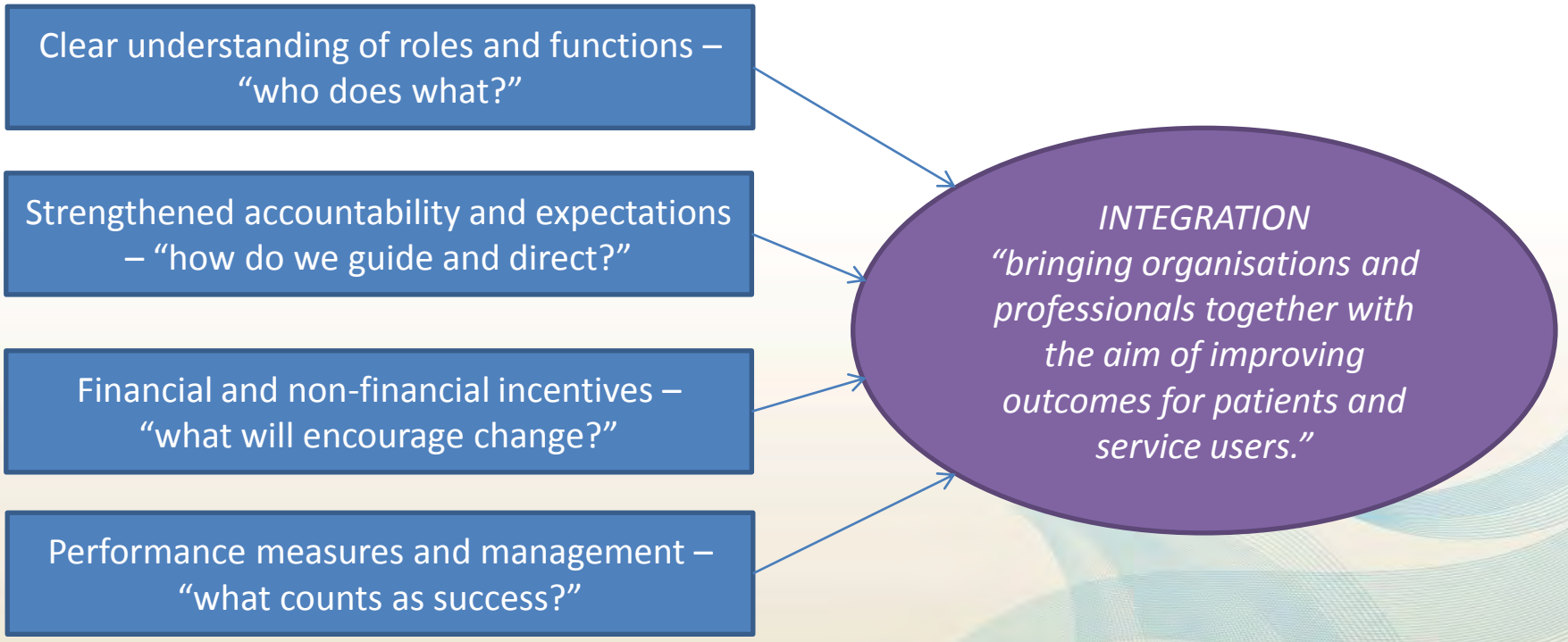
Moving to care models that shift expenditure / activity away from hospital care, deploying resources more effectively to improve health outcomes and patient experience.



Ref: Dr Helen Bevan, NHS Institute

Action is required in a range of areas…

…and a combination of incentives from signals through to financial rewards and penalties is likely to be most effective.



Intent of changes to Agreement

- Reflects Government priorities, which are also reflected in back-to-back agreements with contracted primary care providers
- Creates an environment that supports greater clinical integration and enables DHBs and PHOs to work flexibly and collaboratively for the benefit of patients
- Supports a high-trust environment and reduces compliance processes
- Accelerates pace of change, supports innovation in service models and removes barriers to multi-disciplinary working
- Stipulates and clarifies areas of national consistency

How

- Clarifies and reinforces local relationships , roles and responsibilities
- Ensures alignment of priorities and outcomes throughout the system
- Links to an integrated performance and incentive framework
- Extends flexible funding arrangements

PHO Services Agreement Overview

- Negotiating teams representing PHOs and DHBs met for four days; final negotiating day May 15
- New Agreement available to DHBs and PHOs from May 16 to enable local discussion
- Consensus reached on key changes for July 1 implementation
- New Agreement will:
  - set out respective roles and responsibilities
  - set out new Minimum Requirements all PHOs must meet, functions of PHO and outcomes PHO will endeavour to achieve
  - be underpinned by alliancing arrangements already used in BSMC Business Cases

PHO Service Agreement Principles

- Focus on local relationships and strengthening accountability for providing health care across communities including enrolled and casual populations
- Ensures financial transparency and shared accountability
- Ensures line of sight between national health priorities and targets and the services PHOs provide
- Objective of services to be provided on a best for patient care and best for system basis
- Minimum Requirements wording agreed and sets out clear outcomes for PHOs including promoting service development and integration. This goes to Cabinet for approval

Minimum requirements

- PHOs will have necessary capacity and capability in clinical and financial expertise and in governance arrangements
- Will facilitate and co-ordinate integration of services they provide
- Will promote continuous quality improvement in services
- Will effect transformational change in models of delivery and patterns of demand
- Will ensure accountability through participation in the integrated performance and incentive framework
- Will go to Cabinet for approval

PHO Services Agreement Key Changes

- More local flexibility through extended flexible funding pool arrangements after plan agreed with DHB.
- Slightly redrafted alliancing agreement; all DHBs and PHOs expected to form an alliance from July 1 if they do not have one already
- Clarification of after- hours and holiday cover responsibilities including options for phone triage and e-consultations, whilst making explicit face to face consultations requirement if clinically indicated
- PHO collaboration on DHB Maori Health plans, removing separate PHO plans
- Minimum of 6 months notice required for practices to move to another PHO which is aligned to the annual planning cycle
- Mandatory Back to Back clauses to be developed: New Back to Back Agreements to be signed by October 1

Alliancing Approach

- Shared planning and decision-making based on common goals and collective responsibility
- Culture of trust and transparency; no blame; high performance
- Focus on patient through single system
- Leadership through joint governance with focus on clinical leadership and engagement
- Outcome is less bureaucracy, increased ownership and local innovation - supports sustainability and better patient experience

Alliancing agreement

- Describes how parties work together, purpose, principles, objectives and decision-making process
- Sets out governance and development of service level alliances and workstreams
- Can be two-party or multi-party
- Governance derived from:

➢ Clinical professions

➢ Organisations with current or future service provision Agreement

➢ Related service areas and communities of interest

- Members "sign up" or commit to Alliance through Charter linked to the Agreement

Evergreen vs fixed term

- Both types of contract have advantages and disadvantages
- DHBs and PHOs will agree fixed term contracts; minimum three year term expected
- Desire to secure innovation and investment may be better served by long-term partnership facilitated through evergreen and may be agreed for high performing PHO making significant investments
- Enduring contract term allows greater focus on performance monitoring for continuous improvement
- Enduring contracts will have strong 'no-fault' termination clause with six months notice

Integrated Performance and Incentive Framework

- Framework to provide nationally consistent way of incentivising and lifting performance across PHOs, practices and the health system
- Some very high performing PHOs, but variation across the country
- Whole of system approach, due to be agreed by September 2013 and phased in during 2014 (replacing the PHO Performance Programme)
- Focus on outcomes and benefits for patients and communities
- High performers rewarded with:
  - Increased access to services/management of services
  - Increased performance-linked funding
- Funding for Framework to increase from 2.3% to 5% of PHO funding over time

Framework development process

- Builds on international evidence and New Zealand experience and recent work
- Extensive sector input through multi-disciplinary reference group will focus on detailed development and establishment of indicators and measures
- Expert group convened in April to scope and direct overall approach and advise on quality improvement in complex systems
- Expert group meets again in May; reference group workshop scheduled late June
- Final agreement scheduled for September

Next Steps

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 6 JUNE 2013

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

SOURCE: **Chair, Community & Public Health & Disability Support Advisory Committee**

DATE: **28 June 2013**

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 Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 6 June 2013 Following confirmation of the minutes of that meeting at the 11 July 2013 meeting, confirmed minutes of the 11 July 2013 meeting will be provided to the Board at its 2 August 2013 meeting.

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

"*With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:*
- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population, and*
- *the priorities for the use of the health funding available*

With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:
- *the disability support needs of the resident population of the West Coast District Health Board, and*
- *the priorities for the use of the disability support funding provided.*"

The aim of the Committee's advice must be:
- *to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximise the overall health gain for the resident population of the West Coast District Health Board, and*
- *to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board."*

The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board."

2. RECOMMENDATION

That the Board:

i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update – 6 June 2013.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

- **Community & Public Health Update**
  This paper detailed the promotions organised for "Smokefree May".

  It also provided information regarding a recent controlled tobacco purchase operation to monitor compliance by tobacco retailers. Fifteen tobacco retailers were visited during this operation. None of the retailers visited sold cigarettes to any of the underage volunteers.

  Community & Public Health's Health Promoting Schools Coordinator and Nutrition Coordinator presented to students at the Grey District Primary School about healthy eating. School staff had requested this as a focus on healthy eating during Term 2.

- **Planning & Funding Update**
  The Planning & Funding Update provided information on key achievements of the DHB, particularly around the health targets.

  The Committee noted that work on a new restorative homecare model continues to be on track as part of the Complex Clinical Care Network (CCCN) project, with a variety of activities underway.

  They also noted that a panel with local and national expertise has been formed to review the West Coast Mental Health System and help to define a model of service delivery for the future.

- **Maori Health Activity Update**
  This update provided information regarding Te Ara Whakawaiora which will be tabled at the next National CEO forum. The paper sets out key opportunities and processes to advance performance against the annual Maori Health Plan indicators.

  Information was also provided regarding the May 2013 Te Herenga Hauora Meeting which discussed how South Island DHBs could support Whanau Ora more effectively. This work will be progressed further at the next meeting in June.

  The General Manager, Maori Health, presented the Kaizan Maori Health Workshop outcomes to the Alliance Leadership Team. The presentation was received positively and as a result some focused work is now taking place within the Complex Clinical Care Network and Diabetes pathways.

  The Maori Health Annual Plan has been updated in line with feedback from the Ministry of Health and resubmitted as per deadlines. The final version of this plan is due to the Ministry on 29 June 2013.

- **Alliance Update**
  Discussion took place regarding governance issues around the Alliance process and whether this gives a lot of responsibility to those making decisions within the Alliance framework. The Committee noted the importance of ensuring that governance are kept fully informed and that governance arrangements support this framework.

- **Health Target Results**
  The Committee noted that whilst it is anticipated that the Health Targets will be met, the elective service target will be really tight.

- **Draft PHO Agreement**
  This paper advised the Committee that a process has taken place after a decision by Cabinet that an Alliance framework will be used between DHBs and PHOs. The committee noted that a process has taken place resetting the PHO Services Agreement in accordance with an Alliance Framework.

  Discussion took place regarding the sustainability of the Primary Care workforce to make this work and it was agreed that we need to build sustainability into this area.

- **General Business**
  Discussion took place regarding waiting times for GP appointments. The Committee noted that there are plans to address the recruitment issues in General Practice across the West Coast.

  Elinor Stratford provided the Committee with an update on the National Disability Conference which she had attended.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 6 June 2013.

Report prepared by: Elinor Stratford,
Chair
Community & Public Health & Disability Support Advisory Committee

AGENDA

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

ADMINISTRATION			**9.00am**
	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 & Matters Arising** *2 May 2013*		
3.	**Carried Forward/ Action Items** *(There are no carried forward items)*		
REPORTS/PRESENTATIONS			**9.10am**
4.	**Community and Public Health Update**	Jem Pupich *Team Leader, Community and Public Health*	*9.10am - 9.25am*
5.	**Planning & Funding Update**	Carolyn Gullery *General Manager, Planning & Funding*	*9.25am -9.40am*
6.	**Maori Health Activity Update**	Gary Coghlan *General Manager, Maori Health*	*9.40am – 9.55am*
7.	**Alliance Update**	Carolyn Gullery *General Manager, Planning & Funding*	*9.55am - 10.10am*
8.	**Health Target Results – Quarter 3**	Carolyn Gullery *General Manager, Planning & Funding*	*10.10am – 10.25am*
9.	**Draft PHO Agreement**	Carolyn Gullery *General Manager, Planning & Funding*	*10.25am -10.40am*
10	**General Business**	Elinor Stratford *Chair*	*10.40am - 10.50am*
ESTIMATED FINISH TIME			**10.50am**

INFORMATION ITEMS

- **Board Agenda – 10 May 2013**
- **Chair's Report to last Board meeting**
- **West Coast CPHAC/DSAC Workplan 2013**
- **West Coast DHB 2013 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: 11 July 2013 Corporate Office, Board Room at Grey Base Hospital.

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE - 6 JUNE 2013

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

SOURCE: **Chair, Hospital Advisory Committee**

DATE: **28 June 2013**

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 6 June 2013. Following confirmation of the minutes of that meeting at the 11 July 2013 HAC meeting, full minutes of the 6 June 2013 meeting will be provided to the Board at its 2 August 2013 meeting.

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 - 6 June 2013.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 6 June 2013. 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.

ADVICE TO THE BOARD

The Committee noted the following key points which it wished to draw to the attention of the Board:

- **MANAGEMENT REPORT**
  Michael Frampton, Programme Director, advised the Committee that Garth Bateup has now returned to his role in Ashburton and that he (Michael) has assumed the role of Acting General Manager, Greymouth & Westland in the interim. The Committee noted that we will now await the outcome of the Facilities Business Case to determine where we go next in filling this position. The Committee were advised that Ralph La Salle will now assume the role of Acting Operations Manager and will also continue to work with the Central Booking Unit and be responsible for RMOs, visiting specialists and ESPIs.

  Mr Frampton advised that it is his intention to revise the structure of the Committee reports to ensure the committee is receiving the most relevant information to meet their terms of reference.

Health Targets
The Committee noted excellent Smokefree ABC implementation results for April at 98%.

Recruitment
The Committee continues to take an interest in the recruitment processes taking place, and management continue to highlight any areas which the Committee need to be aware of.

Transfers
The Committee noted the intention to reframe this template to relate to the new Models of Care.

ESPI Compliance
The West Coast DHB was non-compliant by 35 cases in ESPI 2 at the end of March and 12 cases in ESPI 5. It is likely we will also be non-compliant in April. A recovery plan has already commenced to ensure compliance by May for ESPI 2 and by June for ESPI 5 to avoid any financial penalty.

Primary & Community Workshops
The Committee noted that some 35 clinicians from across the West Coast health system attended the first of two workshops on 16 May to determine the key deliverables for integrating health care over the next 2 years.

- **FINANCE REPORT**
  The General Manager, Finance, reported that essentially we are seeing a continuation of previous results and we are starting to see the results of not having to pay double laundry costs.

  She commented that it is pleasing to see more stable rosters and balancing of permanent staff against locums.

  ACC revenue is down and we are ensuring that we are claiming everything we should in this regard.

  Discussion took place regarding Aged Care and the Committee noted that the DHB is obliged to pay MECA rates which means our labour costs are more that private facilities.

  The Committee also noted that the DHB is on target to meet its budgeted deficit by the end of June.

- **CLINICAL LEADERS UPDATE**
  The Committee noted that clinical teams have been involved in the budget setting process for 2013/14 through a series of workshops to align clinical expectation and need with allocated budgets.

The Committee asked that their appreciation be passed to Garth Bateup for his work with the Hospital Advisory Committee during his time on the West Coast.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 6 June 2013.

Report prepared by: Sharon Pugh, Chair, Hospital Advisory Committee

AGENDA

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

ADMINISTRATION — 11.00am

Karakia

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 & Matters Arising**
   2 May 2013

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS — 11.10am

4.	**Management Report**	Michael Frampton *General Manager, Hospital Services*	*11.10am - 11.30am*
5.	**Finance Report**	Justine White *General Manager, Finance*	*11.30am - 11.45am*
6.	**Clinical Leaders Report**	Dr Carol Atmore *Chief Medical Officer*	*11.45am – 12noon*
7.	**Model of Care Implementation Presentation**	Michael Frampton *Programme Director*	*12noon – 12.40pm*

ESTIMATED FINISH TIME — 12.40pm

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Board Agenda – 10 May 2013**
- **West Coast DHB 2013 Meeting Schedule**
- **2013 Workplan**

NEXT MEETING

Date of Next Meeting: 11 July 2013
Corporate Office, Board Room at Grey Base Hospital.

TATAU POUNAMU ADVISORY GROUP MEETING UPDATE – 6 JUNE 2013

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

SOURCE: **Chair, Tatau Pounamu Advisory Group**

DATE: **28 June 2013**

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 Tatau Pounamu Advisory Group meeting of 6 June 2013. Following confirmation of the minutes of that meeting at the 11 July 2013 Tatau Pounamu Advisory Group meeting, full minutes of the 6 June 2013 meeting will be provided to the Board at its 2 August 2013 meeting.

For the Board's information the following is the role and aims of the Tatau Pounamu Advisory Group, as stated in the Memorandum of Understanding:

The West Coast District Health Board and Tatau Pounamu will work together on activities associated with the planning of health services for Maori in Te Tai Poutini rohe.

The West Coast District Health Board and Tatau Pounamu will take responsibility for the activities listed below:

The West Coast District Health Board will:

a. *Involve Tatau Pounamu in matters relating to the strategic development and planning and funding of Maori health initiatives in the Te Tai Poutini rohe;*
b. *Establish and maintain processes to enable Maori to participate in, and contribute to strategies for Maori health improvement*
c. *Continue to foster the development of Maori capacity for participating in the health and disability sector and for providing for the needs of Maori*
d. *Include Tatau Pounamu in decision making process that may have an impact on Poutini Ngai Tahu; and*
e. *Feedback information to Tatau Pounamu on matters which may impact on the health of Maori in Te Tai Poutini rohe.*

Tatau Pounamu will:

a. *Involve West Coast District Health Board in matters relating to the development and planning of Maori health and disability.*
b. *Feedback information to Nga Runanga o Poutini Ngai Tahu as required;*
c. *Advise West Coast District Health Board on matters which may impact on the health of Maori in Te Tai Poutini rohe;*
d. *Assist West Coast District Health Board to acquire appropriate advice on the correct processes to be used so as to meet Poutini Ngai Tahu kawa (custom/protocol) and tikanga (rules of conduct).*

2. RECOMMENDATION

That the Board:

i. notes the Tatau Pounamu Advisory Group Meeting Update – 6 June 2013.

3. SUMMARY

Detailed below is a summary of the Tatau Pounamu Advisory Group meeting on 6 June 2013. A copy of the agenda for this meeting is attached as Appendix 1.

ITEMS OF INTEREST FOR THE BOARD

Tatau Pounamu has considered a change in focus to lift the group to a stronger strategic level and thus improve the way that we work and add value to the West Coast health system.

A number of key actions are required to achieve this i.e a review of the Terms of Reference and the development of an annual work plan to guide and focus the group for the next 12 months.

The following items were considered by Tatau Pounamu:

Kaizen Maori Health Workshop

Tatau Pounamu reviewed the report and agreed that the report validates things we know from the Better Sooner More Convenient work with the addition of cultural assessments. It was discussed that rather than run a separate process to develop a model of care for Maori health that we work within existing development work streams to ensure Maori participation and influence. This will require Tatau Pounamu to identify a potential pool of people who can be called upon to participate in current and future health initiatives, such as the Alliance Leadership Team work streams. Opportunities of participation need to opened up to enable Tatau Pounamu to build the capacity of the Manawhenua and the Maori community to participate at a strategic and planning level within health.

Maori Health Plan

Tatau Pounamu signalled there was some frustration regarding input into the local indicators and felt that it was important to have earlier input, particularly to the first draft of the 2014/15 Maori Health Plan, prior to it going to the Board. It was agreed that there is a need to be more proactive strategically and this will involve consideration of the West Coast DHB Annual Plan.

Work Plan June 2013 – July 2014

Tatau Pounamu will develop a work plan to guide and focus the group over the next 12 months and to inform others of our areas of interest and expectations.

Review of Tatau Pounamu Terms of Reference

The Terms of Reference was reviewed with a number of changes proposed that better reflect the Memorandum of Understanding. A draft will be considered at the next hui.

4. APPENDICES

Appendix 1: Agenda – Tatau Pounamu Advisory Group Meeting – 6 June 2013

Report prepared by: Lisa Tumahai, Chair, Tatau Pounamu

AGENDA –TATAU POUNAMU ADVISORY GROUP

TATAU POUNAMU ADVISORY GROUP MEETING
To be held in the Boardroom, Corporate Office, West Coast DHB
Thursday 6 June 2013 commencing at 3.30 pm

KARAKIA		**3.30 pm**
ADMINISTRATION		
	Apologies	
1.	**Interest Register** Update Interest Register and Declaration of Interest on items to be covered during the meeting.	
2.	**Confirmation of the Minutes of the Previous Meeting** 2 May 2013	
3.	**Carried Forward/Action List Items**	
4.	**Discussion Items** ▪ Kaizen Maori Health Workshop ▪ Maori Health Plan ▪ Work Plan June 2013 – July 2014 ▪ Review of Tatau Pounamu Terms of Reference	
REPORTS		**3.45 pm**
5.	**Chair's Update – Verbal Report**	Lisa Tumahai, Chair
6.	**GM Maori Health Report**	Gary Coghlan, General Manager Maori Health
7.	**HEHA Smokefree Report**	Claire Robertson, HEHA and Smokefree Service Development Manager
Information Items		
• Tatau Pounamu meeting schedule for 2013 • Chair's Report to the Board		
ESTIMATED FINISH TIME		
NEXT MEETING		
• Thursday 11 July 2013		

RESOLUTION TO EXCLUDE THE PUBLIC

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

SOURCE: **Board Secretariat**

DATE: **28 June 2013**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The following agenda items for the meeting are to be held with the public excluded. This section contains items for discussion that require the public to be excluded for the reasons set out below. The New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and 33, and the West Coast DHB Standing Orders (which replicate the Act) set out the requirements for excluding the public.

2. RECOMMENDATION

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6 , 7, 8 & 9 and the information items contained in the report.

ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the "Act) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 10 May 2013	For the reasons set out in the previous Board agenda.	
2.	Chief Executive and Chair – Verbal update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) s9(2)(a)
3.	Clinical Leaders Verbal Update	Protect the privacy of natural persons To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
4.	Repayment of Equity for Depreciation Funding	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Certification Reporting	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	South Island Regional Health Services Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	Maternity Review Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Advisory Committee – Public Excluded Updates	For the reasons given in the Committee agendas	

iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982";

3. SUMMARY

The New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 provides:

"A Board may by resolution exclude the public from the whole or any part of any meeting of the Board on the grounds that:

(a) the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6,7, or 9 (except section 9(2)(g)(i) of the Official Information Act 1982".

In addition Clauses (b) (c) (d) (e) of Clause 32 provide further grounds on which a Board may exclude members of the public from a meeting, which are not considered relevant in this instance.

Clause 33 of the Act also further provides:

"(1) Every resolution to exclude the public from any meeting of a Board must state:

(a) the general subject of each matter to be considered while the public is excluded; and

(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and

(c) the grounds on which that resolution is based(being one or more of the grounds stated in Clause 32)

(2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and from part of the minutes of the Board".

Report Prepared by: Board Secretariat

MINUTES

MINUTES OF THE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE held in the Board Room, Corporate Office, Grey Base Hospital on Thursday, 2 May 2013 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); John Ayling; Lynette Beirne; Dr Cheryl Brunton; Marie Mahuika-Forsyth; Jenny McGill; Mary Molloy; Robyn Moore; John Vaile; Peter Ballantyne (ex-officio) and Dr Paul McCormack (ex-officio)

APOLOGIES

An apology for absence was received and accepted from Kevin Brown.

EXECUTIVE SUPPORT

Michael Frampton (Programme Director); Gary Coghlan (General Manager, Maori Health); Ralph La Salle (Planning & Funding); Karyn Kelly (Director of Nursing & Midwifery) and Kay Jenkins (Minutes).

WELCOME

The Chair welcomed everyone and asked Gary Coghlan, General Manager, Maori Health to lead the Karakia.

1. INTEREST REGISTER

Robyn Moore advised that she is a member of the South Island Quality & Safety SLA as a consumer representative.

Cheryl Brunton advised that she is a member of DISC Trust.

Elinor Stratford advised that she is no longer a Committee member of M S Parkinsons but she acts in an advisory capacity to them.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (4/13)

(Moved: Cheryl Brunton; Seconded: Mary Molloy - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 7 March 2013 be confirmed as a true and correct record"

3. CARRIED FORWARD/ACTION ITEMS

The Committee noted the scheduled presentation by the Director of Allied Health is on today's agenda.

4. PLANNING & FUNDING UPDATE

Ralph La Salle, Planning & Funding presented this report which was taken as read.

Discussion took place regarding immunisation coverage on the West Coast and the DHBs capacity to achieve the targets being compromised by the percentage of the population "opting out".

Dr Cheryl Brunton, Medical Officer of Health commented that the Minister's target is based on sound science in regard to the levels of immunised population required for target coverage. She went on to stress how this made it important for us to ensure that anyone willing to be vaccinated actually is. The Committee noted that at the moment we can achieve the set target but our ability to continue to do this is compromised.

A query was raised regarding Whanau Ora services and the spend being above budget. The General Manager, Maori Health undertook to look into this and report back at the next meeting.

A query was also made regarding the financials and management agreed to look at the provision of trend graphs as previously provided.

The report was noted

5. COMMUNITY & PUBLIC HEALTH UPDATE

Jem Pupich, Team Leader, Community & Public Health, presented the Community & Public Health Update.

Discussion took place regarding Local Alcohol Policies and whether these would be implemented before the October local body elections. The Committee noted that the earliest the policy can be adopted is January 2014. The process for submissions from the DHB was raised and management agreed to look at the submission process and how best to involve the governance side of the DHB.

Discussion also took place regarding alcohol related harm in the community and it was noted that Community & Public Health are undertaking a community survey to ascertain views on alcohol across the Region.

In regard drinking water, the effects of the drought were discussed and also the quality of drinking water in relation to the issues around contamination and boil water notices at Inangahua Junction. Community & Public Health are working towards a Capital Assistance Grant application for the 2014 funding round to assist with improvements in this area

6. ALLIANCE UPDATE

The Committee discussed the Alliance model and the intentions around this. It was noted that whilst this report currently delivers on the Ministry of Health's expectations the DHB is doing its best to reconcile this with the needs of the West coast community.

The Board Chair commented that Alliancing has been reconfirmed in Wellington as the desirable way to move forward to the future.

Discussion took place around the Flexible Funding Pool and whether it is intended to make the Alliance responsible for more than is shown in the schedule in section 5 of the papers. The

Committee noted that discussions around the Alliance Leadership Team table are around financially resourcing the decisions made and dedicated project managers have been allocated to each work stream.

Discussion also took place regarding the PHO report being part of the Alliance Update.

7. DRAFT 2013/14 MAORI HEALTH PLAN

The Committee noted that feedback on the Maori Health Plan has been received from the Ministry of Health with one of the comments being that the plan could be linked better with the DHBs Annual Plan.

It was suggested that the plan could be strengthened with the inclusion of some of the risks and probabilities sitting behind the activities, targets and responsibilities noted in the plan.

The Committee also noted that this plan will be presented to the Alliance Leadership Team and the second draft would go back to the next Tatau Pounamu meeting.

8. ALLIED HEALTH PRESENTATON

Stella Ward, Executive Director, Allied Health, provided a presentation updating the Committee on progress in Allied Health. The presentation included a summary of the achievements to date and the challenges and plans going forward.

The Committee complemented the Allied Health team for their work and members took the opportunity to provide comment and feedback.

INFORMATION ITEMS

- Chair's report to last Board meeting
- Board Agenda 22 March 2013
- CPH&DSAC 2013 Work Plan
- West Coast DHB 2013 Meeting Schedule
- PHO Quarterly Report

There being no further business the meeting concluded at 10.45am.

Confirmed as a true and correct record:

_____ _____

Elinor Stratford Date
Chair

MINUTES – HOSPITAL ADVISORY COMMITTEE

MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Thursday 2 May 2013, commencing at 11.00am

PRESENT

Sharon Pugh (Chair); Paula Cutbush; Karen Hamilton; Gail Howard; Doug Truman; Dr Paul McCormack (ex-officio); and Peter Ballantyne (ex-officio).

MANAGEMENT SUPPORT

Garth Bateup (General Manager, Hospital Services); Michael Frampton (Programme Director); Karyn Kelly (Director of Nursing and Midwifery); Ralph La Salle (Planning & Funding); and Kay Jenkins (Minutes).

WELCOME

The meeting with opened with the Karakia.

APOLOGIES

An apology for absence was received and accepted from Richard Wallace.

1. INTEREST REGISTER

There were no additions or alterations to the interest register

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (7/13)
(Moved: Doug Truman/Seconded: Gail Howard – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 7 March 2013 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

The General Manager, Hospital Services provided an update on the carried forward items.

1. Patient Ambulance Transport – work is being undertaken regionally around this and there is pressure to complete this work with quite a bit of activity taking place.

2. Exit Interviews – The next report is due in July 2013.

The Committee noted the carried forward items.

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

The General Manager, Hospital & Specialist Services spoke to the Management Report, which was taken as read.

Discussion by the Committee related to:

- **Recruitment**
  The Committee continues to take an interest in the recruitment processes taking place, and have asked management to highlight any areas which the Committee need to be aware of.

  Particular comment was noted regarding: the positive response to the midwife manager vacancy; the commencement of the Cancer Nurse Coordinator; and the level of staffing in Allied Health being at 98%.

  The Committee also noted the retirement of the Laboratory Manager after over 40 years service and asked management to ensure that Mr Clark's remarkable service was acknowledged.

- **In-Patient Volumes**
  The Committee noted that surgical in-patient volumes were dropping behind due to sick leave. Management confirmed that plans are being developed to deal with this.

- **ESPI Compliance**
  The West Coast DHB was non-compliant in ESPI 2 at the end of February and it is likely we will also be non-compliant in March and April. A recovery plan has already commenced to ensure compliance by May to avoid any financial penalty.

- **Accommodation**
  The Committee noted that a review of accommodation options for visiting medical staff is currently underway, and that it would probably not be sensible to make decisions around this until more was known regarding the facilities project.

- **Orthopaedic Services**
  Discussion took place regarding orthopaedic services and the Committee noted that Canterbury has increased its Orthopaedic Surgeons by 3 which will enable 6 surgeons to be included on the roster to come to the West Coast.

  The Committee also noted that recently Management had engaged assistance to review a number of individual orthopaedic cases to ascertain the appropriateness of the care provided and has confirmed that the care provided was above the expectations provided elsewhere in the country and the actual care provided was clinically appropriate.

- **Quality Report**
  The Committee noted that the Clinical Quality Improvement Team monitors any incidents and complaints occurring the Hospital Services and that this is in turn monitored by the Quality, Finance, Audit & Risk Committee. Members noted that in addition to this Committee having the responsibility of monitoring Quality it is also important to protect the privacy of individuals.

Resolution (8/13)
(Moved: Doug Truman/Seconded: Gail Howard – carried)

That the Hospital Advisory Committee notes the Management Report.

5. FINANCE REPORT

Michael Frampton, Programme Director, spoke to the Finance Report for the month of March 2013. The report was taken read.

A query was made regarding what the DHB pays for in regard to telecommunications equipment for different levels of staff. The Programme Director commented that management and clinical

staff are equipped with telephones and any private use is paid for and monitored as with internet access.

Resolution (9/13)

(Moved: Doug Truman/Seconded: Sharon Pugh – carried)
That the Committee notes the financial report for the period ending 31 March 2013.

6. CLINICAL LEADERS REPORT

Karyn Kelly, Director of Nursing & Midwifery presented the Clinical Leaders Report which was taken as read.

There was no discussion regarding the report.

The Board Chair provided the Committee with an update regarding the Partnership Group process. The Committee noted that the Group was making good progress and that they have been granted some additional time to provide their recommendations.

7. ALLIED HEALTH PRESENTATION

Stella Ward, Executive Director, Allied Health, provided the Committee with a presentation which detailed the achievements and challenges in the Allied Health area and the direction of travel for the future.

GENERAL BUSINESS

- Discussion took place regarding the need for a Deputy Chair for the Committee.

Resolution (10/13)

(Moved: Sharon Pugh/Seconded: Paula Cutbush – carried)
That Doug Truman be appointed Deputy Chair of the Hospital Advisory Committee.

There being no further business the meeting closed at 12.50pm

Confirmed as a true and correct record.

_____ _____

Sharon Pugh
Chair

Date

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING held in the Board Room Corporate Office, Grey Base Hospital, on Thursday 7 March 2013 held at Corporate Office at 3.31pm

PRESENT: Marie Mahuika-Forsyth, Te Rūnanga O Makaawhio (Acting Chair)
Sharon Marsh, Maori Community Westport
Elinor Stratford, West Coast DHB Representative on Tatau Pounamu
Francois Tumahai, Te Rūnanga O Ngāti Waewae
Wayne Secker, Maori Community
Lisa Tumahai, Te Rūnanga O Ngāti Waewae

IN ATTENDANCE: Gary Coghlan, Manager Māori Health, West Coast DHB
Dr Paul McCormack, Chair of West Coast DHB
Kylie Parkin, Portfolio Manager, West Coast DHB
Nigel Ogilvie, Board Member of Rata Te Awhina Trust
Paul Madgwick, Board Member of Rata Te Awhina Trust

MINUTE TAKER: George Atfield, Administrator Māori Health

APOLOGIES: Richard Wallace, Te Rūnanga O Makaawhio

WELCOME / KARAKIA

1. AGENDA / APOLOGIES

Apologies were received from Richard Wallace.

Elinor Stratford also put in her apology that she has to leave the meeting early.

Motion: THAT the apologies are accepted.

Moved: Sharon Marsh **Seconded:** Wayne Secker

2. DISCLOSURES OF INTEREST

Elinor Stratford

Remove:
- Convenor, Southern Region Stroke Conference, West Coast, October 2012

Amend to read:
- Advisor to the Committee MS Parkinsons

Lisa Tumahai

Add:

Directorships

- Chair - Arahura Holdings Ltd 2005 – currently
- Chair -Te Waipounamu Maori Heritage Centre 2006 – currently

Committees

- Ministry of Social Development Community Response Model (CRM) Forum – Marlborough/West Coast (new appointment 2013)
- Te Waipounamu Maori Cancer Network Committee 2012 - currently
- Te Runanga O Ngati Waewae Incorporated Society 2001 – currently
- Chair – Te Here (subcommittee Te Runanga o Ngai Tahu 2011 - currently)
- Member Maori Advisory Group to Vice Chancellor Canterbury University 2012 - currently

Trustee

- West Coast PHO 2013 – currently
- Rata Te Āwhina Trust – April 2013 - currently
- Te Runanga O Ngai Tahu - Deputy Kaiwhakahaere (2011 - currently)
- Te Poari o Kati Waewae Charitable Trust – (2000 – currently)

Husband Francois Tumahai.

Motion: THAT Disclosures of Interest were a true and accurate record subject to the above amendments and inclusions.

Moved: Elinor Stratford **Second:** Sharon Marsh

3. MINUTES OF THE LAST MEETING - THURSDAY 7 MARCH 2013

- Dr Paul McCormack, to be noted as in attendance
- Page 3, Item 9. Rata to be typed out in full as Rata Te Awhina Trust

Motion: THAT the Minutes of Thursday 7 March 2013 were accepted as a true and accurate record subject to the above amendments.

Moved: Elinor Stratford **Second:** Sharon Marsh

4. MATTERS ARISING

4.1 PHO

An update will be provided in the Chair's Report.

4.2 Provide committee members information on benefits of quitting smoking

To be circulated.

4.3 Supply Runanga documentation on the Whanau Facility

Whanau documentation has been supplied to Runanga but no feedback has been received.

4.4 Committee members / Makaawhio Representatives provide feedback on draft Maori Health Plan
Feedback has been incorporated.

5. Chairs report

The Acting Chair acknowledged the former Chair Ben Hutana's contribution to the Tatau Pounamu committee. Lisa Tumahai was nominated by Ngati Waewae as a new member of Tatau Pounamu. She was welcomed by the Chair as a new member to Tatau Pounamu.

Lisa Tumahai was nominated to be Chair of Tatau Pounamu.

Nominated by: François Tumahai

The Acting Chair **Moved** the nomination and Lisa Tumahai will take residence in June.

The Acting Chair advised that the Programme Director for West Coast DHB will be presenting Health System Changes at 4pm.

Maori Health Plan
The committee discussed the Draft Maori Health Plan. It was noted that addressing Maori obesity is included under the local indicators. Feedback has been received by the Ministry in the last few days. The feedback provided is information that assists with strengthening our plan and general information they would like incorporated by all DHBs. A statement around rheumatic fever, and an ethnicity data toolkit for primary health care has been provided. The feedback received is being addressed. The Maori Health Unit is currently incorporating all feedback. The Maori Health Plans are much prescribed by the MOH and there is not a lot of room for movement but it is achievable. The GM Maori Health plans to visit community members / groups and discuss the Maori Health Plan.

The Acting Chair welcomed Nigel Ogilvie to the meeting. He is in attendance as he was invited by the Ngati Waewae Chair.

A committee member clarified whether what has been stated within the Maori Health Plan is achievable and how we plan to deliver what is stated. One indicator that they felt will have the best return for the health system is ceasing smoking.

The new committee member sought clarification the role of Tatau Pounamu in relation to the Terms of Reference. She felt that this committee should focus on strategic planning and should have ownership of the Maori Health Plan document. This committee should become involved in the consultation process with our community. The way forward would to be to start the plan early by engaging the community and reviewing national / regional indicators that are present in the DHBs annual plan. Working closely with key groups and linking mana whenua.

Paul Madgwick joined the meeting at 3.50pm

She advised that there are senior executives present here at the meeting who are keen to improving and working on connectivity approach. There are more than Tatau Pounamu and Rata Te Awhina in the Community, there is a need to work with the whole system. A committee member expressed support of this, as traction is required by the people within our Community and our providers. This collective approach needs to be reiterated to the Programme Director.

The Maori Health Portfolio Manager advised that, in terms of the Maori Health Plan we have one more opportunity to review changing local indicators. The timeframe for the last submission for the Maori Health Plan is 4 June 2013.

6. GM Report

The report was taken as read. The committee members were asked if they had any questions.

GMs Te Herenga Hauora
The SI GMs will be meeting on the 24th May to discuss Whanau Ora and how the South Island DHB's can better support this. The hui will be facilitated by Dr Raymond Pink.

Hauora Maori funding
A press release will be circulated soon re some of the work occurring on the West Coast with Health Workforce NZ Hauora Maori funding. There is good news article about a local Maori woman near completion of her nursing training, she is in her early 50s .

Maori Health Workshops Kaizen
A committee member enquired when this committee will see the Kaizen report and suggested that Kaizen is included on the agenda as an ongoing item until the project is complete.

The General Manager advised that he was asked to make a presentation at ALT tonight. The General Manager will supply the Kaizen documentation to Tatau Pounamu members, as a work in progress.

Action: GM Maori Health

Concern was expressed that this Kaizen should have been presented to Tatau Pounamu in the first instance. The committee member was advised that this was a timing issue. Another committee member who attended the workshop briefed the forum on who attended and how the workshop was presented. The purpose of the meeting was to review patient scenarios and look at the duplications and contacts with health professionals that one person would have in the health system. The workshop was an open workshop not just for Maori; there were a number of clinicians involved. The process identified the vast number of interactions to a number of professional's within one patient's journey. The General Manager acknowledged it would have been preferable to have presented at Tatau Pounamu first and indicated that this could be presented at the next meeting.

The committee discussed looking at ways to improve heath planning which is in line with Better, Sooner, More Convenient and how all services interconnect. It is important to look at pathways.

7. HEHA Smokefree services

Taken as read.

Michael Frampton, Programme Director joined the meeting at 4.09pm

The Acting Chair welcomed Michael Frampton, Programme Director to the meeting.

The Programme Director was briefed on the discussion on the Maori Health Workshops Kaizen and the draft Maori Health Plan.

The Programme Director was questioned whether there is enough consultation occurring for the development of the Maori Health Plan and was advised that this committee needs to take ownership of the plan. Local health indicators within the Maori Health plan make reference to other providers; clarity was sought whether these indicators mentioned have enough allocated time and resources available within their respective contracts with the DHB to be achievable. It was reiterated that there needs to be more connectivity with all providers. The Programme Director advised that he is amenable for changes that provide improvement / connectivity. He reiterated that it is important to engage communities and

to reflect the community's needs. The Programme Director acknowledged the work of the West Coast DHB's Maori Health Unit. He advised that they have done a great job for their small team.

Further discussion occurred in relation to ensuring Maori representation being present in a number of work streams and how representation is selected. It is important Maori representation is present in a variety of work streams to ensure best health outcomes for Maori.

8. Health System changes - Vision for WC Health Services

The Programme Director provided an update on the future vision and model of care for West Coast health services, which are the result of extensive community and clinician engagement over the last two years. At the heart of the vision is a radical transformation that fundamentally reconceptualises the way in which care is provided, it integrates services that have historically been fragmented and disconnected, it refocuses investment on prevention, early intervention and care provided as close to people's homes as possible, and it recognises the need to improve Maori health outcomes as a key enabler.

In particular, the DHB's approach to transforming health services on the Coast includes:

- integration of primary and secondary care services, including increasing the capacity and capability of primary care to manage the majority of urgent presentations.
- coordinated management of complex care, based at home and in the community.
- hospital-level services delivered in transalpine collaboration with the Canterbury health system.
- development of a local workforce of resident generalists and specialists, supported by expert clinicians from Canterbury.

The Programme Director advised that a programme of community engagement and internal communication on the vision and models of care is under development.

Elinor Stratfford left the meeting 4.41pm

The committee discussed the vision in more detail.

The vision for West Coast health services may identify some priorities for Tatau Pounamu to address, providing a blue print of priorities to focus on.

Dr Paul McCormack left the meeting at 4.54pm.

The Programme Director was thanked for his update and left the meeting.

Michael Frampton left the meeting at 5.12 pm

9. General Business

The Chair tabled the Quarterly report from PHO as information only. Future meetings will have a PHO representative to provide a brief on the Quarterly reports.

There being no further business the meeting closed at 5.13pm.

WEST COAST DHB – MEETING SCHEDULE FOR 2013

DATE	MEETING	TIME	VENUE
Thursday 24 January 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 24 January 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 24 January 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 24 January 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 8 February 2013	BOARD	10.00am	Board Room, Corporate Office
Thursday 7 March 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 7 March 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 7 March 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 7 March 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 22 March 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 2 May 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 2 May 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 2 May 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 2 May 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 10 May 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 6 June 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 6 June 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 6 June 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 6 June 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 28 June 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 11 July 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 11 July 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 11 July 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 11 July 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 2 August 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 22 August 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 22 August 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 22 August 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 22 August 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 13 September 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 10 October 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 October 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 October 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 10 October 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 25 October 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 28 November 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 November 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 November 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 28 November 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 13 December 2013	BOARD	10.00am	Board Room, Corporate Office

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