

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



BOARD MEETING

Friday 13 September 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.

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 MEETING
To be held at St John, Waterwalk Road, Greymouth
Friday 13 September 2013 commencing at 10.00am

KARAKIA		10.00am
ADMINISTRATION		10.05am
Apologies		
1.	Interest Register <i>Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.</i>	
2.	Confirmation of the Minutes of the Previous Meeting ▪ <i>2 August 2013</i>	
3.	Carried Forward/Action List Items	
REPORTS		10.15am
4.	Chair's Update – Oral Report Dr Paul McCormack <i>Chairman</i>	<i>10.15am – 10.25am</i>
5.	Chief Executive's Update David Meates <i>Chief Executive</i>	<i>10.25am – 10.40am</i>
6.	Clinical Leader's Report Dr Carol Atmore <i>Chief Medical Officer</i> Karyn Kelly <i>Director of Nursing and Midwifery</i> Stella Ward <i>Executive Director, Allied Health</i>	<i>10.40am – 10.50am</i>
7.	Finance Report Justine White <i>General Manager, Finance</i>	<i>10.50am – 11.00am</i>
8.	Health Targets – 2002/13 Q4 Carolyn Gullery. <i>General Manager, Planning & Funding</i>	<i>11.00am – 11.10am</i>
9.	Report from Committee Meetings	
-	CPH&DSAC <i>22 August 2013</i> Elinor Stratford <i>Chair, CPH&DSAC Committee</i>	<i>11.10am – 11.20am</i>
-	Hospital Advisory Committee <i>22 August 2013</i> Sharon Pugh <i>Chair, Hospital Advisory Committee</i>	<i>11.20am – 11.30am</i>
-	Tatau Pomanau <i>22 August 2013</i> Elinor Stratford <i>Board Delegate to Tatau Pounamu</i>	<i>11.30am – 11.40am</i>
10.	Resolution to Exclude the Public <i>Board Secretariat</i>	<i>11.45am</i>

INFORMATION ITEMS

- Confirmed Minutes
 - CPH&DSAC Meeting – 11 July 2013
 - HAC Meeting – 11 July 2013
- 2013 Meeting Schedule

ESTIMATED FINISH TIME

11.40am

NEXT MEETING

Friday 25 October 2013 commencing at 10.00am

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER



	Disclosure of Interest
Dr Paul McCormack Chair	<ul style="list-style-type: none"> General Practitioner Member, Pegasus Health
Peter Ballantyne Deputy Chair	<ul style="list-style-type: none"> Appointed Board Member, Canterbury District Health Board Chair, Quality, Finance, Audit and Risk Committee, Canterbury 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	<ul style="list-style-type: none"> Councillor, Grey District Council Trustee, West Coast Electric Power Trust Wife works part time at CAMHS Member of CCS Patron and Member of West Coast Diabetes Trustee, West Coast Juvenile Diabetes Association
Warren Gilbertson	<ul style="list-style-type: none"> Chief Operational Officer, Development West Coast Member, Regional Transport Committee Director, Development West Coast Subsidiary Companies Trustee, West Coast Community Trust
Helen Gillespie	<ul style="list-style-type: none"> Peer Support Counsellor, Mum 4 Mum Employee, DOC
Mary Molloy	<ul style="list-style-type: none"> Spokesperson for Farmers Against 1080 Director, Molloy Farms South Westland Ltd Trustee, L.B. & M.E. Molloy Family Trust Executive Member, Wildlands Biodiversity Management Group Inc. Deputy Chair of the West Coast Community Trust
Sharon Pugh	<ul style="list-style-type: none"> Shareholder, New River Bluegums Bed & Breakfast

Elinor Stratford	<ul style="list-style-type: none"> • Clinical Governance Committee, West Coast Primary Health Organisation • 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 • Advisor MS/Parkinson West Coast • Disability Resource Trust - contracted to wind up this Organisation • Trustee, Disability Research Centre, Queenstown
Doug Truman	<ul style="list-style-type: none"> • Deputy Mayor, Grey District Council • Director Truman Ltd • Owner/Operator Paper Plus, Greymouth
John Vaile	<ul style="list-style-type: none"> • Director, Vaile Hardware Ltd • Member of Community Patrols New Zealand
Susan Wallace	<ul style="list-style-type: none"> • Tumuaiki, 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 • 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

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held in the Board Room, Corporate Office, Grey Base Hospital, Greymouth
on Friday 2 August 2013 commencing at 10.00am

BOARD MEMBERS

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

APOLOGIES

An apology for lateness (10.10am) was received and accepted from Susan Wallace.

EXECUTIVE SUPPORT

Michael Frampton (Programme Director); Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan (General Manager, Buller Health Services); Stella Ward (Executive Director, Allied Health); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

The Board joined together in the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

- Elinor Stratford asked that “Member of Sub-committee for Stroke Conference” and “Committee member of CARE” be removed.

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 (30/13)

(Moved Paul McCormack/seconded Helen Gillespie - 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 28 June 2013 be confirmed as a true and correct record” subject to a correction on page 3 changing “\$2” to “2m”.

3. CARRIED FORWARD/ACTION LIST ITEMS

The Board noted that a presentation from the Chair of the Clinical Board will be provided later in the meeting.

4. CHAIR’S UPDATE

The Chair advised he had no issues to report in the Public section of the meeting.

5. CHIEF EXECUTIVE'S UPDATE

Michael Frampton, Programme Director, presented the Chief Executive's Update which was taken as read. He commented in particular on the following:

- Significant work continues with the programme of work underway in general practice where the DHB is working with Better Health.
- The District Nursing teams continue to be under pressure and whilst this is consistent with the direction of travel, we will be stepping through the processes around this.
- In regard to facilities, S124 notices have been placed at the entrance to earthquake prone buildings as instructed by the Council.
- The electrical system work is progressing well with tenders out for the switchboard replacement. This is scheduled for completion in November.
- Consent has been received from the Council for the demolition of the Laundry building.
- It is pleasing that the DHB met its deficit for year end.
- There is significant work taking place to share the DHB's direction of travel with the Community. Positive feedback has been received from attendees at these sessions.

A query was made regarding the Liverpool Care Pathway and the Board noted that an opinion from the Ministry of Health has confirmed that the framework used in New Zealand is different from that used in the UK.

Discussion took place regarding the further development of the Asset Management Plan which will be well integrated with the Facilities Master Plan.

Susan Wallace joined the meeting at 10.10am

Discussion also took place regarding the S124 signs and the reaction to this by the public. Mr Frampton advised that he had not had any specific comments from the public. He also advised that these notices are required to be on the buildings until the issues with the buildings have been resolved. The DHB will not be undertaking any work around this until we know the decision around our facilities Business Cases.

Resolution (31/13)

(Moved Doug Truman/seconded Elinor Stratford – carried)

That the Board:

- i. notes the Chief Executive's update.

6. CLINICAL LEADERS UPDATE

Dr Carol Atmore, Chief Medical Officer, and Stella Ward, Executive Director, Allied Health, spoke to this report, which was taken as read.

Discussion took place regarding work being undertaken in Primary Care and also the work taking place with South Island DHBs around the Allied Health Rehabilitation Project.

Resolution (32/13)

(Moved Warren Gilbertson/seconded Sharon Pugh – carried)

That the Board:

- i. notes the Clinical Leaders Update.

7. FINANCE REPORT

Justine White, General Manager, Finance, spoke to the Finance Report for June 2013 which was taken as read. The consolidated result for the year to date ending June 2013 was a deficit of \$3,616k which is an unfavourable variance of \$16k against budget (\$3,616k deficit). The result for the month of June 2013 was a deficit of \$65k which is \$194k favourable to budget.

The Chair advised that he had received a call from the Minister regarding the DHB meeting budget.

Resolution (33/13)

(Moved John Vaile/seconded Kevin Brown – carried)

That the Board:

- i. notes the financial result for the period ended 30 June 2013.

8. PRESENTATION – CHAIR, CLINICAL BOARD

Stella Ward, Chair, Clinical Board, provided the Board with a presentation giving an update on the Clinical Board. The presentation provided information regarding the objectives of the Clinical Board; membership; key areas of focus; the role of the consumers on the Board; and what the Clinical Board is trying to achieve.

The Board noted that the Clinical Board is accountable to the Chief Executive.

The Chair thanked Stella for her presentation.

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 11 July 2013.

The update was noted.

- b. Doug Truman, Deputy Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 11 July 2013.

Discussion took place regarding the use of telemedicine across the West Coast DHB. The Board noted that this is still a challenge in some areas although this is not only about technology but also about Clinicians working in different ways.

The update was noted.

- c. Elinor Stratford, Board Representative to Tatau Pounamu, provided an update from the Tatau Pounamu Advisory Group Meeting held on 11 July 2013.

The Board Chair commented regarding changes to the Terms of Reference and added that both the Memorandum of Understanding and Terms of Reference are agreed between the DHB and the Runanga.

Discussion took place regarding the use of the Whanau House and the Board noted that there are a number of issues still to be worked through by users of this facility and this is seen as an opportunity for quality improvement.

The Board also noted the desire of Tatau Pounamu to have a more strategic partnership with the DHB and also to be involved across the whole of the health system.

The update was noted.

10. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (34/13)

(Moved Paul McCormack/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 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 - 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 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.	Delegation of Annual Accounts	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	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 section of the meeting closed at 11.10am.

The Public Excluded section of the meeting commenced at 11.25am and adjourned for lunch between 12.20pm and 12.50pm.

The Public Excluded part of the meeting finished at 1.50pm

Dr Paul McCormack, Chair

Date

CHIEF EXECUTIVE'S UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 13 September 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
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A: Reinvigorate the West Coast Alliance

- **Alliance Leadership Team [ALT] and Alliance Support Group [ASG]:** The Alliance Leadership Team met on 21 August, and the Alliance Support group met on 27 August. Membership of the Alliance Support Group is being expanded to ensure participation from a greater number of key operational leaders across the West Coast health system in an effort to accelerate the alignment of operational resources with ALT decisions and priorities.
- Jenni Stephenson, the new Alliance Programme Coordinator, was welcomed. The coordinator's role is to ensure systems and processes are in place across the West Coast Health Alliance, to provide support and coordination, pulling together information for relevant work streams, as well as facilitating ASG and ALT meetings.
- The West Coast Health Alliance Agreement has now been signed by both Alliance partners, the West Coast DHB and the West Coast PHO.
- Members of the West Coast Health Alliance have been invited to participate in a joint Canterbury and West Coast workshop, designed to enhance productivity across work streams through building capability. The workshop will also highlight the need for Rural, Maori and Pacific focus in the work plans.

B: Build Primary and Community Capacity and Capability

Primary

- Work continues in partnership with Better Health. Good progress is being made against the work plan with Better Health and DHB feeling confident that a good number of work plan targets will be being met. Practice based documentation is currently being collected with an October start for a person to lead the introduction and standardisation of documentation across the practices. The finance system is in place and a dedicated resource is attached to this work. Practice Manager [PM] position descriptions are being finalised, with the goal of having PMs in place by 01 October 2013. Fortnightly meetings are now occurring between Better Health and DHB key staff, work continues on developing working relationships and understanding reporting lines for an effective partnership.
- In Reefton, the fourth Rural Nurse Specialist [RNS] has been offered a position and is expected to commence in role in mid-October. This will ensure that all PRIME and after hours on-call is covered by RNS's in Reefton by the end of the year.

Community

Faster Cancer Treatment [FCT]

- Our Cancer Nurse Coordinator and Oncology Nurses have recently been given \$23,000 from the Southern Cancer Network, as additional funding to support FCT. It was agreed that the most beneficial way to use this money was to purchase a vehicle for providing care to their community based patients. A near new Toyota Rav 4 was purchased and was handed over last week. The West Coast Toyota dealer was so impressed with the standard of care provided by the oncology/cancer service he offered to sponsor the vehicle servicing costs.

Greymouth District Nursing Staffing

- The District Nursing team has been understaffed recently following resignations. With a successful recruitment drive, we have secured the services of three new District Nurses. Two have already commenced work with us and another is due to start later this month.
- A piece of work is being undertaken to look at the increasing need for Community Services in light of our evolving Model of Care. While the staff we have recently recruited are replacing existing agreed FTE, we want to be able to predict future demand and keep pace with workflow requirements. Alongside this, our NETP programme means that we have the opportunity to continue to introduce new graduate nurses directly into Community Services.
- We are also working with hospital services to progressively introduce ways of working that see staff from ward environments working across both in-patient and community settings. This is consistent with new Models of Care.
- In Reefton, the District Nursing workforce remains stable but will also be included in the above piece of work to ensure the increasing workload is responded to and resourced accordingly. Recruitment is underway for the hospital wing at Reefton due to the resignation of three RNs. We are working with Planning and Funding in relation to the range of options for bridging these resourcing challenges in the immediate term.
- Buller District Nursing is also participating in the above DN workflow project, as well as looking at how to reduce reliance on paper based reporting, and the potential for IT solutions such as mobile computing.
- An interagency meeting took place in Buller to look at service provision for children 0-4

years. This highlighted the need for improved integration of the B4 school health checks.

MedTech Training

- The ability for our clinical staff working across community settings to access the Greymouth MedTech database [at Greymouth Medical Centre and Rural Academic General Practice] will ensure more timely access to information and care for our patients. Training is about to get underway and will involve District Nursing, Public Health and Clinical Nurse Specialists. This is a small but significant step toward an Integrated Family Health Service for Greymouth. Once the Greymouth based team is utilising this effectively, it is planned to have the Clinical Nurse Specialists accessing the South Westland database as they are involved in working with patients in South Westland through Rural Nurses and General Practice.

C: Implement the Maori Health Plan

Performance Summary: Maori Health Plan Indicators [Appendix 1]

- This table provides a performance summary for the Maori population in each District Health Board [DHB] for the indicators listed in the 2013-2014 DHB Maori Health Plan [MHP]. It provides a brief interpretation of the performance results for each indicator, and brief suggestions for performance improvement. Ultimately however, the solutions for improving these indicators rely on an effective mix of stakeholder collaboration, robust interventions, and ongoing performance monitoring.
- We are working hard to achieve results in all these areas. One of the benefits of having a performance summary in each DHB is the opportunity to work in the areas that are not performing to target. We will continue to try and improve as many Maori health target outcomes as possible.
- A great deal of work is underway between Rata Te Awhina Trust and the DHB and the PHO to ensure improved Maori health outcomes; collaboration has never been stronger.



DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Report

Grey Hospital

- Work is underway on the electrical reticulation upgrade at Grey Hospital. Design is complete and the tender for the switchboard replacement has been awarded to TLJ Switchgear from Christchurch, the delivery period being 14 weeks. The works for the cable replacement and installation have now been tendered and awarded to Aotea Westland. A pre start site meeting and contractor induction is due to happen the week beginning 2 September. A communications plan is being prepared to liaise with departments on the site regarding necessary electrical shutdowns to facilitate the work, which remains on track for completion mid November 2013.
- Work is almost completed on clearing up the last remaining issues related to the recent ward upgrades at the Grey Hospital site. A final certificate of practical completion for the works has been obtained and close out procedures for both financial and remedial issues are underway.
- The laundry demolition work is underway and approximately one week behind programme due to weather related issues and availability of demolition machinery.

Buller

- Work on the new radiology equipment installation is progressing well and nearing its final commissioning phase.

Reefton

- Numerous sprinkler heads have had to be replaced due to age. There will also be the need to carry out more of this work prior to the end of this financial year.
- There has been some cracking within the kitchen floor causing the tiles to pop up in a particular area which has caused some concern to the staff. A structural engineer has been engaged to ascertain the extent of the movement and we await his report, but he has verbally confirmed there are no structural concerns with the floor in the kitchen.

General

- An initiative is underway to improve the effectiveness and efficiency of the department maintenance and engineering team. Actions have been taken to rationalise work flow via the onsite maintenance management system [BEIMS]. Weekly reports are now in place showing performance levels for individual trades.

Areas of focus

- The electrical upgrade at Grey Hospital is a highly important project and continues to require meticulous planning to ensure minimum disruption to an operational site. There is a lot of time and effort being devoted to ensuring this project runs smoothly.
- Planning work is occurring in relation to strengthening solutions for the boiler house and chimney. DEE reports have identified the boiler house as being 9% of IL3 and therefore earthquake prone. As previously reported, the chimney stack needs to be replaced and the Site Redevelopment team is currently working on options in this regard. Work is required on the existing boiler plant prior to end December 2013 to ensure ongoing operational capacity.
- Focus continues on improving the WCDHB site maintenance department performance around service delivery, energy performance and aligning the policies and procedures with those used at the CDHB.
- Time continues to be spent formulating a viable asset management plan, which will be reconciled with the facilities master plan for West Coast sites when this is available.
- The CDHB Energy Manager is now actively involved in obtaining energy related information in order that we can run this through our existing monitoring and targeting database. He is also developing energy related target KPI's for each site.

B: Facilities Case Update

- The Detailed Business Case remains under consideration by the national Health Board. There is no further information to report.



A: Hospital Services [including Secondary Mental Health Services]

Hospital Services

Elective Services Patient Flow Indicators [ESPI] Compliance

- Received confirmation that WCDHB had achieved compliance to ESPI 2 & 5 wait time priority to five months at end of June and received its paid incentive funding of \$91,189 comprised of \$45,594 as our share of individual DHB funding and \$45,594 being our share of the region's incentive funding
- For July 2013, WCDHB was non-compliant to ESPI 2 and 5 waiting time criteria. We missed the mark on FSA [ESPI 2] by 4 patients [3 general medicine and 1 respiratory patient] due to timing of clinics in Reefton. There were 4 patients over the 5 months in orthopaedic surgery [ESPI 5] due to timing of leave. All of these patients have been seen in early August.

Maternity Services

- Recommendations from the very recently completed maternity review continue to be stepped through.
- Buller continues to have insufficient midwives to consistently resource a 24/7 primary birthing service, so it is not possible for labouring women to have a planned delivery at Kawatiri Unit.
- Ten new and updated policies have been added to the WCDHB intranet, beginning to deliver on shared West Coast/Canterbury policies.
- There is a weekly meeting established between WCDHB DON, Nurse Manager, Midwifery Manager and Sam Burke, CDHB Midwifery.
- CBU is implementing a CDHB “First Option” on weekend locums utilising CDHB staff in the first instance before wider locum use.
- We have instituted a continuity of care procedure where Buller midwives follow their patients to Grey for delivery.

Transalpine Services

- **General Surgery:** Advertising and interviewing continues. Two permanent staff are back at work, supplemented by 1.5 FTE locums
- **Orthopaedics:** A new timetable for orthopaedic visits put in place to allow set operating time and clinics – theatre staff agreement for flexibility attained without formal management of change process and new coordinator position proving effective
- **General Medicine:** The date of 04 October set to resume transalpine discussions

Mental Health Services [MHS]

Mental Health and Addiction Service Review

- The Mental Health and Addiction Service Review draft report has been reviewed by clinical leads and further work is being undertaken by the review team. It will then be submitted for consideration to the Executive Management Team and Board.

Developments in Maori Mental Health

- The new Pukenga Tiaki commenced in Buller this month, and the team have travelled to

CDHB to attend joint training with Te Korowai Atawhai.

Resourcing of Mental Health Services:

- A transalpine approach for psychiatrist input to locally delivered services is being considered within Mental Health Review.

Better Integration with Primary Practice

- The new Primary Mental Health Liaison Nurse positions embedded with Buller Medical Centre has proven to be an effective initiative. It has allowed for proactive intervention at the practice level, which has included the development of groups for the treatment of patients with anxiety.
- The Grey based team has consolidated the relationship with local practices, and MHS nurses regularly attend practice meetings. This enhances both the inter-professional relationships and the level of referral.

Introduction of Health Connect South in MHS

- The swap from Health Views to Health Connect South is now well underway. The development of the new module specifically for MHS has required active involvement from our clinical team. The WCDHB team has worked with the developers to develop a module that works for front line clinicians. The new system is designed to standardise clinical documents in MH settings, reduce the duplication of clinical information, and to ensure that core documents are accessible to clinical teams across regional settings.
- The new MH module will gradually be rolled out across all the South Island DHBs. The team here will continue to provide regular feedback to the developers and contribute to the ongoing development over the next year.



DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

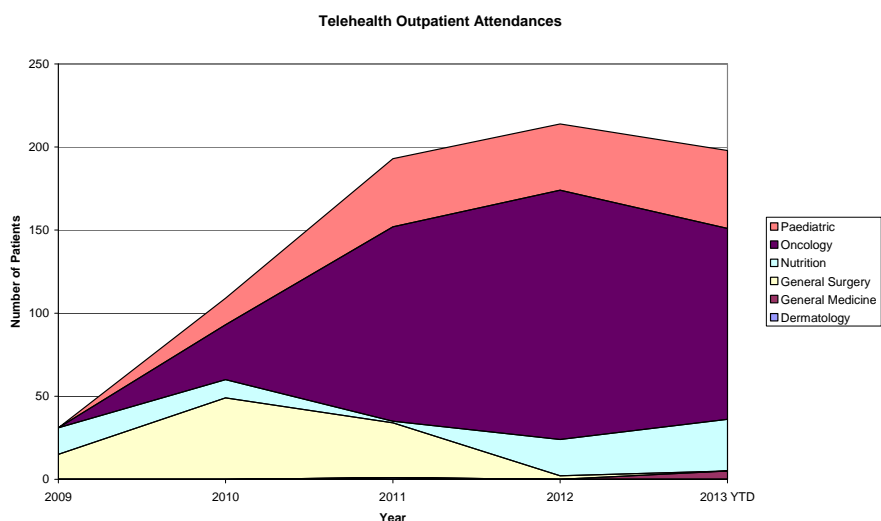
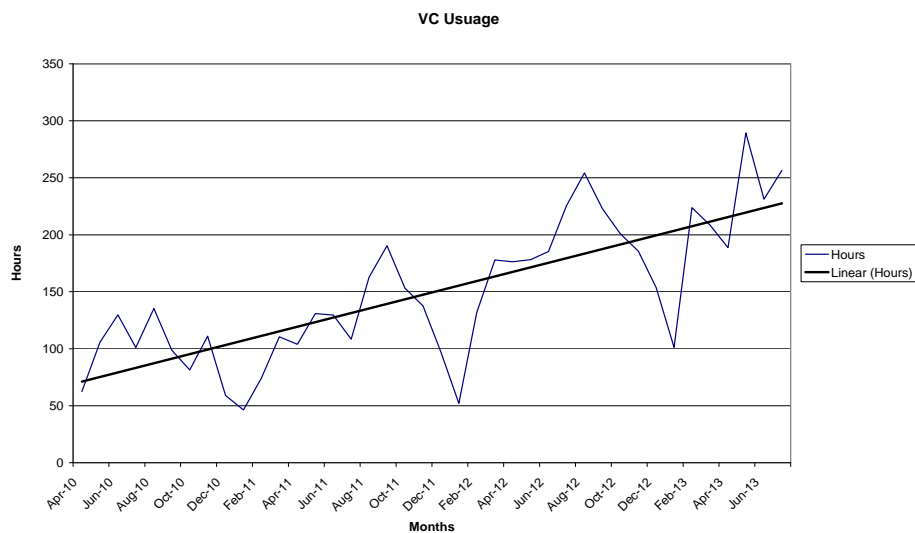
A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast

- The voluntary Red Cross Buller Community Minivan service is continuing to run on an 'as demand requires' basis, Monday to Friday, with Saturdays added when required. Twenty-five people were transported in June and 15 in July.
- Negotiations are still continuing with St John as part of a South Island wide joint DHB approach for the provision of an unplanned patient transport service. These discussions are reviewing key points of acute transportation, including proposed scheduling, volumes, costs, and coordination of transfers.
- Evaluation is currently underway of the Expressions of Interest submitted for the possible supply of chartered flights between Greymouth and Christchurch, to support clinical and patient transport within the transalpine framework.

B: Champion the Expanded use of Telemedicine Technology

- WCDHB has expanded its video conferencing capacity considerably within the last several years. The graphs below provide information in relation to monthly usage and outpatient clinic attendances conducted via telehealth.
- John Garrett has been elected the Chair of the NZ Telehealth Leadership group.
- The appointment of a new booking clerk position in the CBU will allow further advancement of telehealth capability. General medicine SMOs are beginning to provide

telehealth clinics to Buller based patients



A: Implement the Complex Clinical Care Network [CCCN]

- Progress on the development of a restorative homecare model through the Complex Clinical Care Network has accelerated. We have completed a workshop with Professor Matthew Parsons to outline the restorative model of care. This provided the CCCN and home based support providers the overview of the model and encouraged them to consider and identify how this model can best be implemented on the Coast.
- The workshop attendees agreed to utilise the Community Services Operations Manual from Canterbury as a basis for developing the West Coast's Community Services Operations Manual. Two working sessions have been completed by a subgroup and good progress on the revision has been made.
- Discussions on the role of Allied Health within the CCCN have begun and are ongoing.

- All HBS providers will have their staff InterRAI-trained by end of September 2013.
- Launch of the CCCN is planned for 3 October with a focus on informing the community of the CCCN's role/function and how to access it, along with a broad overview of what restorative home based care is and what it will mean for the patient.
- The funding model for this approach is still to be decided with a discussion paper going to Planning and Funding in early September to enable discussions with the relevant community providers.
- We note that there is still work to be done in gaining the most effective links with primary care and discussions are planned in the near future to determine the appropriate actions towards this crucial aim.

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

- Progress in the development of this work stream has been significantly impacted by project facilitation resource constraints. This is currently being resolved.
- Appointments to vacant GP positions are in progress and other work is being completed by Better Health to continue to stabilise General Practice.
- Direction has been sought from the Alliance Leadership Team with regards to the direction of this work stream while a large scale recruitment drive is carried out to improve project facilitation resourcing.

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

- Following the finalisation of the Grey/Westland IFHS work plan, progress in this area has been impacted by project facilitation resource constraints. ALT have therefore advised that prioritisation of work needs to take place to ensure progress continues. Notwithstanding, an interim resource has now been identified while recruitment continues, enabling this crucial work to proceed.

D: Develop an Integrated Model of Pharmacy on the West Coast

- The *Pharmacist2GP* initiative has been approved to start from 1 October. This supports Community Pharmacists to work in four general practices for around two hours per week to integrate the medication-related care of complex patients and improve the quality of medicine related information held by practices. This initiative has a 12 month term but may be extended if it shows sufficient benefits for complex patients and the West Coast health system.

	BUILDING CAPACITY TO TRANSFORM THE SYSTEM
---	--

A: Live Within our Financial Means

- The consolidated result for the year to date ending July 2013 is a deficit of \$108k which is an unfavourable variance of \$41k to budget [\$67k deficit].

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
---	--------	--------	----------	---------

	\$000	\$000	\$000	
Provider Arm surplus / [deficit]	[253]	[4]	[249]	Unfavourable
Funder Arm surplus / [deficit]	145	[60]	205	Favourable
Governance Arm surplus / [deficit]	0	[3]	3	Favourable
Consolidated result surplus / [deficit]	[108]	[67]	[41]	Unfavourable

B: Implement Employee Engagement and Performance Management Processes

Employee Wellness, Engagement and Performance

- Current staff wellness initiatives include the annual influenza vaccination programme [approximately 55% of the West Coast DHB workforce vaccinated]; rollout of an action-orientated approach to workplace health and safety is occurring; preparation for the annual ACC audit is underway; Lost Time Injury Frequency [LTIF] and Total Recordable Injury Frequency [TRIF] rates are trending down.
- Preparations for the introduction of the online performance management tool are underway with EMT taking a lead role. Development of e-learning modules in support is occurring.
- We are currently recruiting to 26 open vacancies. Suitably qualified and registered applicants for Allied Health positions, particularly in the CAMHS service and Physiotherapy, remain difficult to source. Nursing vacancies are receiving good levels of qualified applicants, and applicants for medical roles are being received. The arrangement involving Better Health to support recruitment in our general practices is underway.
- APEX has given notice of a planned strike to occur in September by IT staff in support of their bargaining for a new MECA. The ASMS MECA has been implemented. Bargaining has been initiated by the PSA for a Home Based Support Workers SECA and a clerical MECA and by APEX for the MRT MECA.

C: Effective Clinical Information Systems

Clinical Information System Business Case - Mental Health Component

- The swap from Health Views to Health Connect South is now well underway. The development of the new module specifically for MHS has required active involvement from our clinical team. The WCDHB team has worked with the developers to develop a module that works for front line clinicians. The new system is designed to standardise clinical documents in MH settings, reduce the duplication of clinical information, and to ensure that core documents are accessible to clinical teams across regional settings.

eReferrals Project

- Contractual issues has delayed phase 2 of the eReferrals project. Planning for phase 2 is still a work in progress.

Maternity Systems

- Work is underway to determine an appropriate maternity information system for the West Coast. This has been identified as an issue for reporting on the new maternity quality indicators.

Primary Care

- WCDHB has increased its capability to provide Medtech backend and Citrix support. This will also provide improved support and training for Rata Te Awhina.

eSign Off

- A business case is being prepared to implement electronic sign off of laboratory test results within secondary care systems at WCDHB. It is expected the business case will

be completed within the next few weeks, with implementation Quarter 1, 2014.

Finance System Replacement

- WCDHB IT has been providing some support for the implementation of the new Oracle financial system, which went live in early September.

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

Implementing a Grassroots Strategy

- Implementing the grassroots strategy is on-going. Building effective two-way relationships with community organisations is at the heart of the grassroots strategy.
- Information being shared with the community includes:
 - An update on the progress of the business case for the rebuild of Grey Base Hospital and the Integrated Family Health Centre in Buller.
 - Information and progress on the different transalpine models operating in partnership between the West Coast and Canterbury DHBs.
 - Outline of the work being undertaken on transport solutions across the Coast.
- This month information was presented to Probus, Greymouth – with over 65 people attending the meeting. Further meetings will take place with Probus. Meetings will also occur with Grey Power and church groups.
- Over 13 representatives from a variety of organisations attended an internal grassroots meeting held at the DHB this month. Further meetings are being planned for Buller and South Westland.
- All the people who have attended the internal grassroots meetings and those organisations that have had presentations from the DHB are now receiving the CE Update.

Proactive Media Relations

- Sharing proactive positive stories with the media continues, with West Coast media reporting the stories. This is a valuable way for the community to learn about the positive initiatives going on across the health sector on the Coast.
- Stories released and reported this month include:
 - New parents welcome neonatal outreach service.
 - Greymouth community comes together to make a difference during Countdown Kids Hospital Appeal.
 - Another first for health innovation for the West Coast [story about WCDHB pharmacist Nick Leach being one of 14 pharmacists nationwide - and the only one within mental health – completing the new Postgraduate Certificate in pharmacist prescribing].
 - Strengthening relationships between Canterbury DHB and the West Coast DHB [story about WCDHB Junior Docs going to the Bone Shop in Canterbury to gain more orthopaedic experience].
 - West Coast on a roll for health targets.
- A meeting occurred this month between the Westport News and the WCDHB/CDHB Communications Manager and the GM of Buller. The meeting was for both parties to put a face to a name and establish a further meeting framework.

Reactive Media Relations

- Issues commented on this month included comments on:
 - Westport News
 - number of people waiting for physiotherapy appointments in Buller

- update on orthopaedic clinics in Buller
- information on chicken pox numbers
- NZ Doctor
 - Update on school absenteeism due to influenza

Visual Communication

- A logo has been developed to alert staff to information they need to know. This visual identity is being used to advertise internal communications initiatives such as the monthly staff updates.

Report to the Community

- The Spring issue of Report to the Community is currently being prepared. This publication is delivered into more than 15,000 homes across the Coast via The Messenger.

Consumer Council

- Work is continuing in the development to create a proactive and strong Consumer Council on the West Coast.
- The current members have undertaken a strategic planning exercise in order to ensure the communities of the West Coast are well informed and engaged about their health system.
- The working group has agreed the Terms of Reference and will be seeking expressions of interest for people to put their name forward for the new council shortly. In addition there will be engagement with the media to highlight what the Consumer Council does in terms of advocacy and constructive input into health pathways for patients on the Coast.



Key Achievements/Issues of Note

Grey District Council Economic Development Strategy

- Since late last year, CPH have been involved with the development of the Grey District Economic Development Strategy [ELDG] which is now waiting for adoption by the Grey District Council. As mentioned in last month's report, CPH commissioned a literature review on the impact of job losses in small communities. The literature review, which focussed on the experience of towns in New Zealand who have suffered major job losses, has been summarised and was presented to the Health, Sustainability and Wellbeing section of the ELDG last month. It will also be provided to the wider ELDG group.

Grey High School Careers Expo






- CPH provided its inaugural 'Careers in Public Health' display for the Careers Expo held at Greymouth High School on 7 – 8 August. The display focussed on things that affect health, what it takes to work in public health and a photo collage of the public health work carried out locally. YouTube clips called 'Just the Job' showed young people 'shadowing' various public health workers in order to learn about the jobs of a health protection officer, a health promoter, a medical officer of health and others. As a way to get people's attention and to notice the display, a prize draw for a sports bag was on offer. One-hundred and thirty people entered the draw and answered the quiz question on the form


by finding the answer in the display. The winner was from Hokitika.

- Supplies of topical health brochures were also available at the display stand. CPH's Aukati Kaipapa cessation worker was on site to talk with people who smoke and to ask them about quitting. It was supremely gratifying to note that very few amongst the crowds of young people and parents attending the Expo said they smoked. However, amongst those who said they did, two students signed up their parents as a result of their conversation with the Aukati Kaipapa promoter.

Youth Health Action Group

- CPH is currently chairing this group of professionals as an offshoot of the Child and Youth Health Committee. The main aim of the group is to update the Youth Health Plan for the West Coast, and raise the profile of youth health. Initial drafts are currently being worked on, with WCDHB Planning and Funding, developing ideas such as:
 - How to ensure our current services are youth friendly.
 - Engaging young people in developing more accessible and appropriate services.
 - Raising awareness of wellbeing and keeping our young people well.
 - Improving competencies of health workers to ensure services are youth friendly.

	DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES
	The West Coast has once again achieved the Shorter Stays in Emergency Department Health Target , with 99.7% of people admitted or discharged within six hours during Quarter 4 2012/13 – well above the target of 95%
	The West Coast DHB has met its 2012/13 Improved Access to Elective Surgery Health Target . Delivery for the year to 30 June 2013 was 1,686 cases – representing 106% of the target delivery [or 94 discharges above target]. The West Coast DHBs target to deliver 1592 elective procedures remains unchanged for 2013/14
	The West Coast continues to achieve the Shorter Waits for Cancer Treatment Health Target , with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks throughout the 2012/13 year
	The West Coast achieved the Increased Immunisation Health Target for the first time in Quarter 4 2012/13, with 93% of all eight-month-olds fully immunised [the national target is 85%], including all Māori children. This was an outstanding achievement for the Coast, made possible by much lower rates of parents choosing to decline immunisation or opt their child off the National Immunisation Register in Quarter 4
	<p>The West Coast DHB achieved the Hospital Better Help for Smokers to Quit Health Target for the first time in Quarter 4 2012/13, with 95% of hospitalised smokers having received advice and help to quit. This reflects the hard work of staff throughout our hospitals in ensuring they offer patients who smoke quit advice and help to quit, and in particular our Clinical Nurse Managers in following up each and every 'missed' patient to pinpoint and address any gaps in our processes.</p> <p>General practices' performance against the Primary Care Better Help for Smokers to Quit Health Target continues to show modest increases, with 55% of smokers attending primary care receiving advice and help to quit in the year to Quarter 4 [up 2% on last quarter]. Activities continue to focus on improving data</p>

	capture, feedback and training. It is anticipated that the installation of the Clinical Audit Tool in the next quarter will support improvement in this target.
	Performance against the More Heart and Diabetes Checks Health Target has slightly increased in Quarter 4 to 58.4% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five 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. It is anticipated that the installation of the Clinical Audit Tool [expected to be in the next quarter] will support improvement in this target

3. OTHER EMERGING ISSUES

All Home Based Support [HBS] providers must gain Certification against the 2012 version of the Home and Community Sector Standard in order to hold ACC, DHB and/or MoH contracts to provide HBS services. Certification is obtained via satisfactory performance on an audit from a Designated Audit Agency [DAA]. The West Coast HBS services, *Coasters*, is running slightly late on their process but have confirmed they will have their DAA audit in mid-September 2013.

4. APPENDICES

Appendix 1	Performance Summary: Maori Health Plan Indicators New Zealand DHBs
Appendix 2	Maori Health Quarterly Report – Q4, 2012/13 ---see appendix

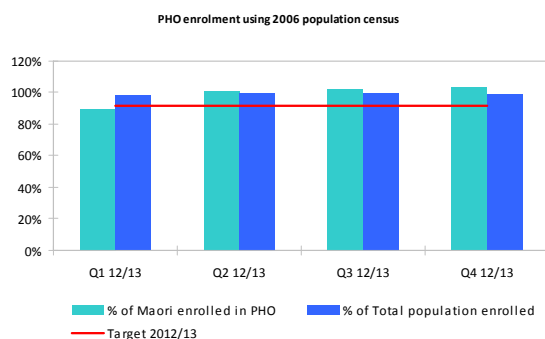
Report prepared by: David Meates, Chief Executive

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Maori Health Quarterly Report – Q4, 2012/13

Access to care

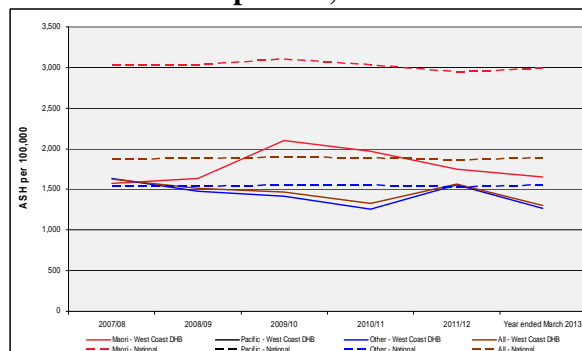
Percentage of Maori enrolled in the PHO



* 2006 census population was used as the denominator.

Ambulatory Sensitive Hospitalisation

Ambulatory Sensitive Hospitalisation per 100,000



ACHIEVEMENTS/ISSUES OF NOTE

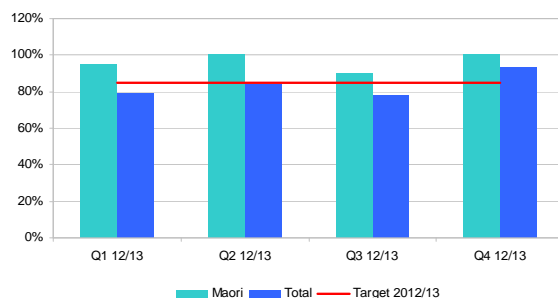
Enrolment in PHO: Using the 2006 population census figures 100% of Maori were enrolled with the PHO as at June 30 2013. Please see table below for further breakdown. Enrolments for Maori and Pacific people continue to increase at a faster rate than other ethnicities and have for the first time exceeded that of other ethnicities.

On the 20th June 2013 the Ministry of Health issued a Request for Proposal, to Implement the Primary Care Ethnicity Data Audit Tool. The West Coast PHO and the DHB have jointly developed the proposal and it will be submitted in August 2013. The Audit tool comprises Systems Compliance and Audit Checklist, Implementation of a staff survey, Data matching quality audit with the findings being collated and reported back to practices to enable a level of benchmarking for quality improvement. Any residual funding from the project will be used for ethnicity data collection education.

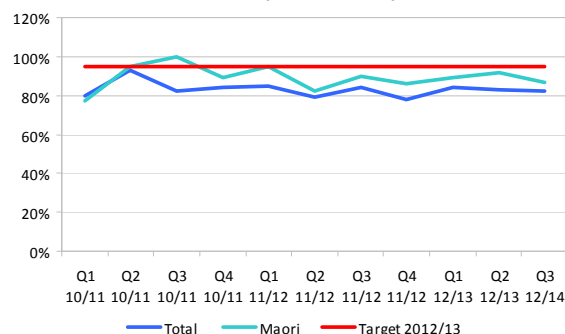
Practice		00-04	May-14	15-24	25-44	45-64	65+	Total
Westland	Maori	89	201	171	209	174	72	916
Buller	Maori	74	121	145	149	134	35	658
Coast Med	Maori	4	5	2	6	12	1	30
Grey Med	Maori	83	114	102	143	123	15	580
High St	Maori	30	61	66	57	57	22	293
Rural Ac	Maori	37	64	61	73	66	8	309
Reefton	Maori	18	43	38	38	35	11	183
South We	Maori	10	18	18	31	25	13	115
	Total	338	608	587	698	612	176	3019

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



ACHIEVEMENTS/ISSUES OF NOTE

Eight-month-old immunisation: 100% of Maori babies have been immunised on time at 8 months of age in quarter 4. This equates to 20 babies out of 20.

Two-year-old immunisation: The West Coast DHB's total coverage for Quarter 4 is 82%. - This remains high as was the case in Quarter 3 an indication of the continuous effort of primary care and Outreach Immunisation Services to achieve the highest possible coverage. Coverage for Māori two-year-olds sits at 95% an increase from Q3- so 21 from 22 eligible Maori babies have been immunised for this age milestone. Work to improve immunisation coverage for both eight-month-olds and two-year-olds includes:

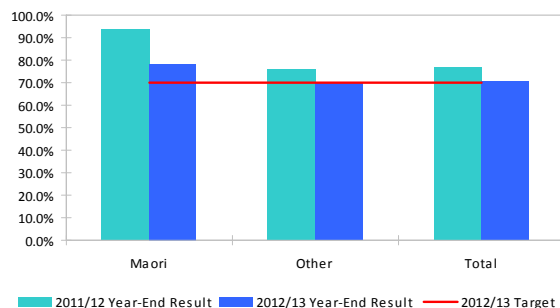
- A process timeline for all practices to use as guidance to ensure timely immunisation by eight months of age;
- NIR Administrator working with a key contact in each practice to identify children due, pending or overdue;
- Timely referral to Outreach Services;
- Collaboration with other Well Child service providers to refer children for immunisation; and
- Improving the enrolment process at birth

Mum4Mum: At the end of Q4, 2012/13, a total of 22 mothers were trained as Mum4Mums of which 22% (5) are Maori. The target for 2012/13 is to have 6 Maori Mum4Mum graduates.

Lactation consultancy contacts and services: For quarter 4, 3 Maori were provided with Lactation support, there were 174 contacts in total, including 45 Maori, 4 Pacific and 125 other ethnicity. Contacts were in homes, maternity ward, phone, Face book, e-mail and text messages about breastfeeding related issues. The target is to have 25 mothers with Maori babies referred to lactation support and specialist advice consultants in 2012/13 and YTD we have 20 Maori mums who have been referred to the service.

Cardiovascular and Diabetes

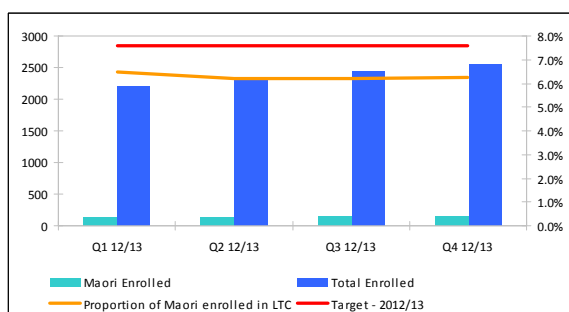
Diabetes Detection: % of people estimated to have diabetes who have had their annual check during the current year



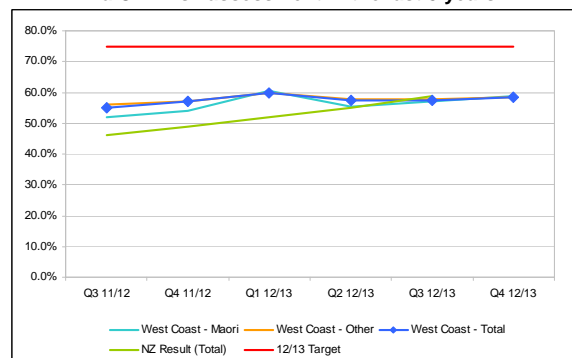
Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



Number of Maori enrolled in LTC management programme



CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



ACHIEVEMENTS/ISSUES OF NOTE

CVD Health Target: Nationally the West Coast DHB sit 6th from 20 DHB's against this target for Maori at 59% with all DHB's sitting more than 20% away from the national target of 90%. The WCDHB, WCPHO and Poutini Waiora are implementing a targeted approach to increase the number of Maori having their cardiovascular risk assessment done. The Clinical Manager of the PHO has been assisting the Kaupapa Maori Nurses to orientate within the practices and facilitate the integration of these positions into the IFHS. The CVRA project has provided a good platform for both the practice nurses and Kaupapa Maori nurses to test how this partnership can practically work. The project involves identifying Maori and Pacific patients who have, for a variety of reasons, not engaged with general practice to get their CVRA - Westland Medical Centre, Grey Medical Centre and Buller Health have the highest numbers of eligible and overdue Maori. Contessa Popata and Fergus Bryant have started working within these practices initially to focus on CVRA.

Additionally there is some extra resource from the Ministry to look at strategies for improving this target one idea that we have been discussing is to target the big companies around the West Coast to work in with their representatives to screen those within their workforce who are eligible.

Diabetes care: The number of Maori accessing free annual diabetes reviews is on target for the period to June 2013 with 70% having an annual review and 73% of them achieving good diabetes management for the period to 30 June 2013.

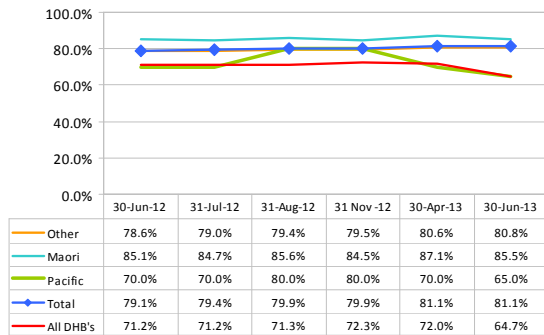
Diabetes: The West Coast achieved its 2012/13 target of reaching 70% of people with diabetes having their annual review. Among those who had their review, 78% had satisfactory or better management of their diabetes (as measured by the clinical indicator HBA1c of $\leq 8.0\%$).

Green Prescription: As part of the larger 2013 Diabetes Budget package, the Ministry of Health have indicated an increase in funding for Green Prescription referrals over the coming four years. For the 2013/14 year, this is an increase from 360 to 500 referrals on the West Coast. Green Prescription has been identified as a key component to help slow or prevent the progression of pre-diabetes and diabetes, as well as a way to support the active management for those who already have diabetes.

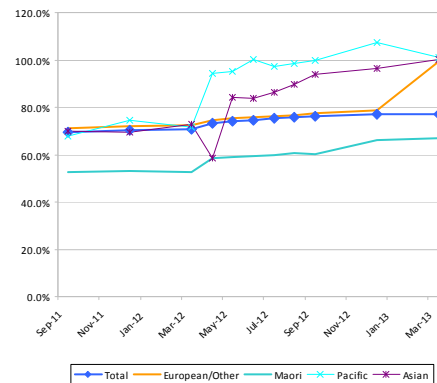
Long Term Condition Management (LTC): 159 Maori are enrolled in the Long Term Conditions programme as at June 30 2013 Maori enrolment makes up 6.2% of all enrolment in the LTC programme. For comparison Maori make up 5.3% of the enrolled population at the primary practices aged 45 years and above. The target is 7.6%. We are working closely with the CEO and Clinical Manager of the PHO, and Poutini Waiora to identify those Maori who are enrolled in the programme and link them in to the Kaupapa Maori Nurses and Kaiarataki.

Cancer

Percentage of eligible Maori women (45-69) receiving breast screening examination in the last 24 months ending



Percentage of eligible Maori women (25-69) receiving cervical screening in the last 3 years ending...



ACHIEVEMENTS/ISSUES OF NOTE

Breast Cancer Screening: Approximately 81% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending 30th June 2013. The coverage for eligible Maori women (85.5%) is higher compared to other ethnicities on the West Coast.

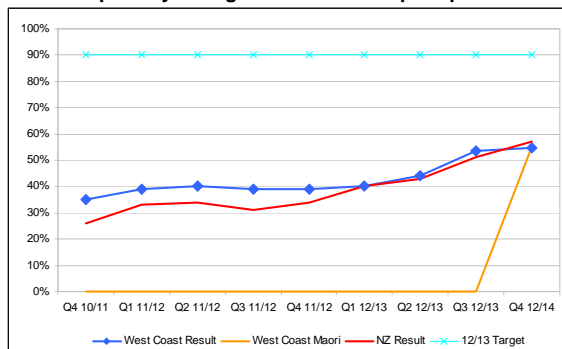
Cervical cancer screening: At the end of March 2013, the three year coverage rate for cervical screening on the West Coast has increased to 77% which is an increase of approximately 4% from the three year period ending 30th June 2012. The coverage rate for Maori eligible women is at 67.1% a significant increase of 14% from 53% in March 2012. We are closely monitoring the Maori cervical screening service and working with the DHB Screening Unit and the practices to ensure the option for the Maori Screener is offered and is being fully utilized by the practices to assist in engaging those hard to reach clients.

Cancer Nurse Coordinator: This role has now been in place for several months and we are working with the Co-ordinator, Andrea Reilly to develop specific objectives for the CNC role when working with Maori. Some of these will be:

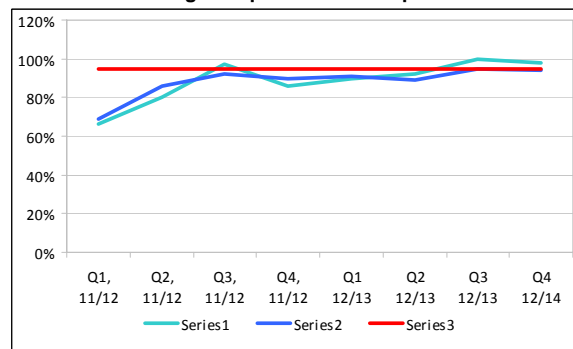
- monitoring Faster Cancer Treatment pathways and providing auditable data to review areas of inequality
- identify Maori patient utilisation of cancer services for cancer diagnosis
- to identify gaps that may occur in existing care pathways and act as a representative of West Coast DHB to incorporate national initiatives into care delivery in a way that solves problems and closes gaps
- to be the referral conduit to ensure Kaupapa Maori Nurses and Kaiawhina services are utilised

Smoking cessation

Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



Secondary Smokefree Health Target: Hospitalised smokers given quit advice & help



ACHIEVEMENTS/ISSUES OF NOTE

Primary Smokefree Health Target: Preliminary results from MoH show a marginal increase in performance against the primary care smokefree health target this quarter, with 55% of people who smoke attending general practice, offered advice and support to quit. Work is continuing on enabling the Clinical Audit Tool to be installed in the DHB Medtech server configuration; this will support clinicians to improve data capture. The PHO has continued to include coding and data entry training as part of orientation for all new practice staff, along with updates for identified current staff.

	Q1 11/12	Q2 11/12	Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Q3 12/13	Q4 12/13
West Coast Result	39%	40%	39%	39%	40%	44%	54%	55%
NZ Result	33%	34%	31%	34%	40%	43%	51%	55%
12/13 Target	90%	90%	90%	90%	90%	90%	90%	90%

Secondary Smokefree Health Target: West Coast DHB achieved the secondary care smokefree health target for Quarter 4, with 95% of patients who smoke offered advice and support to quit (and 98% of Māori). Smokefree staff are working to maintain a clinical focus around the health target, for example running a Quit Card refresher training, which encourages staff to provide Quit Cards on discharge from hospital to take the idea of 'better help for smokers to quit' further than the initial ABC

Aukati Kai Paipa: For the period 01 April 2013 to 30 June 2013 the AKP service has had 23 new clients bringing the total number of clients on the programme YTD to 123 with 28% (23) recorded as validated abstinence at 3 months and 36% self validated.

CLINICAL LEADERS UPDATE



TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 13 September 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

Work is continuing on expanding the range of transalpine health services, with West Coast and Canterbury clinicians being involved in planning and implementing service improvements. The Clinical leaders continue to be heavily involved in the activities of the Alliance Leadership team and the Clinical Board.

Future Workforce Development

Recruitment is soon to be underway for the 2014 Nursing Entry to Practice Programme. We will once again endeavour to recruit 13 new graduate nurses into our system, inclusive of 2 into the New Entry to Specialty Practice (Mental Health and Addictions) Programme. This important component of our future workforce development is essential in the building of a sustainable nursing workforce. Once again this will be done in partnership with the Canterbury District Health Board and the shared NETP programme. We have recently had 2 previous NETP nurses move into integral senior nursing roles in the organisation, Resuscitation/Clinical Nurse Educator and Clinical Nurse Specialist Oncology.

Applications are now open for HWNZ funded nursing Post Graduate study for 2014. We anticipate similar funding as previous years for the West Coast, and will work collaboratively with the South Island Directors of Nursing to ensure effective utilisation of collective funds across the region.

The two rural hospital medicine registrar training positions at Grey Hospital for 2014 have been filled. We continue to work on increasing our registrar training positions for 2015.

Better, Sooner, More Convenient Implementation

The Electronic Referral Management System is in place in General Practice teams across the West Coast, with very good uptake. The following excerpts are taken from the Quarter Four BSMC report to the Ministry of Health, and reflect the increasing integration within the West Coast Health System.

At the end of this quarter 2,552 patients were enrolled in the Long Term Conditions Management programme, out of the WCPHO's approximately 31,000 enrolled patients, this means that 8.2% of the enrolled population is engaged in a structured programme of care for their long term conditions.

Acute Inpatient admissions:

- The WCDHB has surpassed the target for acute length of stay at 3.25 (standardised, year to 31 March 2013) and has the lowest rate in the country.

Acute Readmissions:

- The WCDHB has surpassed the target for acute readmission rates at 7.64 (standardised, year to 31 March 2013) and has the lowest rate in the country.

Reduction in ED attendance:

- The WCDHB has achieved a greater reduction in Triage Level 5 attendance than the minimum 5% sought, with overall attendances reduced by 14% for 2012/13 – down by 654 attendances, compared to 2011/12.

Our 75+ acute readmission result to 31 March 2013 was 11.57%, achieving our 2012/13 target of 12.91%. The West Coast has achieved the lowest rate in the country.

Breastfeeding – Mum4Mum Peer Support Programme

The breastfeeding advocates delivered breastfeeding peer support training in Reefton and South Westland (Franz Josef) this quarter. Given the rurality of South Westland this is particularly beneficial for the small community. The Mum4Mum programme has been developed to overcome issues associated with rurality and isolation, by providing the West Coast mother's the skills to provide one-to-one support and breastfeeding advice to their whanau and community.

HealthPathways

The West Coast HealthPathways Coordinator is working alongside clinical teams to localise the 647 Canterbury HealthPathways. At the beginning of July 2013 the review, localisation and updating process has been completed for a total of 243 pathways, including pathways in the allied health, child health, investigations, and medical and surgical service areas. An additional 68 pathways are currently being reviewed. During June 2013 there were a total of 883 visitors to HealthPathways and 6,097 pages viewed.

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

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Finance

DATE: 13 September 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, a more detailed report is presented and received by the Quality, Finance, Audit and Risk Committee (QFARC) prior to this report being prepared.

2. RECOMMENDATION

That the Board:

- i. notes the financial results for the period ended 31 July 2013.

3. DISCUSSION

Overview of July 2013 Financial Result

The financial information in this report represents a summary and update of the financial statements forwarded to the Ministry of Health and presented to and reviewed by QFARC. The consolidated West Coast DHB financial result for the month of July 2013 was a deficit of \$108k, which was \$41k unfavourable against the budgeted deficit of \$67k.

The breakdown of July's result is as follows.

Financial Overview for the period ending				31 July 2013				
	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,859	6,875	(16)	x	6,859	6,875	(16)	x
Governance & Administration	181	140	41	√	181	140	41	√
Funds & Internal Eliminations	4,443	4,396	47	√	4,443	4,396	47	√
	11,483	11,411	72	√	11,483	11,411	72	√
EXPENSES								
Provider	6,657	6,332	(325)	x	6,657	6,332	(325)	x
Governance & Administration	181	143	(38)	x	181	143	(38)	x
Funds & Internal Eliminations	4,298	4,457	159	√	4,298	4,457	159	√
Total Operating Expenditure	11,136	10,932	(204)	x	11,136	10,932	(204)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	347	479	(133)	x	348	479	(131)	x
Interest, Depreciation & Capital Charge	455	546	91	√	455	546	91	√
Net surplus/(deficit)	(108)	(67)	(41)	x	(108)	(67)	(41)	x

APPENDICES

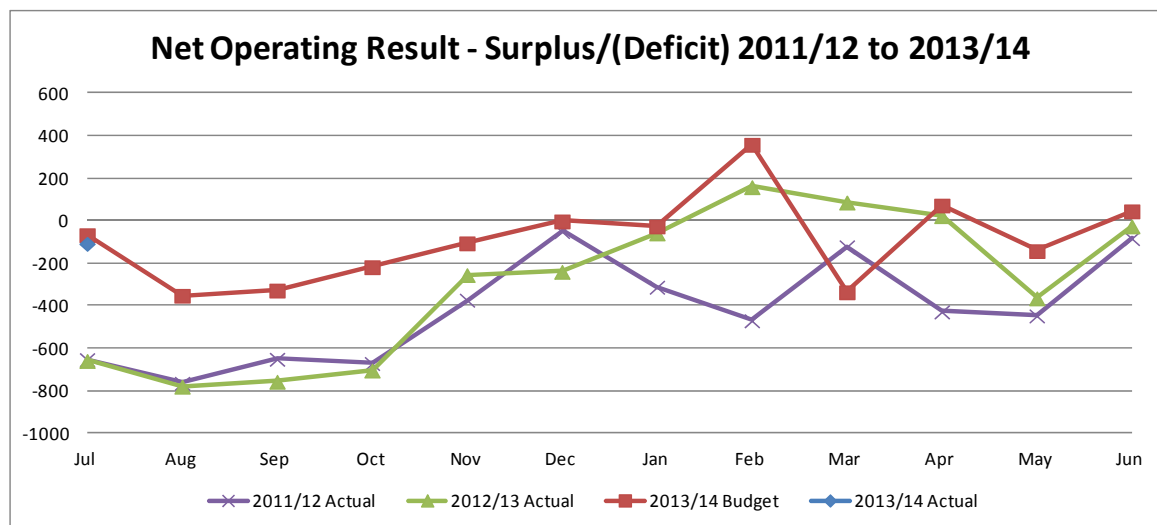
- Appendix 1: Financial Results for the period ending 31 July 2013
- Appendix 2: Statement of Financial Performance – July 2013
- Appendix 3: Statement of Financial Position – July 2013
- Appendix 4: Cashflow– July 2013

Report prepared by: Justine White, General Manager: Finance

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – YTD JULY 2013

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(108)	(67)	(41)	61% ✗	(108)	(67)	(41)	61% ✗

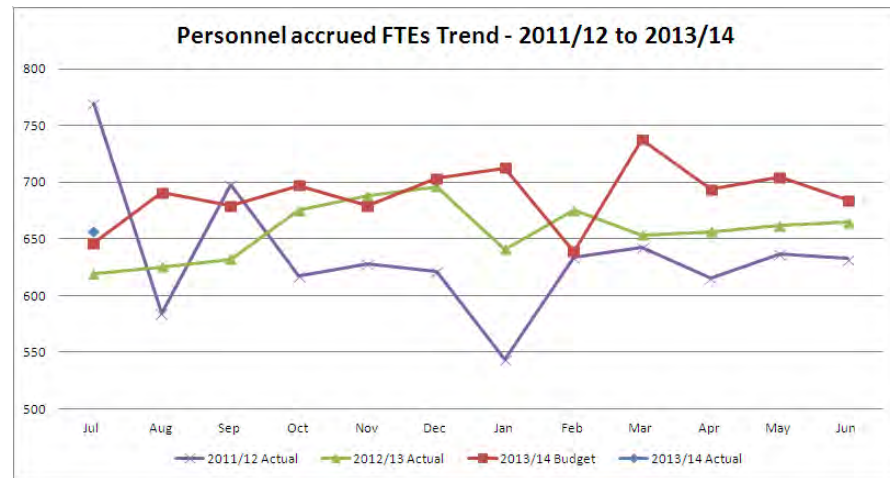
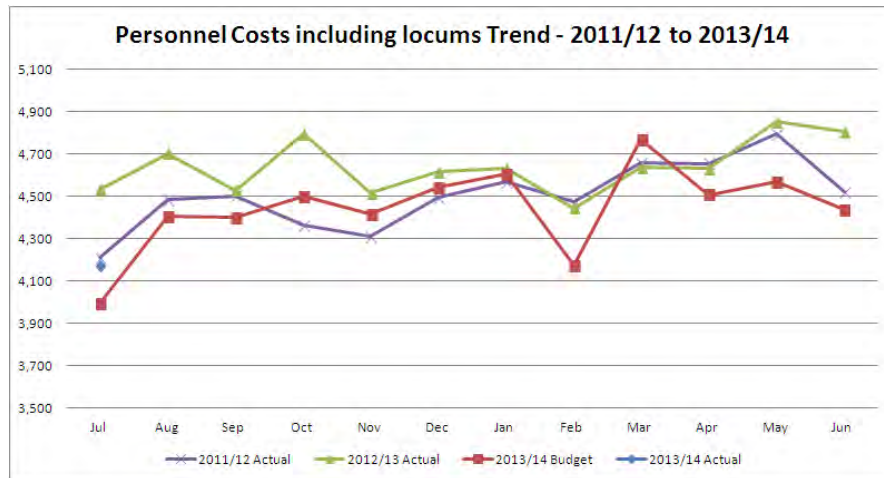


We have submitted an Annual Plan with a net deficit of \$1.1m, which is entirely consistent with the previously outlined reduced deficit track and is also consistent with the Detailed Business Case as compiled for the draft Facilities Development Plan.

KEY RISKS AND ISSUES

We are actively monitoring revenue cost trends to ensure that the anticipated reduced deficit from last year can be attained.

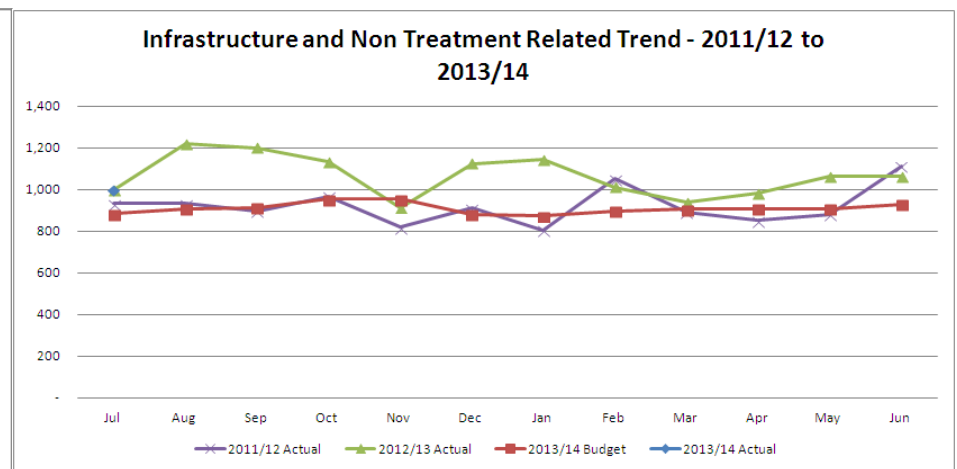
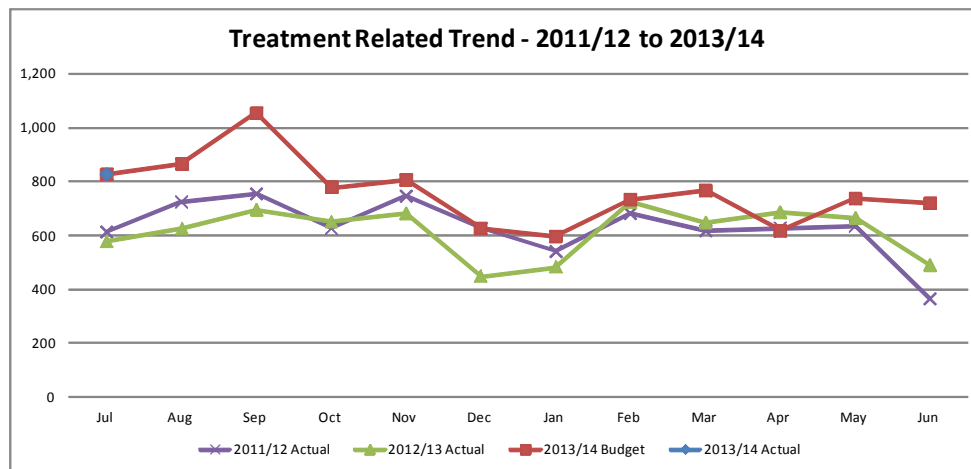
PERSONNEL COSTS/PERSONNEL ACCRUED FTE



KEY RISKS AND ISSUES

From July 2013, Locum costs related to backfill are being included in Personnel costs rather than outsourced clinical costs. Stringent controls and reporting of personnel costs are being used to mitigate deterioration against budget through better use of stabilised rosters and leave planning, although the results were lower than previous months they were above budget. Accrued FTE is largely on target at the start of the year.

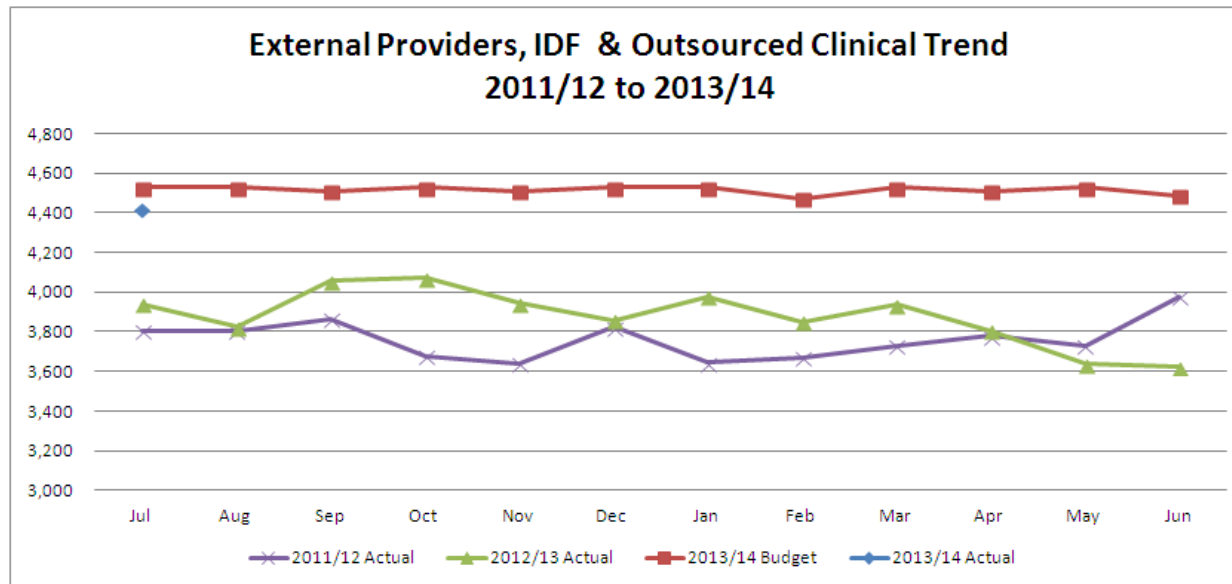
TREATMENT & NON TREATMENT RELATED COSTS



KEY RISKS AND ISSUES

Albeit with cyclical patterns these costs tend to be managed to predictions, key oversight should enable us to meet budget throughout the year.

EXTERNAL PROVIDER COSTS



External provider costs for the month are largely on target.

From July 2013 Outsourced Clinical Services have been reclassified into External Providers within the Funder Arm, rather than in Outsourced Costs in the Provider Arm. This is to enable the Funder to more efficiently allocate resources and manage contracts between external partners.

KEY RISKS AND ISSUES

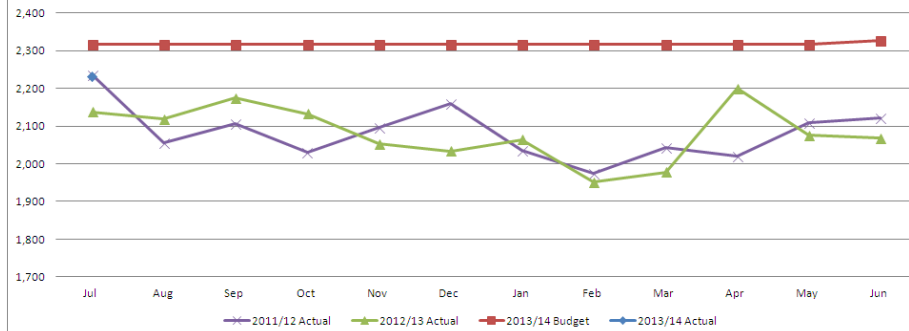
Capacity constraints within the system require continued monitoring of trends and demand for services.

Planning and Funding Division
Month Ended July 2013

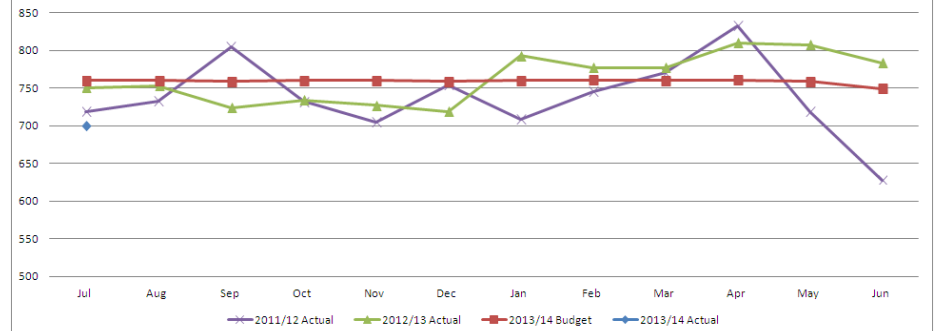
Current Month					Year to Date					2013/14 Annual Budget
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance		
\$000	\$000	\$000	%			\$000	\$000	\$000	%	
					Primary Care					
39	43	4	9%	✓	Dental-school and adolescent	39	43	4	9%	512
0	2	2	100%	✓	Maternity	0	2	2	100%	20
0	1	1		✓	Pregnancy & Parent	0	1	1	100%	8
0	3	3	100%	✓	Sexual Health	0	3	3	100%	33
3	2	-1	-50%	✗	General Medical Subsidy	3	2	-1	-50%	28
549	578	29	5%	✓	Primary Practice Capitation	549	578	29	5%	6,930
-4	0	4	#DIV/0!	✓	Primary Health Care Strategy	-4	0	4	#DIV/0!	0
79	79	0	0%	✓	Rural Bonus	79	79	0	0%	952
1	5	4	80%	✓	Child and Youth	1	5	4	80%	55
0	4	4	100%	✓	Immunisation	0	4	4	100%	53
0	0	0	#DIV/0!	✓	Maori Service Development	0	0	0	#DIV/0!	0
0	0	0	#DIV/0!	✓	Whanua Ora Services	0	0	0	#DIV/0!	0
10	17	7	41%	✓	Palliative Care	10	17	7	41%	215
1	8	7	88%	✓	Chronic Disease	1	8	7	88%	87
22	18	-4	-22%	✗	Minor Expenses	22	18	-4	-22%	215
700	760	60	8%	✓		700	760	60	8%	9,108
					Referred Services					
1	56	55	98%	✓	Laboratory	1	56	55	36%	675
612	687	75	11%	✓	Pharmaceuticals	612	687	75	-2%	8,238
613	743	130	19%	✓		613	743	130	19%	8,913
					Secondary Care					
138	96	-42	-44%	✗	Inpatients	138	96	-42	59%	1,161
115	112	-3	-3%	✗	Travel & Accommodation	115	112	-3	-10%	1,344
1,365	1,366	2	0%	✓	IDF Payments Personal Health	1,365	1,366	2	0%	16,396
1,618	1,574	-44	-3%	✗		1,618	1,574	-44	-3%	18,901
2,931	3,077	147	5%	✓	Primary & Secondary Care Total	2,931	3,077	147	5%	36,922
					Public Health					
0	0	0	13%	✓	Nutrition & Physical Activity	0	0	0	-11%	0
18	11	-7	1%	✗	Public Health Infrastructure	18	11	-7	1%	126
0	0	0	3%	✓	Tobacco control	0	0	0	-5%	0
18	11	-7	-64%	✗	Public Health Total	18	11	-7	-64%	126
					Mental Health					
0	2	2	100%	✓	Eating Disorders	0	2	2	-51%	23
0	0	0	18%	✓	Community MH	0	0	0	19%	0
0	0	0	0%	✓	Mental Health Work force	0	0	0	171%	0
55	47	-8	1%	✗	Day Activity & Rehab	55	47	-8	1%	569
9	10	1	15%	✓	Advocacy Consumer	9	10	1	59%	115
3	11	8	-103%	✓	Advocacy Family	3	11	8	-99%	132
0	3	3		✓	Minor Expenses	0	3	3		30
115	117	2	12%	✓	Community Residential Beds	115	117	2	2%	1,408
69	69	0	0%	✓	IDF Payments Mental Health	69	69	0	0%	823
251	259	8	8%	✓		251	259	8	5%	3,100
					Older Persons Health					
0	0	1	0%	✓	Information and Advisory	0	0	1	-10%	0
0	0	0		✓	Needs Assessment	0	0	0		-1
58	56	-2	23%	✗	Home Based Support	58	56	-2	1%	665
-1	9	10	-3%	✓	Caregiver Support	-1	9	10	6%	111
214	214	0	-45%	✗	Residential Care-Rest Homes	214	214	0	18%	2,520
-4	-4	0		✓	Residential Care Loans	-4	-4	0	150%	-51
16	26	10	88%	✓	Residential Care-Community	16	26	10	17%	314
379	372	-7	-23%	✗	Residential Care-Hospital	379	372	-7	-11%	4,371
-3	0	3	100%	✓	Ageing in place	-3	0	3	88%	0
0	0	0	63%	✓	Environmental Support Mobility	0	0	0	40%	0
14	8	-6	1%	✗	Day programmes	14	8	-6	-7%	96
11	8	-3	85%	✗	Respite Care	11	8	-3	25%	99
92	91	-1	0%	✗	IDF Payments-DSS	92	91	-1	0%	1,089
776	780	2	0%	✓		777	780	2	0%	9,214
1,027	1,039	10	1%	✓	Mental Health & OPH Total	1,028	1,039	10	1%	12,314
3,976	4,127	151	4%	✓	Total Expenditure	3,977	4,127	151	4%	49,362

EXTERNAL PROVIDER COSTS

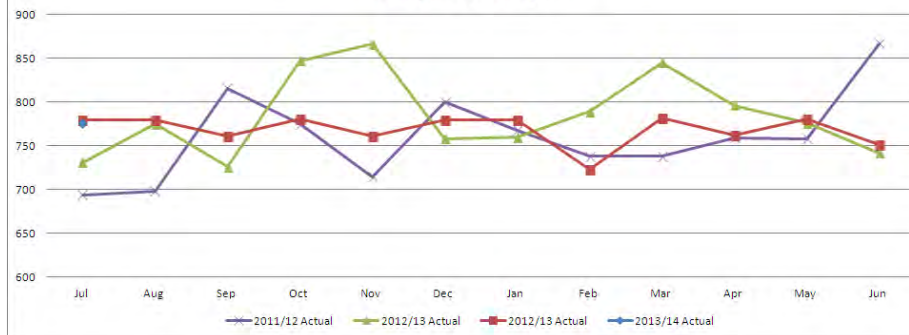
**Secondary and Referred Services Trend
2011/12 to 2013/14**



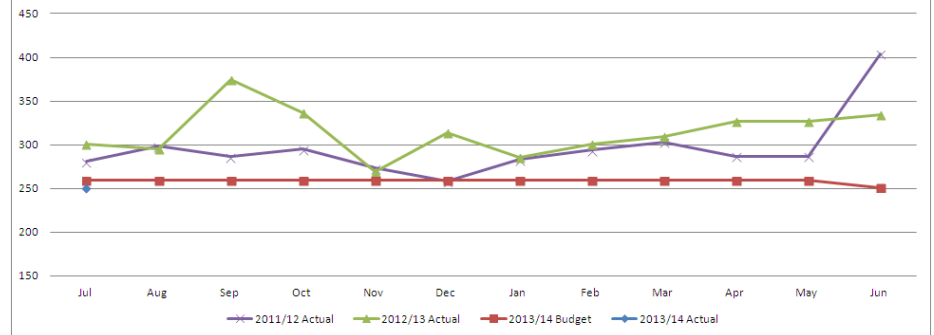
**Primary Care Trend
2011/12 to 2013/14**



**Older Persons Health Trend
2011/12 to 2013/14**



**Mental Health Trend
2011/12 to 2013/14**



FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			Annual Budget \$'000
Equity	10,044	12,061	2,017	17%	✓	12,060
Cash	5,970	6,173	203	3%	✓	7,723

The DHB's cash on hand position has strengthened over the last quarter. We anticipate costs of building seismic strengthening and repairs will to continue to impact our Balance sheet until external funding, as previously approved, has been physically received.

KEY RISKS AND ISSUES

No key risks have been identified to date

APPENDIX 2: STATEMENT OF FINANCIAL PERFORMANCE

West Coast District Health Board
Statement of financial performance

For period ending

31 July 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 2013/14	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	10,894	10,930	(36)	(0.3%)	10,894	10,930	(36)	(0.3%)	131,156	128,940
Inter DHB Revenue	3	3	0	0.0%	3	3	0	0.0%	36	36
Inter District Flows Revenue	135	134	1	0.7%	135	134	1	0.7%	1,622	1,656
Patient Related Revenue	237	281	(44)	(15.7%)	237	281	(44)	(15.7%)	3,371	3,112
Other Revenue	214	63	151	239.7%	214	63	151	239.7%	759	1,088
Total Operating Revenue	11,483	11,411	72	0.6%	11,483	11,411	72	0.6%	136,944	134,833
Operating Expenditure										
Personnel Costs	4,794	4,585	(209)	(4.6%)	4,794	4,585	(209)	(4.6%)	53,310	55,688
Outsourced Services	108	110	2	1.8%	108	110	2	1.8%	1,460	1,445
External Providers	2,884	3,001	117	3.9%	2,884	3,001	117	3.9%	35,866	29,843
Inter District Flows Expense	1,526	1,526	0	0.0%	1,526	1,526	0	0.0%	18,308	16,675
Treatment Related Costs	826	826	0	0.0%	826	826	0	0.0%	9,114	7,369
Infrastructure and Non treatment related costs	998	884	(114)	(12.9%)	998	884	(114)	(12.9%)	10,915	12,787
Total Operating Expenditure	11,136	10,932	(204)	(1.9%)	11,136	10,932	(204)	(1.9%)	131,505	132,927
Result before Interest, Depn & Cap Charge	347	479	(132)	(27.5%)	347	479	(132)	27.5%	5,439	1,907
Interest, Depreciation & Capital Charge										
Interest Expense	55	54	(1)	(1.9%)	55	54	(1)	(1.9%)	642	650
Depreciation	332	424	92	21.7%	332	424	92	21.7%	5,085	4,156
Capital Charge Expenditure	68	68	0	0.0%	68	68	0	0.0%	812	677
Total Interest, Depreciation & Capital Charge	455	546	91	16.7%	455	546	91	16.7%	6,539	5,482
Net Surplus/(deficit)	(108)	(67)	(41)	(60.9%)	(108)	(67)	(41)	(60.9%)	(1,100)	(3,576)

APPENDIX 3: STATEMENT OF FINANCIAL POSITION

West Coast District Health Board

Statement of financial position

As at

in thousands of New Zealand dollars

31 July 2013

Assets

Non-current assets

Property, plant and equipment

Intangible assets

Work in Progress

Other investments

Total non-current assets

Current assets

Cash and cash equivalents

Patient and restricted funds

Inventories

Debtors and other receivables

Assets classified as held for sale

Total current assets

Total assets

Liabilities

Non-current liabilities

Interest-bearing loans and borrowings

Employee entitlements and benefits

Total non-current liabilities

Current liabilities

Interest-bearing loans and borrowings

Creditors and other payables

Employee entitlements and benefits

Total current liabilities

Total liabilities

Equity

Crown equity

Other reserves

Retained earnings/(losses)

Trust funds

Total equity

Total equity and liabilities

Actual	Budget	Variance	%Variance	Prior Year
26,414	30,472	(4,058)	(13.3%)	28,321
1,792	1,442	350	24.3%	917
2,317	528	1,789	338.8%	513
0	2	(2)	(100.0%)	2
30,523	32,444	(1,921)	(5.9%)	29,753
5,970	6,173	(203)	(3.3%)	6,881
60	58	2	3.4%	58
1,089	1,040	49	4.7%	1,044
3,840	4,614	(774)	(16.8%)	4,411
136	136	0	0.00%	136
11,095	12,021	(926)	(7.7%)	12,530
41,618	44,465	(2,847)	(13.6%)	42,283
12,195	12,195	0	0.00%	12,195
3,008	3,461	(453)	(13.1%)	3,152
15,203	15,656	(453)	(2.9%)	15,347
250	250	0	0.00%	250
7,865	8,374	(509)	(6.1%)	8,959
8,256	8,124	132	1.6%	8,190
16,371	16,748	(377)	(2.3%)	17,399
31,574	32,404	(830)	(2.6%)	32,746
69,729	71,729	(2,000)	(2.8%)	66,197
19,569	19,569	0	0.00%	19,569
(79,293)	(79,276)	(17)	0.0%	(76,268)
39	39	0	0.00%	39
10,044	12,061	(2,017)	(16.7%)	9,537
41,618	44,465	(2,847)	(6.4%)	42,283

APPENDIX 4: CASHFLOW

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

31 July 2013

in thousands of New Zealand dollars

Cash flows from operating activities

Cash receipts from Ministry of Health, patients and other revenue

Cash paid to employees

Cash paid to suppliers

Cash paid to external providers

Cash paid to other District Health Boards

Cash generated from operations

Interest paid

Capital charge paid

Net cash flows from operating activities

Cash flows from investing activities

Interest received

(Increase) / Decrease in investments

Acquisition of property, plant and equipment

Acquisition of intangible assets

Net cash flows from investing activities

Cash flows from financing activities

Proceeds from equity injections

Repayment of equity

Cash generated from equity transactions

Borrowings raised

Repayment of borrowings

Net cash flows from financing activities

Net increase in cash and cash equivalents

Cash and cash equivalents at beginning of period

Cash and cash equivalents at end of year

Monthly Reporting				Year to Date				2013/14	2012/13
Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
11,634	11,391	243	2.1%	11,634	11,391	243	2.1%	136,704	135,453
(5,742)	(4,538)	(1,204)	26.5%	(5,742)	(4,538)	(1,204)	26.5%	(55,948)	(55,710)
(1,503)	(1,820)	317	(17.4%)	(1,503)	(1,820)	317	(17.4%)	(21,335)	(31,744)
(3,019)	(3,001)	(18)	0.6%	(3,019)	(3,001)	(18)	0.6%	(35,866)	(31,499)
(1,391)	(1,526)	135	(8.8%)	(1,391)	(1,526)	135	(8.8%)	(18,308)	(15,019)
(21)	506	(527)	(104.2%)	(21)	506	(527)	(104.2%)	5,247	1,480
(55)	(54)	(1)	1.9%	(55)	(54)	(1)	1.9%	(642)	(648)
0	(68)	68	(1)	0	(68)	68	(1)	(812)	(677)
(76)	384	(460)	(119.8%)	(76)	384	(460)	(119.8%)	3,793	155
70	20	50	250.0%	70	20	50	250.0%	240	229
0	0	0		0	0	0		0	0
(211)	(258)	47	(18.2%)	(211)	(258)	47	(18.2%)	(3,300)	(3,436)
(6)	(17)	11	(64.7%)	(6)	(17)	11	(64.7%)	0	(1,706)
(147)	(255)	108	(42.4%)	(147)	(255)	108	(42.4%)	(3,060)	(4,913)
0	0	0		0	0	0		0	3,600
0	0	0		0	0	0		0	(68)
0	0	0		0	0	0		0	3,532
0	0	0		0	0	0		0	
0	0	0		0	0	0		0	0
0	0	0		0	0	0		0	0
(223)	129	(352)	(273.0%)	(223)	129	(352)	(273.0%)	1,765	(1,226)
6,172	6,044	128	2.1%	6,172	6,044	128	2.1%	6,044	7,398
5,949	6,173	(224)	(3.6%)	5,949	6,173	(224)	(3.6%)	7,809	6,172

HEALTH TARGET REPORT – QUARTER 4



TO: Chair and Members
West Coast District Health Board

SOURCE: Planning & Funding

DATE: 13 September 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 4 (April – June 2013). The attached report (Appendix 1) provides a detailed account of the results and the work underway for each health target.

DHB performance against the health targets is published each quarter in newspapers and on the Ministry and DHB websites. The Quarter 4 health target league table is attached as Appendix 2.

2. RECOMMENDATION

That the Board notes the West Coast's performance against the health targets.

3. SUMMARY

The West Coast has performed exceptionally well in Quarter 4. It has:

- Achieved the **ED health target**, with 99.6% of people admitted or discharged within six hours. The West Coast is leading the country in performance against this health target.
- Achieved 106% of the full-year **electives health target**, delivering 1,686 elective surgeries.
- 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.
- Achieved the **immunisation health target** for the first time, with 93% of all eight-month-olds fully immunised (the national target is 85%), including all Māori children.
- Met the **hospitalised smokers health target** for the first time, with 95% of hospitalised smokers having received advice and help to quit.

Health target performance has been weaker, but still improving, in the following areas:

- General practices' performance against the **primary care smokers health target** continues to show modest increases, with 55% of smokers attending primary care receiving advice and help to quit. Activities continue to focus on improving data capture, feedback and training.
- Performance against the **heart checks health target** has slightly increased to 58.4% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five 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.

It is anticipated that the installation of the Clinical Audit Tool (expected to be in the next quarter) will support improvement in both these targets.

4. **APPENDICES**

Appendix 1:	Health Target Report – Quarter 4
Appendix 2:	Ministry Health Target League Table – Quarter 4
Report prepared by:	Planning and Funding
Report approved by:	Carolyn Gullery, GM Planning & Funding David Meates, Chief Executive

National Health Targets

Quarter 4 2012/13 Performance Summary

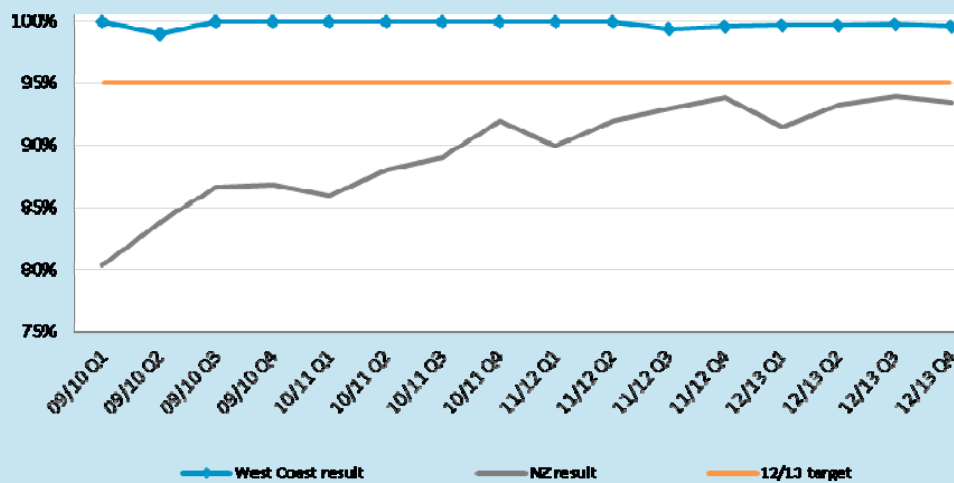
Target	Q1 12/13	Q2 12/13	Q3 12/13		Target	Status	Pg
Shorter Stays in ED: Patients admitted, discharged or transferred from an ED within 6 hours	99.7%	99.7%	99.8%	99.6%	95%	✓	2
Improved Access to Elective Surgery: West Coast's volume of elective surgery	447 YTD	846 YTD	1,173 YTD	1,686	1,592	✓	2
Shorter Waits for Cancer Treatment: People needing cancer radiation therapy or chemotherapy having it within four weeks	100%	100%	100%	100%	100%	✓	3
Increased Immunisation: Eight-month-olds fully immunised	79%	84%	78%	93%	85%	✓	3
Better Help for Smokers to Quit: Hospitalised smokers receiving help and advice to quit	91%	89%	91%	95%	95%	✓	3
Better Help for Smokers to Quit: Smokers attending general practice receiving help and advice to quit	40%	44%	53%	55%	90%	✗	5
More Heart and Diabetes Checks: Eligible enrolled adult population having had a CV risk assessment in the last 5 years	60%	58%	58%	58%	75%	✗	6

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



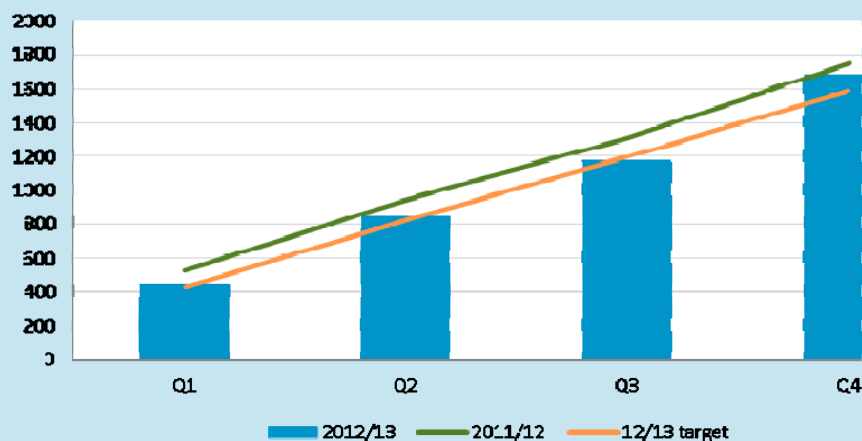
The West Coast continues to achieve impressive results against the ED health target, with **99.6%** of patient events admitted, discharged or transferred from ED within 6 hours during Quarter 4.

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 DHB¹



1,686 elective surgical cases were delivered to Coasters in the 2012/13 year, representing **106%** of our target delivery (94 discharges above target).

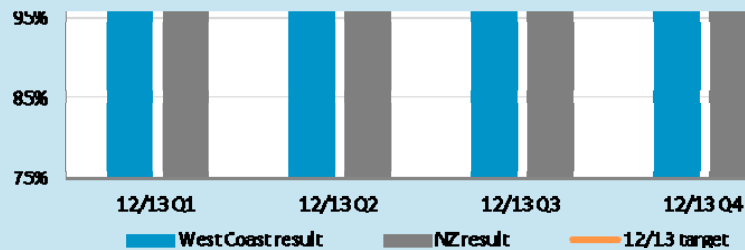
¹ Excludes cardiology and dental procedures. Progress is graphed cumulatively.

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 weeks²



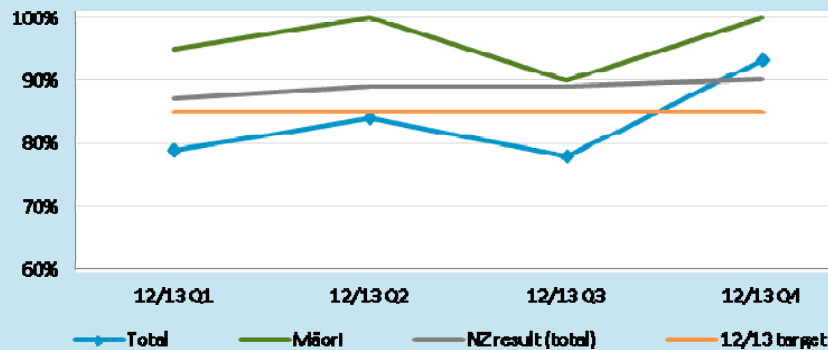
In Quarter 4, **100%** of patients met the 4 week target for both radiation therapy and chemotherapy.

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



The West Coast achieved outstanding results in Quarter 4, with **93%** of all eight-month-olds fully immunised during the quarter – a large improvement on previous quarters and well above the national target of 85%. The West Coast also achieved strong results for Māori, with 100% of Māori eight-month-olds fully immunised.

This substantial improvement has been possible due to much lower rates of parents choosing to decline immunisation (1.7%, vs. 4.7% last quarter) or opt their child off the NIR (3.3%, vs. 11.6% last quarter).

This left just two eight-month-old children overdue for their vaccinations who had not opted off or declined. Both have been partially (but not yet fully) vaccinated, indicating engagement with immunisation services.

Due to staff changes on the West Coast, immunisation is now being managed by one person across Canterbury and West Coast DHBs. This will ensure a better understanding of what other DHBs are doing and the sharing of ideas. A Position Paper has been drafted for the West Coast that focuses on what interventions could be made to streamline immunisation events and ensure early identification of overdue children. The draft is currently being reviewed by the Chair of the West Coast Immunisation Advisory Group.

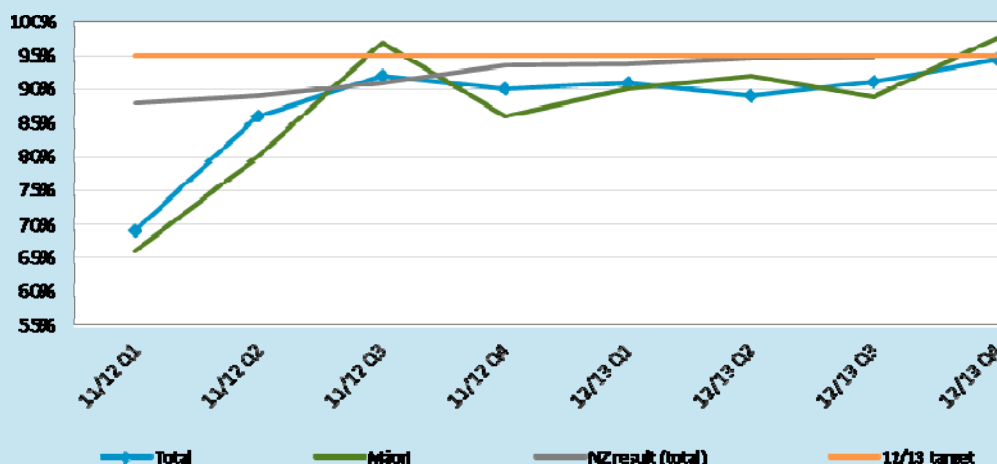
² The wait time is defined as the time between the first specialist assessment and the start of treatment. The measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.

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 4, West Coast DHB staff provided **95%** of hospitalised smokers with smoking cessation advice and support – up from 91% in the previous quarter and meeting the national target for the first time.

Work has continued with Clinical Nurse Managers (CNMs) to identify ‘missed’ patients and pinpoint any gaps at ward level. Following up these patients has now become common practice by CNMs and has had a notable impact on the health target.

During the quarter, the Smokefree Services Coordinator (SSC) has focused on the training approach, ensuring there is a clear and simple rationale. The mandatory training content was reviewed and revised, making it shorter and more up-to-date. Alongside this, a new ‘on-site’ training option was developed, with a strong focus on the clinical relevance of the target. This was trialled at ED on request from the CNM and received positive feedback from staff.

ED was an area of focus this quarter; alongside the on-site training, there was regular communication with the CNM of both Buller and Grey EDs regarding the ABC initiative, and there has been positive progress in this area throughout the quarter (four of the six ‘misses’ in these two EDs occurred in April - showing improvement over May and June). There is now clarity around what is expected from staff; however, support and monitoring will continue into the next quarter.

An initial Quit Card ‘refresher’ half-day training during the quarter aimed to encourage staff to provide Quit Cards on discharge from hospital to again take the idea of ‘better help for smokers to quit’ further than just documenting the initial ABC. Two more Quit Card refresher courses will be held in Quarter 1 2013/14 (one each in Greymouth and Westport), and interest for these courses is already high.

The SSC has started background work on a Nicotine Replacement Therapy charting audit, which will be carried out and reported on in Quarter 1 2013/14. The DHB is keen to make this a positive exercise to use as another way of promoting the clinical relevance of the target, and has enlisted the support of the smokefree champions and senior clinicians.

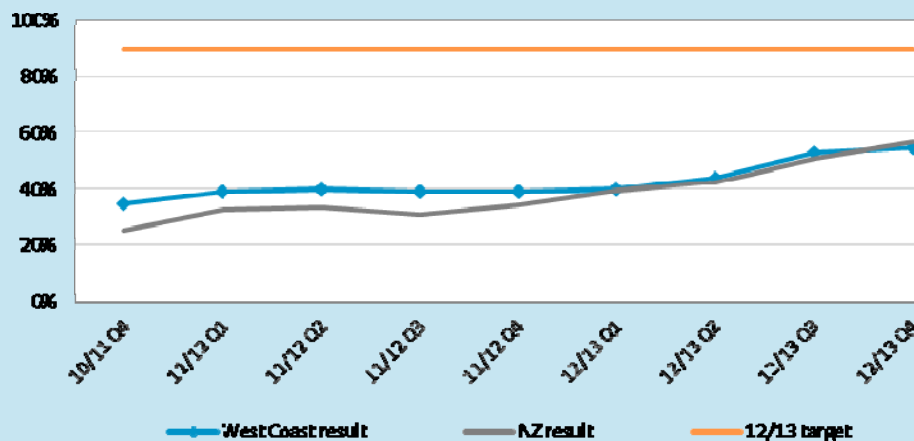
While small numbers continue to make the 95% target a challenge, the WCDHB is pleased to have achieved the target in Quarter 4 and is committed to continued achievement in future quarters.

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 smoking³



West Coast general practices have reported giving 2,370 smokers brief advice and help to quit in the year to 30 June 2013. This figure is an increase of 64 patients compared to the last quarter. The quit activity during this quarter represents **55%** of current smokers expected to be seen in general practice during this period receiving advice and help to quit – an increase of 2% from the previous quarter.

The Smokefree Services Coordinator (SSC) continues to provide ABC training to new practice staff and to meet with PHOs to discuss results and overcome barriers. The SSC has also been using the monthly 'Primary Health Bulletin' (circulated to all practices' staff) as a means of providing practice-specific feedback on results and to keep the health target clinically relevant (e.g. providing the clinical rationale for ABC⁴ and updates on Coast Quit cessation outcomes). Positive feedback has been received from practices on sharing cessation outcomes via the Bulletin so that a clear link can be made between the ABC intervention and patients quitting smoking.

Key activities during Quarter 4 included the following.

- Monthly coding and data entry training was implemented at the PHO as part of orientation for all new practice staff. The first of the new Quit Card Update sessions was delivered in May, with further sessions planned for July (Greymouth) and August (Westport).
- The PHO Clinical Manager is meeting with each practice to review their results and identify actions.
- Use of Healthstat to monitor practice performance. The Clinical Audit Tool (CAT) was to be installed during the quarter, but this has been delayed due to IT issues. A fix is now underway and should be completed within the next quarter. When installed, the CAT will enable clinicians to more easily identify patients who do not have a smoking status coded so that they can then plan for this data capture as part of their Quality Improvement process. The privately owned primary practice in Greymouth has the CAT up and running.
- The ABC 'call up' project has now worked in four practices, with good results in recording of brief advice as documented in patient notes, plus telephone interventions as indicated. The purpose of this project was to close the gap between A's and B's while sustainable systems for capturing and coding ABC (such as HealthStat and the CAT) were being implemented, and it is now nearing completion.

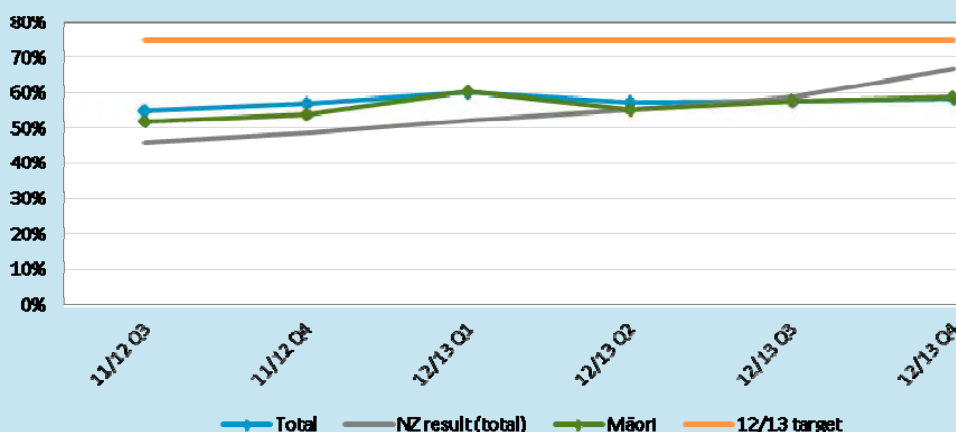
³ Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).

⁴ The ABC Strategy for Smoking Cessation involves Asking if a patient smokes, offering Brief advice to quit and referring them to Cessation support.

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 ⁵



Data for the five years to 30 June 2013 shows that West Coast general practices have slightly increased coverage, with **58.4%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVRA) – up from 57.8% in Quarter 3. A total of 580 CVRAs were conducted in Quarter 4 – up from 400 in Quarter 3.

Key activities during Quarter 4 included the following:

- Ongoing support from the PHO clinical manager to practice nurses/teams to identify eligible patients.
- Practice teams actively inviting eligible people to nurse-led clinics to have their CVRA.
- Concentration on the high-need population who haven't been screened. Practices receive quarterly reports on high-needs patients who aren't screened.
- Use of Healthstat to monitor practice performance. The Clinical Audit Tool (CAT) was to be installed during the quarter, but this has been delayed due to IT issues. A fix is now underway and should be completed within the next quarter. When installed, the CAT will enable practice teams to identify eligible patients who have not yet been screened and address this as part of their Quality Improvement process.
- Collaboration between newly appointed Rata Te Awhina Trust's Kaupapa Māori nurses, the PHO and several practices on outreach to Māori who have not responded to invitations for CVRA. Plans being developed include an awareness campaign; proactive patient follow-up; outreach services and community clinics; and a tailored package of care from Rata Te Awhina through its Kaupapa Māori Nurses and Kaiarataki (non-clinical Māori Health Navigator). Greymouth Medical Centre and Rata Te Awhina have begun working together to support Māori and Pacific people with long-term conditions through a Kaupapa nurse working within the practice. This will be a pilot model for other practices to follow.

The PHO Clinical Governance Board has supported the move to non-fasting blood testing for people who have never been screened before, 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, enabling opportunistic CVRA, instead of having people leave to fast in the first instance.

Patient focus remains paramount; in working to meet the target, we must also ensure quality care and follow-up for patients in the long-term conditions management programme to ensure the best health outcomes.

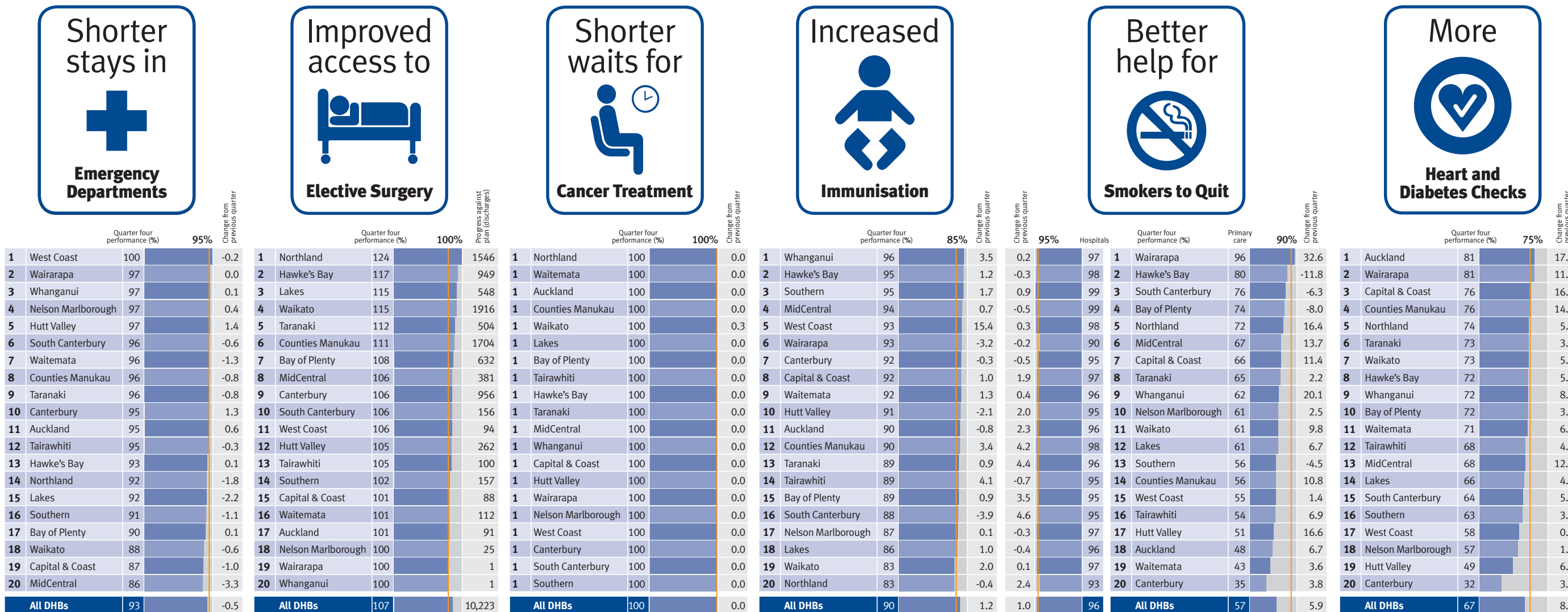
⁵ Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).

How is My DHB performing?



2012/13 QUARTER FOUR (APRIL-JUNE) RESULTS

www.health.govt.nz/healthtargets



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.

From next quarter, some level two emergency department facilities will be included in the target.

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 148,259 discharges for the 2012/13 year, and have delivered 10,223 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.

Increased immunisation

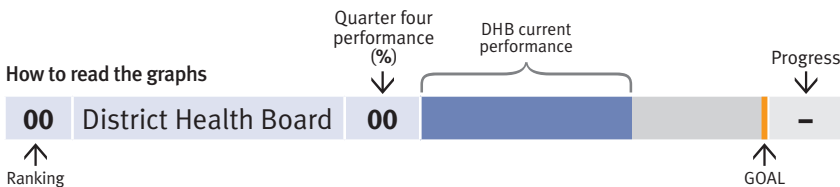
The national immunisation target is 85 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time by July 2013, 90 percent by July 2014 and 95 percent by December 2014. This quarterly progress result includes children who turned eight-months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



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

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 22 AUGUST 2013



TO: Chair and Members
West Coast District Health Board

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

DATE: 13 September 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 22 August 2013. Following confirmation of the minutes of that meeting at the 10 October 2013 meeting, confirmed minutes of the 22 August 2013 meeting will be provided to the Board at its 25 October 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 – 22 August 2013.
- ii. Asks management to revisit with Councils the fluoridation of water supplies on the West Coast.

3. **SUMMARY**

ITEMS OF INTEREST FOR THE BOARD

- **Community & Public Health Update.**

This report provided the Committee with updates on: Grey District Council Economic Development Strategy; Grey High School Careers Expo; and the Youth Health Action Group.

Discussion also took place regarding the fluoridation of West Coast water supplies and the Committee asked that a recommendation be made to the Board that this be revisited with the local Councils.

- **Planning & Funding Update**

This report provided the Committee with an update on progress made on the Minister of Health's health and disability priorities and the West Coast DHBs Annual Plan priorities.

The Committee noted that trends show a reduction in the amount of people moving into rest homes. This is the direction we have been trying to encourage with an outcome of keeping people well in their own homes. It was noted that specialist dementia care does not have this same trend. The growth in District Nursing workload was also noted.

Planning for the roll out of electronic shared care has commenced and this will enable access to all interested parties.

Discussion took place regarding the wait times for non-urgent routine GP appointments still being 11 days. The Committee noted that the DHB is refocusing its investment into Primary Care to improve this.

Discussion also took place regarding the results around the immunisation target with 93% of eight-month-olds fully immunised, including 100% of Maori children which is a substantial increase on previous quarters.

- **Maori Health Activity Update**

This report provided an update on Maori Health for Q4 2012/13.

Using the 2006 census figures 100% of Maori were enrolled with the PHO as at the end of June 2013. Enrolments for Maori and Pacific people continue to increase at a faster rate than other ethnicities and have for the first time exceeded that of other ethnicities.

Discussion took place regarding the CVD Health Target and although nationally the West Coast sits in 6th place out of 20 DHBs for this target for Maori at 59%, all DHBs sit more than 20% away from the national target of 90%. The West Coast DHB, West Coast PHO and Poutini Waiora are implementing a targeted approach to increase the number of Maori having their cardiovascular risk assessment done.

- **Alliance Update – Quarterly Report**

This report provided an update of progress made on the implementation of “Better Sooner More Convenient” for Q4 2012/13.

Discussion took place regarding the Health Needs Analysis and whether this means that the Health Needs Assessment is underway. The Committee noted that is the case and that some of this work will inform the 14/15 planning process together with work undertaken around the Facilities Business Case.

The Committee noted that in regard to transport options there is still a Regional process being undertaken which is almost completed.

- **General Business**

Discussion took place regarding Disability issues and the Committee noted that the Ministry of Social Development have a programme called “think differently”. It was agreed that this would be placed on the agenda for the next meeting.

The General Manager, Planning & Funding suggested that a disability plan be put together to focus on what is taking place in the area on the West Coast.

Discussion also took place regarding the role of the Committee and what advice the Committee should be providing to the Board. As part of this discussion it was agreed that management would look at how the Committee can be involved in the next planning process.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 22 August 2013.

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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 22 August 2013 commencing at 9.00am

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

11 July 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 – Quarterly Report

Carolyn Gullery
General Manager, Planning & Funding

9.55am - 10.10am

8. General Business

Elinor Stratford
Chair

10.35am - 10.50am

ESTIMATED FINISH TIME

10.50am

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 2 August 2013
- West Coast CPHAC/DSAC Workplan 2013
- West Coast DHB 2013 Meeting Schedule
- PHO Quarterly Report

NEXT MEETING

Date of Next Meeting: 10 October 2013 Corporate Office, Board Room at Grey Base Hospital.

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 22 AUGUST 2013



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 13 September 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 22 August 2013. Following confirmation of the minutes of that meeting at the 10 October 2013 HAC meeting, full minutes of the 22 August 2013 meeting will be provided to the Board at its 25 October 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 – 22 August 2013.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 22 August 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.

MANAGEMENT REPORT

Ralph La Salle, Acting General Manager, Hospital Services, presented this report. He commented that this being the first month of the new financial year there not a lot of new things to report however worth mentioning is that the West Coast DHB has achieved one year without a Central Line Associated Bacterium (CLAB) incident.

Also achieved were 1,686 elective discharges in 2012/13 with the final ESPI reports showing achievement to green status for both ESPI 2 and ESPI 5.

In regard to general surgery the Committee noted that although there has been an excessive amount of illness and leave taken over the last few months this has been offset by the use of locums who have previously worked on the West Coast.

Discussion took place regarding recruitment reporting and management agreed to provide the Committee with some more information in this regard. Discussion also took place regarding

expectations and the processes around short term employment (2 – 3 years).

Mr La Salle also spoke about the reporting to this Committee going forward and the Committee noted that there will be a change in the format of the report.

The Committee noted that whilst there are still some historic issues to be addressed, the transalpine orthopaedic service is improving with the new SMO taking an active role.

The Committee also noted the focus of the Central Booking Unit on getting bookings out to six weeks.

The Committee discussed the waiting list process and how patients who do not qualify for surgery are managed.

Discussion also took place regarding: maternity services in Buller; vehicle booking systems; and emergency planning.

FINANCE REPORT.

Justine White, General Manager, Finance presented this report. The Committee noted that the unaudited result for the 2012/13 financial year is just under \$3.6m.

Discussion took place regarding the budgeted deficit of \$1.1m for 2013/14 and the challenges around achieving this.

Discussion also took place regarding the work taking place in general practice with Better Health West Coast.

CLINICAL LEADERS UPDATE

Karyn Kelly, Director of Nursing & Midwifery, presented this report. The Committee noted in particular the “Open for Better Care” campaign.

Discussion took place regarding: the ageing workforce in nursing; the uptake on transport from Buller which has now changed to an “on demand” Service; the training of midwives with CPIT and their placements after training; and the membership of the Clinical Board.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 22 August 2013.

Report prepared by: Sharon Pugh Chair, Hospital Advisory Committee

AGENDA



WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING

To be held in the Board Room at Corporate Office, Grey Base Hospital

High Street, Greymouth

Thursday 22 August 2013 commencing at 11.00am

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

11 July 2013

3. Carried Forward/ Action Items

REPORTS/PRESENTATIONS

11.10am

4. Management Report

Ralph la Salle

11.10am - 11.30am

Acting Operations Manager, Hospital Services

5. Finance Report

Justine White

11.30am - 11.45am

General Manager, Finance

6. Clinical Leaders Report

Karyn Kelly

11.45am – 12noon

Director of Nursing & Midwifery

7. General Business

12noon

ESTIMATED FINISH TIME

12.20pm

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 02 August 2013
- West Coast DHB 2013 Meeting Schedule
- 2013 Workplan
- Clinical Board Presentation

NEXT MEETING

Date of Next Meeting: 10 October 2013

Corporate Office, Board Room at Grey Base Hospital.

TATAU POUNAMU ADVISORY GROUP MEETING UPDATE – 22 AUGUST 2013



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Tatau Pounamu Advisory Group

DATE: 13 September 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 22 August 2013. Following confirmation of the minutes of that meeting at the 10 October 2013 Tatau Pounamu Advisory Group meeting, full minutes of the 22 August 2013 meeting will be provided to the Board at its 25 October 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 Tabu; 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 Tabu 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 Tabu kawa (custom/protocol) and tikanga (rules of conduct).*

2. RECOMMENDATION

That the Board:

- i. notes the Tatau Pounamu Advisory Group Meeting Update – 22 August 2013.

3. SUMMARY

Detailed below is a summary of the Tatau Pounamu Advisory Group meeting on 22 August 2013. A copy of the agenda for this meeting is attached as Appendix 1.

ITEMS OF INTEREST FOR THE BOARD

The following items were considered by Tatau Pounamu:

Grey Integration Workshop Report and Alliance Update

Tatau Pounamu discussed its concerns regarding the issues of integration for Māori Health services, what seems to be a lack of clear purpose of the ALT and concerns that engagement in a valued and meaningful way is not evident. The Chair of Tatau Pounamu is tasked with discussing these concerns with Michael Frampton.

Building a pool of potential people that can participate to bring a kaupapa Māori lens and voice to work in planning or development areas like the ALT work streams is an on-going agenda item for Tatau Pounamu. We need to identify from across our community the right people that would add value, being mindful that we need to also build capacity of Māori in our community otherwise we are always reliant on a small few.

Work Plan July 2013 – June 2014

Tatau Pounamu has developed an annual work plan which is to be utilised as a guide for the group over the next 12 months. Further items may be added as the year progresses.

Review of Tatau Pounamu Terms of Reference

The Terms of Reference was reviewed with a number of changes proposed and included which better reflect the Memorandum of Understanding. The final version is to be considered at the October meeting.

Whānau Ora Update

He Oranga Pounamu presented the most recent update of the Waka Ora programme of action for the Te Waipounamu Whānau Ora collective. Rata Te Āwhina is a member of this collective and will be one of the first providers to roll out their transformation programme.

Family Violence Intervention Plan

The Family Violence Coordinator presented the Family Violence Intervention Plan to enable Tatau Pounamu to review its responsiveness to Māori. It was pleasing to see the training programme has a strong tikanga/values based component and ensure staff have an awareness of tikanga Māori principles and how to deal with Māori families in a culturally responsive manner.

4. APPENDICES

Appendix 1: Agenda – Tatau Pounamu Advisory Group Meeting – 22 August 2013

Report prepared by: Gary Coghlan, GM Maori Health on behalf of Lisa Tumahai, Chair, Tatau Pounamu

TATAU POUNAMU ADVISORY GROUP MEETING
To be held in the Community Services Meeting Room, West Coast DHB
Thursday 22 August 2013 commencing at 2.30 pm

KARAKIA

2.30 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

11 July 2013

3. Carried Forward/Action List Items

4. Discussion Items

- Participation – pool of potential people
- Suicide Prevention Action Plan
- Kaizen Maori Health Workshop
- West Coast Alliance Update / BSMC Quarterly Update

REPORTS

5. Chair's Update – Verbal Report

Chair

6. GM Maori Health Report

General Manager Maori Health

7. Healthy Lifestyle Services Report

Planning & Funding Service Development
Manager

PRESENTATIONS

- Family Violence Intervention Plan – Clair Newcombe, Family Violence Co-ordinator
- Whānau ora Update - Maania Farrar, Waka ora Programme Manager, Whānau ora, He Oranga Pounamu

INFORMATION ITEMS

- Tatau Pounamu meeting schedule for 2013
- Work Plan 2013 -2014
- Chair's Report to the Board
- Maori Health Plan Indicator Review – Performance to 30 June 2013

ESTIMATED FINISH TIME

NEXT MEETING

- Thursday 10 October 2013

RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 13 September 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 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 28 June 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.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	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 OF THE COMMUNITY AND PUBLIC HEALTH
AND DISABILITY SUPPORT ADVISORY COMMITTEE**
held in the Board Room, Corporate Office, Grey Base Hospital
on Thursday, 11 July 2013 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); John Ayling; Lynette Beirne; Kevin Brown; Dr Cheryl Brunton; Jenny McGill; Robyn Moore; John Vaile; Peter Ballantyne (ex-officio) and Dr Paul McCormack (ex-officio)

APOLOGIES

An apology for absence was received and accepted from Mary Molloy.

EXECUTIVE SUPPORT

Carolyn Gullery (General Manager, Planning & Funding); and Kay Jenkins (Minutes).

WELCOME

The Chair welcomed everyone joined together in the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

John Ayling – add Chair PHO Alliance.

Elinor Stratford – remove Committee Member CARE and Member of Sub Committee Stroke Conference and add Disability Resource Trust, Contractor to wind up organisation.

Declarations of Interest for Items on Today's Agenda

John Ayling declared a possible conflict of interest for Item 7.

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (7/13)

(Moved: Lynette Beirne; Seconded: Cheryl Brunton - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 6 June 2013 be confirmed as a true and correct record subject to the following change: Item 4 – change “until the products are completely banned” to “until new legislation is passed later this year”.

3. CARRIED FORWARD/ACTION ITEMS

There were no carried forward items.

4. COMMUNITY & PUBLIC HEALTH UPDATE

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

This report from Community & Public Health provided information as follows:

Health Impact and the Public Health Response to Major Job Losses in Small Communities

The West Coast Community & Public Health team were motivated to obtain a literature review on this topic in the wake of the announcement of the closure of Solid Energy's Spring Creek Mine. They were seeking information about what might be expected in terms of health and wellbeing impacts on the local community and any evidence about what public health and community responses might serve to mitigate the adverse impacts.

The Literature Review has recently been completed and the Executive Summary of the review will be provided to Committee members.

Annual Drinking Water Survey

Community & Public Health are about to embark on the Annual Drinking Water Survey for the West Coast. This survey is carried out each year and assesses the microbiological and chemical quality of drinking water supplies serving populations of more than 100 people, and progress towards meeting the requirements of drinking water legislation.

Local Alcohol Policy Development

Community & Public Health have met with the 3 Councils and police to get an understanding of the common ground between the areas. The general feeling is that they would like to develop one document with slight variations of local input.

Alcohol Controlled Purchase Operation (CPO)

A CPO was carried out recently to test the off-licenses in Greymouth regarding their compliance with the legal purchase restriction for alcohol. It was pleasing that the 17 year old volunteer was unable to purchase alcohol at any of these outlets.

The Report was noted.

5. PLANNING & FUNDING UPDATE

Carolyn Gullery, General Manager, Planning & Funding, presented this report which was taken as read.

The Committee noted the achievements in relation to the health targets for the year where the electives target was exceeded and there were no patients waiting longer than 5 months. They also noted that in regard to the HPV vaccination 98% of those who have consented have received this.

The Committee also noted that the DHB is moving into a new funding model where the cost of actual delivery is funded (not CWT).

Discussion took place regarding the training of young people as part of the Complex Clinical Care Network and the Committee noted that specific training is overseen by a Professor of Gerontology from Auckland University.

Discussion also took place regarding District Nursing Services. The Committee noted that this is seen as a key service and the DHB is very fortunate to also have Rural Nurse Specialists.

The report was noted

6. PRIMARY & COMMUNITY SERVICES UPDATE

This report provided an update of activities in the Primary and Community Services area of the DHB.

Discussion took place regarding the partnership with Better Health Limited and some background was provided around how this is working.

The report was noted

7. ALLIANCE UPDATE

Carolyn Gullery, General Manager, Planning & Funding, presented this update which was taken as read.

This report provided an update of progress around DHB owned General Practice Management; the Grey/Westland Integrated Family Health Services; Kaupapa Maori Nurse Appointments; Complex Clinical Care Network and the Alliance Leadership Team Membership.

The Board Chair asked that a presentation to the Board on the Alliance Leadership Team be scheduled to provide some visibility around membership and show this links with the Annual Plan.

The update was noted.

8. DISABILITY RESOURCE CENTRE PRESENTATION

Debbie Webster, General Manager, Queenstown & Southland Disability Resource Centre, spoke to the Committee regarding the provision of resources on the West Coast.

The Centre is a voluntary not-for-profit organisation and provides information to disabled members of the community to enable access to resources they require, to be able to participate in their communities. They also provide adaptive equipment and products to make day to day life easier.

With the closure of the local resource centre it is intended to provide services to the West Coast via a mobile unit.

The Chair thanked Debbie for her presentation.

9. GENERAL BUSINESS

A query was raised regarding an article on the stuff website which stated that West Coasters are more likely to die in road crashes. The Committee asked that management look into this and bring information back to a future meeting.

INFORMATION ITEMS

- Chair's report to last Board meeting
- Board Agenda 28 June 2013

- CPH&DSAC 2013 Work Plan
- West Coast DHB 2013 Meeting Schedule

There being no further business the meeting concluded at 10.30am.

Confirmed as a true and correct record:

Elinor Stratford
Chair

Date

MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Thursday 11 July 2013, commencing at 11.00am

PRESENT

Doug Truman (Deputy Chair); Paula Cutbush; Richard Wallace; Dr Paul McCormack (ex-officio); and Peter Ballantyne (ex-officio)

MANAGEMENT SUPPORT

Michael Frampton (Programme Director & Acting General Manager, Greymouth & Westland); Ralph La Salle (Acting Operations Manager, Hospital Services); and Kay Jenkins (Minutes)

IN ATTENDANCE

Item 5 – David Green, Acting General Manager, Finance
Item 6 – Michele Coghlan

WELCOME

The meeting opened with the Karakia.

APOLOGIES

Apologies for absence were received and accepted from Sharon Pugh, Karen Hamilton & Gail Howard.

1. INTEREST REGISTER

There were no additions or alterations to the interest register or conflicts of interest declared

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (13/13)

(Moved: Doug Truman/Seconded: Peter Ballantyne – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 6 June 2013 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

Michael Frampton advised the meeting that a meeting had been held between South Island DHBs and St John and that St John will now be providing a proposal to the next meeting which is likely to see an agreement with St John to provide scheduled transport efficiently.

The Committee noted the carried forward items.

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

Michael Frampton, Programme Director and Acting General Manager, Greymouth & Westland and Ralph La Salle, Acting Operations Manager, spoke to the Management Report, which was

taken as read.

Mr Frampton drew the Committees attention to the ESPI compliance as at 30 June 2013 which was a very significant achievement for the DHB. He advised that the elective target had also been met but there is still further coding to be done in this area.

The Committee noted some pleasing traction in stabilising orthopaedic services after almost 12 months since the introduction of the new model of care.

Discussion took place regarding agreements with Heads of Departments and Clinical Leaders and the Clinical Booking Unit and how this will lead to good decision making processes.

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.

Resolution (14/13)

(Moved: Doug Truman/Seconded Peter Ballantyne – carried)

That the Hospital Advisory Committee notes the Management Report.

5. FINANCE REPORT

David Green, Acting General Manager, Finance, spoke to the Finance Report for the month of May 2013. The report was taken as read.

The Committee noted that essentially we are seeing a continuation of previous results and that the year end result is where we expected it to be.

The Committee congratulated management on this achievement.

Resolution (15/13)

(Moved: Peter Ballantyne/Seconded: Paul McCormack – carried)

That the Committee notes the financial report for the period ending 31 May 2013.

6. CLINICAL LEADERS REPORT

Michele Coghlan, presented the Clinical Leaders Report which was taken as read. The report contained updates on:

- The Partnership Group
- Future Workforce Development
- Model of Care Development
- Quality & Safety and
- Allied Health

In addition Michele provided the Committee with an update of the Model of Care development. The Committee noted that District Nursing teams have been under pressure as the Complex Clinical Care Network has taken traction with a lot more weekend activity and ensuring that the needs of the community are being met in a more timely manner,

The Committee discussed telemedicine on the West Coast and the intention to look for opportunities to extending this and noted that there are currently 26 units in use across the West Coast.

There being no further business the meeting closed at 12.05pm.

Confirmed as a true and correct record.

Doug Truman, Deputy Chair
Chair

Date

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.